

PREFACE

The PHAST guide is to help communities gradually improve their environments and manage their clean water and sanitation facilities, particularly for the prevention of diarrhoea and diseases related to water, sanitation and environment. The participatory techniques used in the PHAST initiative have been implemented in Vietnam since 1995. This guide has acted as an instructional material used in participatory training courses, which facilitated participants to actively absorb knowledge, experience and skills on the basis of discussion, and information sharing/exchange and updating. It has helped the training process more interesting, persuasive and productive. Instructors and participants were equal and open during the process of discussion, information exchange, experience sharing and subject matter absorption. The guide has also generalized outstanding situations in the community by discussing the identification of constraints and available resources. With the instructions provided by instructors, the community members worked together to seek for solutions to their own problems.

From experience of PHAST implementation in community, in addition to the main contents of WASH, gender issues in community also need to be addressed in order to reach the optimal effectiveness of the community campaign. Improving gender awareness and behavior changes aiming at gender equality in community will remarkably contribute to sustainability of development programmes with purpose of poverty eradication and society development. Therefore, PHAST approach has been adapted with gender sensitization and making suitable to ethnic minority groups in the North of Vietnam.

However, participatory approach is not the only answer to all existing problems. With the smooth combination of policy environment and support provided by program managers, all materials introduced in this guide will be able to help to transfer the control and ownership of development process into the community and beneficiaries.

The Vietnam Red Cross would like to acknowledge the financial support from and close collaboration of the French Red Cross during the course of this guide preparation and refinement.

Last, we would like to extend our thanks to partners and colleagues for their assistance in the finalization of this guide.

On behalf of VIETNAM RED CROSS

INTRODUCTION

Brief introduction of the guide

This guide has been developed in order to provide those working in hygiene and sanitation with a new methodology for changing the community hygiene behavior, and for improving water and sanitation facilities. The name of this methodology is PHAST – Participatory Hygiene and Sanitation Transformation.

PHAST places its emphasis on how to help all participants including men and women, male and female children be able to share experience, ideas and confidence, as well as to deal with their own difficulties with a view to changing the community hygiene behavior, improving water and sanitation facilities and achieving their expected objectives by applying feasible and efficient measures. This guide has been piloted in many African and other countries, and then adapted to make PHAST appropriate with their own conditions.

PHAST methodology was introduced to Vietnam in 2003 by the Ministry of Health, and the final version has been available since 2007. This approach has been applied by a number of Vietnamese agencies and organizations. However, being implemented in different areas, the pictures used within activities need to be revised to be suitable with specific characteristics of each area. are only suitable for lowland rural and urban areas. During practical implementation of PHAST in community, related organizations and specialists realized that gender issues need to be taken into account and improved in order to have better effectiveness in behavior change campaign and ensure sustainability of water and sanitation facilities.

Therefore, the Vietnam Red Cross collaborated with the French Red Cross (funded by European Union - EuropeAid) to revise the PHAST guide with gender sensitization. The new guide was designed on the basis of PHAST's main contents, in combination with some useful elements extracted from SARAR approach (Self-esteem, associate strengths, resourcefulness, action planning, responsibility), CLTS (Community-Led Total Sanitation), PAOT (The Participatory, Action-Oriented Training) in order to make sure that it is appropriate with rural conditions, especially with ethnic minority and mountainous areas with gender integration through out all activities.

What PHAST tries to achieve?

PHAST seeks to help communities:

- Improve hygiene behaviors
- Prevent diarrhoeal diseases
- Encourage community management of water and sanitation facilities
- Improve basic understanding of gender in community
- Improve gender equality practice through water, sanitation and environment improvement activities

PHAST does this by:

- demonstrating the relationship between sanitation and health status
- increasing the self-esteem of community members
- empowering the community to plan environmental improvements, and to own and operate water and sanitation facilities

- Encourage participation and sharing of both men and women in PHAST activities.
- Encourage women's participation and rights to make decision in community activities.
- Take the needs of both men and women into account during construction activities.

The methods for achieving these goals are called participatory methods.

Why to use participatory methods?

Participatory methods encourage the participation of individuals in a group process, no matter what their age, sex, social class or educational background. They are especially useful for encouraging the participation of women (who are reluctant to express their views or unable to read and/or write) in community activities. Participatory methods are designed to build self-esteem and a sense of responsibility for one's decisions. They try to make the process of decision-making easy and interesting. They are designed for planning at community level. Participants learn from each other and develop respect to each other's knowledge and skills.

If community members become confident and committed to the construction, utilization and management of water and sanitation facilities, they will become active beneficiaries of the project. Local people need to be encouraged to make contributions and decisions in order to strengthen their problem-solving skills and to maximize the community creativeness.

Participatory methods have succeeded where other strategies have failed. They are based on principles of adult education and have been field-testing extensively.

Field experience has shown that participatory methods can lead to a far more rewarding experience for community workers. Having tried participatory techniques and found the experience worthwhile, community workers usually do not want to return to their earlier methods.

The activities in this guide are based on principles of participatory learning for sanitation change. These principles are explained in this guide entitled *Participatory Hygiene and Sanitation Transformation (PHAST – Adapted and engendered for Vietnam)*

It is important to evaluate the overall results of the activities both in terms of sanitation improvements and empowerment. Communities can find it very difficult, though, to evaluate their progress in terms of behavior changes, improvement in facilities, such as properly-functioning latrines, and effective use of these facilities. The guide therefore includes activities to enable a community group to self evaluate their progress. This would be internal evaluation. Sometimes, an outside or external evaluation to provide specific information, perhaps for comparison with another program, may also be required. If this is the case, you may need to involve someone with the skills to collect this information and to write a report of their findings.

How the guide is organized

This guide has six steps. The first five help you take the community group through the process of developing a plan to prevent diarrhoeal diseases by improving water supply, hygiene behaviors and sanitation. The sixth steps involve monitoring (that is, checking on progress) and evaluation. The information gained from these activities is used to work out whether the plan has been successful.

Each step contains between one and three activities. Instructions on how to facilitate each activity are provided under the following headings:

- Purpose
- Time
- Materials
- What to do
- Conclusion
- Notes (including gender notes)

Most of the activities require the use of drawings or a chart, called “tool”, to help facilitate the discussion.

The diagram of six steps outlines the activities of each and the tools used. You may wish to tick off the activities and tools as you complete them.

Materials related to each activity in envelopes are numbered and named.

Gender issue is taken into account in each step and its content.

NOTES FOR FACILITATOR

1. Role of facilitator:

The most important thing to remember about being a facilitator is that you are the person who facilitates the group discussion, but not a teacher.

Your role is to facilitate groups to:

- Identify issues of importance to them
- Express their problems
- Analyze their problems
- Identify possible solutions
- Select the most appropriate options
- Develop a plan to implement the solutions they identify and select priorities
- Check, monitor and evaluate the outcome of the plan

2. Gender notes to facilitator:

- To encourage participation of both men and women, especially poor women in all activities in order to help them become more confident and adaptable in community activities.
- In communication sessions, it's necessary to define a compulsory participation rate of women, example at least 40% of participants are women.
- Create favorable conditions for women to raise their voice.
- Always show your recognition and encouragement to contributions from women.
- There are 3 options in grouping for discussion:
 - (i) Groups with both men and women: This option could be applied in case that male and female participants know each other very well and are familiar with group working. In this case you need to be sure that female participants are confident and not facing with any barrier to participation.
 - (ii) Separate male and female groups: This option is recommended for remote, disadvantaged and ethnic minority areas where ethnic minority women are not able to speak official language, shy and ashamed to community. The purpose is to encourage women to actively participate, share their thoughts and present discussion results.
 - (iii) Some combined groups and some separate groups: This option help you to know the difference in thinking between men and women, but also the difference of participation level of women between combined groups and separate groups. You could decide which option is better to used in other activities.

During group discussion, facilitator needs to always support and encourage women to participate in discussion and contribution of their own inputs.

3. What facilitator needs to avoid:

In order to fulfill your tasks, you must not:

- Direct the group.
- Give information instead of letting the group find it by themselves.
- Advise or suggest what the groups should do.
- Provide groups with the right response to an activity.

- Correct the group or group discussion results.
- Have a misconception that men are good at speaking out and let them present discussion results

The group involved in discussion must represent household members who wish to change their family hygiene conditions. A household may have one or more participating members. These people should involve in discussion from the beginning to the end of all activities.

In order to make effective group discussion, the group size should be 10-15 persons. It will then be divided into two smaller groups. So it will help you easily control the discussion process (in accordance with actual local conditions).

4. Moving from this step or activity to another:

Each step consists of different activities. Each step or activity has its specific purpose, and expected outcomes which are closely interrelated. That is, the outcomes of this activity or step will be used for discussion in another activity or step. You only move from this step or activity to another when you are quite certain that you have achieved the expected outcomes. Otherwise, you will find it impossible to go through the next step or activity.

5. Time for discussion

The duration for group discussion process will depend on how to make time arrangements of each group. Time for discussion has been estimated in the guidance of each activity. However, depending on practical situation and working speed, communication time could be flexible (but must be sufficient to reach the purpose of each activity).

The PHAST steps are consecutive and unchangeable. However, facilitator could be flexible to combine several steps in one working session if suitable.

6. Post evaluation of each activity

At the end of each activity, the post evaluation is extremely necessary. The evaluation questions must be open ones such as “What are the lessons learnt from this activity?” or “What are the final results of this activity?” The yes/no questions, e.g. “Do you like this activity?” should never be used.

Be noted that in evaluation questions there should be questions about sex of participants in order to analyze difference between men and women in awareness and needs.

7. General instructions for all activities

- Have all the materials for each activity ready before starting.
- Make sure that all the materials are large enough to be visible to all participants.
- Try to limit the size of your group (to no more than 40 persons) with equal number of men and women.
- Make sure that people can talk to one another easily.
- Begin each new session with a warm-up activity such as a game or song.
- Go through each activity in each step at a time and closely follow the instructions in the guide.

- Be guided by the requirements of the group when facilitating activities. The time given for each activity is only an estimate.
- When giving the group its task, use the exact words provided for this purpose.
- Encourage and welcome the input that individuals make. Remember, there are no wrong answers.
- Facilitate the group, do not direct it.

- Try to encourage active participation of each participant, especially women. Be careful not to find fault or make critical comments when you respond to people.
- Take into account the participants' literacy level and work out ways in which they can keep records of what is discussed and agreed.
- Have the group keep the materials and records in a safe place.
- At the end of each activity, ask the group members to evaluate each activity on the basis of what they have learnt, what they liked and what they did not like.
- At the end of each session, congratulate the group members on their efforts and explain briefly what will be covered at the next session.
- When two or more groups carry out the same activity, a member of each group should make a presentation on the findings of their own group to other groups. And women should be encouraged to involve in this kind of presentation.
- After these presentations made, the discussion on the finding differences among groups should be done. And this may be a good opportunity for provoke discussion. Pay attention to difference between point of view of male and female groups.
- At the beginning of each new meeting of the group, ask the group to review what it has done so far and the decisions have been taken.

8. Storing, maintaining and expanding the guide

The guide will be useful and durable if it is maintained and put in right order. While using it, you can find quite many pictures. Each picture is numbered at the bottom of the right corner and used for a specific activity. Each set of pictures is put in a separate envelope. After each use, pictures must be put in corresponding envelope for not be lost or confused. During the use of the guide, it is expected to receive feedback and new ideas for improvements.

STEPS

Step 1: Problem identification

Step 2: Problem analysis

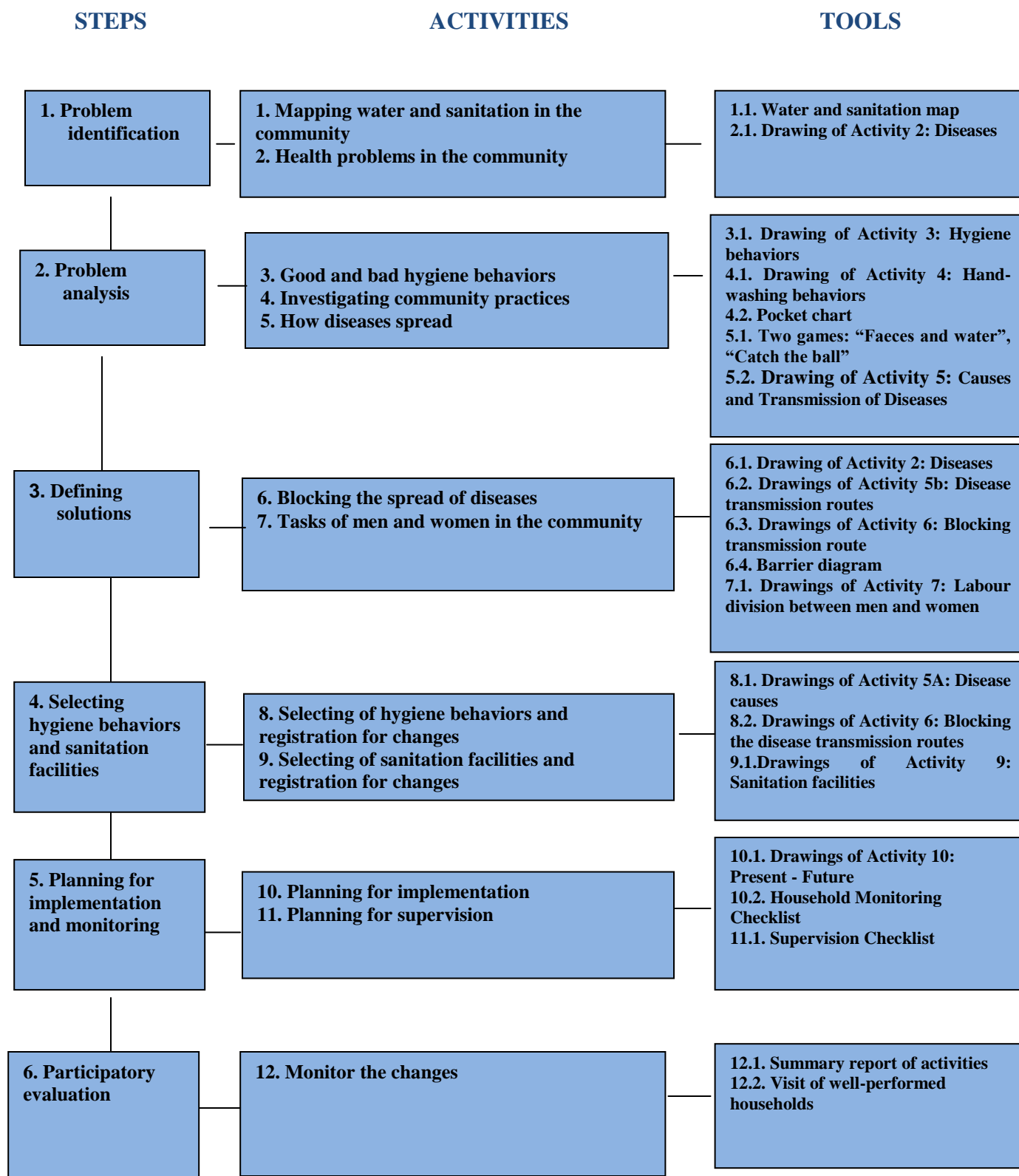
Step 3: Defining solutions

Step 4: Selecting hygiene behaviors and sanitation facilities

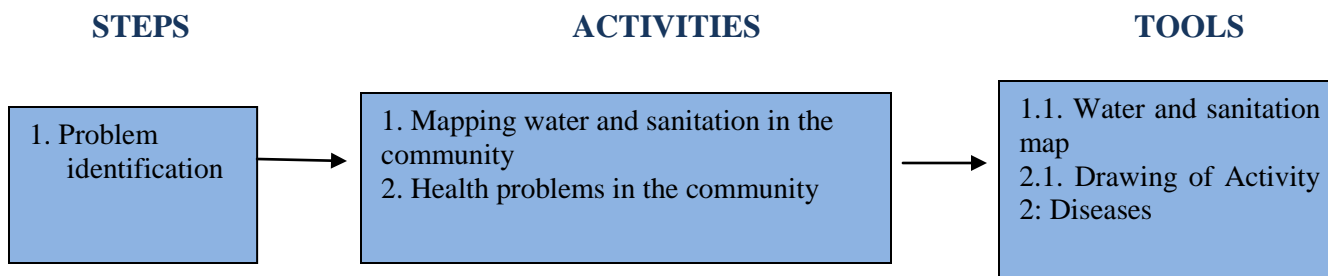
Step 5: Planning for implementation and monitoring

Step 6: Participatory evaluation

6 STEPS FOR MAKING COMMUNITY PLANS ON PREVENTION OF HYGIENE AND ENVIRONMENT-RELATED DISEASES



STEP 1: PROBLEM IDENTIFICATION



This step has Activities 1 and 2:

- 1. Mapping water and sanitation in the community** provides participants with an overview of water and sanitation conditions, as well as identifies typical latrines, domestic poultry/animals barns and wells in the village.
- 2. Health problems in the community** helps participants specify water and sanitation-related diseases occurring in the village.

Expected outcomes

By the end of these two activities, it is expected to have a list of water and sanitation-related diseases occurring in the village. Then, these diseases will be put in order of contraction frequency.

Activity 1: MAPPING WATER AND SANITATION IN THE COMMUNITY

- **Purpose:**
 - To map water and sanitation conditions in the village.
 - To develop outstanding problems of the village.
- **Time:**
 - Approximately 1 hours.
- **Materials:**
 - A0 paper, markers of different colors.
- **What to do:**
 1. Welcoming and introduction
 - Say Hello and thanks to participants for coming
 - Introduction “Our village will have a communication activity in order to help people to understand and have good practice of water, hygiene and sanitation that will improve our health and life. In this activity both women and men need to be actively involved, especially women who play an important role in water, hygiene and sanitation practice, behavior change as well as management of water and sanitation facilities. We facilitators will help you to learn knowledge, uncover problems and plan for action by yourselves. Now we will start the first activity”
 2. Divide participants into 2 or 3 groups with men and women separately.
 3. Inform groups with their task: Each group to develop a simple map of the village with following information:ese words: We now use the village map developed, materials provided and available objects to specify the following (notes: symbols should be agreed before doing this):
 - Village main roads;
 - Important public facilities: school, church, health center, market, etc.;
 - Fields and houses;
 - Pond, lake, river and spring;
 - Water facilities;
 - Latrines;
 - Where to keep animals;
 - Waste disposal site;
 - Where people usually have open defecation
 4. Agree on map symbols before drawing, e.g.: circle represents well, house with cross represent health center, solid line represents road, dotted line represents river or stream, circle with X mark represents latrine
 5. If difficulties in map drawing are observed, just provide participants with instructions using the following questions:
 - What is the shape of our village? This is for them to draw village boundaries
 - How are the village main road used? This is for them to draw the village main roads
 - What are important village facilities? Where are they located?
 - Does the village have river/spring/pond/lake/hill/mountain/rice field?
 - Where is the residential area?
 - Where is the waste disposal site?
 - Are there wells and water tank in households?
 - How many types of latrines are there? How many households have latrines? How many households do not have latrines?
 - Where people usually have open defecation?

- How are the places to keep animals/poultry? How many types are there?
- 6. Result presentation: When the map is completed, ask the group to make presentations on their own maps, including characteristics of topology (river, mountain, and road), The group should be encouraged to identify as many as possible the local characteristics, life, people, customs in their own locality. They should try to work out problems/issues on water conditions, sanitation, where to keep animals/poultry, advantages and disadvantages.
- 7. Facilitator select the map with most sufficient information, add lacking information based on working results of other groups. Facilitator ask and write on the corner of the map with following information:
 - How many households have latrines? What is the popular type of latrine?
 - How many households do not have latrine?
 - How many households use infected water source (river, stream, pond, lake)
- 8. Facilitators highlight on the map the place that need to pay attention in term of water and sanitation explain to groups that they will have opportunity to discuss on how to solve these problems in the next meetings.
- 9. Ask the group to hang maps at the public place and carefully keep them for the next use.
- 10. Ask the group about the lessons they have learnt from this activity. Their likes and dislikes about this activity.

Facilitator's conclusions: At present, in our village:

- How many latrines are there? What types of latrines? For households without latrines, where do they have defecation? On the hill, in the field, in the spring, etc?
- Which water source households use at present? From well, spring, water trough, etc?
- Where do they keep animals? Near, far or under their houses;
- Where do they dispose waste? In front of their houses or wherever they wish to keep or the waste pitfall in the garden?
- Conclusions on the proportions of latrines and water facilities being used. What are the most urgent needs?

• **Notes for facilitators:**

- Let the participants make their own maps without any suggestions from you.
- This activity may be time-consuming. So, you need to make arrangements to avoid interruptions.
- The group maps may not be similar to one another. If there is a difference in the sanitation conditions, it is suggested to conduct further group discussion and reach agreement.

Gender notes

Observe if women and men have similar understanding and point of view in term of water, hygiene and sanitation? If different, why? What to be keep in mind about the difference during the implementation of next activities?

Activity 2: HEALTH PROBLEMS IN THE COMMUNITY

- **Purpose:** To help men and women to identify water- and sanitation-related diseases, and health problems in the community, and to discover which of them can be prevented through community action.
- **Time:** Approximately 45 minutes.
- **Materials:**
 - Drawings used in Activity 2 include:
 - 10 large ones showing diseases, and
 - 2 small ones showing health center and traditional healer
 - A0 paper, colored marker pens, sticky tape.
- **What to do:**
 1. If there has been a break between this activity and the previous one, start with a review of what was learned in the previous activity.
 2. Divide participants into 2-3 small groups.
 3. Provide groups with a set of drawings showing various diseases, a drawing of a health center and a drawing of working traditional healer.
 4. Assign the task:
 - Ask the group to discuss, classify and put these drawings into two piles in the left and the right of an A0 paper, namely: common diseases, less common diseases.
 - Then, ask the group to put two drawings showing health center and traditional healer in between those two piles, and to discuss on which diseases are normally treated in the commune health center and which are treated at the traditional healer by drawing up lines from the diseases to the traditional healer's or health center.
 - This set of drawings may miss out several common diseases in the locality. Ask the group to add or write down those diseases.
 5. Instruction of further discussion: "What are water and sanitation-related diseases? Which can be prevented? Which diseases women usually have? Which diseases men usually have? Why?"
Encourage all group members, both men and women, to raise their opinion.
 6. Result presentation: Ask the group to nominate a representative to make presentation on group discussion results, and others member to add information if needed. All group members can respond to questions raised by other groups.
 7. Ask the groups about lessons learnt from this activity. What they like and dislike?

Conclusions:

At present, in our village:

- The common diseases are:
- The less common diseases are.....
- The diseases normally treated in the commune health center are ...and those treated at the traditional healer are...
- The diseases women usually have are...
- Put an emphasis that the most common diseases are the ones related to infected water.
- In connection with Activity 1: In Activity 1 we found out that there is a lack of latrines and water facilities; and now we detected that the most common diseases in the village are the ones caused by infected water and poor sanitation ...

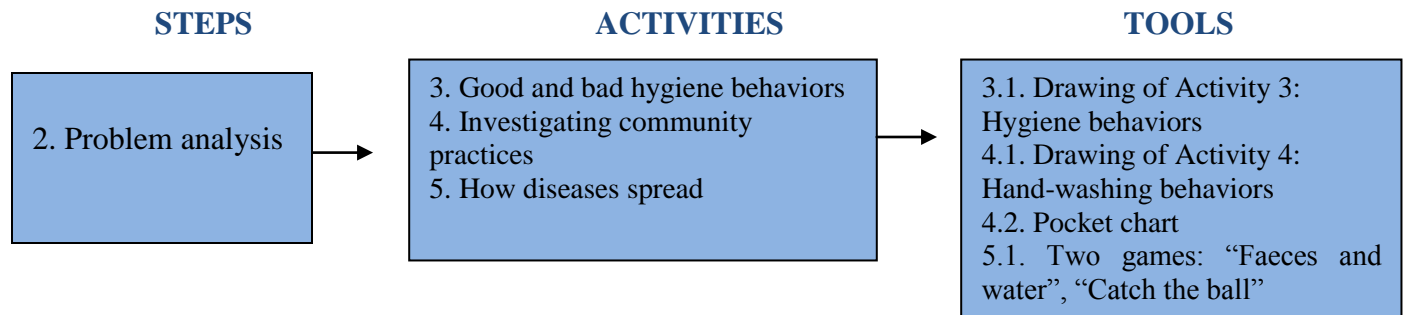
- **Notes:**

- If the group misses out what you think are important diseases, don't worry or make suggestions. This will help you recognize the level of participants' understanding. The group can make an addition in the next activities.
- If participants hesitate to choose between the health center and traditional healer in the village, tell the group that the type of health problem is the important issue to pay attention, not the choice of healer.
- Some people may have different ideas on the order of diseases. You should not spend too much time on reaching agreement, but ask the group to accept the most agreed order and hold further discussion later if necessary.

Gender notes

- It is important to make comments on difference of men and women's health as which diseases women (men) more suffer from? Why? Why women are more affected by bad water and sanitation situation?
- Pay attention to diseases that pregnant women, breastfeeding women are easy to get.
- Encourage women and men, especially women to go to health center for consultation of reproductive health (for example women should not have baby delivery at home without support of village health worker). Women need to be cared and instructed in health issues after delivery
- If there is difference between men and women' diseases and health problems, facilitator need to pay attention to different needs and characteristics in next activity of construction of water and sanitation facilities

STEP 2: PROBLEM ANALYSIS



This step includes Activities 3, 4 and 5:

1. Good and bad hygiene behaviors helps the community be aware of if their daily hygiene behaviors are good or not good, and to identify how these may be good or bad for health.

2. Investigating community practices helps participants use a pocket chart to collect and analyze data on actual practices in the community, and then to compare with what the group has discovered in Activity 3 Good and bad hygiene behaviors.

3. How diseases spread helps the community to understand how dangerous the faeces are and how they can contaminate the environment and lead to related diseases.

Expected outcomes

At the end Step 2, the group should understand how some of bad daily hygiene and sanitation practices may be causing diarrhoea and other diseases. Therefore it is needed to change common hygiene practices and improve sanitation conditions in order to prevent disease(s).

Activity 3: GOOD AND BAD HYGIENE BEHAVIOURS

- **Purpose:**
 - To help men and women discuss and understand which hygiene behaviors are good or bad for their health.
- **Time:**
 - Approximately 1 hour.
- **Materials:**
 - Drawings used in Activity 3 consist of: 30 drawings on hygiene behaviors in relation to water, hygiene and sanitation, including some good and not-good behaviors.
 - One A0 paper for each group with 2 columns “Good” and “Not-good”.
- **What to do:**
 1. If there has been a break between this activity and the previous one, start with a review of what was learned in the previous activity.
 2. Divide participants into 2-3 groups: one group with only women, one group with only men and one group with both men and women. Encourage confident women to be group leader.
 3. Provide each group with a set of drawings and an A0 paper with 2 columns “Good” and “Not good”
 4. Ask the groups to discuss and classify the drawings in to 2 columns “Good” and “Not good”. “Good” means benefit for health, and “Not good” means harmful for health. Check if men or women are more involved in each column.
 5. Ask each group to present their discussion results. Let groups answer questions from other participants.
 6. If groups put the same drawing into different column, encourage participants to discuss on that difference. If necessary, just name a change and move the drawing into the other column. Discuss on the common “good” and “not good” behaviors in the community. Ensure that opinions from both men and women are listened.
 7. Ask groups what they learned from this activity, what they like and dislike

Conclusions:

- These are behaviors/practices believed to be good because of good impact to health and need to be implemented, but they are not or seldomly implemented in the village.
- These are behaviors/practices believed to be not good because of bad impact to health and need to be eliminated, but they are commonly implemented in the village.
- There are changes necessary to improve health situation in community.
- Put an emphasis on behaviors/practices that harmful for health situation of pregnant women, breastfeeding women and children.
 - Stress that everyone can understand and identify which behaviors are good or bad. But does everyone follow good behaviors and avoid bad behaviors? Surely not, because there is a big gap between perception and practice.
 - Women are now responsible for many works that could have bad impact to health

situation of their own and their children, therefore men should share those works with women.

- People are all well aware of good and not good behaviors/practices, but the implementation of good behaviors/practices are still limited due to different reasons
- We will investigate how people implement hygiene behaviors/practices in Activity 4

Notes

- The purpose of this activity is to explore people's perceptions and actual hygiene practices in the community. Therefore, do not prompt the choices of placing drawings if they do differently from yours.
- If you people ask you specific questions, encourage others in the group to answer instead of you doing this.
- If the group wants to know solutions to address bad hygiene behaviors, tell it that that will be done in the next activity (Step 3: Planning for solutions).

Gender notes

- Observe participation of women in female group and mixed group if it the same or not? This could help you to have suitable grouping in next activities in order to facilitate women to freely share their opinions
- Encourage women to participate and raise opinions.
- Express highly appreciation to involvement of men in houseworks such as taking care of baby, cleaning latrines... and participation of women in community activities such as environment cleaning as showed in drawings.

Activity 4: INVESTIGATING COMMUNITY PRACTICES

- **Purpose:**
 - To help the group to collect and analyze the information on sanitation practices in the community.
- **Time:**
 - Approximately 1.5 hours.
- **Materials:**
 - A box with voting things as peanuts, corn kernel, small stone
 - Tool: Ready-made pocket chart, e.g. hand washing behavior or facilitator could self prepare by taking corresponding drawings from different drawing set and make the paper pocket to stick on A0 paper:

Behavior \ Person	Washing hand before preparing foods	Washing hand before eating	Washing hand after defecation	Washing hand after cleaning children's faeces	No washing hand in those times
Woman					
Man					

- **What to do:**
 1. If there has been a break between this activity and the previous one, start with a review of what was learned and decided in the previous activity.
 2. Explain to the group that the pocket chart is to confidentially collect information on hygiene practices in the community, e.g. hand washing.
 3. Show the group how to collect information on hand washing as follows:
 - Firstly identify your own position in the column (a woman, a man), and then if you regularly wash your hand “before eating”, place a token there. Further explain – only one option is chosen for placing a token. Explain what could be considered as **regularly wash their hands**. For example: if one person wash his/her hands everyday before cooking, and sometimes forget to wash, could be considered as “regular hand washing”. If he/she forget too many times, and only wash the hands several times during a week, could not be considered as “regular hand washing”. Ask participants if they well understand?
 - The pocket chart must be set up in such a way that participants cannot see the person making votes. Place the box of token next to the pocket chart.
 - Emphasize that this is only a learning exercise to investigate practices in the community. It is important to collect true information, not to assess anyone.

Therefore, it is needed for people to be honest while define the **frequency of their hand washing**.

- You must check the participants when they identify the start-up column, avoiding the placement into wrong place.
4. Once all participants have voted, ask a volunteer to count the votes in front of all participants (could ask people to count together one, two, three...to create active atmosphere) and inform the result. Write result number in corresponding place of the pocket chart.
 5. Facilitate the discussion on the meaning of the result: For example:
 - Which practices are the most (least) commonly applied? Why?
 - How do these practices influence the health of the community members?
 - What changes in behavior would the group consider desirable or beneficial, and how could these be achieved?
 6. Ask the the group what it has learnt during this activity, what they like and dislike in this activity.

Conclusions:

- What is the difference in hand-washing practices of men and women, for example “When do women usually wash their hands?” “When do men usually wash their hands?”
- Clearly inform the total number of persons doing hand-washing after defecation and some moments that few persons doing hand-washing.
- Stress that people do normally not wash their hands with soap at critical moments while it is believed to be a good behavior as PERCEIVED in Activity 3.

• **Notes**

- Hand washing is only an example. The pocket chart can be repeated to collect other information on place of defecation, water drinking habit. Belows are some pocket charge for reference

Pocket chart for defecation place:

Behavior Person	Defecation in hygienic latrine (VIP, DV, pour-flush, septic tank)	Defecation in unhygienic latrine	Open defecation (garden, forest, farms, river, stream...)
Women			
Men			

Pocket chart for water drinking habit:

Behavior Person	Drink boiled water or filtered water	Drink unboiled water
Women		
Men		

Gender notes:

- Especially note that women are more responsible for works related to hygiene and sanitation that have impacts to health situation of the whole family, for example preparing foods, taking care of children...Therefore women need to pay attention to critical moments of hand-washing because of its effect not only to the health situation of themselves but also other members of family.
- Pay attention to those pockets without votes or with very few votes by both men and women for talking about gender issues. E.g. no man votes for hand washing before preparing food or after cleaning their children...that is simply because they rarely do these tasks. Therefore it is necessary to have housework sharing between men and women.

Activity 5: HOW DISEASES SPREAD

Purpose:

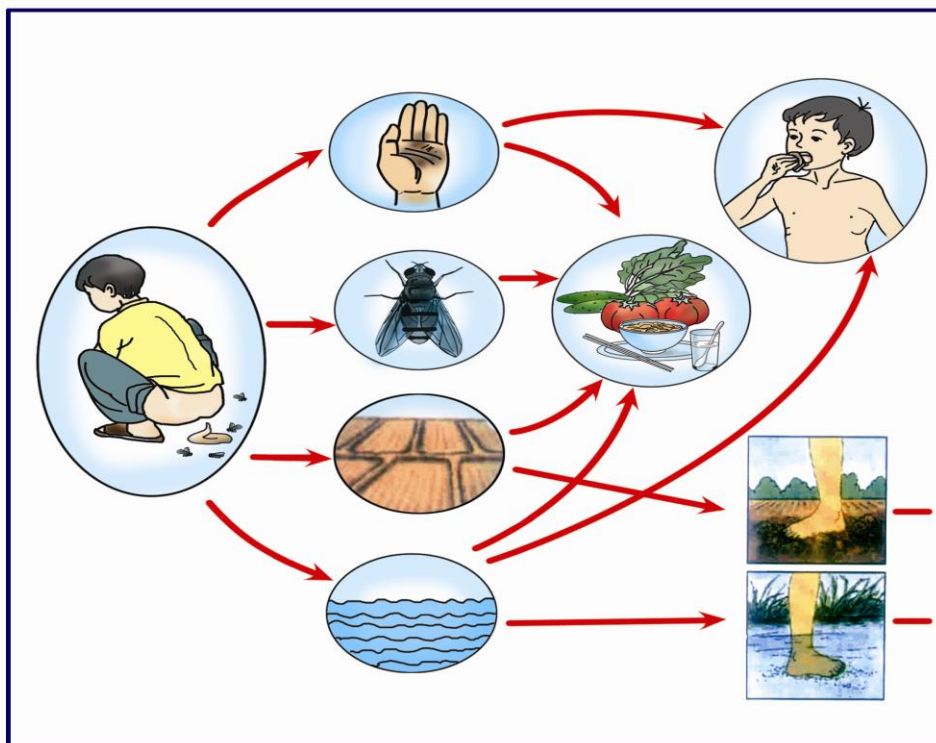
- To help men and women to discover transmission routes through water- and sanitation-related behaviors then find solutions together.

Time:

- Approximately 1.5 hours.

Materials:

- Some fresh cow faeces and a bottle of drinking water for the 1st game “Faeces and water”
- A plastic ball, a box of colored chalk for the 2nd game “Catch the ball”
- Drawings used for Activity 2: 10 large drawings of diseases (no small one is used).
- Drawings used for Activity 5 consisting of:
 - 5A: 12 drawings of disease causes;
 - 5B: 7 drawings of transmission routes
- Instructions for calculation of faeces quantity and expenses for disease treatment.
- A0 paper, colored markers and sticky tape.



ĐƯỜNG LÂY TRUYỀN BỆNH

What to do:

1. If there has been a break between this activity and the previous one, start with a review of what was learned and decided in the previous activity.
2. Game organization:
 - 1st game “Faeces and water”:

- Show a bottle of water. Introduce to people that it is a bottle of clean and drinkable water and invite a person to drink.
- Use a thread of hair to put into cow faeces then put it into the bottle of water. After that invite people to drink that water to see if anyone could do that. Ask people “Why people do not dare to drink this water while it still looks clean and without any bad smell?”
- Wait for some answers then explain: This bottle of water has been contaminated with faeces. People do not drink this water because everyone knows that this water has been infected with cow faeces, even an extremely small quantity and becomes unsafe for health. If we do open defecation, faeces will be dropped into rivers, springs and make water become contaminated as the water in this bottle. Despite that the water looks clean but in fact it was infected. What should we do to avoid contaminating water? Let people brainstorm, then the facilitator help them to understand the purpose of latrine use for faeces collection is very important to prevent water contamination.
- 2nd game “Catch the ball ”:
 - Secretly cover the ball with a same-colored
 - Ask people to stand in a circle
 - Introduce playing rules : « Now we will play the game « Catch the ball ». I will throw the ball to someone, then this person should catch the ball and throw to another one. Do it many times to ensure that everyone could catch the ball ».
 - Facilitator throw the ball to one person. This person catch the ball then throw to another one. Do it again and again until all people have caught the ball, then stop.
 - Ask people to turn their hand upward and see how are their hands. Ask people « If the dust come from faeces, do you dare to take food by your hands ? If you do not dare, what will you do?»
 - Facilitator explain : If you do not defecate in hygienic latrines, faeces will disseminate in the environment and after defecation, faeces could also unexpectedly catch to your hands. What should we do to prevent faeces dissemination to environment and water source ? Let people brainstorm, then help them to understand the importance of use of hygienic latrine and hand-washing with soap in prevention of water and sanitation related diseases.
- 3. Define the disease causes
 - Divide participants into 2-3 groups with similar number of male and female members.
 - Provide the tools:
 - First, give drawings of diseases as used in Activity 2 and ask people to classify into groups of diseases: intestinal diseases, skin diseases, gynecological disease ...
 - Then, give them drawings of 5A set (transmission routes).
 - Instruct the group to place drawings of diseases by a column in the left side of an A0 paper and those of transmission routes in the right side of the paper. Then, use a

marker to draw arrows from transmission routes to diseases. Facilitator explains to participants that one disease could be caused by many reasons and one practice could lead to many diseases. Participants could draw arrows from one drawing of transmission routes to many other drawings of disease and vice versa.

- If there are some difficulties in discussion, facilitator could give some hints by showing some drawings of transmission routes then ask “Which diseases could be caused with this transmission route?”
 - After that ask the group to discuss on the causes of diarrhea.
 - *Instructions for further discussion:*
 - Ask the group: “When we talk about being dirty or unclean, which are the causes of contaminated water, environment, food and hands?”/ “That’s our faeces!!! Because faeces enters to our body through mouth, diseases appear.” Then continue: “Do we eat faeces?”/ “No!”/ “So, let’s discover how faeces can go through mouth.”
4. Define transmission routes
- Use a drawing showing a person defecating openly and another showing a person’s mouth, and use the following words: “This is a person who is defecating openly and this is a mouth. Let’s discuss about how faeces might come in contact with the mouth”.
 - Facilitator give each group with a set of 5B drawings and explain their tasks: place the drawing of open defecating person in the top left-hand side corner of the paper sheet, and the drawing of a person’s mouth on the bottom right-hand side corner of the paper sheet. Small drawings will be put in between in a column.
 - Ask groups to arrange drawings and ask them choose those which are believed to show main ways that faeces could contact into mouth and spread diseases.
 - Then, use arrows between drawings to create a diagram showing various routes in which faeces might come in contact with the mouth.
 - Ask each group to show and explain to others. Let groups to respond to any question raised by other groups.
 - Select the most correct diagram and put questions to the whole group to rearrange diagram as showed in the guidance. Ask other groups to rearrange their diagrams.
 - Ask groups to keep their diagram in a safe place for next activities.
5. Instruction of further discussion:
- Hold a specific discussion on open defecation behavior by calculating faeces amount and associated medical cost.
- Ask the group members that: how many households in the village do not have toilets? How many of them still openly defecate? Make the calculation of faeces amount as follows:
 - Each person defecates around 300 grams of faeces per day in average, and during 3 months the defecation is $300\text{grams} \times 90\text{ days} = 270\,000\text{ grams} = 27\text{ kg}$ faeces, equal to 1 rice bag. Each village has around 500 persons. Therefore, after 3 months, the total quantity of faeces is equal to 500 rice bag.
 - Ask people “How many rice bag of faeces our village will defecated for the whole year? Is it enough to fully fill in this house?”
 - Ask them: do they accept the households without toilets and having open defecation? Do they accidentally eat faeces-contaminated food?

- Then, ask the group about medical cost if a family member contracts the disease.
 - How much does the household pay if a member contracts the diarrhoea or any water/sanitation-related disease?
 - Make a multiple of this cost with the number of all household members, and the frequency of common disease contraction by month/year.
 - Identify the risks of those families living nearby the open defecation place.
 - Show the total cost paid per year by the whole community.
6. Ask the group on what it has learnt during this activity, what they like and dislike about this activity.

Conclusion:

- Main causes of diseases:
 - Contaminated water
 - Contaminated environment
 - Contaminated food
 - Poor hygiene (especially hands)
- The diagram showing different ways in which faeces might come in contact with mouth and cause diseases – If open defecation is done, the faeces will come in contact with hands or insects: flies, rats, cockroaches, or contaminated soil/water -> then via contaminated food and drinking water -> and going into the mouth. Accidentally, we have already eaten our faeces.
- It is needed to stress that: “Now we understand that faeces is the main cause of common diseases in the community, and it might be transmitted to the mouth in many different ways. But is open faeces commonly found in our village? Is this a small or big issue?”

• **Notes:**

- The identification of transmission routes is very important; otherwise the subsequent activities cannot be carried out.
- The best is to identify the transmission routes which are commonly found in the village.
- The group might be satisfied with 2 or 3 transmission routes identified, encourage them to think about other possible transmission routes.

STEP 3: PLANNING FOR SOLUTIONS

STEPS

3. Defining solutions

ACTIVITIES

6. Blocking the spread of diseases
7. Tasks of men and women in the community

TOOLS

6.1. Drawing of Activity 2: Diseases
6.2. Drawings of Activity 5B: Disease transmission routes
6.3. Drawings of Activity 6: Blocking transmission route
6.4. Barrier diagram
7.1. Drawings of Activity 7: Labour division between men and women

This step has Activities 6, 7:

6. Blocking the spread of diseases helps the group find solutions to prevent the related diseases through transmission routes defined in Activity 5.

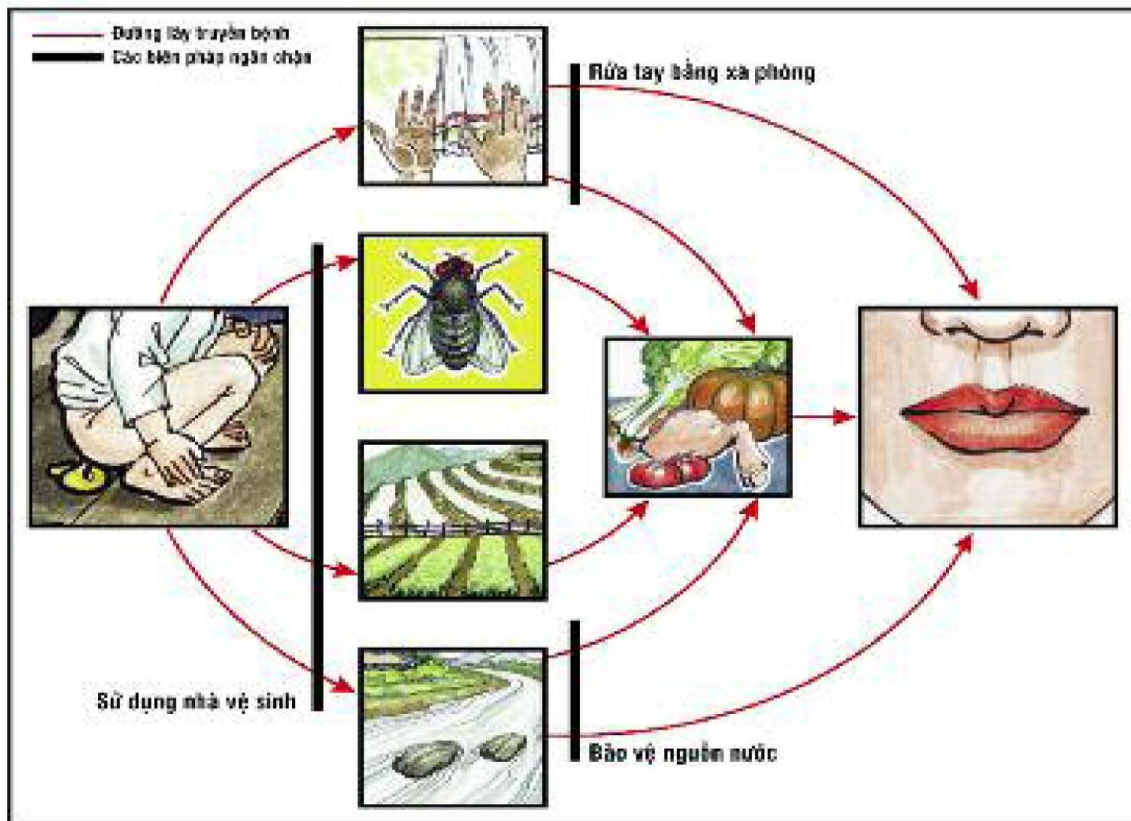
7. Tasks of men and women in the community help the group to understand that the inequality in housework sharing as well as in participation of social activities of men and women will limit the participation of women in water and sanitation activities.

Expected outcomes

After completing these three tasks, the group members should have identified various measures to prevent diarrhoea and other water- and sanitation-related diseases, and measures for implementation.

Activity 6: BLOCKING THE SPREAD OF DISEASES

- **Purpose:** To help people to identify the actions that should be taken to block the disease transmission routes specified in Activity 5, Step 2.
- **Time:** Approximately 1 hour.
- **Materials:**
 - Activity 2 drawings: 10 large drawings of diseases (no small one is used).
 - Activity 5B drawings: “Transmission routes” diagram developed in previous activity.
 - Activity 6 drawings: 23 drawings showing barriers.
 - A0 paper, colored marker and sticky tape.



CÁC BIỆN PHÁP NGĂN CHẶN

- **What to do:**
 1. If there has been a break between this activity and the previous one, start with a review of what was learned and decided in the previous activity.
 2. Divide participants into 2-3 small groups with men and women separately.
 3. Discussion of measures for blocking the spread of diseases:
 - Give drawing of Activity 2 to groups
 - Similar to Activity 5, classify drawings into groups of diseases in the left-hand side of the paper sheet.

- Then give people drawings of barriers of Activity 6 and instruct the group to place drawings of barriers in the right-hand side corresponding to groups of diseases. After that, use a marker to link the barriers to the diseases.
 - If groups face with difficulties, give them some drawings of barriers and ask which diseases these barriers could prevent
 - Explain that a group of diseases may have different barriers, and that a barrier may avoid various diseases.
4. Then, discuss about effective barriers for diarrhea.
 - Ask groups to use the drawings from Activity 6 (barriers)
 - Ask groups:
 - “Now we will focus on diarrhea. Please take the diagram “Disease transmission route” of Activity 5 and discuss blocking solutions and find out barriers for preventing diarrhea”
 - Ask groups to discuss and arrange pictures to show barriers in the diagram “Disease transmission route”.). It is possible to add barriers which are not incorporated in the drawings by drawing or writing on hard paper sheets. Facilitator should find out no-cost or cheap solutions but having good results.
 - Be noted that when people discuss about use of safe water, do encourage them to talk about additional methods of water treatment in family.
 - Give the task to the group using the following words: “Now you have already known disease causes and transmission routes. So, what should we do to prevent and block the transmission routes? Each group should discuss and agree on which barriers should be placed where in the “Transmission routes” diagram in order to block the spread of diseases
 5. Ask each group to present its diagrams. Encourage other groups to raise questions after each presentation.
 6. Ask the group on what they have learnt during this activity, what they like and dislike about this activity.

Conclusions:

The facilitator point towards the diagram with barriers and make the following conclusions:

- Collection of faeces must be done, i.e. defecation must take place in **hygienic latrines**. If defecation is made in latrine it is possible to prevent contact of flies and rats to faeces, and protect water supply and environment/soil from contamination. Put an emphasis that latrines will help block many transmission routes of diseases.
- **Hand washing** with soap must be done before cooking, before eating, after defecation, after cleaning children’ faeces, and after work. Hand washing is the only barrier to block the transmission route of diseases through dirty hands.
- Water sources need to be protected; waste should not be unmanageably disposed. Water storage tools should be covered. The protection of water source will be of advantage to many people.
- People should only drink boiled water or filtered water, eat well-done foods, and cover foods. Be noted that protect food and boil water will help preventing diseases to come into mouth.
- **Animal barn should be kept clean**. Be noted that not only human faeces is dangerous and disease transmittable, but animal faeces also carries many disease roots.

Notes:

- Let everyone have open discussion, and encourage the group to identify various barriers, especially those which are not in the drawings.

Gender notes:

- Encourage women to freely participate in discussion with men.
- Make observation of different barriers that men and women could find out.

Activity 7: TASK DIVISION BETWEEN MEN AND WOMEN

(Optional activity: If the gender communication campaign has been implemented in the locality, it's not necessary to perform this activity)

- **Purpose:**
 - To raise awareness of gender inequality between men and women in doing family and community works
 - To consider needs of safe water and sanitation facilities of both men and women.
 - To empower women in decision making in family and community
 - Define if there is a need for change in task division to achieve equality between men and women and improve the participation of women in community activities.
 - Raising awareness and understanding of inequality in the implementation of family work and community among women and men

- **Time:** Approximately 30 minutes.
- **Materials:**
 - Drawings of Activity 7 including: a drawing of man, a drawing of a woman, and a drawing of a man and woman together and 17 drawing of tasks.
 - A0 paper, colored marker and sticky tape.

- **What to do:**
 1. Divide participants into 2 groups of 5-8 persons.
 2. Ask the group to carry out the activity: “Each group will be given a drawing of a man, a woman and a man and woman (a couple) together, and a set of drawings showing different tasks. Discuss in your group who would normally do this task. Put the task drawing underneath the drawing of the man, woman or couple. The drawing of the man and woman together means that both sexes perform the task.”
 3. Let group discuss for 20 minutes, and then ask each group to show their results and explain why they choose those options, and to respond to any question raised by other groups.
 4. Ask the group why there are differences among groups. What are the comments on tasks by men and women:
 - Who does what tasks?
 - Is there any difference between the workload of men and women?
 - How differences in workloads between men and women might affect to health condition, schooling opportunities and participation in community activities?
 - The advantages and disadvantages of changing tasks done by men and women.
 - The potential for changing tasks done by men and women.
 5. Ask the group to identify roles which could be changed or modified in order to improve sanitation and hygiene, and record these conclusions for use in checking later on.
 6. Ask the group on what they have learnt during this activity, what they like and dislike about this activity.

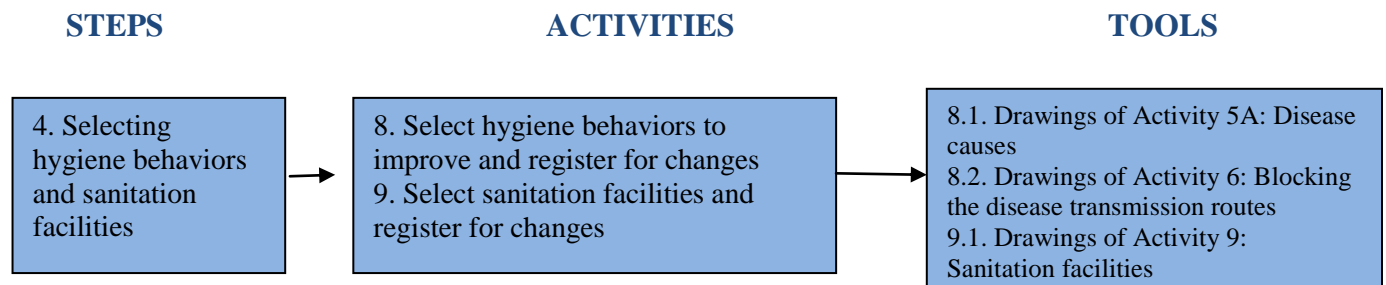
Conclusion:

- There are more tasks done by wives/women than those by husbands/men. The women's working duration is 12 -14 hours per day.
- In families, women are normally responsible for house keeping, cooking, collecting water, washing, etc. Especially, they also take the responsibility of taking care of children, e.g. bathing, feeding, teaching children how to learn, etc. So, they have to do double work in comparison with men.
- Stress that there is an existing inequality in task division between men and women. Women need to do almost houseworks such as cleaning house, cleaning latrine, cooking, collecting water, taking care of children...
- The husbands/men should share housework with their wives, such as: cleaning latrines, collecting water, bathing children, etc. in order to facilitate wives/women to rest, take care of themselves and foster their knowledge, helping improve family hygiene conditions for better lives
- Boys and girls also need to be assigned for works and fairly treatment in family.

• **Notes:**

- Let the group work on its own and discuss what it has found out. They may make more drawings and add other tasks. Men sometimes complain that drawings of their usual tasks have not been included in the set. They should give them blank paper to do this.
- The group may decide that three drawings (man, woman, and both together) are not enough and choose to add drawings of boys and girls. This is fine, but the analysis should focus on gender, not age.
- If the group puts the tasks by women into both men and women categories, ask the group members about who do these tasks more frequently in the village. If the answer is women, let it discuss about the possibility of placing that drawing into women's tasks category.

STEP 4: SELECTING OPTIONS



This step includes **Activities 8 and 9:**

8. **Select hygiene behaviors to improve and register for changes** helps the group to decide which hygiene behaviors it wants to have changes in each family.

9. **Select sanitation facilities and register for changes** helps the group to select suitable sanitation facilities for each family.

Expected outcomes:

By the end of this step, the group should list up good hygiene behaviors which are beneficial to health and need to be encouraged for practice in the village, and bad hygiene behaviors which are not good for health and need to be eliminated; sanitation facilities that suitable for each households and registration of households for changes.

Activity 8: SELECT HYGIENE BEHAVIOURS TO IMPROVE

Purpose:

- To help the men and women identify good hygiene behaviors which are beneficial to health and need to be encouraged for practice in the village, and bad hygiene behaviors which are not good for health and need to be eliminated and registration of households.

Time:

- Approximately 1.5 hours.

Materials:

- Drawings of Activity 5A – Disease causes: 12 drawings of disease causes.
- Drawings of Activity 6: Barrier of disease transmission routes.
- A0 paper, colored marker, sticky tapes.
- Prepared table on A0 paper as below:

Hygiene behaviors to encourage	Hygiene behaviors to eliminate

- Household monitoring checklist.

- **What to do:**

1. If there has been a break between this activity and the previous one, start with a review of what was learned and decided in the previous activity.
2. Selection of hygiene behaviors for improvements:
 - Divide participants into groups (maximum 5 persons/group). Representative of nearby households should be grouped to each other.
 - Each group discusses and assigns one person to be group leader for monitoring of hygiene behavior changes of households in group. Facilitator list up groups with name of leader and members. Encourage women to be group leader
 - Give the task to the group, using the following words: “The group has identified the barriers in Activity 6. Based on these, each person will choose several drawings showing healthy behaviors/activities which you wish to encourage in the family and community, and then stick them on the close-by blank paper”.
 - Give groups with drawings of Activity 5A – Disease causes and drawings 6 – Blocking disease transmission routes.
 - Ask each group to arrange drawing of good hygiene behaviors in Activity 6 and bad hygiene behaviors in Activity 5A in the order from **easiest-to-do** to **most difficult -to-do**

- Let groups present their results and comments on each other. If there are different opinions, facilitator explains and then agrees on a common order. Encourage women to actively participate in the activity

3. Registration for changes

- Distribute representatives of households with a household monitoring checklist for hygiene and sanitation behavior changes and practice in household.
- Hang up the checklist in the wall and instruct participants to register for changes.
- Ask people to fill in their full name, village and commune in the checklist, then instruct people to circle in ordering number 1,2,3... of Section A (Individual hygiene), B (House hygiene and food handling), C(Water use and storage), D (Waste and animal faeces management) in the dotted circle corresponding with behavior changes that household register to perform. After that, people tick “x” in the expected implementation time that could be “Now”, “3 months”, “6 months”, “9 months”, “12 months” depending on each household’s plan. Encourage women to register for their households.
- Ask people to gather the checklist in one place for further use in the next meeting. Facilitator gathers the checklist in groups.
- Inform people that “All these checklists will be distributed to households. Please discuss further with your household members to see whether other people in your households want other behavior changes. We will finalize the checklist in the next meetings”.

4. Ask the group on what they have learnt during this activity, what they like and dislike about this activity.

Conclusions:

- We have agreed on the hygiene behaviors which need to be practice, including...and hygiene behaviors which need to be eliminated, including...We have committed to perform good behaviors for health situation of ourselves and community.
- We need to take women need into account, for example a good bathroom, water need to be available in kitchen, bathroom, latrines then women could have easy access.

Notes

- Knowledge on safe water is very important to facilitators to support participants if necessary.
- The registration of people is important. It is necessary to create an active atmosphere while people do the registration.
- Put an emphasis on that the works related to hygiene, water and sanitation are not only related to women, but both men and women need to know how to perform these works in the family.

Activity 9: SELECT SANITATION FACILITIES AND REGISTER FOR CHANGES

Purpose:

- To help men and women select suitable sanitation facilities and each household register for changes.

Time:

- Approximately 1 hour.

Materials:

- Drawings of Activity 9 consisting of: 5 drawings of sanitation facilities.
- The summary introduction of different types of hygienic latrines (advantages, disadvantages) in A0 paper. Facilitator could refer to Annex III. Management of human faeces in the end of the guidance.
- A0 paper, markers and sticky tape.
- Household monitoring checklist (that has been used in Activity 8)

• **What to do:**

1. If there has been a break between this activity and the previous one, start with a review of what was learned and decided in the previous activity.
2. Select sanitation facilities:
 - Divide participants into 2 groups.
 - Give each group with drawings of sanitation facilities.
 - Ask groups to arrange the drawings as a ladder, starting with the worst at the bottom and the best at the top. Identify in each pile the drawings showing the current latrines of households and those showing the latrines they expect to have.
 - Ask groups to present their working results.
 - Introduction of hygiene latrines: Hang up the summary of different types of hygienic latrines and introduce “There are 4 types of hygienic latrines that suitable for rural and mountainous area in our country: low-cost pit latrine, ventilated improved pit latrine (VIP), double vault latrine (DV) and pour flush latrine. Please think about which type of latrine is suitable for your family?”
3. Register for changes:
 - Deliver participants with Household monitoring checklist that have been used in Activity 8 for representatives of households.
 - Hang up a checklist and ask people to pay attention to section F(Latrine use and maintenance)
 - Ask if households have a latrine or not. Encourage households without latrine to register to build a latrine. The latrine should be good enough for the use of women.
 - Ask people to register suitable latrine by circling dotted circle No. 1 “Build a hygienic latrine” then circle the symbol of smiling face in the latrine model that household will build. Encourage discussion between men and women before making decision.
 - In order to help household to register suitable latrines, facilitator could divide the option into 2 columns for wife and husband. If the selections are the same, then household will register for this option. If the selections are different, facilitator ask for explanations from wife and husband to give suitable consultancy.

- Encourage people to register for behaviors of “Use and maintain latrine properly” and “Always gather baby faeces into the latrine”. The method is similar to other behaviors.
 - Ask people gather the checklists for next meeting.
 - Inform people that “
 - Inform people that “All these checklists will be distributed to households at the end of the communication campaign. Please discuss further with your household members to see whether other people in your households want other changes. We will finalize the checklist in the next meeting”.
4. Ask the group on what they have learnt during this activity, what they like and dislike about this activity

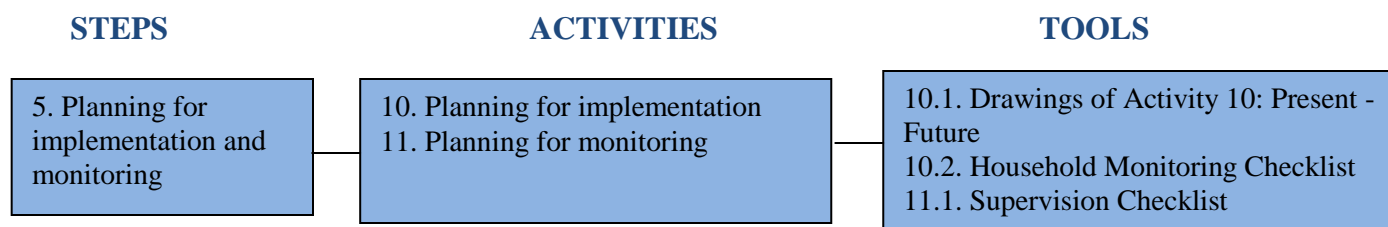
Conclusions:

- The type of latrine commonly used in the village at present are...and the one considered as the most appropriate by villagers are...
- We have registered to build hygienic latrines in order to stop open defecation to avoid contaminating our water source and environment.
- In order to have these hygienic latrines, we will discuss on how to build latrines in next activity.
- In family there should be consensus between wife and husband in registration of latrines. Opinion of women should be taken into account. The head of households should not make decision themselves.

Notes

- This is the only activity in the program, which introduces the four types of latrines including low-cost pit latrine, ventilated improved pit latrine (VIP), double vault latrine (DV) and pour flush latrine.
- The technical knowledge of different types of latrines, and even the management of animal faeces is very necessary for facilitators to facilitate this activity.

STEP 5: PLANNING FOR IMPLEMENTATION AND SUPERVISION



This step includes Activities 10 and 11:

10. Planning for implementation helps the group to plan the actions for changes.

11. Planning for supervision to summary changes registered by households, monitor changes in household define time and person responsible for monitoring.

Expected outcomes:

By the end of this step, the group must have developed a feasible plan for building sanitation latrine facilities, as well as supervision plan.

Activity 10: PLANNING FOR IMPLEMENTATION

Purpose:

- To enable participants to develop a plan to implement changes in hygiene behaviors, build hygienic latrines...
- To help men and women think about difficulties and find suitable solutions.

Time:

- 1 hour.

Materials:

- Household monitoring checklist of a household with registration to built latrine
- Drawings of Activity 10 consisting of:
 - 10 drawings showing “**present**” and “**future**” (5 couples)
 - 9 drawings of planning steps
 - A0 paper, colored marker and sticky tape.

• What to do:

1. If there has been a break between this activity and the previous one, start with a review of what was learned and decided in the previous activity.
2. Instructions:
 - Facilitator hangs up a checklist of a household with registration of latrine building into the wall.
 - Give explanation “In previous meeting we have agreed on what we should do to protect our environment and many households have registered to build latrines. For example this household (read name of household) registered to build latrine that we highly appreciated. Let’s now work out what needs to be done to turn the present situation into the future situation in your expectation.
3. Give groups with drawing of “present” and “future” and drawings of planning steps for latrine building.
4. Give each group a set of “now” and “future” drawings and planning posters.
5. Ask group to arrange drawings in an order that they consider as suitable. Use blank papers for additional necessary steps.
6. Ask groups to present their plan and discuss on:
 - Difficulties that they might face during implementation
 - What will they do to implement the plan
 - Which support household will give to each other to overcome difficulties
 - Necessary time for implementation of the plan
7. Ask the group on what they have learnt during this activity, what they like and dislike about this activity

Conclusions:

- This is the plan with the sequence of steps agreed upon. The facilitator recalls each step agreed.
- Stress that the steps decided by each group may be different. But the important thing is that the group has made a plan aiming to “future” with suitable implementation steps and also

identify difficulties could be met during the implementation of each step, leading to solutions for overcoming.

- Households who registered to have latrines should discuss further with other household members to have detailed plan for implementation. Steps in the plan of different households could be different, for example household who have enough money will not need to borrow money.
- We only focus on plan of latrine building in this meeting. For other behavior changes registered, households should have their own plan and steps of implementation. For example for behavior of hand-washing after defecation, there should be water and soap available nearby latrines.

Notes:

- Role of facilitator is to simplify the progress that household will be able to understand and manage.
- After groups present their plan for implementation, regroup into separate male and female groups to discuss on difficulties they might face with, what to do to implement, how to support each other to overcome difficulties...

Activity 11: PLANNING FOR SUPERVISION

Purpose:

- To develop plan for monitoring of change progress.
- Make decision of how frequent the supervision should be and who will take responsibility of supervision
- Fix date for evaluation activity in community

Time:

- 45 minutes

Materials:

- Paper, pens, sticky tapes
- Household monitoring checklist
- Supervision checklist as follows, photocopied and distributed to head of “household groups”

SUPERVISION CHECKLIST FOR MONITORING HOUSEHOLD CHANGES

Name of group leader/Supervisor: Village: Commune

Date of supervision: 1st: 2nd: 3rd:

NO	SUPERVISION CONTENT	HH	HH	HH	HH	HH	No of registe red HH	Total (1 st time)	Total (2 nd time)	Total (3 rd time)
A	INDIVIDUAL HYGIENE				
1	Always wash hands with water and soap before eating and before feeding babies - Having a handwashing place with water and soap									
2	Always wash hands with water and soap before cooking - Having a handwashing place with water and soap nearby kitchen									
3	Always wash hands with water and soap after defecation - Having a handwashing place with water and soap nearby latrine									
4	Regularly cut nail - Having nail cutting tool									
5	Take bath and wash clothes on a daily basis - Having clean and well-covered bathroom									

6	Always sleep in mosquito net - Having sufficient mosquito nets for all family members, nets remain unturned									
B	House hygiene and food handling									
1	Keep the house tidy and clean Having cleaning tools									
2	Keep the kitchen tidy and clean, keep eating and cooking ware clean - Having a place for storing eating and cooking ware (cupboard...)									
3	Cover food carefully after cooking - Having tools to cover foods									
C	Water use and storage									
1	Keep the water storage equipments clean. Always cover water storage equipments. - Having covers for water storage equipments - Having clean dipper separately for water handling									
2	Drink boiled water - Having kettle for water boiling - Having equipments for boiled water storing (water pot...)									
3	Drink filtered water - Having filtering equipment									
4	Keep the wells clean and covered - Having cover for well - Having clean dipper separately for water handling									
5	Protect water source - Having fence for water source protection									
6	Save water, participate in water system repair and maintenance - Water tank is clean and covered									
7	Keep household water tap clean, save water - Having household water tap, keep									

	it clean and lock the tap when unused									
D	Waste and animal faeces management									
1	Good practice of waste management at household, burn or bury waste regularly - Having rubbish bin, throw rubbish in proper place (community waste area)									
2	Keep yards and surrounding areas clean, no animal feces - Having animal barn, keep the barn clean - Gather animal feces in a regular basis									
E	Keep yards and surrounding areas clean, no animal feces - Having animal barn, keep the barn clean - Gather animal feces in a regular basis									
1	Build the hygienic latrine									
2	Use and maintain latrine in proper way Having ash/rice hush or water to pour into the latrine after defecation									
3	Always gather baby feces into the latrine - Having a latrine, having potty for babies									

How to use the checklist:

- Fill in names of households in the first row.
- Mark “x” in the corresponding cell of household registration. Sum up total number of registered HHs for each behavior and fill in column “Number of registered HH”.
- During supervision: Circle the mark “x” if HH has performed this behavior. Sum up total number of performed HHs after each monitoring session and fill in corresponding cells.

- If there are more than 3 monitoring sessions, it is possible to paste additional paper and add more columns.
- Commune or village could use this checklist to consolidate data on behavior changes of hygiene and sanitation in locality.

How to do:

1. *Give explanation* to people to understand the need of monitoring to the implementation of plan developed in Activity 8 and Activity 9. Put an emphasis that the changes committed will be monitored by local people themselves to each other. Therefore, it is necessary to encourage family members to perform these behavior changes. Facilitators and project officers will do the regular monitoring and support if necessary.
2. *Grouping:* Ask people in each “household cluster” divided in Activity 8 to sit together in a group.
3. *Give material:*
 - Give the group leader with a Supervision checklist.
 - Give the group leader with Household monitoring checklist of HHs in the group.
4. *Assign task:*
 - Each group will assign one person to read each behavior that each household registered, then the group leader will mark to the Supervision checklist (Encourage women to read out loud)
 - Group leader will keep the Supervision checklist and be responsible for implementation of households in their group and report to village leader in a regular basis and report in a evaluation meeting after 3 months of implementation.
 - Group leaders will keep Supervision checklist and responsible for monitoring the implementation of households in their groups and report to village leader in a monthly basis, report in evaluation meeting after 3 months of implementation.
 - Ask people to bring home the Household monitoring checklist then hang up in their home in order to remind all family members to implement together. Households need to have discussion between men and women on the behavior changes. Men also need to participate to perform the hygiene and sanitation practices, not only women. Households need to keep the Household monitoring checklist carefully then group leaders could mark in the changes that have been performed during their supervision visit.
 - Ask group to discuss how frequent the group leader should come to households for monitoring.
 - Agree on monitoring time, for example group leader will do monitoring at least once per month.
5. *Fix date for the evaluation:*
 - Inform people that after 2-3 months, we will evaluate the implementation results. Households with improvements and innovations will share the experience to other people.

- Remind group leader to bring Supervision checklist to the meeting.
6. Ask groups how they think about this activity? Is it necessary or not?

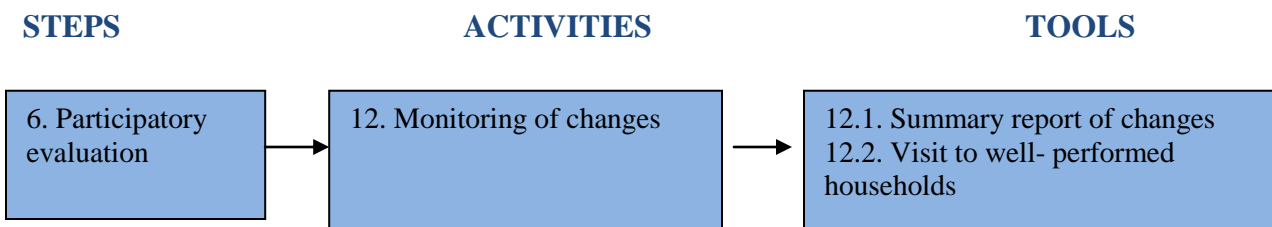
Conclusions:

- This is the plan of activities committed by households. Please share with other members of your household and encourage them to implement the plan.
- The plan will be monitored by yourselves, facilitators and village leaders in a regular basis
- As discussed in above activities, women are much involved in water, hygiene and sanitation-related works. Therefore it is necessary to have participation of women in planning for implementation and supervision.

Notes:

- The checklists should be filled in by participants themselves in order to help them understand that committed behavior changes registered in the checklist will be monitored regularly.
- Facilitator photocopy Supervision checklist to distribute to group leaders
- It is necessary to improve the participation of women in planning for supervision as well as in supervision itself.

STEP 6: PARTICIPATORY EVALUATION



This step includes only Activity 12:

12. Monitoring of changes helps people and project together to evaluate improvements in term of hygiene and sanitation in each household and its impact to reduction of diarrhea and other diseases related to water and sanitation. This activity will be performed 2-3 months after the end of the communication campaign

The participatory evaluation should involve as many people as possible from the community as well as other communities. In this step, achievements of groups will be evaluated and recognized.

Expected result: During the evaluation, the group will identify:

- What the people and households have been done?
- What is the next plan of action?
- What are challenges and difficulties encountered during the implementation?

The evaluation can be done in many different ways:

- The group might carry out some evaluation activities itself and share the results with the wider community by displaying them where they can be seen by all.
- The group might decide to involve the wider community in its evaluation activities.
- The group could combine some specific activities with organizing a community evaluation activity.

Activity 12: MONITORING OF CHANGES

Purpose:

- Compare and evaluate the achievements against goals.

Time:

- Approximately 2.5 hours (Report: 45 minutes, household visit: 1 hour 15 minutes; discussion and planning for next activity: 30 minutes)

Materials:

- Supervision checklist of group leaders
- Summary report of changes

Facilitator prepare in advance: write 21 behaviors in A0 paper in accordance with Household Monitoring Checklist.

No	Works done	No. of HH performed	Difficulties	Solutions
	A. Individual hygiene			
1	Always wash hands with water and soap before eating and before feeding babies - Having a handwashing place with water and soap			
...			
....	Always gather baby feces into the latrine - Having a latrine, having potty for babies			

What to do:

Use Summary report of changes

1. *Hang up the tools:*
 - Hang up or stick “Summary report of changes” into board or wall.
2. *Report works done:*
 - Assign 1 person as secretary to summary the results in “Summary report of changes”
 - Ask group leader to report supervision results of their group.

- Ask other members review the results and add changes of their households or other households that have not been included in the report.

3. *Further discussion:*

- After completing report, ask groups to discuss on:
 - What is the success?
 - What is the difficulties coped with? Encourage women to share their opinion and difficulties.
- Ask secretary to write down difficulties and classify them into two groups:
 - Difficulties that groups and households could solve by themselves;
 - Difficulties that groups and households could not solve by themselves.
- Stick two groups of difficulties into walls and ask people to discuss and make decision:
 - What they will do to overcome difficulties that they could solve by themselves?
 - What they will do to have support from commune and village to overcome difficulties that they could not solve by themselves.

Visit to well-performed households

1. *Preparation:*

- Select households for visiting: after reporting session, ask groups to discuss and select some well-performed household (many positive changes, innovative ideas, overcoming difficulties) to visit.
- Ask participants to divide into groups and visits selected households.
- Recommend groups to visit neighbouring households of selected ones (if time is available) and recording what they have observed.
- Fix time for visit: after 1 hour of visiting, people need to be back to meeting place for next discussion.

2. *Instructions to discussion after visiting:*

After people complete the visit and back to the meeting place, ask groups to discuss following questions:

- What is the success?
- What is the innovative idea that should be learned?
- What is the difficulties faced with?

3. Ask groups to write down difficulties and classify into two groups:

- Ask secretary to write down difficulties and classify them into two groups:
 - Difficulties that groups and households could solve by themselves;
 - Difficulties that groups and households could not solve by themselves.
- Stick two groups of difficulties into walls and ask people to discuss and make decision:
 - What they will do to overcome difficulties that they could solve by themselves?

- What they will do to have support from commune and village to overcome difficulties that they could not solve by themselves.

4. *Plan for next changes:*

- Ask people to discuss and register for next changes. Group leaders write down into their Supervision checklist (for following up)
 - Ask people to mark next changes into Household Monitoring Checklist at their home.
5. Ask groups what they have learned from changes in households.

Conclusions:

This is the achievements that people have actively done in order to prevent diseases related to water and sanitation, environment pollution, water source contamination. This means that we all together implement the changes to prevent diseases for ourselves, our family and people in our village.

- Some households are very active as we all know as ...And some households have built latrines with respect to need of women in family...
- There are many women who actively participated and contributed to good hygiene practice, protect health of family and environment. Therefore, we need to continue encouraging women to participate in all community activities.
- Some men are very good at sharing works with women as Mr..., creating favour conditions for women to have better participation in community activities. It is necessary for our village to have many men like them.
- We need to maintain good practice and continuously improve it become habits that are good and beneficial for health situation in our community.

Notes:

- Before this activity, facilitator should visit households together with group leaders to recognize achievements of households.
- Facilitator discuss with village leaders to coordinate in this step and to integrate the communication content on water and sanitation into regular meetings of village.

CONCLUSIONS

1. What you might find from the evaluation?

You will encounter varying degrees of success. Some groups may be ahead of schedule and others may have stumbled early on. But any evidence of improvement provides a base on which the villages can build. Moreover, people need to see the results of their efforts. Without these they will lose faith both in what they have learned and in themselves. In your facilitating role, you can help to prevent this from happening by getting the group to identify the improvements, no matter how small. In doing so, you can help the group identify the problems which caused it to achieve less than it planned, analyze these, plan for solutions, select options, develop a new plan, allocate tasks, and monitor and evaluate its results.

2. Adjusting the program?

The process of monitoring and evaluation is continuous. It provides feedback to the group, enabling it to learn from its mistakes (if any). On the basis of this information, the group can change its plans to avoid problems, thereby working towards much more improved hygiene/sanitation conditions and successful outcomes.

BASIC KNOWLEDGE FOR FACILITATOR

I. WATER AND SANITATION-RELATED DISEASES

The majority of infectious diseases are associated with food, drinking water and hygiene in daily life. Following is the basic information on several water- and sanitation-related diseases:

- Intestinal diseases: diarrhoea, cholera, dysentery
- Parasite-borne diseases: ascarid, hookworm, tri-chocephalus, pinworm
- Mosquito-borne diseases: malaria, petechial fever
- Eye-related diseases (trachoma, red eyes), skin diseases (scabies, ringworm, fungous skin), gynaecological diseases (infectious reproductive system, etc.)

INTESTINAL DISEASES



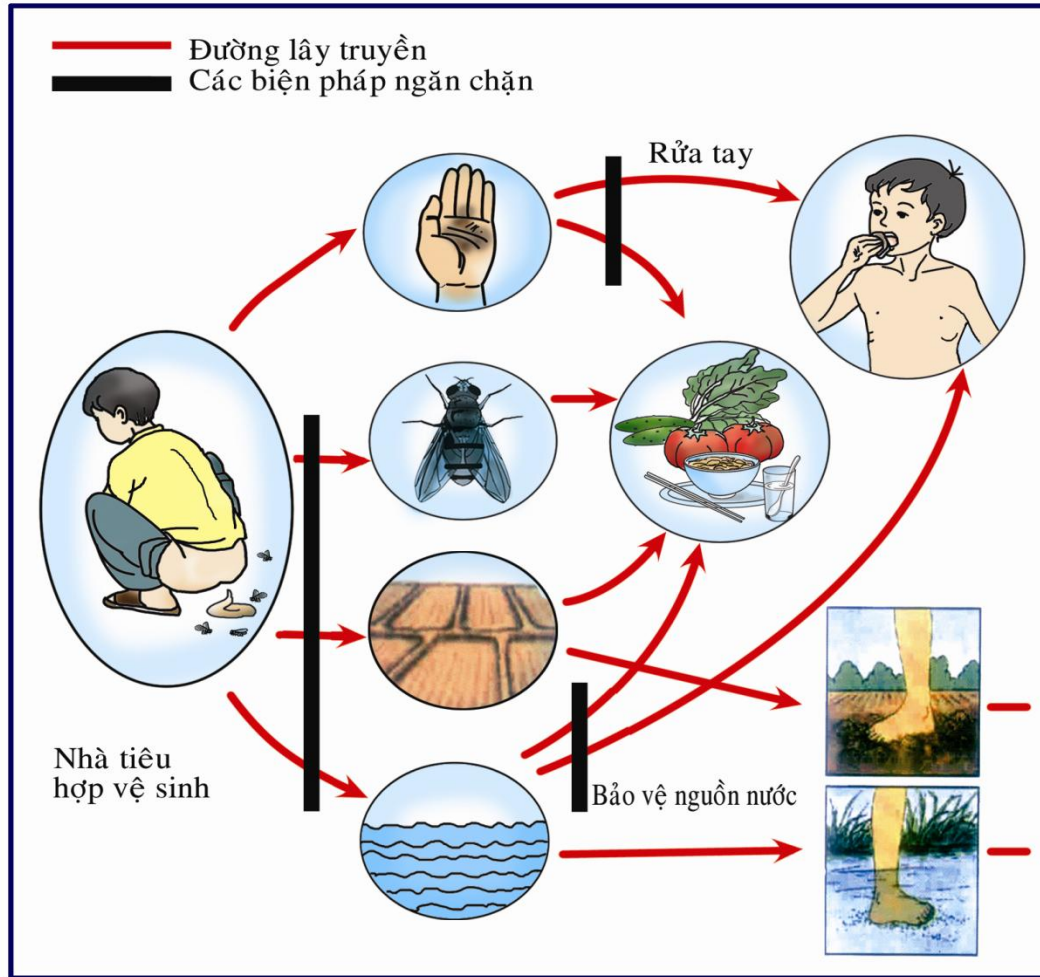
- Diarrhoea is the condition of having watery stools more than 3 times a day. The more amount of watery stools, the more dangerous the condition is. Diarrhoea is generally caused by eating food or drinking water that is contaminated with human faeces (via dirty water, hands or eating objects).
- **Symptoms:** Intestinal diseases are normally indicative of the following symptoms:
 - Three or more stools in a day (24 hours), their faeces contains more water than normal and may also contain blood;
 - Cramping pain in the tummy; sometimes having fever and feeling sick.

In infants and small children, the primary symptoms are tummy pains, watery stools, fever, vomiting, and an indicative of dehydration (severe thirsty, depressing eyes, dry lips, cry

without eye drops, etc.). Therefore, it is needed to have early examination and treatment. Diarrhoea causes children and adults to lose too much liquid from their bodies and can result in death.

Diarrhoea can also cause or make malnutrition worse because:

- Nutrients are lost from the body
- Nutrients are used to repair damaged tissue rather than for growth
- A person suffering from diarrhoea may not feel hungry
- **Transmission routes:** The diagram below shows the usual ways diarrhoeal germs reach people:
 - Via fingers, flies (insects), fields and fluids, food, or directly into the mouth. Yet such diarrhoea can mostly be prevented.
 - Via dirty hands: If hand washing is not done after defecation or handling with faeces, germs will directly enter the mouth via hands.
 - Via insects or other animals: Flies normally sit on food and bring germs into food and water. In addition, rats/mice and cockroaches also act as diarrhoeal transmitters.
 - Via food: underdone/rotten food/water
 - Via drinking water: human and animal faeces contaminate the water sources. If contaminated water is used without boiling, it will cause diarrhoea.
- **Preventing the diarrhoea:**
 - Keeping clean hands: hand wash with clean water and soap before eating/making food, and after defecation and working in the field. Regularly do nail cutting.
 - Killing insects and others which cause diseases: Killing flies and mosquitoes. Collecting and processing waste. Food and water must be covered to prevent flies and other insects.
 - Building latrines of standard sanitation: No easy-going defecation; each family should have a latrine of standard sanitation.
 - Having well-done food and boiled water every time and everywhere: Food and water must be well-done and cleanly stored.
 - Protecting clean water: It is needed to have cover on wells, water tanks/storage. Latrines, animal cages and domestic waste must be at least 15m from the water storage place.
- **What should I do?**
 - Give plenty of liquids to drink. Give any of the following liquids:
 - Breast milk
 - ORESOL
 - Plain water (boiled and cooled)



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- soup, rice water, yoghurt
- Juices, weak tea, coconut water
- Cooked cereal
- Give food
- Go to healthcare units for timely examination and treatment



WORM-BORNE DISEASES

In human and animal faeces, there exist so many worm eggs, such as of ascarid, hookworm, trichocephalus, fluke worm, etc. Worm-borne diseases account for high proportion, sometimes 95%. Worms enter the human body via not only the food but also the skin. Worm-borne diseases can be prevented if well-done food/water, good hygiene and good use of latrines are carried out.

- **Symptoms**

Patients with worm-borne diseases normally have abdominal pain; children usually have bloating, blue skin, regular fatigue, dizziness and dazzle.

- **Degree of danger:**

Worms mainly live in human intestine. They live on human food and blood, resulting in weakened body. In addition, they also cause dangerous complication such as blocking intestine or gall, easily leading to death.

- **Transmission routes**

Worms mainly live in human intestine. Each female ascarid lays 200,000 eggs per day. These eggs go out with faeces, spread within soil or water, grow and enter human bodies by the following routes:

- Via food: Worm eggs from faeces, and contaminated soil/water going into the food.
- Via hands: Contaminated hands due to touching on faeces and contaminated soil with worm eggs, and leaving long and unclean nails. These hands then directly hold food and put into mouth. Children usually have pinworms which stay at the anus, make them feel itchy and then use hands to scratch. Worm eggs will stay with children's hands which will then be used for mouth sucking or holding food, helping worm eggs easily enter the body.
- Via flies and other animals/insects: Flies grow very fast in human/animal faeces and waste disposal sites. Flies carry many germs and worm eggs into food and water, resulting in infection. In addition, cockroaches, rats, dogs, cats and other animals are also involved in the germ transmission into food, water and other utilities.
- Via uncooked vegetables and food: Uncooked vegetables which are not cleanly cooked, and uncooked food will help worms enter the human body and cause diseases.
- Via skin due to touching on faeces, and contaminated water/soil: Hookworm larva usually live in soil and water. While going with bare feet and bathing within contaminated water, these larvas will go through the skin and cause diseases.

- **Preventing the diseases**

- Keeping clean hands: hand wash with clean water and soap before eating/making food, and after defecation and working in the field. Regularly do nail-cutting. Carrying out daily hygiene activity. Having well-done food and boiled water. No bare feet. No use of faeces as fertilizers. Each family should have a latrine of standard sanitation. Faeces must be processed at least no less than 6 months
- Food and water must be carefully covered: Preventing flies, insects and others to touch food. Killing flies, cockroaches, rats, etc. Waste must be collected and disposed in right way.

- **What should I do?**

Take the medicine for treatment of worms every 6 months (no use for children under 2). Consult with health workers before using this type of medicine.

MALARIA



Malaria usually occurs in mountainous and highland areas. This disease is caused by Anopheles mosquito via transmitting germs into the human body. As this is a disease which is transmitted by mosquitoes, it can be prevented if everyone and every family can well carry out mosquito killing and prevention of mosquito bites.

- **Symptoms**

When contracting malaria, the first symptoms are periodic shivers, and then fever, sweating and headache (possibly long-lasting fever, once every 1 or 2 days).

- **Degree of danger**

The disease is dangerous. It may attack red blood and liver cells, leading to weakening body. Malaria may

progress to the complicated malaria which can bring death to the patient without early and appropriate treatment.

- **Transmission routes**

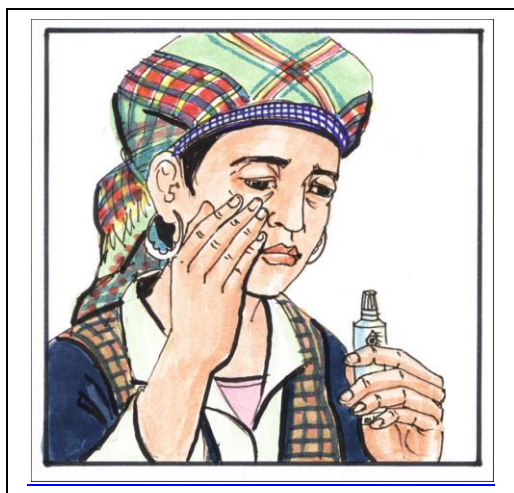
- Malaria parasites are transmitted from the infected person to the non-infected person via Anopheles mosquito.
- Via mosquitoes: the mosquito bites the infected person (with malaria germs) and malaria parasites develop within the mosquito body. Then malaria germs will be transmitted into the non-infected person.
- Malaria mosquito (Anopheles mosquito) normally bites in the evening.

- **Preventing the disease**

- Kill mosquitoes; and clear the places where mosquitoes live and grow.
- Clear bushes and still water holes to so that mosquitoes have nowhere to lay eggs.
- Use the spray that repels mosquitoes on periodic basis.
- Soak the mosquito net with mosquito repellents.
- Sleep under the mosquito net, and make good furniture arrangements in the bedroom so that mosquitoes have nowhere to live.
- Make good treatment of malaria-contracted people.
- When working in the rice fields or forests, bring the mosquito net.

- **What should I do?**

- Visit the health center for prompt examination and treatment.
- Take medication prescribed by the doctor.



EYE-RELATED DISEASES

Eye-related diseases are infectious ones which are caused by bacterium. These diseases are easily transmitted, especially to children. It may result in blindness without timely treatment.

- **Symptoms:**

Patients with red eyes and trachoma normally have itching, tearing and discharge which cause blurred vision and irritation. And the patients always have to touch eyes by hands, leading to more serious condition.

- **Degree of danger:**

Repeated infection of eye mucous membrane will lead to scarring of eyelids, causing the lashes to turn in so that they rub on and scratch the cornea, resulting in blindness.

- **Transmission routes**

Dry/dirty environment, poor hygiene and lacking clean water. The bacterium causing eye-related diseases can be found in eye discharge of the eye-related patients and transmitted from one person to another via direct or indirect contact.

- Via hands: If a person with eye-related disease touches on his/her eyes, germs from the eye discharge will be transmitted from one to another through hand-shakes or direct touch.
- Via various domestic things such as towels, shirts, blankets, pillows, etc. The bacterium is transmitted from one to another through via sharing towels, shirts, blankets, pillows, etc.
- Lacking clean water: The lacking clean water leads to poor hygiene behaviors such as irregular hand wash or face wash.

- **Preventing the disease**

- Good hygiene: Daily faces wash by clean water. No sharing of towels
- Clean living environment.
- Regular hand wash after work.
- Daily bath by clean water.
- Hygienic latrines must be used by everyone and every household.

- **What should I do?**

- Immediate treatment to avoid the transmission to many people
- The best way is to follow health workers' instructions.



SKIN DISEASES

The typical disease of this kind is scabies. The mites tunnel into the skin, live and deposit eggs just under the skin. Scabies is easily transmitted from one person to another. It does not cause death, but itching and irritation. If it is not treated, skin infection will appear.

- **Symptoms:** itching, rash and running discharge. The common affected body parts are the space between fingers and toes, groins, and auxiliary folds on legs. Much itching at night, resulting in sleeplessness and possible weakening body.

- **Degree of danger:** Scabies does not cause death, but

itching and irritation. If it is not well treated, skin infection will appear due to scratching, especially in children.

- **Transmission routes:** The scabies mites transmitted via direct or indirect contact:
 - Direct touch on skin.
 - Clothes, mosquito nets, mats: The scabies mites normally run from the skin to the patient's clothes, underwear, mosquito nets and mats. Therefore, sharing of these will be infected.
 - Lacking water: Lacking water results in irregular bath, creating favorable conditions for mites to grow. Scabies usually happens in places with poor sanitation conditions, poor hygiene, and lacking water and bathrooms.
- **Prevention:**
 - Avoid the face-to-face contact with the patient.
 - No sharing of clothes, mosquito nets, blankets, etc.
 - Clothes, mosquito nets, mats, etc should be washed and hung under the sun.
 - Hygiene: daily bath with clean water (in private bathroom).
 - Frequent nail-cutting and clean hands.
- **What should I do?**
 - Seek for examination and treatment under the doctor's instructions.
 - Using skin creams is the common treatment.



GYNAECOLOGICAL DISEASE

Also called leucorrhoea or whites, which refers to a whitish discharge from the female genitals.

- **Degree of danger:** Leucorrhoea appears when the discharge is profuse, foul smelling, with changes in its color or itching. If it is not well treated, dangerous complications may arise, resulting in infertility, displacement of womb, premature delivery or difficulties in delivery.

- **Transmission routes:**

- Poor hygiene. Irregular bath, poor hygiene by females, especially during the menstrual period.
- Wearing wet underwear.
- No cleaning after intercourse

- **Preventing the disease:**

- Daily bath with clean water.
- Hygiene care is required during the menstrual period with a change of feminine pads of 2-3 times per day.
- Washing underwear with detergent and hanging under the sun.
- Healthy intercourse.

- **What should I do?**

- Periodic gynaecological examination.
- Using medicines as prescribed by the doctor.
- Treatment for both wife and husband.

II. GENDER ISSUES IN WATER, HYGIENE AND SANITATION PROGRAMS

How is difference between Sex and Gender?

- **Sex is difference between** men and women's biological features, expressed by men and women's reproductive function such as women have womb, ability to be pregnant and to give suck to a baby, men have sperm... Biological difference between men and women cannot be changed.
- Gender reflects the difference of social aspect between men and women. These differences come from learning and studying process, variously and can be changed. They change in accordance with time, from this country to another country, from this culture to another culture in a specific social situation, are determined by social, historical, religious, economic factors

How does gender help understand water, hygiene/sanitation and hygiene behaviors?

1/ There is an inequality in roles and tasks of men and women:

- Women have normally to do heavy domestic work associated with changing hygiene behaviors, such as: water collection, cooking, washing, bathing for children, teaching children, taking care of sick children, cleaning latrines, etc.
- Men are normally responsible for decision-making: selecting, designing, paying, managing and maintaining water and sanitation facilities (water, well, latrine, bathroom, and etc. system).

2/ There are differences in behaviors, expectations and needs of men and women. For example:

- The role of latrines is of special importance because the use of latrines is associated with cultural elements, which are differently expected by men and women (e.g. privacy, etc.).
- Women may not like pit toilets as they have to transport water for cleansing.

3/ Communication activities and messages must be designed for both men and women as factors which encourage men to support and accept hygiene behaviors may be different from those of women.

Why it is necessary to integrate gender into water, hygiene and sanitation programs?

A gender-sensitive strategy will help involve all community members in the implementation process by:

- Referring to special needs of men and women without affecting sex division.
- Bringing equal opportunities for men and women in terms of improving the lives of their own, families and communities.
- More equal division of work between men and women: Men will do more domestic work while women engage more in decision-making.
- Effectiveness of water, hygiene and sanitation programs will be ensured if it could attract the attention, contribution and experience of both men and women.

How to ensure gender integration in activities?

The facilitators' roles are very important in terms of incorporating gender issues into PHAST-based improvement of hygiene behaviors. Facilitators should:

- Ensure the balanced quantity of men and women in training, community activities and management membership.
- Make sure the women's active participation in activities, and make a change (in terms of time, duration, etc) if needed.
- Listen to women's comments and viewpoints.
- Help men understand and accept women's participation (if needed) in consultation and decision-making process, and in management activities.
- Assess on which hygiene behaviors of men and women require a change, and who will be responsible for change.
- Ensure that the change of hygiene behaviors and participation in domestic work by men should be mentioned.
- Make sure that the program will not increase the burden on women, but contribute to equal responsibilities and work between men and women.

III. MANGEMENT OF HUMAN FAECES

1. Introduction of some hygienic latrines

There are 4 types of hygienic latrines that are popularly used in rural and mountainous ares of our country including: Low-cost pit latrine, ventilated improved pit latrine (VIP), double vault latrine (DV), pour-flush latrine. In this guidance the septic tank latrine will not be mentioned due to few household could afford it.

Low-cost pit latrine

Advantage:

- Easy to use and maintain.
- Clean, non-stink if properly used and maintained.
- Do not need water to flush faeces away.
- Faeces could be utilized for farming.
- Almost materials are available in locality, low cost.

Weaknesses:

- No separate sewerage for urine.
- Need to move to other pit or take out the faeces when the pit is full.
- There is a risk of contamination to underground water source

Ventilated improved pit latrine (VIP)

Advantages:

- Easy to use and maintain.
 - Clean, non-stink if properly used and maintained.
 - Do not need water to flush faeces away.
 - Faeces could be utilized for farming.
- Almost materials are available in locality, low cost.

Weaknesses::

- It not good to use in a population-crowded areas or wetland.
- Need to move to other pit or take out the faeces when the pit is full.

Double vault latrine (DV)

Advantages:

- Could kill germs if properly used.
- Composted faeces could be use for farming.
- Dry, clean, no stink, no flies
- Do not need water to flush faeces away
- Affordable cost for rural and mountainous areas
- Convinient for use

Weaknesses:

- Higher cost than VIP latrine

- Need ash or rice husk for use
- Composting time is 6 month minimum

Pour-flush latrine

Advantages:

- No stink, no flies
- Few water needed
- Simple construction techniques
- Easy to use and maintain

Weaknesses:

- Easy to contaminate underground water source
- Could be used only when water is available and the soil is water absorbent .

2. How to use and maintain a hygienic latrine

- No open defecation, no faeces around the latrine.
- Latrine is used by all famiy members, both adults and CHILDREN.
- Latrine is used and maintained properly:
 - VIP latrine:
 - It is necessary to have separate sewerage line for urine.
 - Ash/rice husk are available and the pit is always covered after use.
 - When the pit is fill, cover it for composting and dig another pit
 - The slab could be used in the new latrine.
 - DV latrine:
 - Dry, close and clean
 - It is necessary to have separate sewerage line for urine.
 - Ash/rice husk are available and the pit is always covered after use
 - Only use 1 vault, other vault for composting
 - Composting time is 6 months minimum
 - Pour-flush latrine:
 - Do not throw hard paper, piece of wook or leaves into the pit
 - Flush water after defecation
 - If the vault is full, it is necessary to take faeces out.

IV. MANAGEMENT OF CATTLE MANURE

1. Hygienic cattle shed

- Cattle shed should be made far away from house and get regular cleanup
- Cattle manure should be gathered in pit and compost properly.

2. Composting cattle manure

a. Choose a compost location: should select a location for compost nearby house, preferably behind the shed (to not move manure far), on hard ground for easy-drainage and have roof.

b. Compost materials: a ton of manure (including cattle manure, litter such as straw, green materials and humus ...) + 20kg powered lime + 10 kg phosphate.

c. Methods for composting: include 2 ways: passive and turning

On-the-ground compost method:

- Pour a layer of manure mix up litter with a thickness of about 30 cm to 40 cm and then sprinkle on a layer of lime powder and then pour such layer of mixed manure. If the mixture is dry, water can be added to enough moisture.
- A new layer of mixed manure will be added in each 2 days.
- When the pile is height of 1.5m, a layer mixture between mud and straw will be covered
- After approximately 1 month to 1.5 months (depending on ambient temperature), turning compost from top to bottom. In case it is dry, put more water and close pile tight until manure can be used for fertilizing plants (preferably after 6 months).

Sinking compost method (digging pile):

- The base of pile will be covered by cement/brick or plastic or fresh banana leaves to prevent water to enter or manure to runoff.
- Dimensions: depth is from 0.7m to 1m (too deep will cause difficulties when taking manure); the width depends on the amount of compost needed, can range from 1m to 1.3m.
- The way to spreading the manure and composting is similar to passive method. Before spreading, using straw lining the bottom of pile with a thickness from 20cm to 25cm. When the pile is full, using straw and solid soil to cover it.



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