



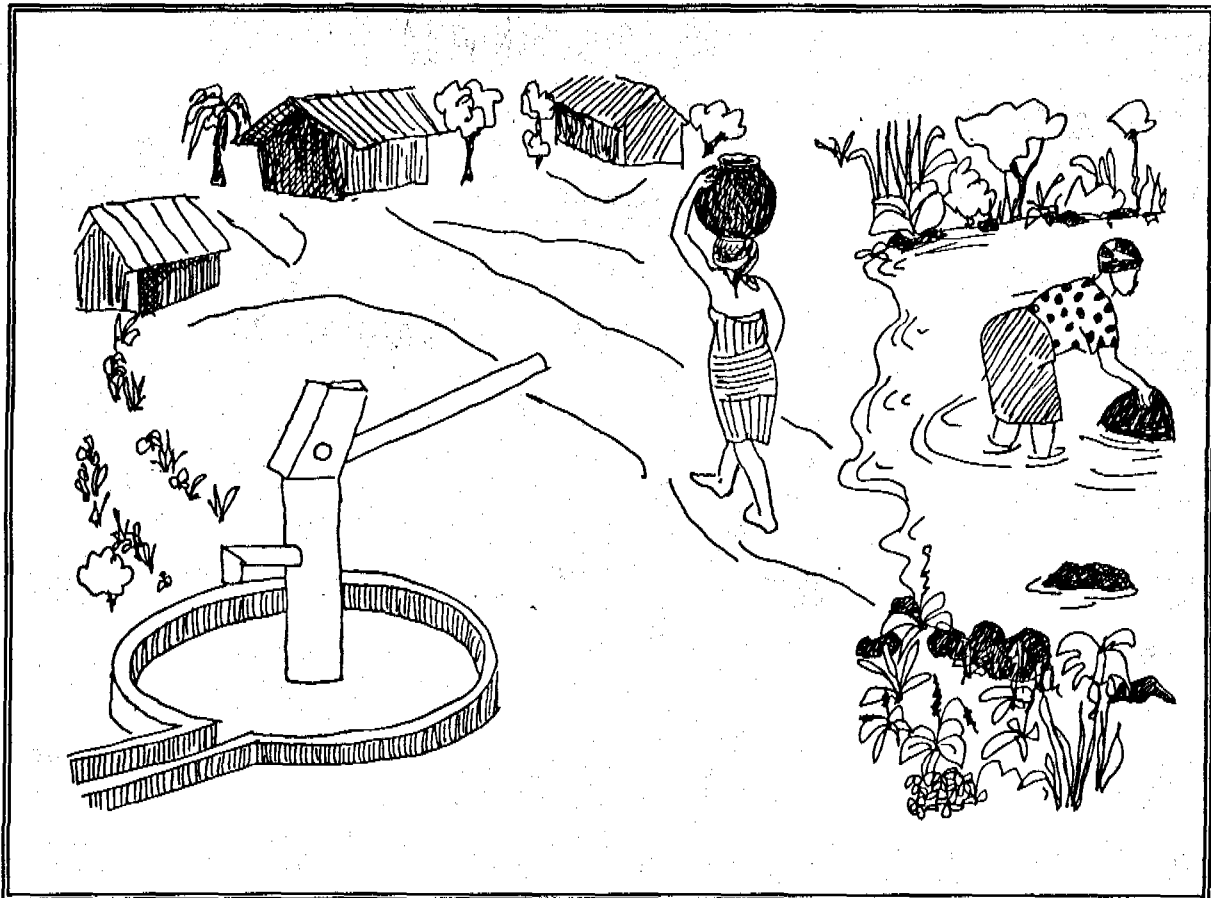
HYGIENE EDUCATION WORKSHOP

Building National Consensus on the Strategy for Hygiene Education

24th - 27th September 1996
Tamale, Northern Region, Ghana

Workshop Report

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COMMUNITY WATER AND SANITATION DIVISION



Workshop Report

The Hygiene Education Workshop was hosted by the Northern Region RWST who organised the logistics and documentation for the workshop. Logistics was organised by Gaeten Kuupuolo and Documentation by Thomas Sentu.

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The workshop sessions were documented in process by Thomas Sentu. The workshop report was then written by Ross Kidd (Cowater) with the assistance of Beatrice Sakyi (HEO Ashanti) and Vincent Tay (TREND).

Graphics by Ato de Graft-Johnson and Solomon Panford (TREND). Other illustrations borrowed from Community Management Handbook (Volta Region RWSP/TREND) and PO Manual (COWAP/Upper Regions).



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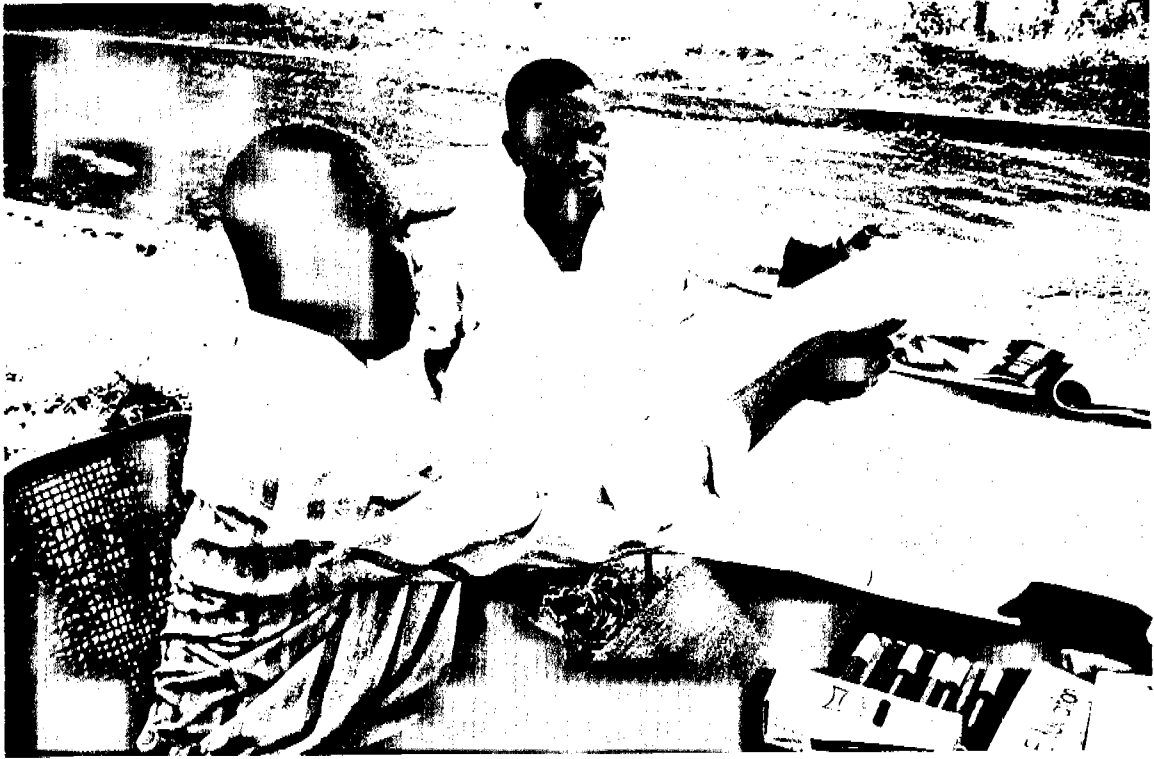
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Group work and writing up the reports



What Was It All About?

The National Workshop on Hygiene Education for Action was held in Tamale from 24 to 27 September 1996. 36 participants attended the workshop - 8 Hygiene Education Officers, 8 Training and Management Officers, 5 Sanitation Engineers, 1 Rural Water Supply Engineer, 6 SBDU representatives, 3 School of Hygiene lecturers, 1 Education Officer, and 2 CWSD National Office representatives.

The workshop had one major goal -

TO BUILD AGREEMENT ON A COMMON NATIONAL STRATEGY FOR THE HYGIENE EDUCATION COMPONENT WITHIN CWSP.

Different approaches are being used for hygiene education in different regions and by different agencies. The idea of the workshop was to draw on the experience from the different regions and build consensus on a common national approach. The new strategy would include: goals, indicators, topics, messages, phasing and activities, methods and materials, target groups, players and their roles, strategy for behavioural change, linkages with other actors, monitoring and evaluation.

The workshop built on the hygiene education products of 3 previous workshops - Schools Hygiene Workshop (Kumasi, April 1996), Community Animation and Training Workshop (Koforidua, May 1996), and Material Production Workshop (Sogakope, June 1996). These workshops had identified some of the elements of the new approach to hygiene - eg focus on community problem-solving and action rather than message delivery, integration of hygiene with COM building, etc - but there had been insufficient time to build a detailed strategy and consensus.

To prepare the way for the national workshop a survey was commissioned to document the approaches used for hygiene education in different regions and by different agencies. This study was carried out in July and August 1996 by a team of four consultants lead by TREND. Their report was presented to the workshop and helped to build some of the recommendations which emerged.

The workshop produced four major outputs -

- | | |
|-------------|---|
| ◆ OUTPUT 1: | A NEW APPROACH to hygiene education based on community managed problem solving and action |
| ◆ OUTPUT 2: | A strategy for the INTEGRATION of hygiene awareness and action into each phase of the Project Cycle |
| ◆ OUTPUT 3: | Guidelines for BEHAVIOURAL CHANGE aimed at helping communities identify and take action on do-able solutions |
| ◆ OUTPUT 4: | Strategies on METHODS & MATERIALS, MONITORING, SCHOOL HYGIENE, NETWORKING, and SANITATION |

Participants' Comments on the Workshop

This was our first chance to meet as a group of hygiene professionals to talk about community-based hygiene education. I hope we can do it again.

We developed good proposals, agreed on the basic issues, and developed a clear set of guidelines for the national strategy. We now have a better idea how to implement hygiene education.

The workshop was very involving. We worked hard and at the same time had fun. Some of us worked until midnight to complete our tasks.

The interaction between the different regions and different agencies was excellent. It paves the way for an effective hygiene network.

I now see the importance of "putting the community in the driver's seat" and "letting the community set its own agenda". We can't bring about change unless we build real commitment at the community level.

I learnt the new approach for hygiene education and would like to impart it to the EHAs in training so they can get involved in this project in the field. (Tutor from School of Hygiene)

I liked the way CWSD head office trusted us to come up with some good proposals. We didn't disappoint them!

We learned a lot from some of the other regions who have taken the lead in programme implementation (eg Volta Region).

We developed a clearer picture of what is required for success, especially in the area of materials for schools and communities.

I liked the friendly, informal atmosphere in the workshop. People listened to each other and treated each other as equals.

The work in small groups was very effective. People were open and the groups allowed everyone to participate. And the groups kept changing so we had a chance to work with many different people.

I liked the variety of methods used in the workshop. I learned some new energizers and facilitation techniques I can use in training - eg sculpturing.

The workshop tried to cover too much for a 3 1/2 day course. We didn't have enough time to discuss some of the issues raised in the group reports. This workshop should have been 5 days long.

Workshop Recommendations

- ◆ **HYGIENE GUIDELINES:** The output from the Hygiene Workshop should be turned into a set of Hygiene Guidelines. The guidelines should be regularly reviewed and adapted in the light of experience.
- ◆ **HYGIENE WORKING GROUP:** HEOs from different regions should meet on a regular basis at the national level to share experience, develop common approaches, review policies, and do joint planning.
- ◆ **NATIONAL HYGIENE COORDINATOR:** A national coordinator should be appointed to plan and organise the hygiene education component.
- ◆ **REGIONAL FOLLOWUP:** Regional representatives should organise a followup workshop on hygiene education in their respective regions with POs, SBDUs, and others (eg MOH and GES officials).
- ◆ **REGIONAL NETWORKING:** Hygiene Education Officers should take the lead in developing stronger links with other agencies involved in hygiene - eg Environmental Health Division and GES.
- ◆ **REVIEW MEETINGS:** Review meetings should be organised at regional and district levels to enhance effective networking. There is also a need for workshops bringing together people from different levels.
- ◆ **HYGIENE ORIENTATION FOR DMC, DWST, AND DA MEMBERS:** The new approach to hygiene education should be disseminated to relevant officials at the district level. Action: HEO.
- ◆ **TRAINING IN PARTICIPATORY METHODS:** In-service training should be organised for EHOs and EHAs to expose them to participatory methods and help them acquire appropriate skills. Participatory methods should also form a part of their formal training curriculum.
- ◆ **MANUAL PRODUCTION:** All outputs from this workshop should be incorporated into the manuals being developed. Action: TMC
- ◆ **TRAINING:** Special efforts should be made to upgrade the skills of Hygiene Education Officers, especially in participatory approaches. Action: TMC
- ◆ **REPORT ON NATIONAL HYGIENE STUDY:** The Report on the National Study carried out by TREND should be distributed to all participants.
- ◆ **FUTURE TRAINING FORUM EVENTS:** A calendar for CWSD Training Forum events should be prepared and distributed well in advance. Adequate time should be allocated for workshops like this one.

Background: In Search of a 'DO-able' Methodology

The workshop addressed a number of operational issues about hygiene education:

- How to INTEGRATE hygiene education, water supply, and sanitation within a process of building community ownership and management (COM);
- How to build COMMITMENT and INITIATIVE on hygiene by the community;
- How to move from KNOWING to DOING - how to get people to ACCEPT, ADOPT, and APPLY new hygiene behaviours;
- How to build EFFECTIVE LINKAGES among the different players - Watsan committee, hygiene volunteers, PO, DWST, and latrine artisans;
- How to design appropriate METHODS, MATERIALS, MESSAGES, & MEDIA;
- How to MONITOR and EVALUATE the hygiene programme;
- How to give SANITATION a bigger profile within the programme;
- How to link SCHOOLS HYGIENE with the community hygiene programme.

Hygiene education linked to water supply and sanitation projects in the past has had a number of problems, which are described on pages 5 and 6. The picture below tells the story -



1. Lack of integration: Hygiene education has been the weakest component in these projects, often tacked on as an extra activity and carried out by different people than those implementing water supply or sanitation. Because of these weak links to the water supply programme, hygiene has NOT been perceived by the community as an important part of water and health development. Instead it has been regarded as a set of rules imposed by outsiders, rather than an activity controlled by the community to get more benefit out of their new facility through their own efforts. As a result there has been little commitment to hygiene.

2. Message-based, didactic methods: Hygiene educators have used didactic methods to put across basic messages on hygiene. They do the talking and villagers listen. This process of one-way message delivery has been largely ineffective. Villagers are expected to listen, swallow the ideas, and put them into practice and their own ideas and experience are ignored. Villagers feel treated like "empty pots" into which the health workers pour knowledge, making them feel ignorant and incapable of solving their own problems.



3. Lack of respect for life experience: Villagers have practical knowledge and experience about water and health issues acquired over years of trial and error. This base of knowledge influences how they behave. Hygiene educators have often ignored, underestimated, or denigrated this knowledge, calling it a constraint on development, rather than recognising it as an important resource to be built on.

4. Disempowerment and dependency: Didactic teaching and a message-based approach undermines villagers' own ideas, experience and initiative. It works against the idea of community management - of villagers identifying their own health problems and coming up with solutions appropriate to their environment. It makes them dependent on the solutions provided by the health professionals and weakens their confidence in their ability to take the lead in solving health problems.

5. No demand for hygiene: The hygiene topics and messages are centrally determined and imposed on the community with little local input. They are rarely matched against local health concerns. As a result there is no demand for hygiene: it is something they are told to do by outsiders, not something related to their own concerns about health - so it has no meaning to their lives. People know the right thing to do, they can all "sing" the correct messages (just as primary school children sing their A-B-Cs), but the messages have not been internalised, they are still rules to be blindly followed, rather than behaviours that people have planned themselves. They may know the right messages but there is no sense of ownership or commitment to these messages - as a result there is no "doing".

6. Not related to the local context: The messages, which are determined at a national level, provide only a general guide to behaviour. They don't address the real conditions or constraints that people are facing in the local situation. People often have good reasons for not following these messages. For example telling people to "*drink pump water*" sounds nice, but it doesn't help the woman who in the rainy season is so overworked that she has to use water from a nearby dugout. She knows the water is dirty and can make her family sick, but because of her workload (especially the extra responsibilities at the farm), she has no time to walk to the pump and wait in line. Unless she finds a solution to the workload problem, she won't be able to "*drink pump water*" and stay healthy.

7. Changing behaviour is more than knowing facts: Many hygiene programmes are based on the assumption that when the right information is given, the right behaviour will follow. But information on its own is not enough. Behavioural change is a complex process involving many factors and it cannot be a passive process of digesting other people's ideas. To adopt new ideas people have to connect them to their own knowledge and experience, examine how they fit into their lives, and make them their own. Adoption is an active process in which people often need to talk about these ideas with others - to get their approval.

8. Focus on individual behaviour: Hygiene change has often been promoted on an individual basis. Individuals are expected to apply the messages on their own. However, many people cannot change behaviour unless other things happen - eg workload is reduced, materials or facilities are made available, and the approval and support of others is given. Diseases like guinea worm cannot be effectively reduced unless the whole community acts together. People often need to work together to create the climate of opinion and the material conditions necessary for lasting change. This involves the community meeting and deciding what changes they want to promote and how to overcome any obstacles.

9. Message Imposing Materials: Hygiene educators have made extensive use of materials - pictures, games, and other visual materials. In many cases they are designed to suit the requirements of a didactic approach, using pictures as visual aids to support "message delivery". In other cases the pictures have been designed for a more "participatory" approach, but they are used by unskilled facilitators for didactic purposes: the pictures show problems, but the facilitator uses leading questions to pull out predetermined messages, rather than stimulating an open-ended discussion on the problems.

Pictures also have the disadvantage of showing a generalised situation. This limits the learning to the situation portrayed in the pictures, which may be irrelevant to the situation of those discussing the picture. Unless the facilitator is skilled, the discussion may stop with general messages extracted from the picture and no attempt to address participants' own situation. While pictures can be helpful in motivating a group of people, they are no substitute for group interaction and discussion. They are not ends in themselves - they are starters for a discussion process which begins with the situation in the picture but then should move to the real situation facing the participants.

New Approach for Hygiene Education: Tamale Declaration

1. INTEGRATION: Hygiene awareness and action should be integrated into all phases of the project cycle as part of the process of building community management of water supply, sanitation, and health. Hygiene is one of the things to be 'managed'. It should be woven into the community meetings to plan, build, and manage the new water supply.

At each point in the project cycle hygiene awareness should be built into community discussions and decision-making. For example in the first phase when the community is assessing the old source and building commitment to the new water supply, the PO will raise questions on health risks (of the old source) and health benefits (of the new). In this way all of the benefits of the new source - eg health, shorter distance, availability in dry season, time saving, etc. - will be discussed at one time. At the planning phase health factors will be discussed along with other factors in choosing the type and siting of the new facility; and hygiene will be discussed as one of the topics in Watsan training - why hygiene and how to manage it. In the O&M phase community discussions on how to maintain the new pump will include discussions on site development and how to keep pump water clean (from pump to mouth). At each step hygiene will be discussed as part of the larger discussions on water supply - how to plan and organise it, raise money for it, build it, and maximize health benefits from it.

The integration will also be achieved by getting the same people involved in all activities. The same person (PO) and the same organisation (Watsan) will be involved in promoting both water supply and hygiene improvements.

2. FOCUS ON CHANGE: Hygiene education will focus on behavioural change, not information delivery. There will be a strong action focus: community members will be encouraged to make decisions about how to improve their health/hygiene practices and then implement those decisions.

Behaviour change will be encouraged by ensuring that:

- ☛ The community are involved in identifying and prioritising the hygiene problems to be solved and defining solutions to these problems.
- ☛ Both men and women are actively involved in the decision-making.
- ☛ Solutions address problems that are genuinely felt and provide benefits that are clearly recognised.
- ☛ Solutions build on existing cultural practices and people's own ideas on how to overcome constraints to change.
- ☛ Solutions are realistic - practical, affordable, and do-able.
- ☛ Solutions make life easier - do not require a lot more work or money.
- ☛ Respected opinion leaders promote and adopt these behaviours.
- ☛ Solutions are encouraged through incentives and disincentives.

3. LOCALLY DECIDED TARGETS: There will no longer be a set of general standards applied uniformly to all communities. Instead each community will develop its own standards for hygiene behaviour, based on a local assessment of practices and constraints, and what people see as the most pressing problems. Targets for change will be locally determined.

4. PUTTING THE COMMUNITY IN CHARGE: The new approach will put the community in charge of the process, not the field worker. The aim is to stop using external force and instead build local commitment to change. The idea is to get the community to do things and take initiative to improve their health - identify their own health problems, find their own solutions, make their own decisions, and organise for action. The Watsan committee, not the PO, will be the key initiators, organising the community meetings to discuss and take action on health problems. The PO will play a 'backseat' role, helping as a facilitator in the beginning phase and then handing over this responsibility to the Watsan committee in the second phase.

5. PARTICIPATORY, LEARNER-CENTRED METHODS: Hygiene education will use a participatory process of discussion, problem-solving, and action planning. Participatory methods get participants to think for themselves, to draw from their own experience, and to work out possible solutions adapted to their own circumstances, beliefs, and practices, and within their own means. The discussion will focus on identifying and solving water-related health problems, focusing on practical constraints blocking implementation and ways to overcome them. This problem-solving and decision-making process is the same process used in building community management - so villagers will feel comfortable with it.

6. NEW ATTITUDES AND SKILLS FOR HYGIENE EDUCATORS: This new methodology requires new skills and attitudes on the part of the field worker. Field workers are used to didactic methods and have limited experience with a facilitative approach. They also have bad habits - they undervalue villagers' knowledge and often find it difficult to stop talking and telling villagers what to do. To master the new approach they will need to learn the skills of asking questions and facilitating discussion, as well as the complementary attitudes eg respect for villagers' knowledge and experience.

7. EDUCATION-FOR-CHANGE MATERIALS: Materials should be designed to support the new emphasis on behaviour change. They should help in problem-solving discussions to develop practical solutions and overcome constraints. They should be "problem-posing", aimed at facilitating open-ended discussion on the problems and constraints, rather than "message- or solution-imposing". Dependency on pictures as the main teaching medium should be reduced. POs should be trained to use them selectively, knowing when to use them, when not to use them, and when to put them down. They should be used to get discussion started, but at a certain point they should be put aside so that the discussion can move from the generalised situation (portrayed in the picture) to the specifics of the participants' own situation - the starting point for change.

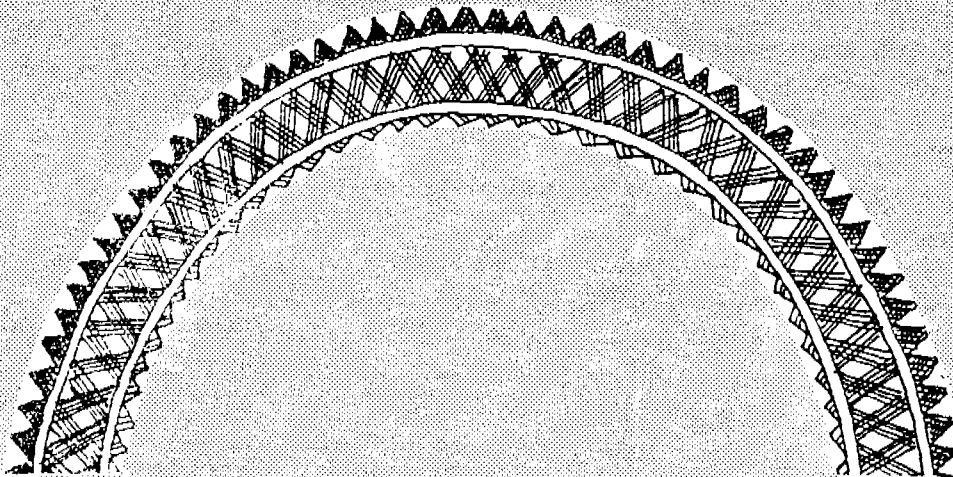
8. TOPICS: The hygiene education programme should keep a narrow focus, limited to a relatively small number of topic areas. The topic areas proposed include the following:

- Discouraging the use of non-potable water for drinking
- Keeping potable water clean (from pump to mouth)
- Pumpsite cleaning and maintenance
- Care and use of the latrine
- Handwashing at critical times
- Environmental cleaning

9. COLLABORATION: The hygiene education programme will involve a number of different players - PO, DWST, WATSAN committee, volunteers, Latrine Artisans, plus staff from relevant departments (eg MOH, GES, MLGRD, and NCWD). There is a need to strengthen collaboration between these different actors so that messages and approaches are consistent. This should involve: joint planning, training in participatory methods, sharing of resources, joint field supervision and monitoring, directives to field personnel, and the involvement of training institutions (eg Schools of Hygiene).

10. MONITORING: Monitoring should be used as a tool by the community and CWSD. The community should decide on its own targets and ways of monitoring and then monitor their progress towards reaching their targets. CWSD should also put its own monitoring mechanisms into place. Indicators should be jointly decided by the community and outsiders.

11. SANITATION: Sanitation should be given a higher priority within the CWSP. A target should be set for sanitation coverage as a focus for the sanitation programme comparable to the target for water supply coverage (80%). Latrine promotion should not be left to the Latrine Artisans alone. POs, Watsan committees, and Environmental Health Assistants should take an active part in latrine promotion.



Issues Arising From the Workshop:

A number of other issues were raised during the workshop but there was insufficient time to deal with them. They should be addressed in future gatherings of the Hygiene Education Working Group or future workshops:

1. Balance between centrally defined messages and community set targets: There is an unresolved tension between nationally defined indicators and the goal of allowing each community to determine which areas of hygiene improvement they want to focus on and how they propose to do it. Some people are wedded to the idea of advocating a set of national messages for uniform application; others are open to the idea of the community deciding its own priority targets for action and that the actual targets are modified to meet each community's own patterns. This issue needs more discussion: there may be room for a mix of the two polarised situations - eg a list of potential action targets from which each community selects those it wants to focus its attention on as priorities.

2. Target Groups: There was insufficient time to talk about the role of target groups in the hygiene education programme. The Implementation Manual talks about working through target groups - women's groups, youth groups, etc - as distinct from meeting with the whole community. Different regions have taken different approaches on this. The Volta Project and ISODEC organise a lot of their discussions through age or gender-based target groups, whereas COWAP, who work with smaller community units called 'pump communities' (all of the people served by a single pump) - hold their meetings with the whole community.

3. The role of hygiene volunteers: The Implementation Manual describes the role of hygiene volunteers, but their tasks and mode of operating needs to be more clearly spelt out. Are they expected to take on all of the work of organising community meetings on hygiene or is this to be done by the Watsan committee? If hygiene volunteers take the lead role, does this detract from the responsibility to be taken by the whole committee? Can two or three volunteers organise effective community meetings on their own?

4. Role of Watsan in promoting sanitation: On paper the WAT-SAN committee has a dual role - to manage both water supply and sanitation. In reality they tend to focus all their efforts on water supply. There is a need to give sanitation more emphasis within the main programme and involve Watsan in the promotion of individual household toilets. This needs to be featured in both training and materials for POs.

5. Lack of coordination: This issue was addressed by the workshop but there is a need for more discussion, focusing on links at the community level between the PO, Watsan committee, volunteers, and latrine artisans. The Implementation Manual correctly assigns a role to all of these players in managing hygiene. While this does shift the responsibility to community institutions, it raises problems of coordination. For example how does the PO hand over hygiene education to Watsan? What is the link between Watsan and latrine artisans?

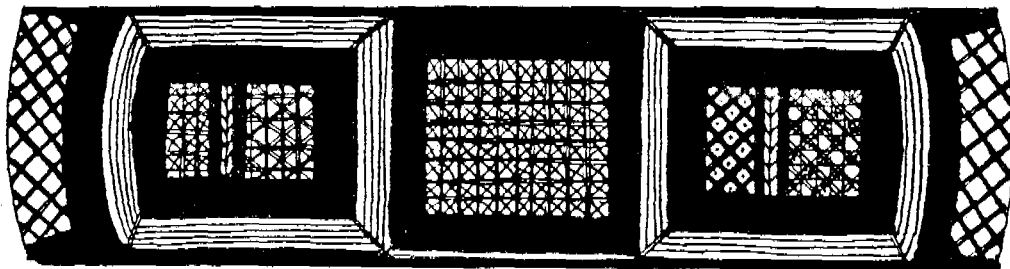
6. Role of Environmental Health Workers: CWSD is using the same source of leadership - POs and Watsan - for all community activities in the interests of developing an integrated approach. This makes good sense but there is a need to clarify the role of the EHOs and EHAs, who have had the major responsibility for hygiene education in the country. EHOs and EHAs are attached to every District Assembly and are located in almost every zone and in many communities covered by CWSP. They are qualified professionals with a good understanding of water, sanitation, health, and environmental issues. Given these skills and their base in many rural communities, they are in a strong position to support and reinforce the efforts of the POs and Watsan committees. There are a number of drawbacks: one is their use of force or sanctions which often interferes with their educational role. Another is their tendency to use didactic, rather than participatory methods. The workshop identified a need for training in participatory educational methods and support for these methods from supervisory ranks.

7. PO Contract: Many feel that the PO's contract is too short for effective hygiene education and some argue that the PO's contract defines hygiene work in a limiting way. These impressions need more study and discussion.

8. Pressure to deliver services fast: There is a great pressure to implement projects and provide services quickly, which can lead to insufficient time devoted to hygiene education. There is a need to look at how much time is devoted by POs to hygiene education - and its impact.

9. Link between schools and community: Schools are part of the community, but the approach adopted in the schools hygiene programme works through the educational institutions, which in many cases have limited connections with community institutions. There is a need to find ways of strengthening the link between the schools programme and the community-based hygiene programme. POs should be briefed on the schools programme and how they can collaborate with it - and this extra work should be defined in their contract.

10. Bye-Laws: The role of bye-laws in the programme needs to be discussed. Volta Region has given bye-laws a major emphasis in their programme; each Watsan committee is encouraged to write a set of pump use and hygiene byelaws as a way of compelling people to follow recommended environmental practices. COWAP in the Upper Regions has discouraged this practice, arguing that the decision on whether to use byelaws should be left to each community. They argue that it is more important to get each community to agree in a community meeting on what standards should be set for hygiene and environmental practices.



Workshop Process

The workshop was designed as a WORK-shop or PRODUCTION-shop, rather than a SKILL-shop. Participants worked in groups to develop a number of products or guidelines for the new hygiene strategy - educational approach, hygiene project cycle, strategies for behaviour change, guidelines for hygiene materials, monitoring tools, and other products. While it was not designed primarily as a training event, the workshop also served as a learning opportunity - participants learned from each other through exchanging ideas and working together in the small group sessions.

The workshop was broken into three major blocks of working group sessions -

DAY 1:	HOW TO INTEGRATE HYGIENE INTO THE PROJECT CYCLE (working groups focused on different phases of the cycle)
DAY 2:	STRATEGIES FOR BEHAVIOUR CHANGE - which was focused on specific hygiene topics: use of dugout water, keeping pump water clean, pumpsite cleaning, handwashing, latrine use, etc
DAY 3:	SPECIALIST TASK GROUPS - focused on: Methods/Materials, Monitoring, Networking, School Hygiene, and Sanitation

WORKING GROUP SESSIONS were held in the afternoons - the hottest time of the day when it is easier to work with smaller numbers on practical activities. All of the group work was organised as "task groups" - each group working on a different topic. Group composition was decided by the organisers to ensure a good mix of skills and regional representation. Roughly six people were assigned to each group. The membership of the groups changed each day to allow participants to work with different people.

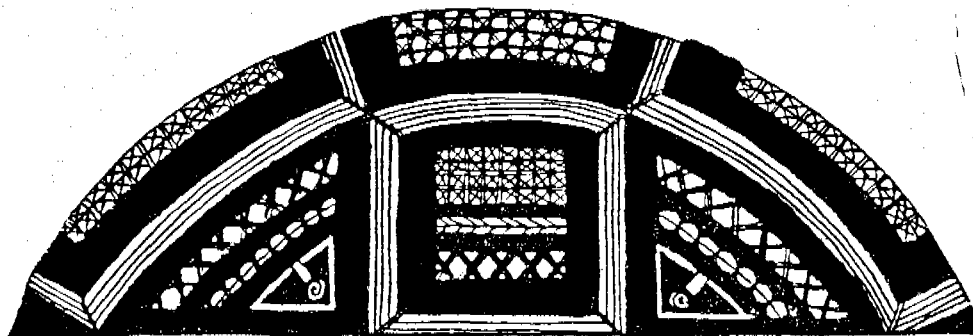
The groups chose their own leaders (often they worked with different members taking the lead), set their own pace, and planned their own forms of reporting. Groups were allowed to set their own finishing time: some groups worked late into the evening to complete their tasks, a good indication of the high commitment and sense of responsibility. The groups produced significant products and this gave them an important sense of achievement.

REPORT BACK SESSIONS were held in the mornings following the working groups. Each group presented its report and then there was a discussion on each report. This discussion was kept tightly controlled because of time constraints: some participants felt that more time should have been allocated to this discussion.

The short duration of the workshop also meant that there was insufficient time to consolidate the products of the workshop, which in most cases were left as "brainstormed" outputs. Additional time was needed, maybe with a smaller group, to edit and pull together all of the products into a coherent document.

Workshop Sessions

TOPIC	ACTIVITY
INTRODUCTIONS	Welcome Address, Warmup Game, Name Game, Expectations, and Workshop Objectives
OLD APPROACH TO NEW APPROACH	Drama to show a field worker using the old approach to hygiene education (message delivery) - followed by analysis and sculpturing to work out elements of the new approach.
HYGIENE AND THE PROJECT CYCLE	Task groups work on different phases of the Project Cycle - describing the activities/methods in each phase and how hygiene education fits into it.
REPORT BY HYGIENE STUDY TEAM	Report by the Study Team who conducted the national survey on how hygiene education is implemented in different regions of Ghana.
STRATEGIES FOR BEHAVIOUR CHANGE	Drama to show a woman fetching dugout water. Discussion on why there is resistance to hygiene messages and strategies for behaviour change. Then task groups work on different hygiene topics.
TASK GROUPS ON SPECIALIST TOPICS	Task group work on specialist topics - Sanitation, Networking, Methods and Materials, Monitoring, and Schools Hygiene Education
ACTION PLANNING AND EVALUATION	Agreement on the National Strategy for Hygiene Education - Tamale Declaration. Individual completion of evaluation forms. Official closing.



SESSION 1: INTRODUCTIONS

Objectives:

- To make participants feel welcome and break the ice
- To find out participants' expectations and match them with objectives

Steps:

1. WELCOME: Opening by the Regional Coordinator of the Northern Region.
2. MIXER GAME: Participants given tasks to do in pairs. New pairs formed for each new task (to maximize the mixing). Tasks include: a) talk about journey to Tamale, b) meet an old friend, c) Old Timer's Dance, etc.
3. NAME GAME: Participants introduced with "Rhyming Names" - eg Beautiful Beatrice, Crazy Coleman, Dangerous Dan, Enterprising Eunice.
4. EXPECTATIONS: Discussion in trios. Round robin report.
5. OBJECTIVES: Introducing objectives and matching against Expectations.

What Happened:

The workshop was opened by Francis Awindaogo, Regional Coordinator for the Northern Region, who welcomed participants to Tamale. He urged participants to take full advantage of their visit and get to know the Northern and Upper Regions so that they could appreciate some of the constraints faced by their northern colleagues. He explained the workshop goal - to build agreement on the strategy for Hygiene Education - and said he was confident it would be achieved, given the high calibre and experience of the participants.

EXPECTATIONS:

- *Produce and agree on a national strategy for Hygiene Education.*
- *Produce a set of recommendations to make adoption effective.*
- *Build on what was achieved at Kumasi, Koforidua, and Sogakope.*
- *Integrate water, sanitation, and hygiene into a coherent whole.*
- *Develop plans for an ongoing network of hygiene educators.*
- *Identify a role for the Schools of Hygiene in the programme.*
- *Learn from those regions who have more experience eg Volta Region.*
- *Develop a workable approach to message delivery.*
- *Examine how economic activities can support hygiene education.*

OBJECTIVES:

To develop and build agreement on a National Strategy for Hygiene Education and Action to be used in CWSP. The strategy would include:

- *Goals, Indicators, Topics, and Messages*
- *Project Cycle Phases and Activities*
- *Methods, Materials, and Media*
- *Target Groups and Implementors*
- *Strategies for Behaviour Change*
- *Networking with Other Actors - eg EHOs and the schools*
- *Monitoring and Evaluation*

SESSION 2: THE OLD APPROACH TO THE NEW APPROACH

Objectives:

- To analyse the weaknesses of the "old" approach to hygiene education
- To identify the basic ingredients of the "new" approach

Steps:

1. Drama of a health worker entering a community and giving an insulting talk - "*Your place is so filthy. Why can't you keep yourself and your environment clean.....*" When the field worker leaves, the villagers talk bitterly about how they were treated.
2. Analysis of the role play in buzz groups -
*What happened? Why? What was wrong with this approach?
How did the villagers feel about it?*
3. Report back. Then discuss "*How can this approach be improved?*"
4. Report back. Use sculpturing to analyse the relationship between field workers and the community. Discuss the ideal approach.

What Happened:

Participants made the following analysis of the OLD APPROACH (which was reflected in the drama):

- *One-way communication: the field worker did all the talking.*
- *No participation - villagers were forced to be passive listeners.*
- *No listening by field worker - he ignored the community's questions.*
- *No relevance to villagers' situation - field worker imposed his views and made no attempt to address the community's own concerns.*
- *No respect for community members - he treated them like children.*
- *Under-rated the intelligence of the villagers - he was very insulting.*
- *Impatient - in a hurry - only concerned about his own agenda.*
- *Villagers felt no sense of commitment to the hygiene issues.*

Participants then talked about how to change the approach. They produced the following ideas for the NEW APPROACH TO HYGIENE EDUCATION:

- *Build adult-to-adult relationship with the community based on respect.*
- *Allow community to set their own agenda - find out what their own health concerns are as the starting point for hygiene education.*
- *Work with community on a collaborative basis to solve these problems.*
- *Let community decide on their priorities, what they want to tackle first.*
- *Let community find locally appropriate/'do-able' solutions.*
- *Build commitment to change before talking about the specifics.*
- *Find out what villagers know already and build on their ideas.*
- *Build dialogue and participation - get villagers talking, discussing, doing*
- *Ask questions and facilitate discussion - don't tell villagers what to do.*
- *Encourage villagers to talk, listen and show appreciation for their ideas.*
- *Be flexible - adjust the programme to fit the needs of the community.*
- *Behavioural change takes time - be patient, tolerant, and supportive.*

New Approach to Hygiene Education

1. **INTEGRATION:** Hygiene education will be integrated into all activities of the Project Cycle, not a separate activity with its own separate meetings.
2. **NEW ATTITUDES:** Villagers are not ignorant: they already know many basic facts about hygiene and are capable of working out practical solutions if given a chance. Field workers need to respect their ideas and have faith in their ability to find workable solutions.
3. **THE COMMUNITY SETS THE AGENDA:** In the old approach the field worker imposed an agenda of hygiene topics. The new approach will develop the agenda with each community, getting the community to identify its own health concerns as a starting point for hygiene education. This will make them more committed to change.
4. **BEHAVIOURAL CHANGE:** The old approach focused on the delivery of messages and neglected the adoption process. It assumed that knowledge alone would bring about change. The new approach will focus on knowing and DOING - helping communities to find do-able solutions - practical, realistic, and affordable.
5. **PARTICIPATION:** The old approach used one-way communication: hygiene educators delivered messages to a largely passive audience. The new approach will be participatory and based on discussion: villagers will be actively involved in discussing their problems, finding solutions, and taking action.
6. **THE COMMUNITY IN CHARGE:** In the old approach field workers took all the initiative and the community sat back and listened. The new approach puts the community, more specifically the WATSAN committee, in the driver's seat. Watsan will lead the hygiene discussions, with the support of the PO.
7. **NEW SKILLS:** To implement the new approach field workers will need to learn a new set of skills. Their job is no longer to give talks or deliver messages. The new job is to facilitate community discussion, so it requires skills in asking effective questions, listening, eliciting participation, and summarizing.
8. **NETWORK OF INITIATORS:** The new approach is no longer dependent on a single cadre of field workers. It involves a number of initiators, including the Watsan committee, POs, DWST, and latrine artisans, who will need to work together.

SESSION 3: HYGIENE AND THE PROJECT CYCLE

Objectives:

To explore and get agreement on how Hygiene Education can be integrated into the Project Cycle

Steps:

1. Present an outline description of the phases in the Project Cycle.
2. Explain that Hygiene should be integrated into each of the core activities, rather than operating as a separate and isolated activity:
Example: When the PO asks the community to talk about existing sources at the first meeting, he should include a number of questions about health risks. The health risks discussion should be part of the larger discussion on existing sources, not a separate session on its own.
3. Then divide into six groups and assign each phase to two groups. Task:
 - Clarify the GOALS AND INDICATORS for the phase. What can realistically be achieved? (Remember - the PO makes only a few visits during each phase.)
 - Make a detailed description of the STEPS/ACTIVITIES in the phase and the QUESTIONS to be asked.
4. Groups working on the same phase meet and combine their products.

What Happened:

The aim of this session was to define how hygiene awareness and action can be built into the Project Cycle in a simple and organic way. Participants defined the "mainstream" or "core" activities at each phase of the Project Cycle - ie

- assessing the existing situation and building a commitment to change,
- making choices about the type and siting of water supply,
- training the Watsan committee and building commitment to its tasks, and
- making the new water supply facility (and latrines) sustainable.

Then for each mainstream activity participants produced a set of hygiene-related questions which could be woven into the larger mainstream discussion. This process was very useful in integrating hygiene into the overall process and simplifying the PO's job - making it more do-able.

An overview of this integration strategy is given on the following page. A detailed report of the group products is given in Annex D (page 33).

Part of this exercise was also to look at what could realistically be achieved over a short period of time. The POs have relatively few visits during each phase of activity so their tasks need to be clearly defined and kept to a minimum - otherwise they are overloaded and ineffective. The groups tried to keep the POs' task "lean and clean" - limited to a few do-able activities.

Project Cycle - Hygiene Interventions

PHASE	CORE ACTIVITIES	HYGIENE
PRE-PO PHASE: DEMAND CREATION	DA creates demand for water supply → then community applies → DWST verifies application	DWST to ask questions about COMMITMENT TO IMPROVING HYGIENE during verification process
PHASE 1: MOBILIZATION	<ul style="list-style-type: none"> ■ Discussion with community to identify problems with existing sources and commitment to developing a new water supply ■ Discussion on Watsan formation and roles - then formation of committee 	<ul style="list-style-type: none"> ■ Questions on HEALTH RISKS and PROBLEMS of old sources and HEALTH BENEFITS of new sources + community action on priority problems identified ■ Questions on WATSAN'S ROLE IN HYGIENE PROMOTION
PHASE 2: PLANNING	<ul style="list-style-type: none"> ■ Watsan training - discussion on how to do each of its tasks ■ Choosing types of Water Supply ■ Choosing site for new Water Supply 	<ul style="list-style-type: none"> ■ Questions on HYGIENE PROBLEMS/PRIORITIES and WATSAN'S ROLE IN HYGIENE PROMOTION ■ Questions to raise HEALTH IMPLICATIONS OF EACH TYPE OF WS ■ Questions to raise HEALTH IMPLICATIONS OF SITING
PHASE 3: CONSTRUCTION	Organising community input to construction. Developing plans for maintenance and repair.	Questions on HYGIENE ASPECTS OF MAINTENANCE - health implications of site cleaning
PHASE 4: OPERATION AND MAINTENANCE	Developing Watsan's capacity to manage and maintain the new facility	USER EDUCATION to ensure that health benefits of new facilities are maximized: a) AGENDA SETTING with community to identify and prioritise problems b) PROBLEM SOLVING c) ACTION PLANNING

SESSION 4: REPORT BY NATIONAL STUDY TEAM

Background:

A survey on hygiene education activities in different regions of Ghana was carried out in July and August 1996 by a team of consultants lead by TREND. The aim of the study was to document how hygiene education is being implemented - goals, activities, methods, etc. - as part of the effort to build a national strategy for hygiene education.

Objectives:

- To review and comment on the findings of the study.
- To discuss their relevance to the development of the national strategy

Steps:

1. **PRESENTATION:** Study team presents summarised report.
2. **DISCUSSION:** Open discussion of the issues raised.

What Happened?

An outline of the report is given in Annex C (page 29). Key findings in the study included the following:

- The Environmental Health Division, which has had a major responsibility for hygiene education in Ghana and has the most extensive coverage of field workers, has had little to do with the new programme. There is no linkage between POs and EHOs, except in the Volta Region where the work of the POs has been undertaken by EHOs. There is a need to orient EHOs and EHAs to the new hygiene education approach so that a consistent approach is applied in the field. This will help to minimize conflicting messages and confusion at the community level.
- The School of Hygiene, which is the major institution involved in the pre-service training of EHOs and EHAs, has also had little involvement in the programme. They could play a key role in reorienting EHOs and EHAs to the new approach, if they are brought into the network and their tutors are given an orientation.
- A number of agencies have developed participatory materials for hygiene education, including ISODEC, PRONET, and TREND. The prototypes exist but there has been limited distribution of these materials in the field.
- A variety of approaches are being used in monitoring and evaluating hygiene activities. There is the need to develop a common approach.

SESSION 5: STRATEGIES FOR BEHAVIOUR CHANGE

Objectives:

- To analyse why people who have knowledge about hygiene are not applying it - what is blocking behaviour change?
- To explore strategies for promoting behaviour change - what are the constraints and how to support positive change?

Steps:

1. Drama of a situation in the rainy season where a woman, who is under pressure to complete her housework and take her husband's food and water to the farm, fetches drinking water from a dugout (rather than the pump), even though she is aware of the risks in using non-potable water.
2. Buzz groups discuss -
 - What happened? Why do some people still use dugout water?*
 - What are some of reasons why people are not practising the recommended hygiene behaviours?*
 - What are some of the positive factors which would support the adoption of hygiene behaviours?*
3. Task groups: Assign each group one hygiene topic - use of non-potable water, keeping pump water clean, pump site cleaning/maintenance, hand washing, latrine use, environmental cleaning. Task: groups to identify -
 - What should be the IDEAL BEHAVIOURS? (indicators)
 - What are the EXISTING BEHAVIOURS?
 - What are the BLOCKS to behaviour change?
 - What will SUPPORT behavioural change?
 - What DISCUSSION QUESTIONS would help to promote change?

What Happened:

This activity generated a lot of interest. Participants made the following analysis of why women still use dugout water:

women's heavy workload in house and at farm; women fear getting beaten if they delay going to the farm; dugout is closer than pump, no wait in line, and easier to collect dugout water; dugout water is free; some people feel dugout water tastes better.

A few of the men challenged the idea of women's workload or time pressure as the major factor involved. They said that the problem is ignorance - women don't see dugout water as dirty and a risk to their health. There was, however, agreement that villagers often have real constraints based on their economic or social situation which need to be recognised by hygiene educators.

Participants then produced a list of constraints and positive factors affecting behavioural change. (See next page.) This analysis was deepened by the group exercise, where participants made a detailed analysis of a single hygiene topic. See Annex E for the group reports (page 39).

Blocks to Behaviour Change

- **Workload/time constraints** - women have too many tasks in the house and at the farm - not enough time to do things in a hygienic way.
- **Lack of resources** - eg money to build latrines or money to buy soap.
- **No access to facilities** - eg pump locked at certain times of the day may force households to use dugout water; latrines which are kept locked.
- **Poverty** - struggle for economic survival makes hygiene lower priority.
- **No recognition of problem** - eg diarrhoea seen as fact of life, not a disease.
- **No perception that lack of hygiene is harmful**. Negative effects of certain practices are not felt immediately so people don't see it as a problem.
- **No awareness of the benefits of hygiene practices**.
- **Existing beliefs** - eg people don't believe that children's faeces are harmful.
- **Little understanding of the germ theory**. People can't see the germs.
- **Some messages are too general/theoretical** - not practical/do-able.
- **Some cultural norms block change** eg women barred from pump on Fridays.
- **Old habits die hard**. People are slow to change old habits.
- **New habits (eg handwashing) take a while to be acquired/formed** habits.
- **Women excluded from decision-making about the practice**.
- **Male resistance** - men don't want to be insulted by other men, ie teased for doing work that is regarded as women's work.
- **Bad experience with new practices** - eg latrines collapsing.
- **Negative attitudes/approaches of health workers** who impose their ideas and often blame the community for their habits - people resist being forced.
- **No role models** - no one takes the lead - lack of support by opinion leaders.
- **Taste** - the taste of borehole water turns some people off.

Supports to Behaviour Change

- **Proposed change comes from within the community, rather than imposed from the outside** - based on community agreement to new practice.
- **People have felt the harmful effects of the old practice**.
- **People see real benefits in new practice** - it will make life easier.
- **Solutions modified to suit local conditions** eg use of ash rather than soap.
- **Role modelling** - good examples by key persons in the community.
- **People have resources to adopt new habit** - solutions are within their means.
- **Appropriate, affordable, user-friendly designs** - eg toilet designed with provision for water and soap.
- **Available/accessible facilities** - eg pumps which are within a short walking distance, easy to operate, and produce continuous water flow.
- **Hygiene linked to programmes which community members see as higher priorities** eg income-generating activities.
- **Building on what people already know and do**.
- **Attitude of field worker** - respectful, friendly, patient, supportive.
- **Men and women equally involved** equally in the decision-making and action.
- **Appeals to sense of modernity and status** - eg the status of having a latrine.

SESSION 6: SPECIALIST TASK GROUPS

Objective:

To develop strategies for other aspects of the hygiene programme - methods/materials, monitoring, networking, school hygiene, & sanitation

Steps:

1. **AGENDA SETTING:** Brainstorming issues to be discussed by task groups.
2. **TASK GROUPS:** Each group addresses the issues identified in Step 1.
3. **REPORT BACK:** Each group gives a report. Comments after each report.

What Happened:

The group reports are given in Annex F. The outputs are summarised below:

METHODS AND MATERIALS (see page 52): This group made a list of the hygiene materials developed by different agencies; identified materials and methods needed at each phase of the Project Cycle; and developed criteria for the design and use of visual materials. They recommended that the pictures to be used in the new approach should be "problem-posing" (aimed to stimulate a discussion on the problem) rather than "message-imposing" (delivering a standardised message).

MONITORING (see page 54): Two groups worked on developing guidelines for monitoring hygiene awareness/action at each phase of the Project Cycle. They identified indicators for each hygiene objective and then mapped out how the data would be collected - who would collect the data, data collection tools, etc.

NETWORKING (see page 50): This group made a list of institutional players at each level of the network, analysed the roles of each player, and then proposed a number of networking strategies, including: joint planning and implementation of hygiene programmes, creation of a data base, training in participatory methods, joint supervision and monitoring, and regular meetings among all stakeholders. They recommended that the School of Hygiene be tasked to train the EHOs and EHAs on the new approach.

SCHOOL HYGIENE EDUCATION (see page 58): This group reviewed and made additions to the strategy developed at the Schools Hygiene Workshop in Kumasi (April 1996). They looked at methods & materials, how to improve collaboration, and how to build links with the community (POs and Watsan). They recommended that there should be a strong overlap between the schools programme and community programme, including use of common messages.

SANITATION (see page 49): This group analysed the reasons for the slow implementation of the latrine programme and recommended incentives to increase the productivity of Latrine Artisans. Some of their recommendations (eg the idea of CWSD establishing the sanitation fund) were not accepted.

SESSION 7: ACTION PLANNING AND EVALUATION

Objectives:

- To plan the next steps in developing a national hygiene strategy.
- To assess workshop outputs, problems, and areas for improvement.

Steps:

1. Read out a synthesis of the proposals which have emerged from the workshop and ask for agreement on the synthesis.
2. Ask for suggestions on the next steps.
3. Ask participants to complete the Individual Evaluation Form.

What Happened:

There was general agreement on the proposed **TAMALE DECLARATION ON HYGIENE EDUCATION FOR ACTION**. (See pages 7-9)

ACTION PROPOSALS:

- Editing the workshop report - Beatrice, Ross, and Vincent.
- Coordination of regional followups - Jemima
- Networking with School of Hygiene - Henry
- School Hygiene Education Project - Vincent and Beatrice
- Putting New Input into Materials - Jemima

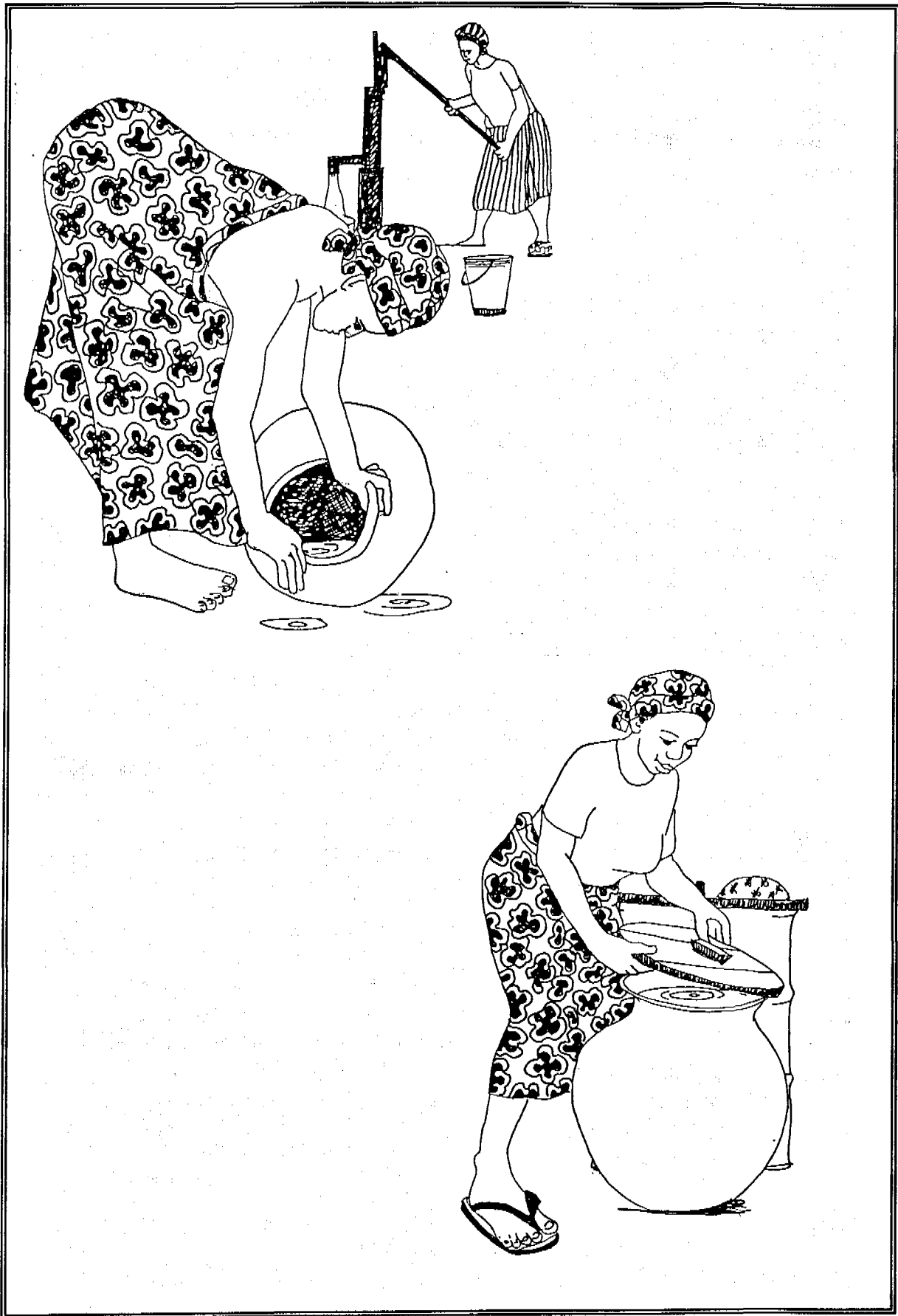
Recommendation: Formation of a **HYGIENE WORKING GROUP** to continue the process started in the workshop.

EVALUATION: Participants were very positive about the workshop. They were pleased that Hygiene Education is being given more attention within CWSP. They felt they had achieved a tremendous amount within a short period of time and felt good about their own participation. They felt the teamwork had been very effective and the task groups particularly successful. They liked the participatory approach, the energizers and friendly atmosphere, and the involvement of representatives from the School of Hygiene.

On the negative side they felt the programme was too overloaded: there was too much to cover in 3 1/2 days and not enough time for relaxation and socializing. They noted that some groups had worked until midnight to complete their work. They also felt there had been insufficient time for discussion of the points emerging from the report back sessions.

Logistics: They appreciated the hard work by the Northern Region organisers to make their visit comfortable. They said that GILBT food lacked variety, the rooms had "too many mosquitoes to welcome us to the north", and they didn't like GILBT's rules prohibiting drinking, smoking, and inter-gender interacting.

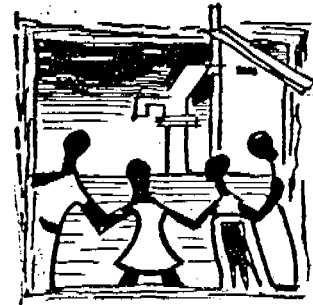
The full evaluation report is given in Annex G (page 60).



ANNEX

- A. PARTICIPANTS**
- B. PROGRAMME**
- C. STUDY TEAM REPORT**
- D. HYGIENE & PROJECT CYCLE**
- E. BEHAVIOUR CHANGE**
- F. SPECIALIST TASK GROUPS**
- G. EVALUATION**

ANNEX A: PARTICIPANTS



Ashanti Region

Beatrice E. Sakyi (Hygiene Education Officer)
Stephen Anom Siaw (Sanitation Engineer)

Brong Ahafo Region

Kwame Frempah-Yeboah (Training & Management Officer)
Johnson O. Appiah (Hygiene Education Officer)
Prince Sampah (Sanitation Engineer)

Central Region

Daniel Wilson Asamani (Hygiene Education Officer)
David Essaw (Animation Officer)

Eastern Region

Theodora Adomako (Training & Management Officer)
Elias Kwadwo Ansah-Gyambiby (Hygiene Education Officer)
Ralph A. Amatei (Sanitation Engineer)

Greater Accra Region

Elikem Kwame Mensah (Training & Management Officer)
Felix Yaw Donkor-Badu (Hygiene Education Officer)
Kofi Mensah Sebuabe (Rural Water Engineer)

Northern Region

Gaeten Kuupuolo T. (Hygiene Education Officer)
Babisma E. Mickson (Sanitation Engineer)

Upper East Region

Steve Anankum (CD Officer)

Upper West Region

Moses Bagbiele (CD Officer)

Volta Region

J. K. Baidoo (Training Officer)
Emmanuel T. Nyavor (Hygiene Education Officer)
Komba Serchen (Sanitation Engineer)

Western Region

Pauline Abrafi Adomako (Training and Management Officer)
Abrefa Mensah (Training & Management Officer)
Ethelbert Divine Komladzei (Hygiene Education Officer)
Francis Donkor (Sanitation Engineer)

GAS (Northern Region)

Coleman Agyeyomah
Sulemana Abdul Karim

ISODEC (Brong Ahafo Region)

Eunice Amporful

PRONET (Upper West Region)

Martin Dery

TREND

Vincent Tay (Materials Development Specialist)
Kwame Asubonteng (Hygiene Specialist)

Joan Awunyo-Akaba (private consultant, Volta Region)

School of Hygiene

Ho: John Bosco Kotah

Tamale: Issifu Ahmed

Accra: Henry Adepah

CWSD National Office

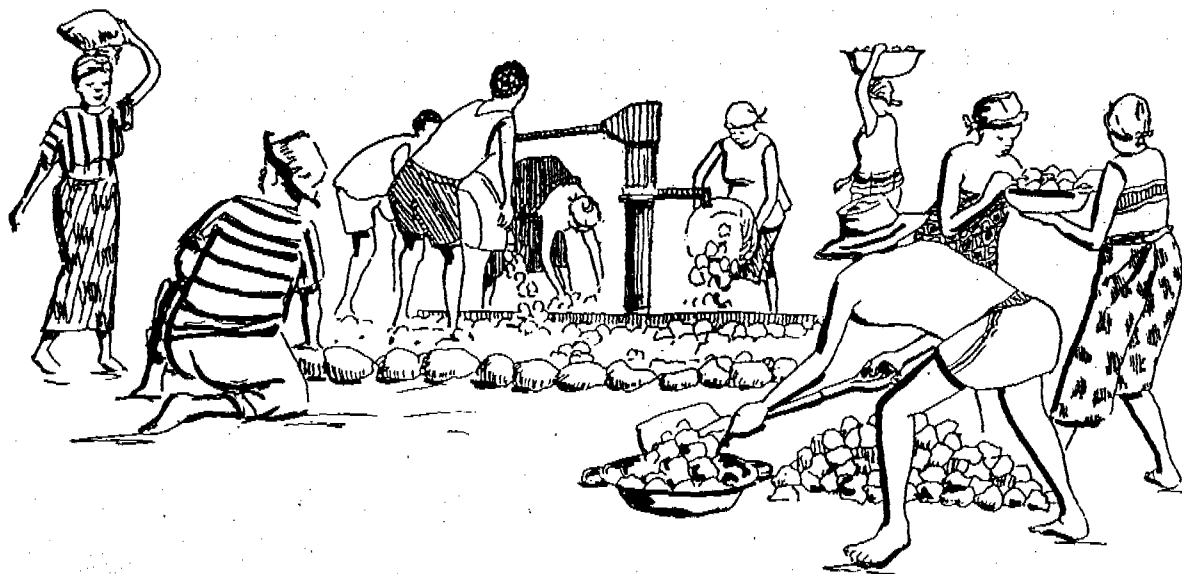
Jemima Yelbert (Training and Monitoring Officer)

Fay Aba Nyakoa Ephrim (Planning Officer)

Cowater International

Tony Batse (District Development Specialist)

Ross Kidd (Participatory Methods/Training Specialist)

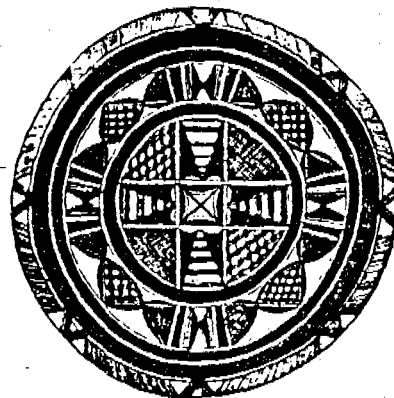


ANNEX B: WORKSHOP PROGRAMME

TAMALE: 24-27 SEPTEMBER 1996

TIME	24 SEPTEMBER (INTRODUCTIONS AND PROJECT CYCLE)	25 SEPTEMBER (STRATEGIES FOR BEHAVIOUR CHANGE)	26 SEPTEMBER (SPECIAL TASK GROUPS)	27 SEPTEMBER (ACTION PLANNING AND EVALUATION)
08.00 - 10.00	INTRODUCTIONS (Ice-breaking, Expectations, Objectives, Programme, Norms)	REVIEW ON NEW APPROACH TO HYGIENE EDUCATION REPORT BACK BY TASK GROUPS (PROJECT CYCLE)	REPORT BACK AND DISCUSSION ON STRATEGIES FOR BEHAVIOUR CHANGE	REPORT BACK AND DISCUSSION
10.30 - 12.30	FROM THE OLD APPROACH TO THE NEW APPROACH FOR HYGIENE EDUCATION PROJECT CYCLE - GOALS, INDICATORS, AND ACTIVITIES	REPORT BY HYGIENE STUDY TEAM STRATEGIES FOR BEHAVIOUR CHANGE		TAMALE DECLARATION ON HYGIENE EDUCATION ACTION PLANNING AND EVALUATION
02.00 - 05.00	TASK GROUPS - ANALYSIS OF PROJECT CYCLE (Hygiene Education component in each phase)	TASK GROUPS - STRATEGIES FOR BEHAVIOUR CHANGE	SPECIAL TASK GROUPS: <ul style="list-style-type: none"> ● Methods & Materials ● Sanitation ● Monitoring ● Networking ● Schools Hygiene 	DEPARTURE

ANNEX C: STUDY TEAM REPORT



1. BACKGROUND

- A NATIONAL SURVEY on hygiene education was carried out from July to September 1996 by a study team consisting of Kwame Asubonteng and Vincent Tay (TREND), Beatrice Sakyi (HEO Ashanti), and Alberta Nyarko (Volta RWSSP Consultant).
- Its AIM was to gather comparative data on how hygiene education is organised in different regions and by different agencies as part of the effort to build a harmonised national strategy for hygiene education.
- The study team visited all 10 regions and met with all of the major agencies involved in hygiene education.

2. OBJECTIVES FOR THE STUDY

- To gather background information on hygiene education as it is practised in different regions of the country
- To support the development of a coordinated and coherent national strategy by identifying:
 - ☛ KEY AGENCIES involved in the delivery of hygiene education - to be used for COLLABORATION/COORDINATION of activities
 - ☛ HYGIENE EDUCATORS - who they are and how they are trained - to be used for establishing TRAINING NEEDS
 - ☛ EXISTING METHODS, MESSAGES AND MATERIALS (MMMs) - to be used to decide which MMMs are appropriate for adoption
 - ☛ STRATEGIES WHICH SUPPORT SUSTAINABLE CHANGE - to build programmes to support POSITIVE BEHAVIOUR CHANGE
 - ☛ MONITORING AND EVALUATION TOOLS - to be used to develop M&E strategies for the national hygiene programme

3. KEY AGENCIES IDENTIFIED

- Government agencies - Ministry of Health (MOH), Ministry of Local Government and Rural Development (MLG&RD), National Council on Women and Development (NCWD)
- Donor Agencies - UNDP, UNICEF, CWSD, VRWSSP, COWAP
- NGOs - Action Aid, Binaba Area Community Health (BACH - funded by Water Aid), Catholic Relief Services (CRS), ISODEC, Peace Corps, Rural Aid, Upper West Water & Sanitation Project (funded by Water Aid and UNICEF), Village Water Reservoirs (VWR), World Vision International (WVI)
- Observations:
 - Weak co-ordination/collaboration among some actors
 - NCWD & Health Education Unit (MOH) have relatively few staff and no presence at the district or sub-district levels
 - Environmental Health Division (MLGRD) has a good structure - field workers decentralised to the sub-district levels - but they don't have a Hygiene Education Unit.
- Program Focus/Interventions - AIDS Control, Domestic/Environmental Sanitation, Food Hygiene, Guinea Worm Control, Income Support Ventures, Primary Health Care/Medical Care, Seasonal Diseases Control, Water Supply/Water Hygiene
- Interventions - Health/Hygiene Education; Provision (and operation and maintenance) of W&S facilities; Food hygiene education/control of food vendors; PHC service delivery; loan support schemes to women's groups.
- Observation: Those agencies who have integrated hygiene education into their W&S projects and other social and economic activities have had rapid hygiene behaviour change.

4. WHO IMPLEMENTS HYGIENE EDUCATION?

Personnel involved at district, sub-district and community levels are:

- Environmental Health Officers & Assistants - EHD (MLGRD)
- Public/Community Health Nurses - MOH
- Community Development Officers & Assistants - DCD (MLGRD)
- School Health Co-ordinators and Teachers - GES
- Non-Formal Education Facilitators - DNFE (Min. of Education)
- DWSTs - District Assembly
- POs, Latrine Artisans, Watsan - Donor Assisted
- Extension Teams (EHA, CDO, Tech) - UNDP & UNICEF

5. TRAINING

- **EHOs, EHAs, PHNs, CHNs:**
 - Health Education as core aspect of basic professional training
 - Certificate/Post-Graduate Certificate in Health Education
 - On-the-job training in hygiene education plus training in the use of participatory methods
- **Observations:**
 - Government staff lack skills in the use of participatory methods
 - POs have limited hygiene knowledge and participatory skills

6. METHODS, MATERIALS, AND MESSAGES

- **Methods -**
 - Health/hygiene talks and group/community discussions
 - Home visits/inspections and bye-law enforcement
 - Action planning and implementation
 - Songs, role plays, story-telling, and puppetry
 - Interactive drama (drama with discussion)
 - Demonstrations using: a) 10% alum solution and microscope and b) live specimen of mosquito larvae
 - Video shows and discussions
- **Materials -**
 - Flipcharts, posters, and flash cards
 - Videos, films and audio cassettes
 - Participatory Tool Kit (PTK)
 - Resource Kit for VIP Latrine User Education (pre-testing stage)
- **Messages -**
 - Causes/transmission/control of prevailing diseases
 - Importance of proper domestic and environmental sanitation
 - Importance of household latrines
 - Proper disposal of children's faeces
 - Link between water, sanitation and hygiene
 - Water, personal and food hygiene
 - Handwashing at critical periods
- **Observations -**
 - Lots of requests for hygiene videos, but limited supply
 - Strong interest in interactive drama but limited skills & logistics
 - Most agencies do not have enough participatory tools to use and support community groups.

7. MONITORING AND EVALUATION TOOLS

- Some tools in use are:
 - Monitoring indicators and observation checklists
 - Spot check observation for sanitation
 - Pictorial monitoring checklist for use by Watsan
 - Outcomes of hygiene education plans
 - Reports - monthly, quarterly, yearly
 - Surveys for baseline data/update of data
 - Inspection returns from spot checks
 - Community registers on food vendors

- Observation:
Need for survey on M&E tools to ensure uniformity of M&E

8. STRATEGIES FOR SUSTAINABILITY OF HYGIENE EDUCATION

- Hygiene education linked with PHC and income generating activities
- Village health/hygiene weeks to raise funds for HE activities organised by Watsan committees (success stories - Have-Etoe/Volta Region)
- Competitions and rewards for specific target groups (success stories - Guinea Worm Control, New Juaben District/Koforidua)



ANNEX D: PROJECT CYCLE



PRE-PO ACTIVITIES

1. Briefing of District Assembly by RWST on:
 - Technology Options (Boreholes, Hand Dug Wells, VIP Latrines etc.)
 - Funding & Community Contribution (WS - 5%, latrine - 50%)
 - Community Ownership and Management (COM)
 - Back up Services (spare parts dealers, pump mechanics)
 - Formation of Watsan Committees
 - Selection and Training of Latrine Artisans

 2. Community Level Demand Creation:
 - Information to community about new scheme
 - Application by community for Water Supply
 - Vetting of application by DWST
 - Approval by DMC - 10 communities packaged for PO work

 3. Training on tasks to be performed (including Hygiene Education) for:
 - DWSTs and District Management Committees
 - Latrine Artisans, Pump Mechanics, and Contractors.
- * Suggestion: DWST to raise hygiene issues during community visit to verify community application - why? to start promoting hygiene awareness right from the beginning of the process

PHASE I: MOBILIZATION

OVERVIEW OF PROCESS:

Activities:

1. Community Entry - protocol, self-introductions, identify contact persons
2. Community Familiarization/Participatory Data Collection using PRA methods
3. Community Meetings to discuss and make decisions on:
 - Existing Situation and Change to New Water Supply
 - Organisation - formation of strong Watsan committee
 - Money - capital contribution and maintenance fund
 - Hygiene - health implications of old & new water supply
 - Technical Issues - choice of Water Supply option

Milestones/Indicators:

- Identification of health problems community want to do something about
- Understanding of their responsibilities as Watsan committee members
- Decision on how they are to form Watsan Committee
- Commitment by Watsan to support hygiene change

PO'S FIRST VISIT TO COMMUNITY:

1. Initial meetings with village leaders - introduce yourself, objective, and process; identify contact persons to help organise meetings
2. Community Familiarization/Participatory Data Collection using PRA methods - guided walk, community mapping, and focus groups (women, youth, elders)
Output: information for community profile (to guide interventions) - population, water sources, sanitation facilities, common diseases, beliefs and values in relation to health, economic activities, development projects in process, community decision making process.

COMMUNITY MEETING I:

1. Discuss existing water situation in community - and what can be done to address these problems. Incorporate questions on health/hygiene:
 - *Tell us about your existing water situation.*
 - *Where do you get your water from?*
 - *What problems do you have with each water source? Why?*
 - *What are you doing about these problems?*
 - *What are the health risks in using the old sources?*
 - *What are your toilet facilities?*
 - *What are the common diseases in your community?*
 - *What are the causes of these diseases?*
 - *What can you do about these problems?*
 - *Why do you want to change to a new water supply?*
 - *How will you benefit from the new water supply?*(Establish link between water source and people getting sick/diarrhoea.)
2. Present and discuss CWSP - how it addresses above situation - new water sources, different options, community management, VLOM, Watsan formation, money, and hygiene action.

COMMUNITY MEETING II:

1. Discuss the change to a new water supply - *Is everyone committed to this change? If not, what are those opposed saying?* Discuss.
2. *What does the community have to do to prepare for the new water supply?*
Review community responsibilities - Watsan formation, raising money, etc.
3. Discuss health-related problems identified in Community Meeting I. Prioritise. Discuss what can be done (prevention and control).
4. Discuss how to form a strong Watsan committee:
 - *How will you organise yourself to manage the new water supply?*
 - *What existing committees do you have in your community?*
 - *How are they functioning? What are their duties?*
 - *How are women involved in these committees?*
 - *How can you ensure a strong Watsan committee?*
5. Ask community to meet on their own and agree on how they are to form a Watsan committee.

COMMUNITY MEETING III:

1. Introduce Watsan committee members (inauguration).
2. - Discuss roles of Watsan committee members.
3. Discuss fund-raising for capital contribution.
4. Discuss the bank account.
5. Discuss record-keeping on day-to-day activities.
5. Discuss hygiene issues:
What can you do to improve the existing source and reduce health hazards? (stop contamination of existing source and improve water quality - eg weeding around the source, avoiding guinea worm through filtering, stop washing in the stream, etc.)

COMMUNITY MEETING IV:

1. Develop Hygiene Action Plan for the period before and during construction, especially in relation to the existing sources.
2. Discuss arrangements for Watsan training.

PHASE II: PARTICIPATORY PLANNING

OBJECTIVES:

- To enable community members to make an informed decision on the choice of water supply facilities and their siting.
- To develop the skills and commitment of the Watsan Committee to manage the hygiene education agenda.

ACTIVITIES:

1. Training course for Watsan members.
2. Community meetings - lead by PO/Watsan
3. Site visits

FOCUS:

Watsan training and community meetings to discuss:

- a) Choice of water supply
- b) Siting of water supply
- c) Watsan/community commitment to hygiene action

MATERIALS:

flipchart-size visuals on each of the water supply options (hand dug well with a bucket, hand dug well with a pump, borehole, and spring catchment)

DISCUSSION PROCESS ON CHOICE AND SITING OF WATER SUPPLY

CHOICE OF WATER SUPPLY:

- *What type of water supply do you want?*
- Review options - a) Hand Dug Well with Bucket, b) Hand Dug Well with Pump, c) Borehole, and d) Spring Catchment
- Discuss cost, technical feasibility, and health implications
- *What are the ADVANTAGES and DISADVANTAGES of each technology?*

Hand Dug Well With Bucket

- Advantages:
 - It stores lots of water.
 - It is cheaper to build than the other options.
 - It allows access so it can be cleaned.
- Disadvantages:
 - Risk of contamination eg wind, bird droppings, buckets, human factor.
 - Prone to accident, especially the uncovered ones.
 - Often dries up in the dry season.

Hand Dug Well with Pump

- Advantages
 - It can be opened to use a bucket when the pump breaks down.
 - It is cheaper than a borehole.
 - Minimal contamination because there is no direct access to the water by anybody - it is taken through the pump.
- Disadvantages:
 - Possibility of contamination when pump breaks down.
 - If water table is deep, borehole is the only option.

Borehole:

- Advantages
 - No contamination at source because of the way it is constructed.
 - It can be sited anywhere.
- Disadvantages
 - Consumers may return to old sources during breakdown period.
 - It is expensive.

Spring Catchment:

- Advantages
 - There is no contamination because the source is covered.
 - Year round supply - no danger of reverting to old source.
- Disadvantages
 - Farming activities around the source can deplete it.

SITING OF WATER SUPPLY

Community discussion and site visits. Help community to identify places where the new water supply should NOT be sited -

- Sanitary sites (eg latrines, refuse dumps) - discuss health implications
- Downhill from a cattle/goat kraal - discuss health/hygiene implications
- Near cemeteries
- Sacred groves
- Long distance from community
- Water logged areas (flood prone)

In one community in the Western Region a PAMSCAD borehole was sited close to the main lorry park. No one consulted the community about the site, so the outside drilling team were totally unaware that the lorry park was the site of an old cemetery. This explains why the borehole has never been used, even though the community continues to suffer from guinea worm.
Divine Komladzei, Western Region HEO

BUILDING COMMITMENT TO HYGIENE

One other objective of Phase II is to build commitment by Watsan and the community to the hygiene agenda, ie to make them both recognise hygiene as:

- something important, meaningful, and worth doing; and
- their own responsibility. Watsan and the community are not only responsible for water supply and sanitation but also for health and hygiene.

Discuss with Watsan and the community:

- health benefits of NEW WATER SUPPLY and how to maximize benefits
- the problems of the OLD WATER SUPPLY and what can be done.

New Water Supply - Health Benefits and How To Maximize:

- *Why is Hygiene Education one of your roles?*
- *How can the new well/borehole improve your health?*
- *What can you do to get full health? (change in hygiene practices)*
- *What does the community need to know (knowledge) or be able to do (skills) in order to make these improvements?*
- *What can you really do to bring about health improvements? (prioritising)*
- *How can you (the Watsan committee) help to model these new behaviours?*

Old Water Supply - Problems and What Can Be Done:

- *We have agreed that the old sources are contaminated. What can you do?*
 - *avoid the source or use for other purposes but not drinking*
 - *boil, filter, or add alum before drinking - boiling not realistic*
 - *find alternative source - eg hand dug well with pump or borehole*
- *How can you ensure that this source is safe for drinking?*
- *What are the health implications of each option?*
- *How can you prevent contamination?*

PHASE III (CONSTRUCTION) AND PHASE IV (O & M)

OBJECTIVES:

- To provide adequate water supply and sanitation facilities
- To maximise health benefits from the new facilities
- To ensure sustainability of the new facilities

TOPICS AND DISCUSSION QUESTIONS:

1. **Use of Non-Potable Water:** How to ensure that community members stop using the old source? Observation of old sources and discussion -
 - *Are people still using the old sources? Why?*
 - *What is your experience with potable and non-potable water?*
 - *How about people who use other sources of water at the farm?*
2. **Keeping Potable Water Clean:**
 - *How can potable water get contaminated during:
a) fetching? b) transport? c) storage and use in the house?*
 - *How can contamination be prevented?*
3. **Cleaning and Maintaining the Pump Site:**
 - *Why is pump site not being kept clean? Possible reasons - quarrels; work rotation for cleaning not working; bye-laws not working*
 - *How can cleaning/maintenance of the pump site be better organised?*
4. **Hand Washing and Toilet Use:**
 - *'Before' (user education) and 'After' (monitoring)*
 - *After': What are the problems? How to overcome them?*
 - *Who are using the toilet? How about children who cannot use it?*

INDICATORS:

Use of Non-Potable Water:

Percentage of people using non-potable water.

Indicators of problems with new facility in terms of: quality, collection method, proximity, adequacy (population and yield)

Cleaning and Maintenance of Pump Site:

Presence/absence of algae, pools of water around source, etc.

Toilet Use:

Clean toilet; closed door; anal cleaning material in pit; materials for handwashing.

Maintenance:

Records on break-downs, repairs, maintenance, money collection, spare parts etc.

ANNEX E: BEHAVIOUR CHANGE

- E1: HANDWASHING AND DIARRHOEA
- E2: LATRINE USE
- E3: USE OF SURFACE OR NON-POTABLE WATER
- E4: FROM PUMP TO MOUTH - KEEPING PUMP WATER CLEAN
- E5: PUMP SITE CLEANING AND MAINTENANCE
- E6: KEEPING THE ENVIRONMENT CLEAN

E1: HANDWASHING AND DIARRHOEA

IDEAL SITUATION:

- Proper hand washing (washing with soap and enough water) at critical periods -
 - after handling children's faeces
 - after use of toilet, urinating etc.
 - before and after meals
 - before and after food preparation/processing
 - after attending funerals
 - after handling chemical substances
 - after shaking hands (public gatherings)
- Proper washing of children's hands.

METHODS:

Observation, discussion, questions

EXISTING SITUATION:

- Not washing hands at all - or
- Improper washing ie washing without soap or without enough water - or
- Partial washing ie splashing hands in water, not washing up to the wrist, or not cleaning finger tips, etc.

BLOCKS TO CHANGE:

- Non-availability of hand-washing facilities (water, bowl, towel).
- Non-availability of soap (poverty) or perception that it is a waste to use soap
- Smell of certain brands of soap may turn some people off.
- Effects of not washing (eg diarrhoea) are not felt immediately, so no perception of poor/no handwashing having negative consequences.
- People don't see that their hands are soiled and don't see the germs.
- Existing beliefs eg people don't believe that children's faeces are harmful.
- Handwashing is not a formed/acquired habit - or
- People have a habit of only washing their hands after meals.
- People don't wash before eating certain foods eg fried yam, groundnuts.
- While traveling people find it difficult to wash - water not available.
- Negative attitudes of field workers towards villagers

SUPPORTS TO CHANGE:

- Messages must be do-able - demonstrate with materials which are easily available eg ash rather than soap.
- Regular practice and encouragement of children will help teach the habit.
- Appropriate educational methods and materials eg posters, songs, etc.
- Demonstration of skills in handwashing - and practice.
- Provision of hand-washing facilities at appropriate places.
- Monitoring

QUESTIONS FOR DISCUSSION:

- Do you wash your hands? (If No, probe further)
- When do you wash your hands?
- Why do you wash your hands? (Probe for more responses).
- With what materials do you wash your hands?
- How do you wash your hands? (Probe further for skills in handwashing).
- Where do you wash your hands?
- What do we do to build a regular practice of handwashing?

E2: LATRINE USE

MEMBERS: Jumping JO, Audacious Alhaji, Enterprising Eunice, Faithful Felix, Dangerous Dan.

IDEAL SITUATION - INDICATORS:

- Majority of households have their own latrines.
- People make regular use of latrines.
- People have stopped defecating - absence of faeces in the field.
- Availability of soap/ash and water at each latrine.
- No bucket placed in latrine to store anal cleansing material.
- Arrangements for regular cleaning of latrines.
- Reduction of flies at latrine sites. Fly population reduced in the community.
- New buildings with latrines.
- Reduction in faeces-related diseases.

EXISTING SITUATION:

- Existing latrines in community are not adequate.
- People defecating in the bush or around compounds.
- Communal latrines are poorly cleaned and maintained.
- Children are not allowed to use latrines.
- Landlords prevent tenants from using latrines in households.
- Both sexes use the same communal latrines.
- Most females refuse to use certain types of latrines eg Slit Trench Latrines.
- Wrapped and thrown packages (EMS).
- Some latrines converted into living rooms.

BLOCKS TO CHANGE:

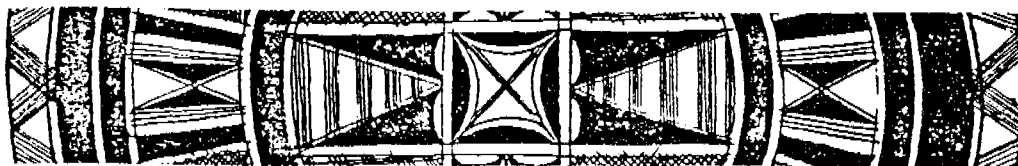
- Inadequate knowledge about germ theory.
- Poverty - socio-economic constraints.
- People may not have enough land to site facilities.
- Existing latrines may be poorly built.
- Cultural/religious influences.
- Community not involved in the decision-making process.
- Non-involvement of women and children.
- Negative attitudes of hygiene educators (eg underrate community's intelligence), poor facilitation skills, and low motivation.
- Latrine designs not culturally friendly.
- Latrines not available or closed at certain times.
- Lack of commitment of opinion leaders.
- Chieftaincy disputes.
- Communication gap between latrine artisan and residents.
- Time or workload constraints

SUPPORTS TO CHANGE:

- Provision of adequate latrine facilities.
- Regular visits and reinforcement of hygiene messages by health workers.
- Formation of Village Health Committees.
- Reward for best-kept household latrine in the community.
- Enforcement of existing building bye-laws.
- Role modelling by WATSAN/opinion leaders/health workers.
- Hygiene education in schools - hygiene included in curriculum.
- Latrine design reviewed on a regular basis - aim: to develop an affordable/ appropriate design
- Incentives to encourage latrine artisans to stay in business.
- WATSAN empowered to enforce bye-laws set by District Assembly.

QUESTIONS FOR DISCUSSION:

- What benefits do you get from using a latrine?
- How can we help those who are without to acquire a latrine?
- What do we do with the existing communal latrines?
- How do we keep latrines clean?
- How can we prevent indiscriminate defecation in our communities and farms?



E3: USE OF SURFACE/NON-POTABLE WATER

MEMBERS: Able Abrefa, Bouncing Babisma, Dancing Dery, Kool Komba

IDEAL SITUATION:

- Exclusive and hygienic use of potable water.
- Collection Methods:
 - a) Dug-Out - Protected from contaminated source eg animals.
 - b) Hand Dug Well - platform for fetching, bucket rope or pump
- Proper storage and treatment of water before use eg filtering, boiling.
- Source - available, accessible, affordable, quality, and quantity.
- Short term - reduction of water related diseases eg guinea worm
- Long term - removal of water related diseases

EXISTING SITUATION:

- Use of old and new sources for different purposes.
- Seasonal use of sources: eg rainy season - dugouts; dry season - BH, HDW
- Inadequate supply of improved water facilities.
- High incidence of water-related diseases (water born and water washed)
- Use of untreated farm water

BLOCKS TO CHANGE:

- Lack of knowledge about links between water and health, hygiene practices, and the causes of certain diseases.
- Old habits die hard - people are slow to change old habits.
- Inappropriate HE approach - too much message delivery/no action
- General messages rather than action plans geared to the specific community
- Cultural practices (eating together, rituals)
- Locking of pumps forces people to use non-potable sources.
- Poor people may turn to non-potable source when water is for sale.
- Taste of borehole water turns people to non-potable sources.

SUPPORTS TO CHANGE:

- Make potable water accessible (shorter distance) and affordable.
- Show people benefits of hygiene practices eg economic rewards.
- Build on people's existing practices and ideas.
- Build washing facility near pump to encourage use of pump water.

QUESTIONS FOR DISCUSSION:

- Why do you still use the pond water?
- What are your sources and what are your problems?
- How can we get more people deciding on their water facilities?
- What is your opinion about the new water facilities?

E4: PUMP TO MOUTH: KEEPING PUMP WATER CLEAN

MEMBERS: Gallant Gaeten, Elastic Elias, Happy Henry, Elegant Elikem

COLLECTION - IDEAL SITUATION:

- Orderly arrangement of water containers during fetching.
- Non-interference by other users while person is collecting water.
- Periodic replacement and cleaning of pump parts.
- Proper cleaning/washing of containers before filling.
- Proper/clean drainage system.
- Washing hands before collecting water.

COLLECTION - ACTUAL PRACTICE:

- Disorder at collection points and dirty containers.
- Interference by other users while one is filling the container.
- Rusty, dirty and unreplaced pump parts.
- Dirty hands and no cleaning of containers.
- Poor or no drainage system.
- Cracked aprons and insanitary environment.

TRANSPORTATION - IDEAL SITUATION:

- Use of covered containers for transporting water.
- Use of clean calabash or rubber for stabilizing water in open containers.
- Clearing of overgrown weeds above the height of collection container.

TRANSPORTATION - ACTUAL PRACTICE:

- Open containers and use of leaves to stabilize water.
- Overgrowth of weeds on water paths.
- Dipping of dirty containers into water by outsiders.

STORAGE - IDEAL SITUATION:

- Container placed above ground level.
- Containers with clean, well fitting covers.
- One clean cup or fixed tap for fetching water.
- Avoidance of container leakages.
- Proper and regular maintenance of storage facilities.
- Containers placed away from dirty places eg fowl coops, under trees etc.
- Avoid using of chemicals for the treatment of water eg alum camphor.

STORAGE - ACTUAL PRACTICE:

- Storage containers placed on ground.
- Opened storage containers - no cover.
- Different cups used to fetch water.
- Chemicals used to purify water.
- No proper and regular cleaning/maintenance of containers.

BLOCKS TO CHANGE:

- People know the hygiene implications but do not practice.
- Field workers don't practice what they preach - poor modelling.
- Lack of spare parts for hand pumps.
- Non-availability of money.
- Lack of community ownership and management.
- Attitudes - "*We have used leaves to stabilize water for many years without getting sick. Why should we change now?*"
- Lack of participatory methods for message delivery.
- Hygiene practices are time-consuming.
- Ineffective key players (DWSTs, WATSANs, POs)
- Lack of understanding and commitment on the part of the community.
- Financial constraints.
- Lack of material support eg spare parts.

SUPPORTS TO CHANGE:

- Participatory approach.
- SARAR system for analysis.
- Regular and effective monitoring.
- Available/affordable/accessible parts and relevant materials.
- Good modelling.
- Networking and collaboration with other communities with success stories.

DISCUSSION QUESTIONS - INITIAL PHASE

- How often will you clean the pumpsite?
- How will you avoid water pouring out when carrying it to the house?
- How will you store water in the house?
- Where will you store the water?
- How will you fetch water from the storage container?
- How will you maintain the storage container?

DISCUSSION QUESTIONS - FOLLOWUP PHASE

Assumption: People have not changed from their old hygiene practices.

- Why is the pumpsite left untidy?
- What can you do to change the situation?
- Why do you use leaves to stabilize water while transporting?
- How can you keep the water clean while transporting and avoid spilling?
- Why do you store water in open containers?
- Why are you using different cups to fetch water from storage containers?
- Why is the storage container area not kept clean?
- What can you do to achieve maximum health benefits?

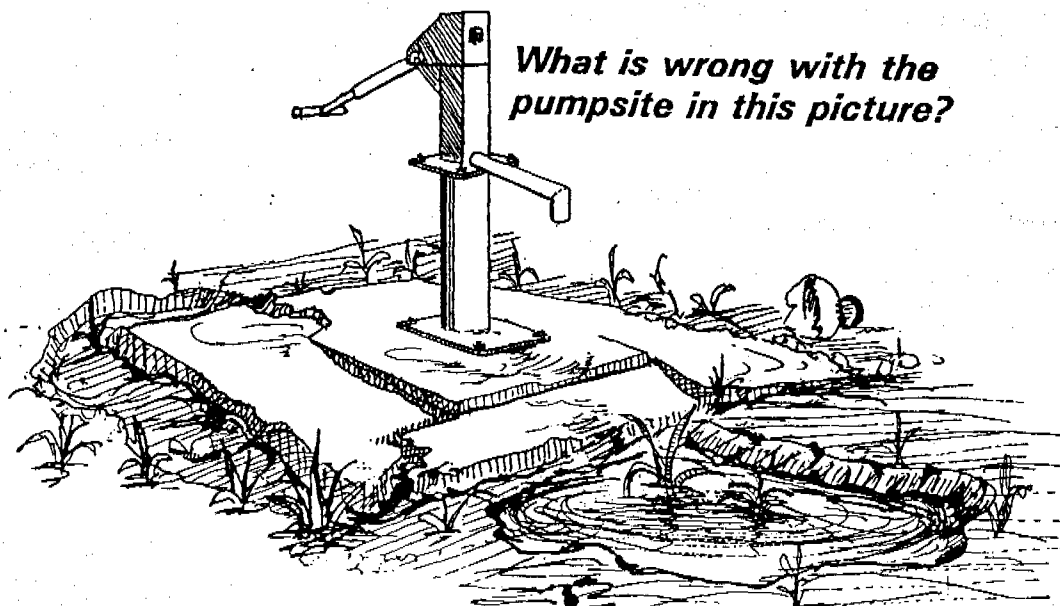
E5: PUMPSITE CLEANING AND MAINTENANCE

IDEAL SITUATION:

- Daily cleaning of pumpsite - absence of algae and pools of water, surrounding areas weeded and swept, no dead leaves and other litter, cleaning roster, cleaning tools (brooms, brushes, bleach, soap), community sanctions against vandals
- Pump in good working order - maintenance tools (oil, F Key, Allen Key), spare parts, money in WATSAN account, access to pump mechanic, and routine maintenance (oiling of chains, fastening of bolts, cleaning of other parts, repair of cement pad when necessary)
- Record Book for Maintenance - record of maintenance work (date), breakdown (date), repairs made (date), expenses for repairs.
- WATSAN and community recognise that hygiene education is one of their responsibilities - they are committed to a basic set of hygiene standards.
- Hygiene education integrated into WATSAN activities.

EXISTING PRACTICES:

- No daily cleaning
- Path to water point weedy
- All users stand on pump foot rest
- Centralized maintenance
- No correct/full swing of pump handle
- Poorly constructed drain - pools of water
- Soak-away poorly constructed
- Site cleaning irregular or not at all
- Different containers used in open wells



BLOCKS TO CHANGE:

- Communication approach is wrong - condescending, patronizing, condemning, one-way, one-shot.
- Messages irrelevant to context - when judged as "undoable" are rejected.
- Most humans resist change. Unless the benefits of change are perceived to be greater than the existing practice, there is not much effort to change.
- No follow-up training for pump caretakers.
- No monitoring of activities/performance/progress
- Lack of sense of community ownership.
- Cultural norms work against participatory change eg pump site not to be visited by women in their period; women barred from pump site on Fridays.
- Facilities not available for practising what has been learnt eg if yield is low, women and children may turn to old source rather than wait.
- The mismanagement of funds may discourage participation.
- Accountability of money meant for repairs.

SUPPORTS FOR CHANGE:

- Promote the idea that pump site maintenance is everybody's responsibility.
- Conversion to VLOM Pumps which are easy to repair/maintain.
- Provision of back-up monitoring and evaluation.
- Strong community reward system (eg T-shirts)
- Publicize those communities who have been performing well eg radio interview or praise on radio (eg URA-radio).
- More frequent follow-up by DWST
- Zonal level support to WATSAN committees - zonal level facilitators
- Enforcement of bye-laws.

QUESTIONS FOR DISCUSSION:

- At community meeting: Who should do pump site cleaning - women? girls? children?
- With target group: How can pumpsite cleaning be integrated into daily activities of target groups? (Assumption: Hygiene education has been effectively done; community members understand the importance of pump site cleaning)
- What support is needed from within and outside community? Example: Men/youth do weekly weeding; children collect stones; external support - cash; Materials - POs can make contacts for waste bleach from waterworks.
- Who will monitor to see if schedules are kept?
- Who will supervise pumpsite activity?
- What indicators will community identify to measure positive change?
- Who will do evaluation and report?

E6: KEEPING ENVIRONMENT CLEAN

MEMBERS: Energetic ET, Famous Fay, Mad Moses, Running Ralph, Thirsty Theo

IDEAL SITUATION:

- Well swept/kept compoundst
- Weeded surroundings
- Well kept drains and a defined drainage system
- No pools of stagnant water
- Clearly defined refuse disposal points.
- Well kept/cleaned water points.
- Availability of well kept latrines.
- Absence of indiscriminate defecation.
- Food and water containers protected/covered.
- Handwashing facilities - water, soap, and cloth.
- Penned animals.
- Reduction in fly/mosquito population.

EXISTING PRACTICE:

- Untidy compounds - presence of litter
- Weedy surroundings (especially close to built up areas)
- No drains/no defined drainage system.
- Pools of stagnant water.
- Indiscriminate disposal of human waste and refuse.
- Unprotected food and water.
- Stray animals dropping.
- Presence of many flies.
- Pollution from cottage industries - pesticides and pollutants.

BLOCKS TO CHANGE:

- Change agents expect too much - behaviour change takes time.
- Change agents are outsiders - no continuity within the community.
- Change agents impose their ideas on community - they plan for the community, not with them - so no acceptance of their ideas.
- Community dislike for change agents because of previous experience.
- No collective agreements which are binding on all community members.
- Other commitments or priorities by opinion leaders/community elders.
- Hygiene promotion left to WATSAN and Community Health Nurse.
- No role models - everybody waits for somebody else to start.
- No perception of lack of hygiene as a health hazard.
- Difficulty in practicing hygiene behaviour - change is painful.
- Non-availability or long distance to facilities.
- Economic reasons - economic concerns leave little time for hygiene action.
- Workload and time constraints.

- Men's resistance - men don't want to be insulted by other men ie teased for doing work that is regarded as women's work.
- Settlers, who don't see themselves as part of the community, are not committed to sanitation improvements.
- Conflicts - no time to sit, meet and discuss issues affecting community.
- Influence from laggards (insults) and die-hards.
- Disregard for tradition and cultural barriers.

SUPPORTS TO CHANGE:

- Identifying problems/solutions with community.
- Opinion leaders and community elders as role models.
- Recognise and incorporate community values/taboo.
- Design "user friendly" facilities.
- Community should see it as a felt need and believe it is good for them.
- Competition within the community
- Recognition of performance by District Assembly and community institutions.

DISCUSSION PROCESS:

- Guided Walk and informal discussions.
- Meet community to discuss observations from Guided Walk.
- Raise issues on environmental health and sanitation.
- Ask - What helps the community to move to action?
- What can we do about these problems?
- Break community members into groups eg men, women, youth, children.
- Discuss with each group -
- What can each group do about the problems identified? (Prioritise problems if necessary - individual, group, community)
- How can we ensure that things are done regularly?
- Who will be responsible?
- How can we know we are making progress? (indicators)
- How often should we meet to review progress?
- What can we do to ensure compliance?
- What support is needed to ensure continuity?



ANNEX F: SPECIALIST TASK GROUPS

- F1: SANITATION AND THE ROLE OF WATSAN IN SANITATION
- F2: NETWORKING
- F3: METHODS AND MATERIALS
- F4: MONITORING - PHASES I AND II
- F5: MONITORING - PHASES III AND IV
- F6: SCHOOLS HYGIENE EDUCATION PROGRAMME

F1: SANITATION AND THE ROLE OF WATSAN IN SANITATION

MEMBERS:

Simple Sampah, Daring Dery, Able Abrefa, Fearless Francis, Sincere Siaw

OBJECTIVE:

To identify blocks to the implementation of the sanitation programme and how to solve them.

BLOCKS:

- Sanitation component not given adequate attention.
- No target set for sanitation coverage, while the Water Supply component has a target of 80% coverage.
- Sanitation limited to construction of latrines - no solid waste disposal.
- Inability of DAs to establish Sanitation Fund and keep the money there.
- Promotion of latrines limited to latrine artisans - other players not involved.
- Construction delays:
 - District Assembly slow to release money
 - Households slow to contribute 50%
 - Lack of construction materials in some areas
 - Low incentives: latrine artisans perceive the payment as relatively low
 - Low subsidy for latrine construction.
- Ineffective user education carried out by Latrine Artisans.

PROPOSED SOLUTIONS:

- Sanitation component of project should be given more priority - a target should be set for sanitation coverage similar to the water supply target.
- CWSD should help DAs to establish Sanitation Fund and DWSTs should be included as signatories to the account (suggested amount C5m - 10m).
- Latrine promotion and user education should be added to POs' contract.
- Watsan Committee should be involved in promoting household latrines.
- District Assembly should pass a byelaw promoting household latrines.
- Latrine Artisans should be given a commission on each toilet (10% of total cost of toilet) as an incentive.
- Old cost-sharing arrangement should be re-introduced (50-50).
- User education to involve MOH field workers (eg EHAs and CHNs).

F2: NETWORKING

MEMBERS:

Audacious Ahmed, Bombastic Bosco, Dynamite Divine, Happy Henry, Jumping JO, Kungfu Kwame

ASSUMPTIONS:

- Most agencies involved in hygiene education operate independently.
- Little joint planning and teamwork among hygiene educators.
- Limited resources for hygiene education.
- Communities bombarded with different hygiene messages from different agencies and this confuses them.

GOAL:

To ensure effective networking among all agencies and personnel through joint planning, joint implementation, coordination, and exchange of experience (through visits, newsletters, etc)

PLAYERS, ROLES, AND SCOPE FOR NETWORKING:

REGIONAL LEVEL:

Players:

- RWST: lead agency
- MLGRD: Regional Co-ordinating Director, Regional Environmental Health Officer, Regional CD Officer, Regional Mobilization Officer
- GES: Regional Director, SHEP Co-ordinator
- MOH: Senior Medical Officer, Primary Health Care
- NCWD: Regional Officer

Roles:

- Co-ordinating district activities, monitoring Watsan activities, posting personnel to districts, capacity building for district personnel.
- NCWD - support for income generation and hygiene education for women.

Networking Ideas:

- Joint planning initiated by RWST - RWST to orient all partners.
- Joint training eg workshops, seminars etc.
- Issuing of needed directives to district personnel.
- Sharing of resources eg manpower and transport.
- Creation of data base for information sharing - define levels and frequency of information dissemination - identify computer experts to help.
- Special role for School of Hygiene: CWSD to assess the institutional capacity of Schools of Hygiene for collaboration.

DISTRICT LEVEL:

Players:

- MLGLH - DWST; DMC (composed of department heads); EHOs; Community Development Officer; District Mobilization Officer
- MOH - DHMT (composed of representatives of PHC Units)
- GES - Sanitation/Health Education Programme (SHEP) Co-ordinator

Roles:

- Planning, budgeting, decision-making, monitoring, support/supervision
- Approval of contracts (DMCs), conflict resolution, provision of logistics

Networking Ideas:

- Training in participatory methods for all hygiene education personnel.
- Joint planning and implementation of hygiene education programmes.
- Teamwork in field supervision and monitoring/evaluation of activities.
- Sharing of resources - DMCs to provide coordination.

COMMUNITY LEVEL:

Players:

- MOH - Environmental Health Assistants, Community Health Nurses
- GES - School Health Teachers, Parent Teacher Associations
- Private Sector - POs, Latrine Artisans, Area Mechanics
- Community - Watsan committee, hand pump caretakers, volunteers

Networking - needed for:

- Joint planning and collective decision-making.
- Collective promotion of hygiene practices and behaviour changes.
- Exchange visits between communities (initiated by POs).

INDICATORS FOR NETWORKING:

School of Hygiene (SOH):

Curriculum enriched, lecturers' capacity developed, output of students in Watsan programme delivery improved, logistical support improved

Regional Level:

Sufficient budget allocation for hygiene education.

District/Community Level:

- Integrated programmes planned and implemented at various levels.
- Logistics for HE delivery (Monitoring, Support/Supervision and Training).
- Regular meetings between all stakeholders.
- Reports of field workers reach DWSTs/RWSTs on time.
- Simple/"SMART"/coordinated messages delivered at community level.

F3: METHODS AND MATERIALS

MEMBERS:

Eloquent Elikem, Dangerous Dan, Faithful Felix, Racing Ross, Thirsty Theo

WHAT MATERIALS ALREADY EXIST?

● Discussion Posters	C	T	
● Flipcharts (pictures bound together)	I (10)		P (3)
● Story with a Gap (contrasting pictures)	I	T	P
● 3-Pile Sorting Cards (<i>good/bad/in-between</i>)	I	T	P
● F-Diagram (Faecal-Oral Transmission)		T	
● Sanitation Ladder (used for story-making)	I		
● Reverse Gear (flannel pictures/storymaking)	I		
● Pocket Voting (picture-based prioritising)	I		
● "Snakes and Ladders" (Hygiene game)	I		
● Picture booklets (Handouts)	I		
● Videos	I	T	P
● Interactive Drama	U		

 C = Central Region, I = ISODEC, P = PRONET, T = TREND, U = Upper Regions

HOW TO JUDGE THEIR SUITABILITY?

- Suited to topic, facilitators (eg PO, Watsan), and target group.
- Regionally specific - tailored to the local context and culture.
- Simple to understand and use.
- Useable by POs and Watsan members - are they "teacher-proof"?
- Size - large enough to see in a community meeting.
- Clear image - not ambiguous, not too much detail.
- Cost effective, durable, available.

HOW TO USE PICTURES IN THE NEW APPROACH?

MESSAGE-IMPOSING VS. PROBLEM-POSING

- Old approach: pictures were designed to be VISUAL AIDS to help a field worker put across hygiene messages - the pictures were meant to tell the whole story (MESSAGE IMPOSING).
- New approach: pictures are designed to be "CODES" - PROBLEM-POSING visuals to stimulate discussion and problem-solving - the pictures in this case are not meant to tell the whole story; the participants themselves are expected to discuss the problems and find their own solutions.
- Pictures are meant to be DISCUSSION STARTERS only - they are meant to get the discussion started - at a certain point the facilitator needs to put the picture down in order to move from the generalised situation (portrayed in the picture) to focus on the specifics of the participants' own situation.

METHODS & MATERIALS AT EACH PHASE OF PROJECT CYCLE

PHASE I (MOBILIZATION)

Objectives

- Build active involvement in discussion, problem-solving, decision-making.
- Build awareness of existing situation and commitment to change.
- Get the community to identify its own hygiene/health problems.

Methods and Materials

- Needs Assessment (PRA) - Guided Walk and 3-Pile Sorting Cards
- Community Discussion/Meetings:
 - Buzz/Small Groups - to get everyone talking
 - Stop-Start Drama - to stimulate discussion on COM
 - "Withdrawal" Method - to allow community to decide on their own
 - Discussion Posters - 3 WS Options, 3 Sanitation Options, 1 Watsan picture (to spark discussion on how to choose an effective Watsan)

PHASE II (PARTICIPATORY PLANNING)

Objectives

- Facilitate informed decision-making on WS option and siting.
- Build Watsan commitment/skills to take responsibility for hygiene action.
- Build community commitment to active involvement in hygiene action.

Methods and Materials

- WS Option - Discussion Posters and Small Group Discussion.
- Siting - Community Discussion and Site Visits/Guided Walk.
- Commitment to Hygiene Action:
 1. Identify Key Problems and Problem Solving [Watsan training]
 2. Skill Training on How to Facilitate Community Meetings
 3. Community Meeting: Problem-Solving (PO/Watsan facilitators)
 4. Assessment of Solution - realistic? relevant? affordable?
 5. Action Planning
 6. Modelling the New Practice (Watsan)
 7. Monitoring (Watsan)

PHASES III AND IV (CONSTRUCTION AND O&M)

Objectives

Agree on appropriate solutions and support action on: stopping use of dugout water, preventing contamination of pump water, handwashing, etc.

Methods and Materials

- Discussion Posters and Stop-Start Drama
- F-Diagram (Faecal-Oral Transmission)
- 3-Pile Sorting Cards (where appropriate)

F4: MONITORING - PHASE I AND II

WHAT IS MONITORING?

- Data collection
- Milestones achieved within time targets
- Objectives at community level achieved or not - and why?

PO OBJECTIVES IN RELATION TO HYGIENE

- To help community assess existing water, sanitation and hygiene practices.
- To help community identify common health problems, illnesses and causes.
- To help community recognise link between water, sanitation, and hygiene.
- To support action by community to improve existing water and sanitation facilities and change their hygiene practices (within acceptable limits).
- To help Watsan identify and plan community hygiene action.

INDICATORS

Traditional Pit:

- Burnt anal cleansing material
- No domestic animals at pit sites
- Fenced pit latrine
- Clean squat boards
- Where no pit latrine, 60% bury excreta

Traditional Water Sources:

- Raised platform at water edge
- Less than 20% wash/bathe in or around water source
- Clean water points - no stagnant pools

Personal and Household Hygiene:

- Clean clothes/bodies
- Clean and well stored pots and pans
- Clean and covered water storage facilities

Environment:

- Neat, swept compounds and weeded surroundings.
- Stagnant pools (60 - 70%)
- Presence of bathhouse soakaways (70%)
- Regular burning of refuse. Refuse dumps moved to a better site.
- Animals kept in pens (90%).
- Appropriate refuse bins (covered) in 90% of houses.

Individual Knowledge/Attitudes:

- 60% of population can tell that good water/sanitation/hygiene practices lead to improved health.

TWO SOURCES OF MONITORING

- Community-initiated monitoring
- External monitoring:
 - Community input to indicators and frequency of data collection
 - Uniform way of reporting

MONITORING OF PHASES I AND II

WHAT? (INDICATORS)	HOW?
<ul style="list-style-type: none"> ● Stagnant pools reduced (60-70%). ● Soakaway for each bath house (70%). ● Burying of excreta (60%). ● Anal cleansing materials burnt in village traditional pit. ● No domestic animals at pit site. ● Weeded and swept surroundings. ● Refuse dump relocated to appropriate spot. ● Burning of refuse. ● Animals kept in pens. ● Few wash/bathe in stream (less than 20%). ● Raised platform for collecting water at river's edge. ● Weeded and swept compounds and surroundings. ● Clean and well-stored pots and water storage containers. ● Personal hygiene - clean clothes/bodies 	<p>Walk around observe and ask questions</p> <p>observe and count</p>

WHAT?	WHO?	HOW?	WHEN?	TO WHOM?
60% population can show link between water, health, and sanitation	DWST	survey	after community launching	community
WATSAN formed	PO	report		
Hygiene Action Plan	PO	report		
Implemented Plan I	PO	report		
Implemented Plan II	PO	report		
Implemented Plan III	PO	report		
Mobilisation Assessment	DWST	visit		

G5: MONITORING - PHASES III AND IV

WHO?	WHAT DATA?	HOW COLLECTED?	WHEN?	FOR WHOM?
COMMUNITY Watsan PO	<ul style="list-style-type: none"> ● demographic data ● water and sanitation conditions ● prevailing diseases & hygiene practices ● socio-economic data ● conflict situation ● community willingness ● self-help ● health & hygiene activities undertaken 	observation, focus groups, interview, PRA, questionnaire	continuous after Watsan formation	RWST DWST DA
DISTRICT line agencies	<ul style="list-style-type: none"> ● district demographic data ● POs progress reports ● district profile ● number of project communities ● water/sanitation/health status ● women/men/children's involvement in health activities ● best practices 	compilation field visit questionnaires focus groups dist. review meetings	after each visit/ monthly/ quarterly	RWST DWST
REGIONAL RWST SBDU RCC/line ministries NGOs/consultants	<ul style="list-style-type: none"> ● regional demographic data ● POs performance ● district reports ● hygiene education inputs ● reports on hygiene education impact ● health profile of district ● progress report on school health programme ● best practices 	field visits district reports special studies regional review meetings	before/after intervention (evaluation)	National Regional
NATIONAL CWSD HQ staff and consultants	<ul style="list-style-type: none"> ● regional reports on CWSP ● data on regional water/sanitation status ● data on hygiene education impact 	compilation impact assessment field tours	quarterly	Policy Making

ACTIVITY INDICATOR	OBJECTIVES	METHODS/TOOLS	FREQUENCY
CONSTRUCTION OF FACILITY: constructed to specification: Water Supply - drainage, availability of fence or soakaway Latrines - vent, flyscreen, venthole	to provide potable water and good sanitation facilities	<ul style="list-style-type: none"> ● drainage Y/N ● ventpipe Y/N ● well depth ● hole diameter 	construction periods
USE OF POTABLE WATER: <ul style="list-style-type: none"> ● % people using new facility ● proximity to source ● adequacy ● affordability ● reduction of water-related diseases eg Guinea Worm ● seasonal use of facility ● quality 	to ensure maximum use of potable water	interview/ observation: <ul style="list-style-type: none"> ● distance ● queuing ● payment records ● no. of cases (records) 	twice a year
PUMPSITE MAINTENANCE: <ul style="list-style-type: none"> ● clearing of pumpsite eg absence of algae, ponds of water, surrounding areas clean & swept ● community action plan/sanctions 	to ensure proper maintenance and cleanliness of pumpsite	interview/ observation	
KEEPING POTABLE WATER CLEAN <ul style="list-style-type: none"> ● clean fetching containers and (covered) storage containers ● no leaves put into water to stabilize 	to ensure water is not contaminated until consumption	interview/ observation	regularly
HANDWASHING <ul style="list-style-type: none"> ● handwashing with soap and enough water at critical periods ● handwashing facility available 	to ensure proper handwashing at critical periods	interview/ observation	quarterly
LATRINE USE <ul style="list-style-type: none"> ● presence of latrines ● number/type of people using latrines ● cleaning of latrines (absence of basket, anal cleaning materials, absence of faeces around dropholes) 	to ensure proper use of latrines	interview/ observation	monthly
CLEAN ENVIRONMENT <ul style="list-style-type: none"> ● absence of faeces along roadsides ● animals kept in pens ● absence of litter on streets ● clearly defined refuse points ● protected street food 	to ensure that environment is kept clean	interview/ observation	quarterly

ANNEX G: EVALUATION



At the end of the workshop participants were asked to complete an individual evaluation questionnaire. The responses are given below:

Rating of Different Workshop Topics

TOPICS	VERY POOR	POOR	FAIR	GOOD	EXCELLENT
Introductions	0	0	5	23	5
Old to New Approach	0	0	3	20	10
Project Cycle	0	0	3	24	6
Study Team Report	0	0	9	18	6
Behaviour Change	0	0	2	21	10
Task Groups	0	0	1	23	9
Warmups/Energizers	0	0	2	10	21

Rating of Other Features of the Workshop:

FEATURES	VERY POOR	POOR	FAIR	GOOD	EXCELLENT
Overall Workshop	0	0	2	23	8
Facilitators	0	0	1	15	17
Workshop Approach	0	0	2	18	13
Logistics	1	8	14	10	0

How did you feel about your participation in the workshop?

- Excellent/very positive (15)
- Very involved/active (6)
- Good interaction with others (6)
- Friendly atmosphere (4)
- Felt contributing (3)
- Good teamwork/cooperation (3)
- Got to know the CWSD network (2)

What were the MOST IMPORTANT LEARNINGS for you?

- Strategies for behaviour change (10)
- New/participatory approach to hygiene education (8)
- Project cycle - hygiene activities at each phase (9)
- Monitoring skills (5)
- How to network with other players (3)
- Facilitation skills (3)
- Plans and objectives should be "do-able" (2)
- Importance of focusing hygiene on community's own agenda
- Rural people are not ignorant
- How to link School and Community Hygiene

What were the STRENGTHS of the workshop?

- Participatory approach used in workshop (11)
- Excellent facilitation (6) - "facilitators kept workshop focused"
- Task group work in afternoons (5)
- Friendly atmosphere/good interaction (4)
- Good warmups/energizers (4)
- Getting agreement on the basic issues (3)
- Participants' openness and respect for each other's ideas (3)
- Willingness by participants to work late into the night (2)
- Learned a lot from other projects experience (2)
- The variety of methods (2)
- Flexible time frame
- Teamwork among facilitators
- Involvement of staff from the Schools of Hygiene

What were the WEAKNESSES of the workshop?

- Work overload - too much to cover in 3 1/2 days - needed 5 days (8)
- Not enough time for rest/relaxation/socializing (5)
- Not enough time for discussion of points emerging from report backs (3)
- Guidelines for some policies are unclear
- No entertainment in the evenings

Comments on the LOGISTICS

- Food - not enough variety, poor quality (5)
- Accommodation - too many mosquitoes (4)
- Meeting room - should not combine with the dining room
- Didn't like GILBT's rules about no drinking and smoking

