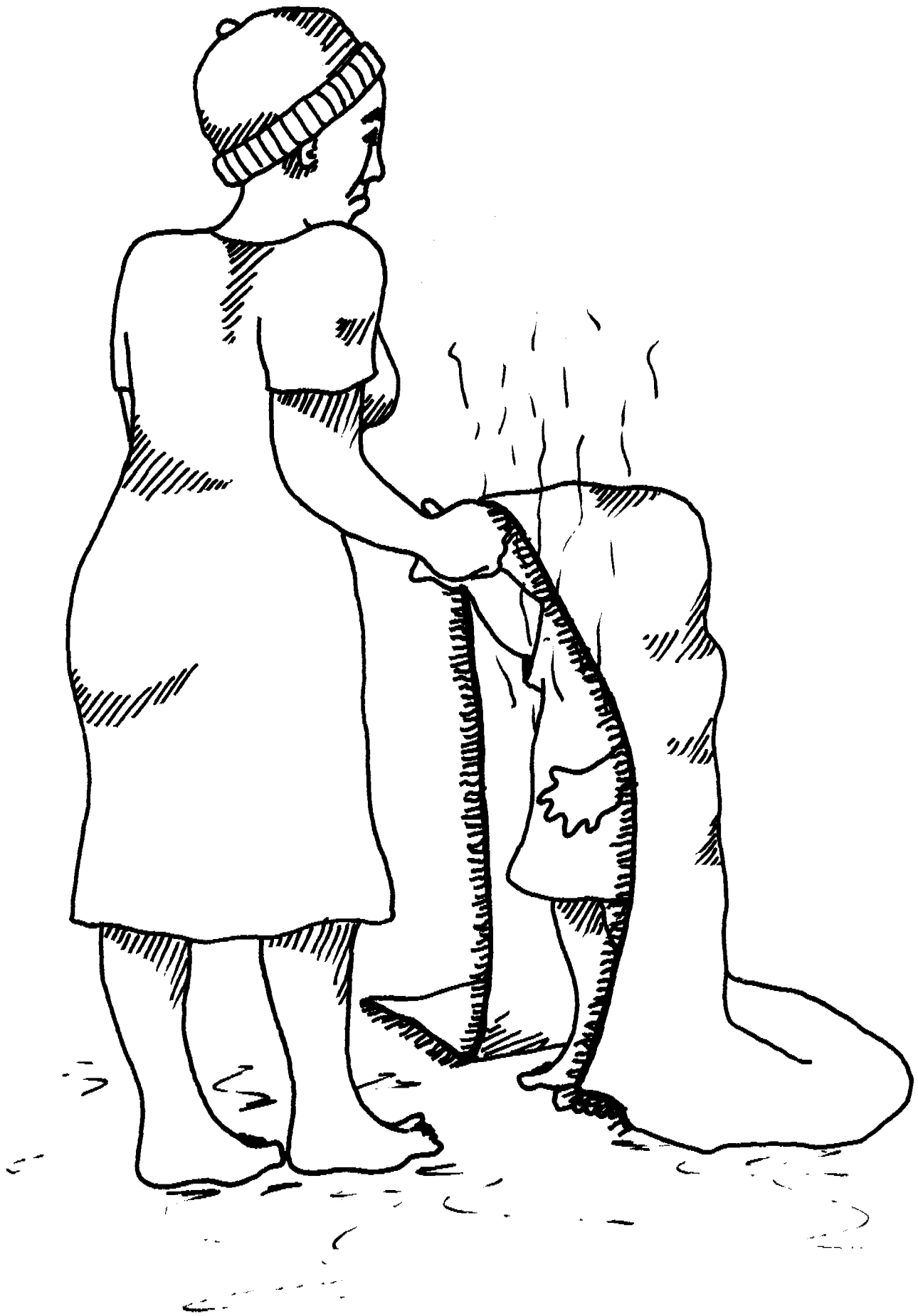


DIARRHOEA CHILD

- PURPOSE:** The purpose of this exercise is to assess peoples knowledge of the symptoms of diarrhoea in babies and young children and to determine remedies currently used by communities for the treatment of diarrhoea.
- TARGET GROUP:** Young mothers, pregnant women, child minders.
- MATERIALS:** 3 pictures, depicting children/babies of different ages (< 6 months, 6 - 12 months, 1 - 2 years). The pictures should depict perfectly normal and healthy children.
Set of pictures depicting different local treatments for diarrhoea: SSS packets; Preparation of Domestic SSS; Breast Feeding; Stop breast feeding; Bottle feed; Deny solid food; Clinic; Tablets/prescription medicine; Traditional healer; Smoking child; Herbal treatment.
Diarrhoea doll, Ingredients for SSS.
- METHOD:**
1. Divide the participants into groups, and give each group a picture of a child/baby.
 2. Ask the participants to mark on the pictures where physical evidence can be found on a child who has had diarrhoea for several days.
 3. Let each group present their results and discuss the different symptoms of diarrhoea in babies and young children.
 4. Following the discussion show all of the participants the pictures depicting the different treatments, or what can be done if a child has diarrhoea.
 5. Ask the participants if you have forgotten any treatments (as there may be a local "cure" which you are not familiar with.
 6. Then using a pocket chart with these pictures ask the participants to indicate (using discs or pebbles), what type of treatment is commonly used in the community for diarrhoea. This can be further examined depending on time as to first line and second line treatment using different coloured discs.
 7. Using the Diarrhoea doll demonstrate to the participants how fluids are lost from the body and the symptoms that result. Then practically demonstrate how SSS can be prepared in the home.
- DISCUSSION POINTS:**
1. What are the different types of diarrhoea as identified by the community?
 2. What should be done first when a child has diarrhoea?













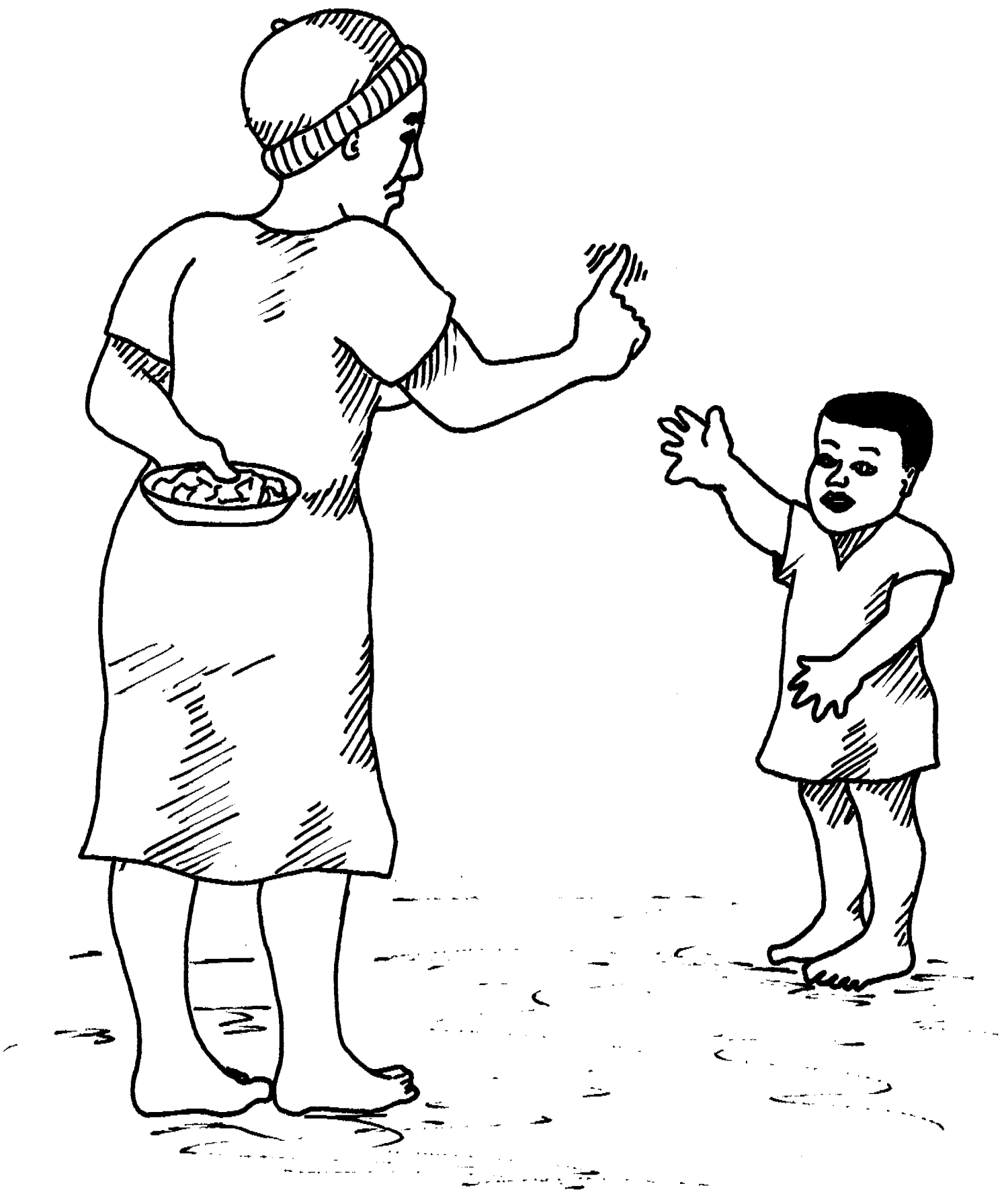


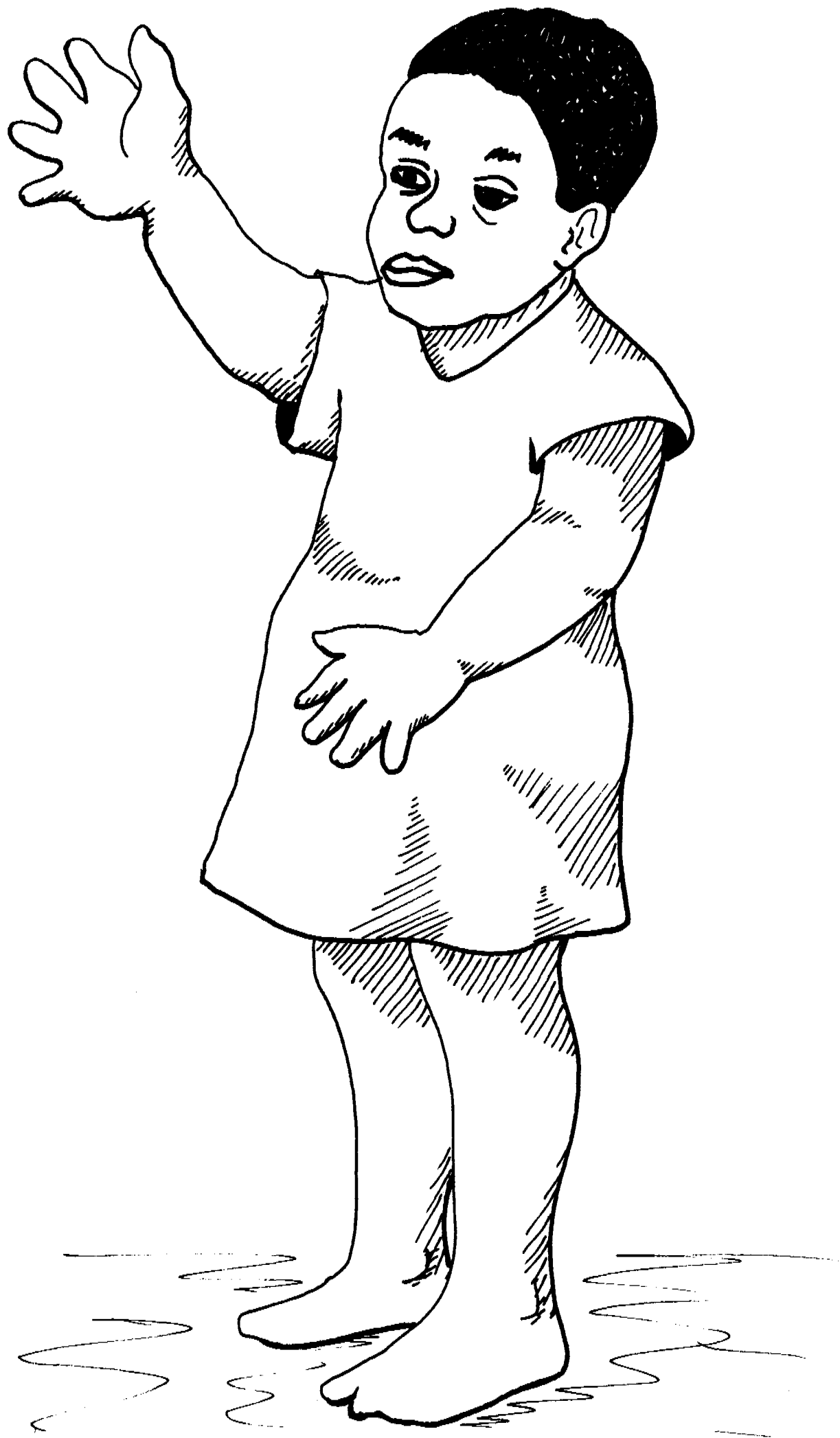


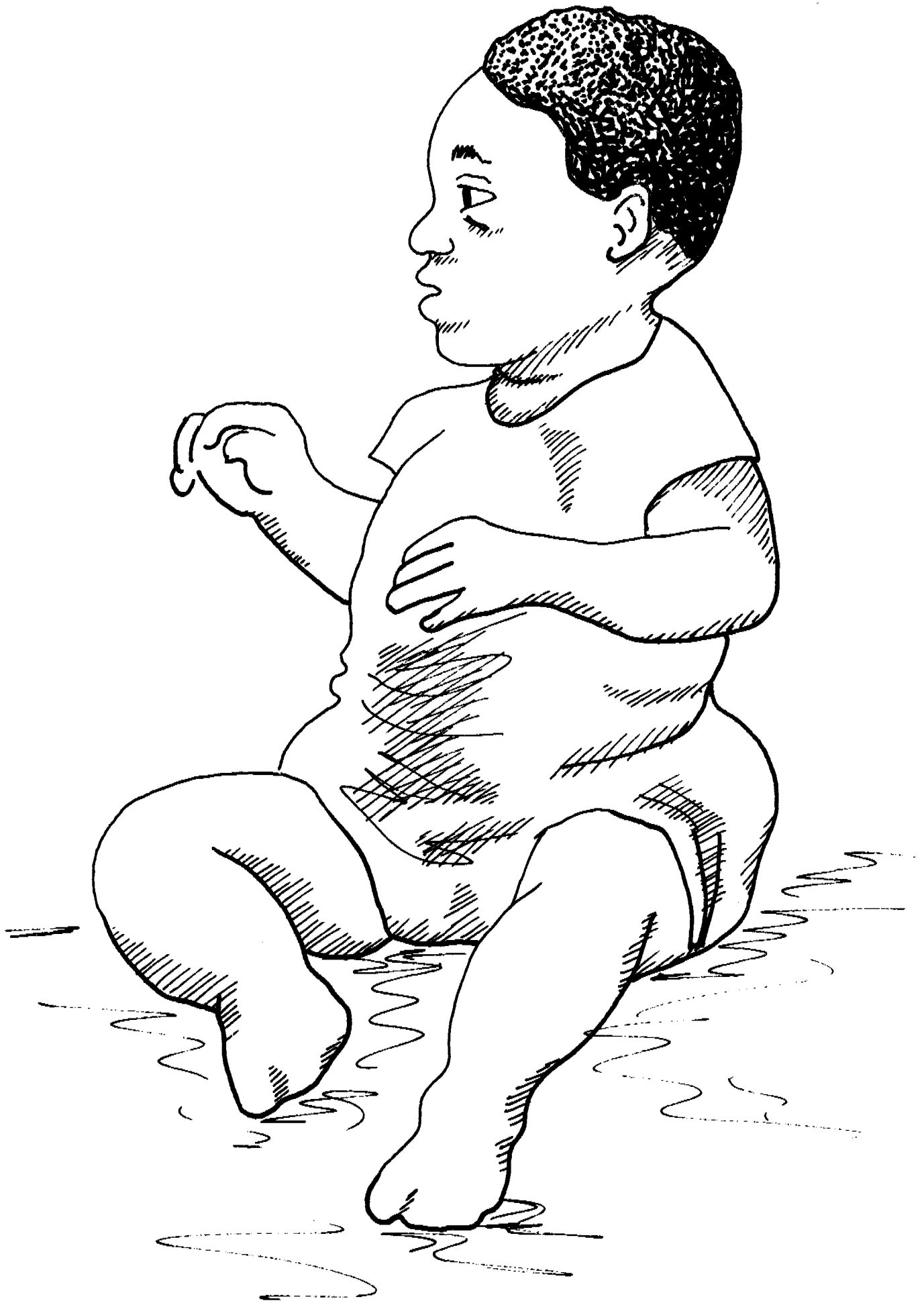




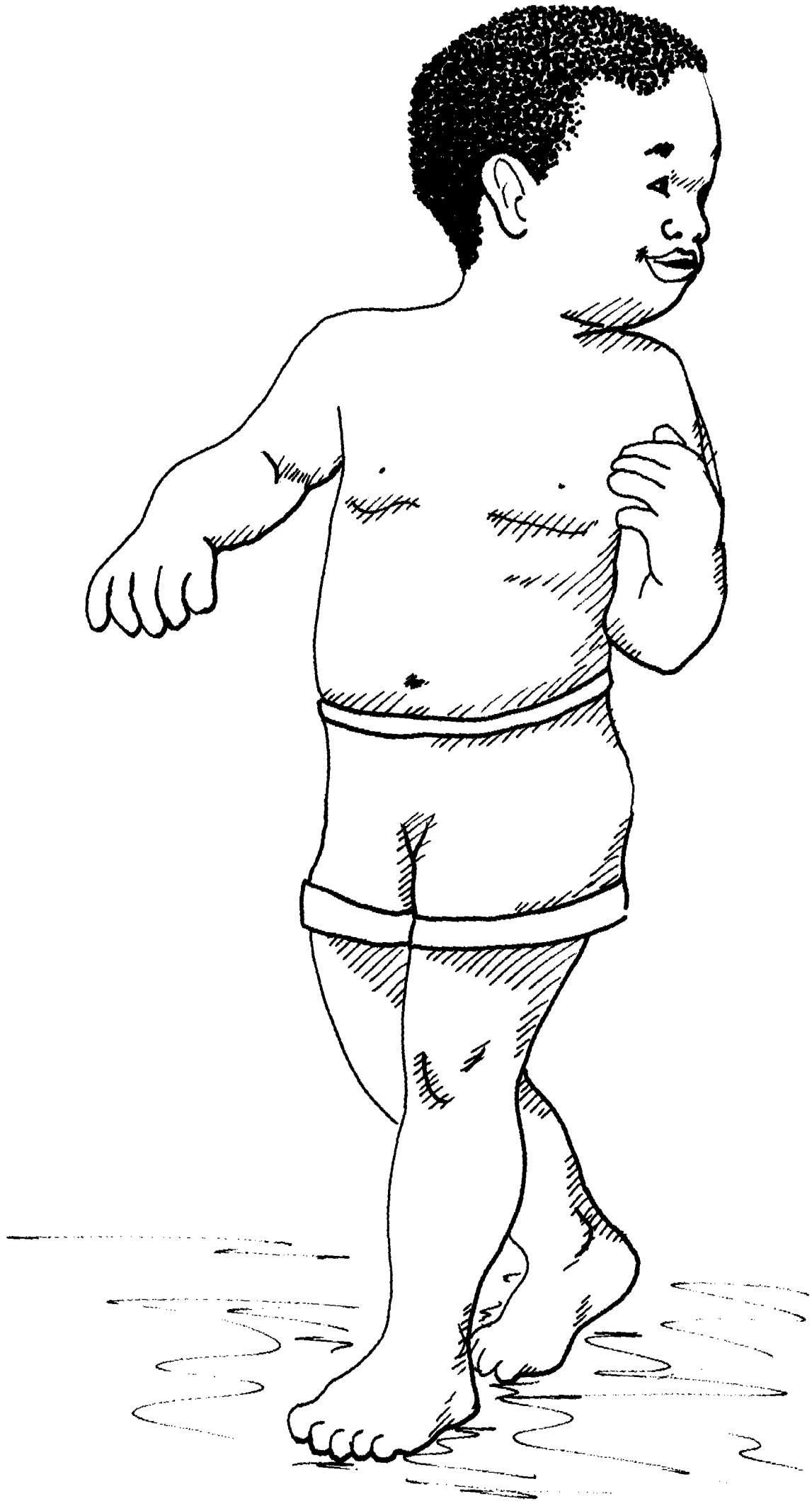












DIARRHOEA CHILD

PHE TOOL KIT

STORY WITH A GAP

PURPOSE: To assist communities in planning and involve individuals in a critical analysis of their own situation. To encourage goal setting and ultimately behaviour change.

TIME: 1 Hour

TARGET GROUP: Community Groups, Families, WADCO & VIDCO Committees, Womens Groups, Ward Health Team.

MATERIALS: Four Story with a Gap have been provided as follows:

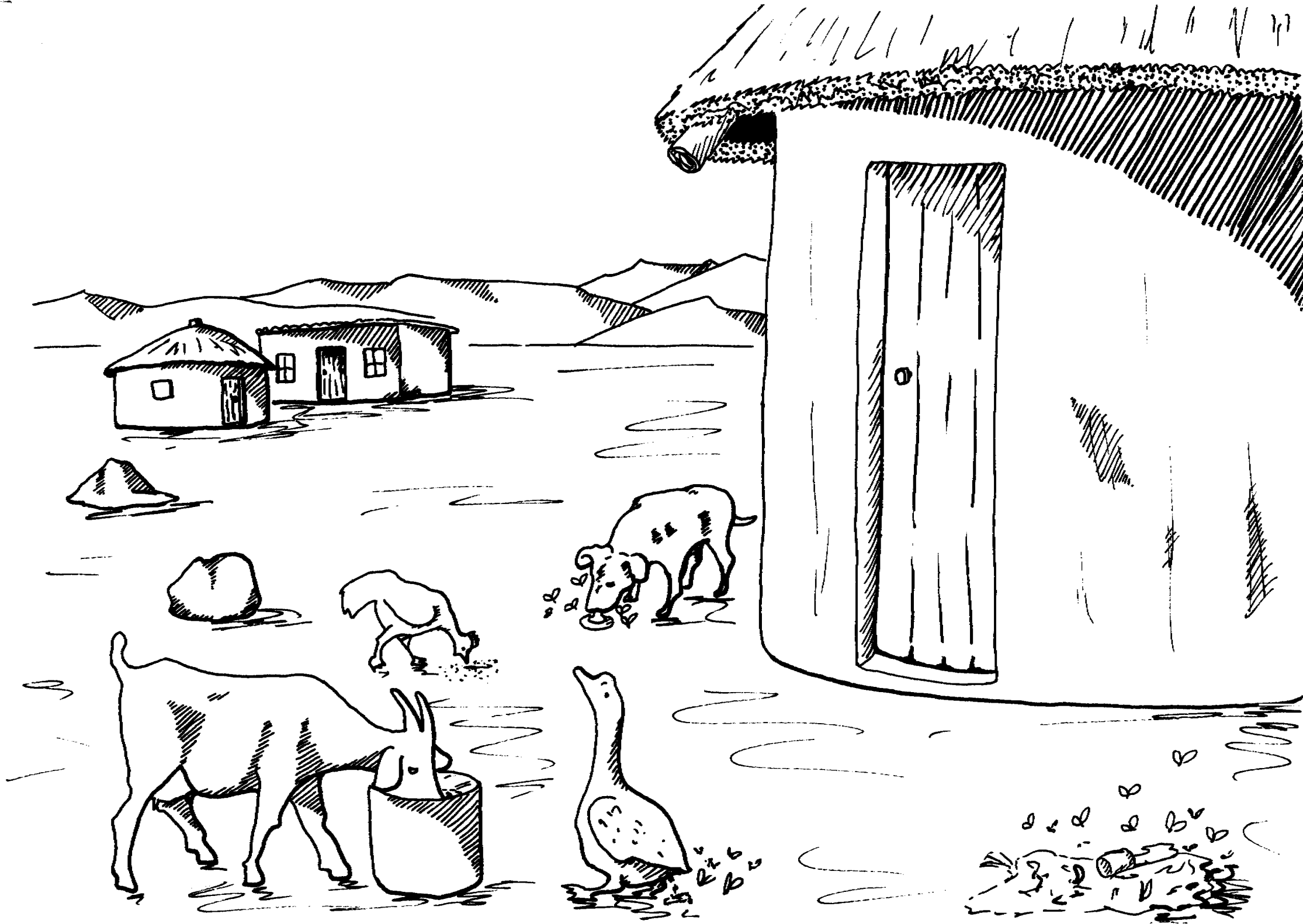
1. Refuse disposal
2. Kitchen Hygiene
3. Household Hygiene
4. Handpump Maintenance

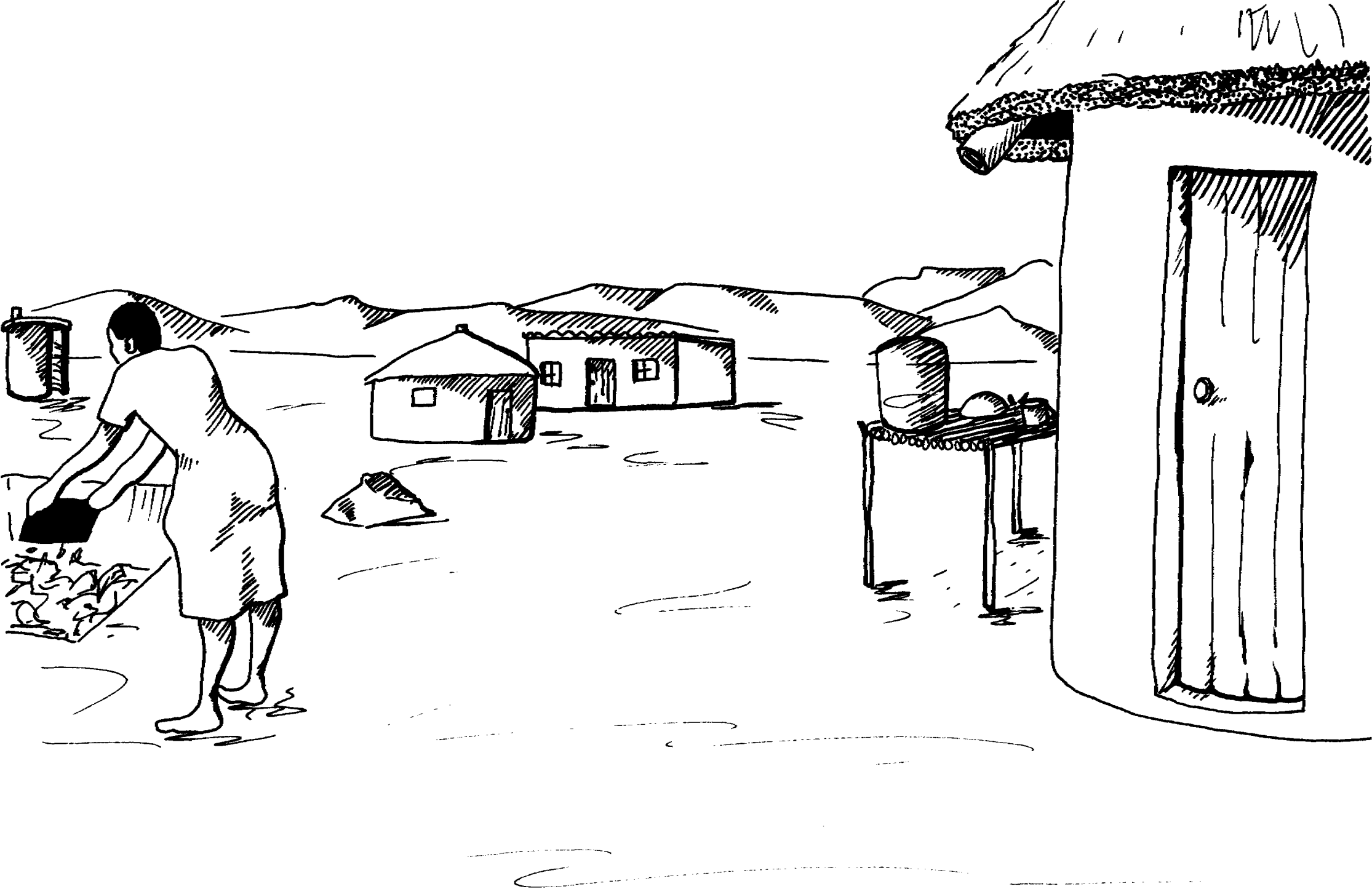
METHOD:

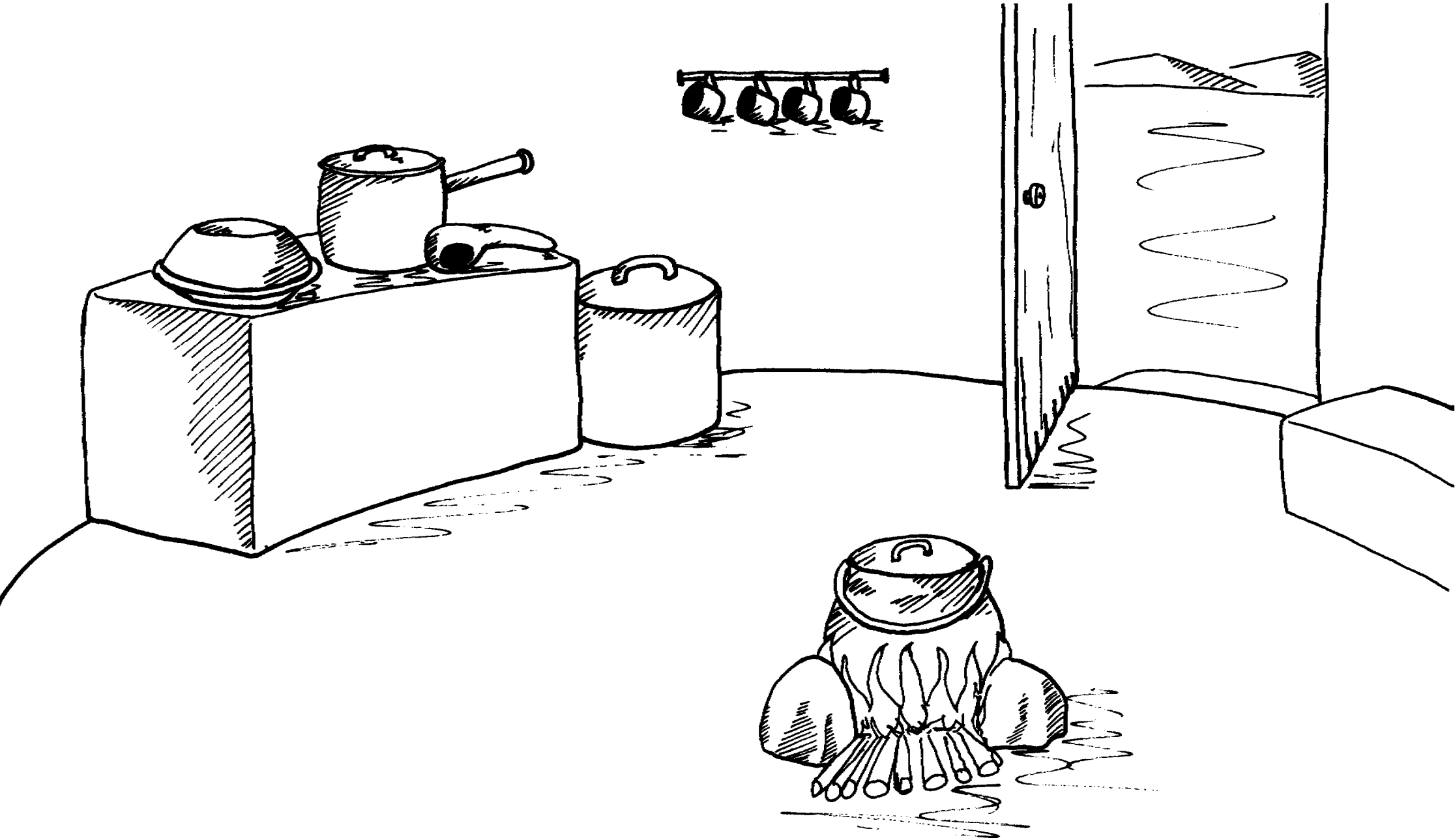
1. Introduce the exercise to the participants. Show them the picture of the "before" scene and ask them to describe what they see. Then show them the "after" scene and ask them again to describe what they see.
2. In groups ask the participants to create a story from their own experiences as to what happened between one picture and another.
3. Report back on the story and discuss the problems utilising the discussion points below.

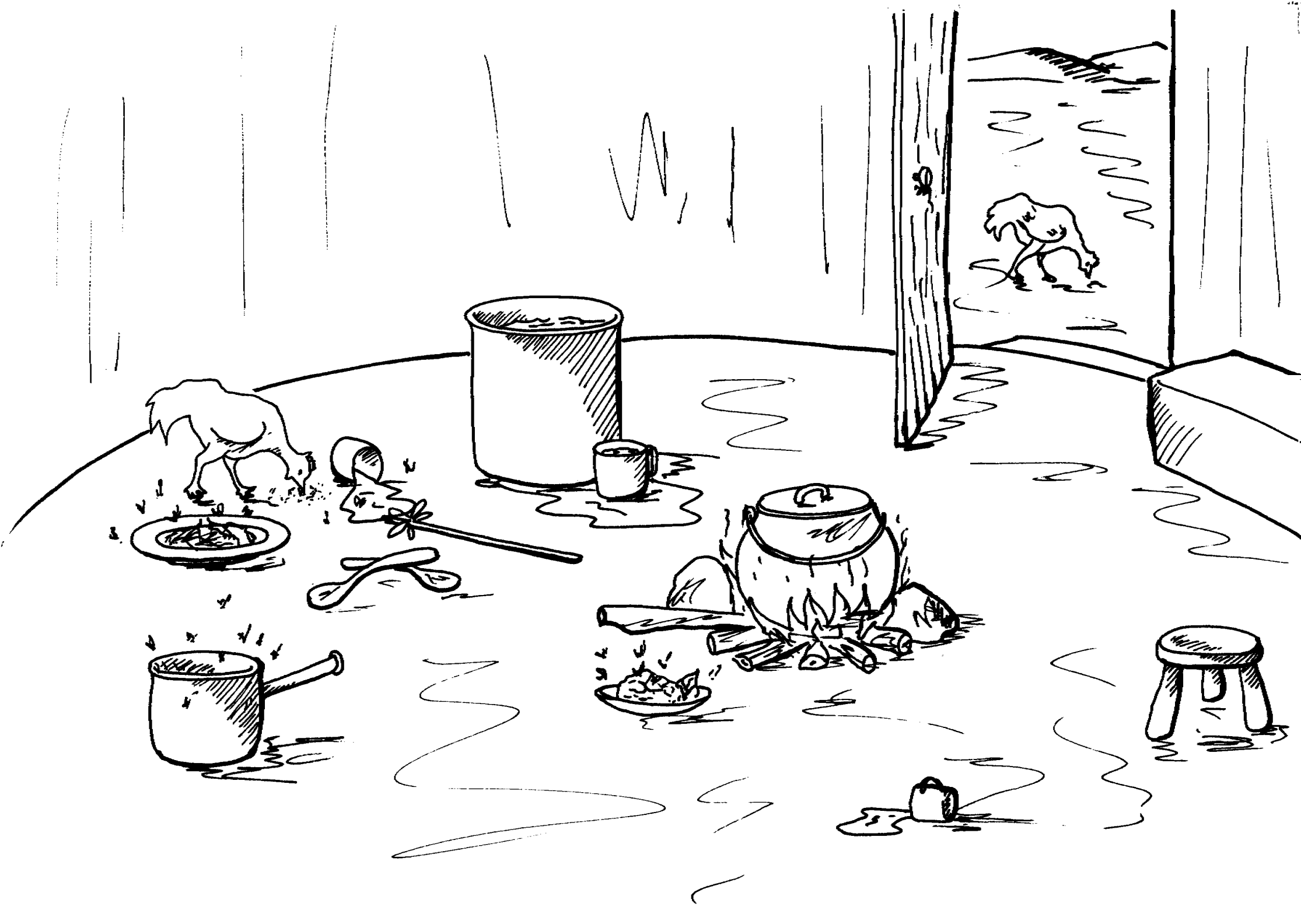
DISCUSSION POINTS:

1. What caused the problem?
2. What do you think this village did to solve their problem?
3. Does your community have any of these problems?
4. What can we do to solve them?



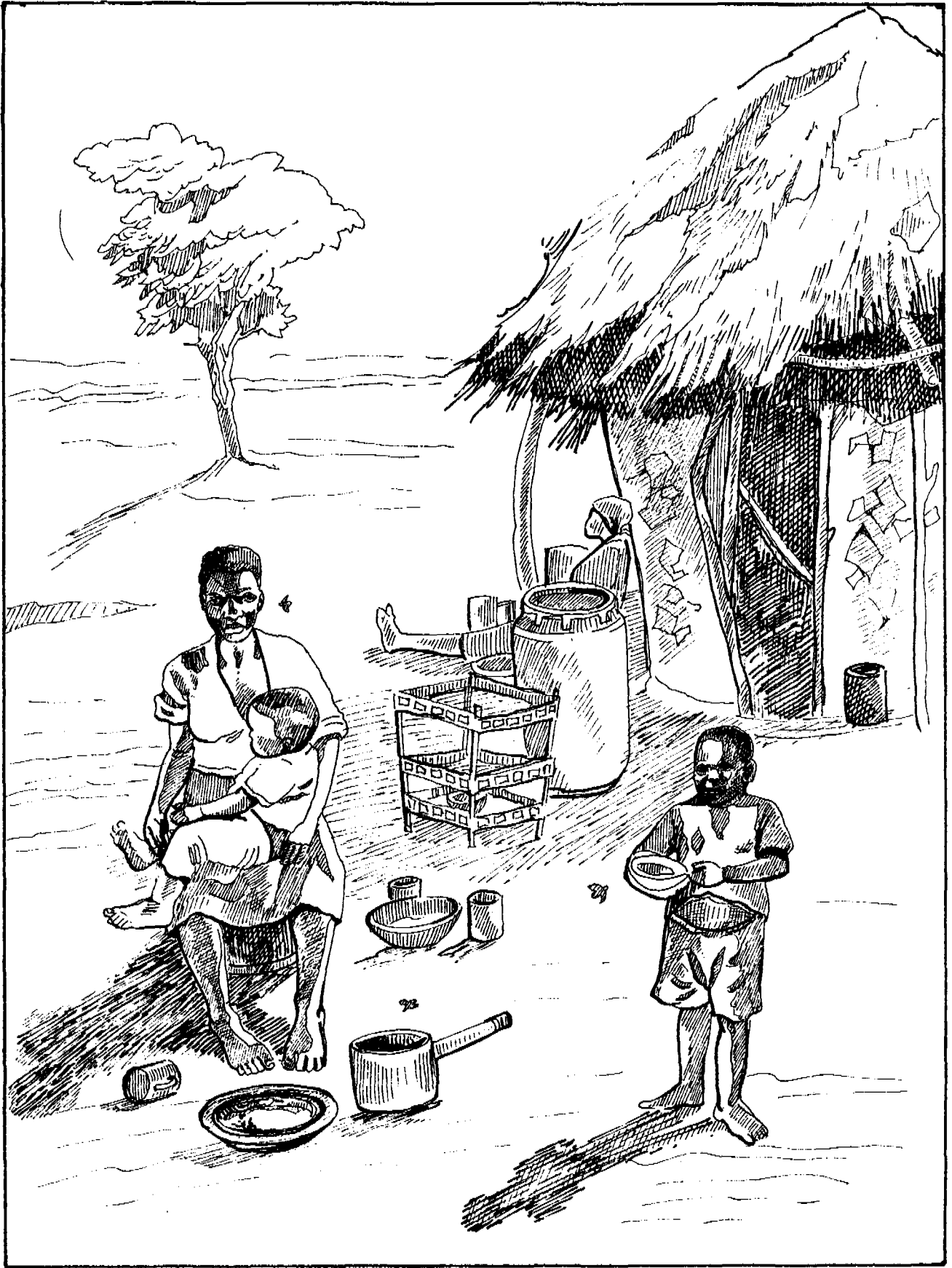


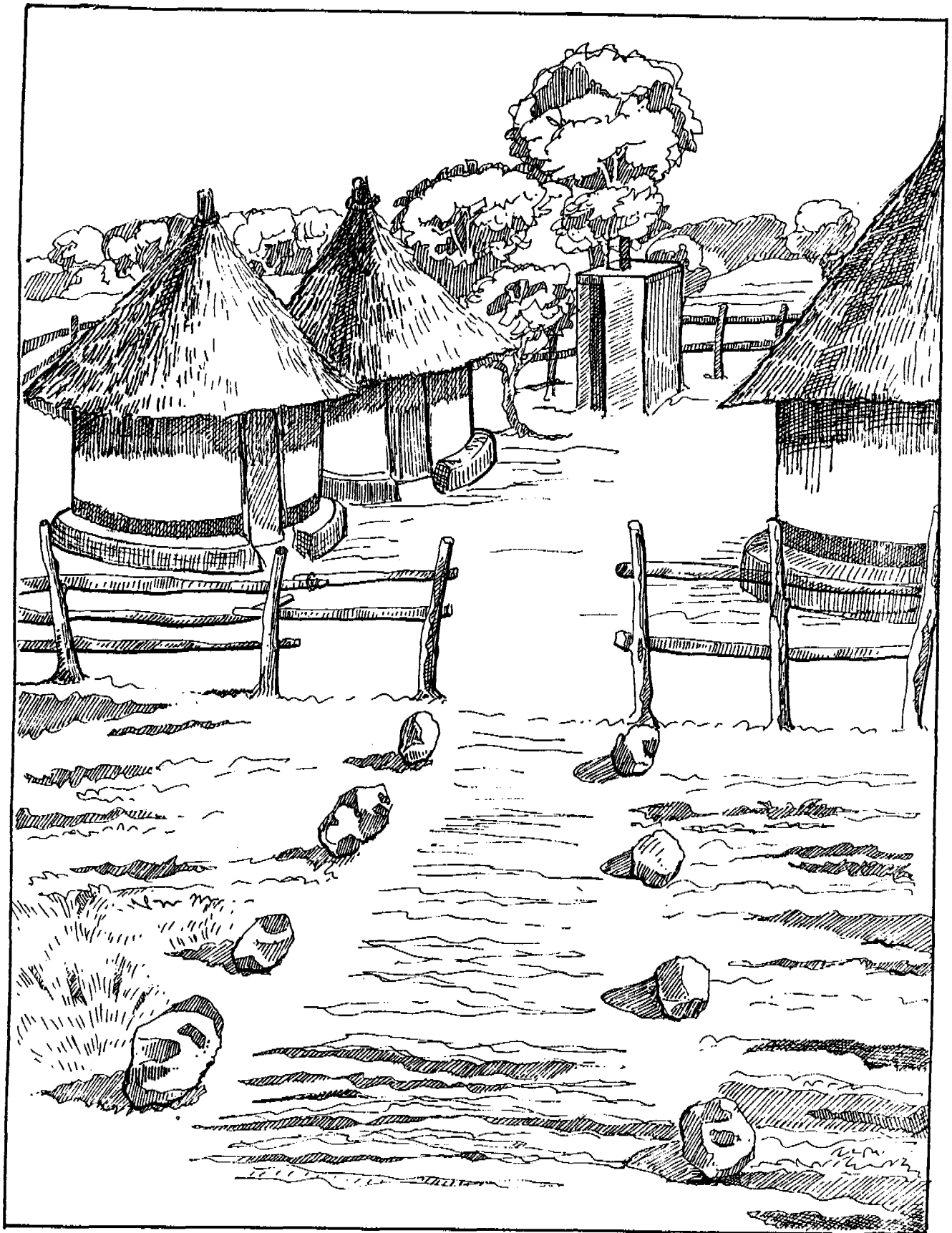


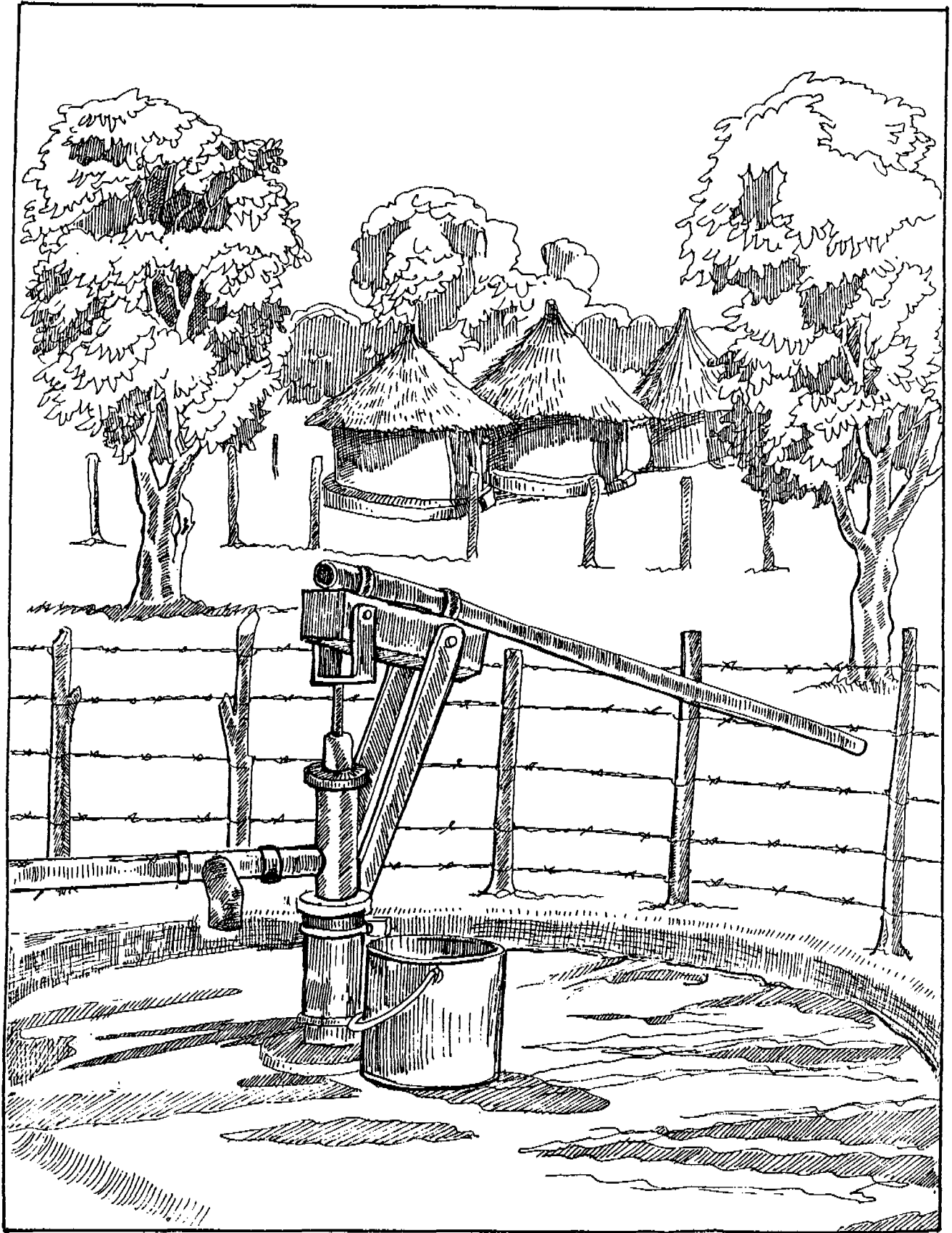


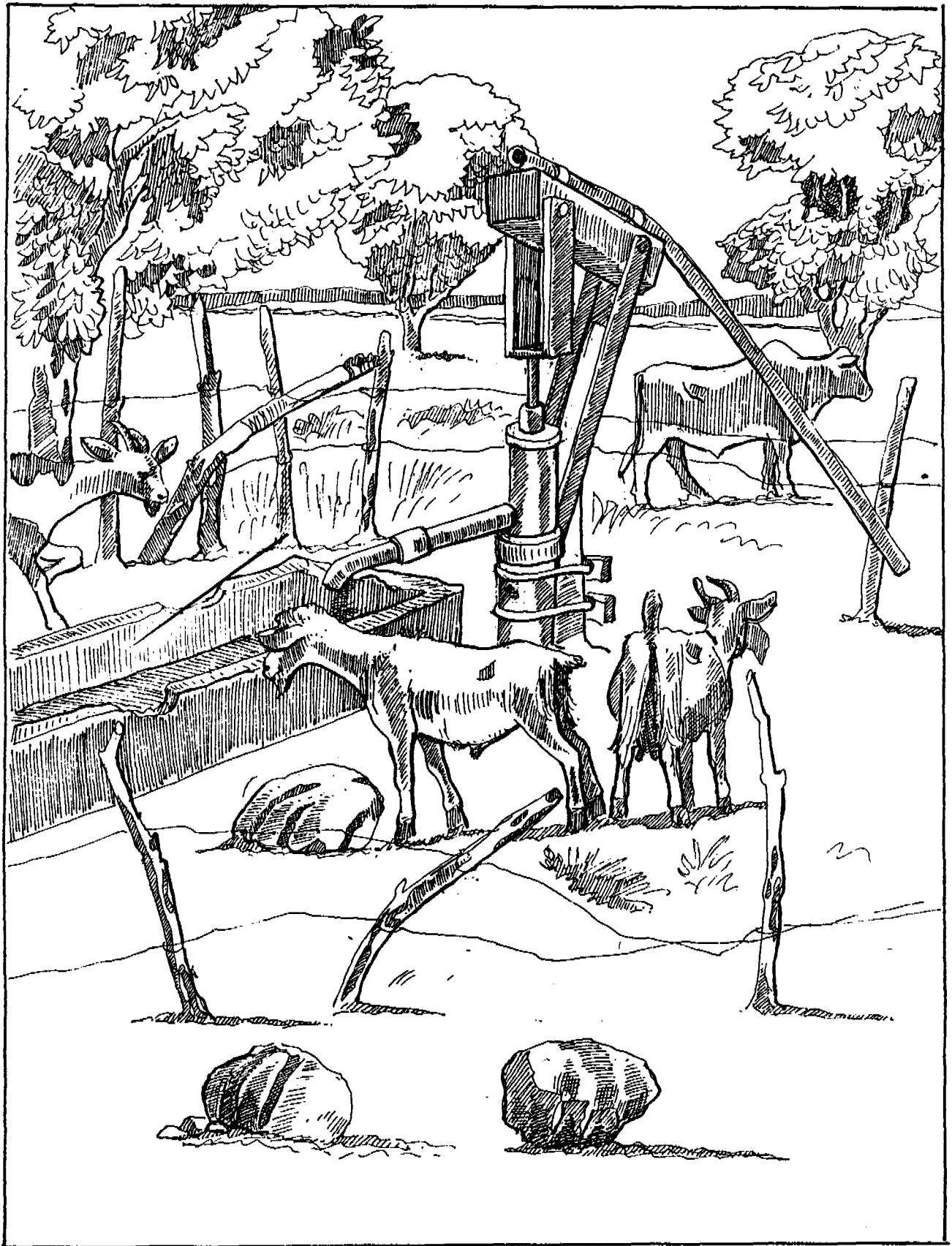
STORY WITH A GAP

PHE TOOL KIT







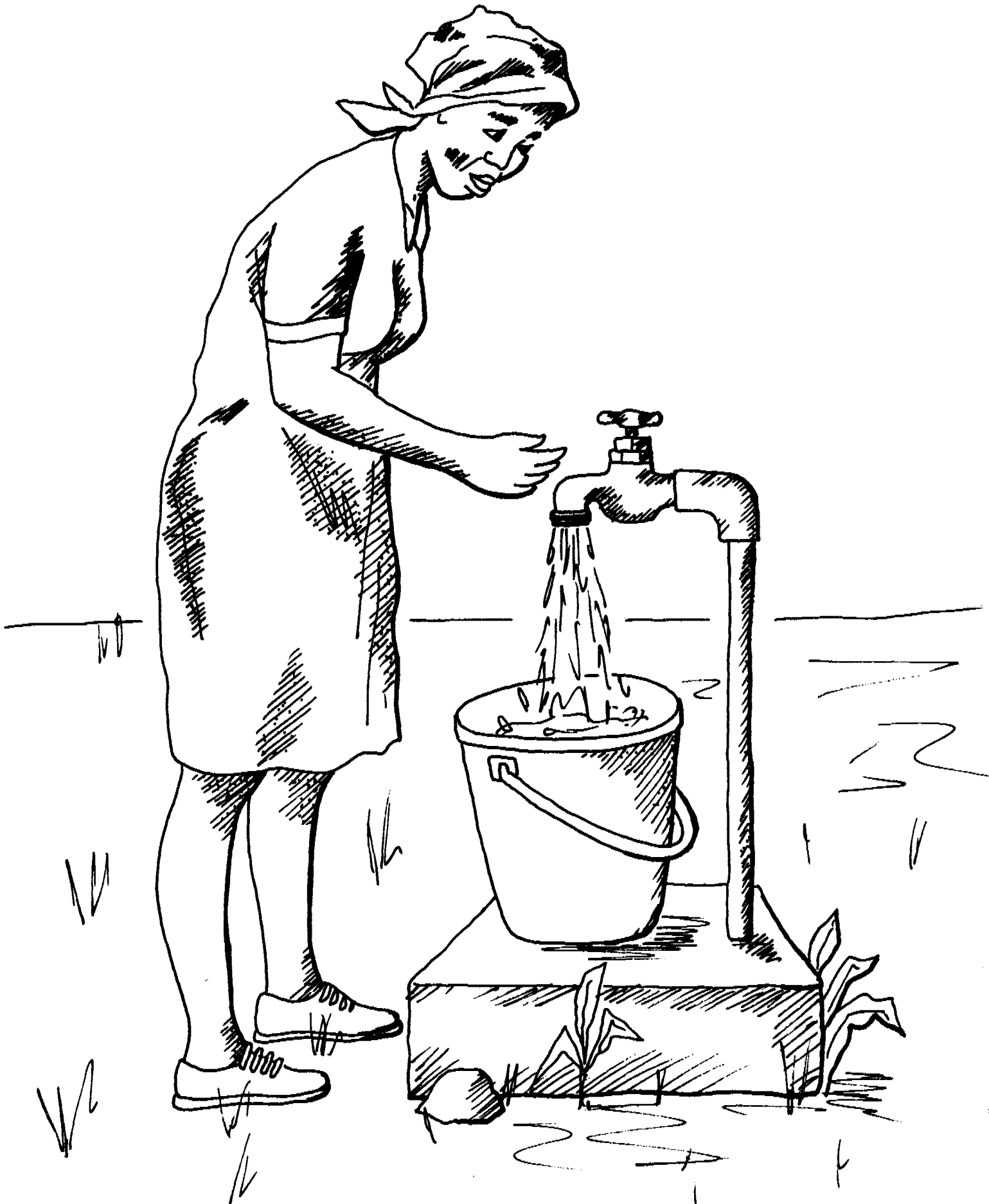


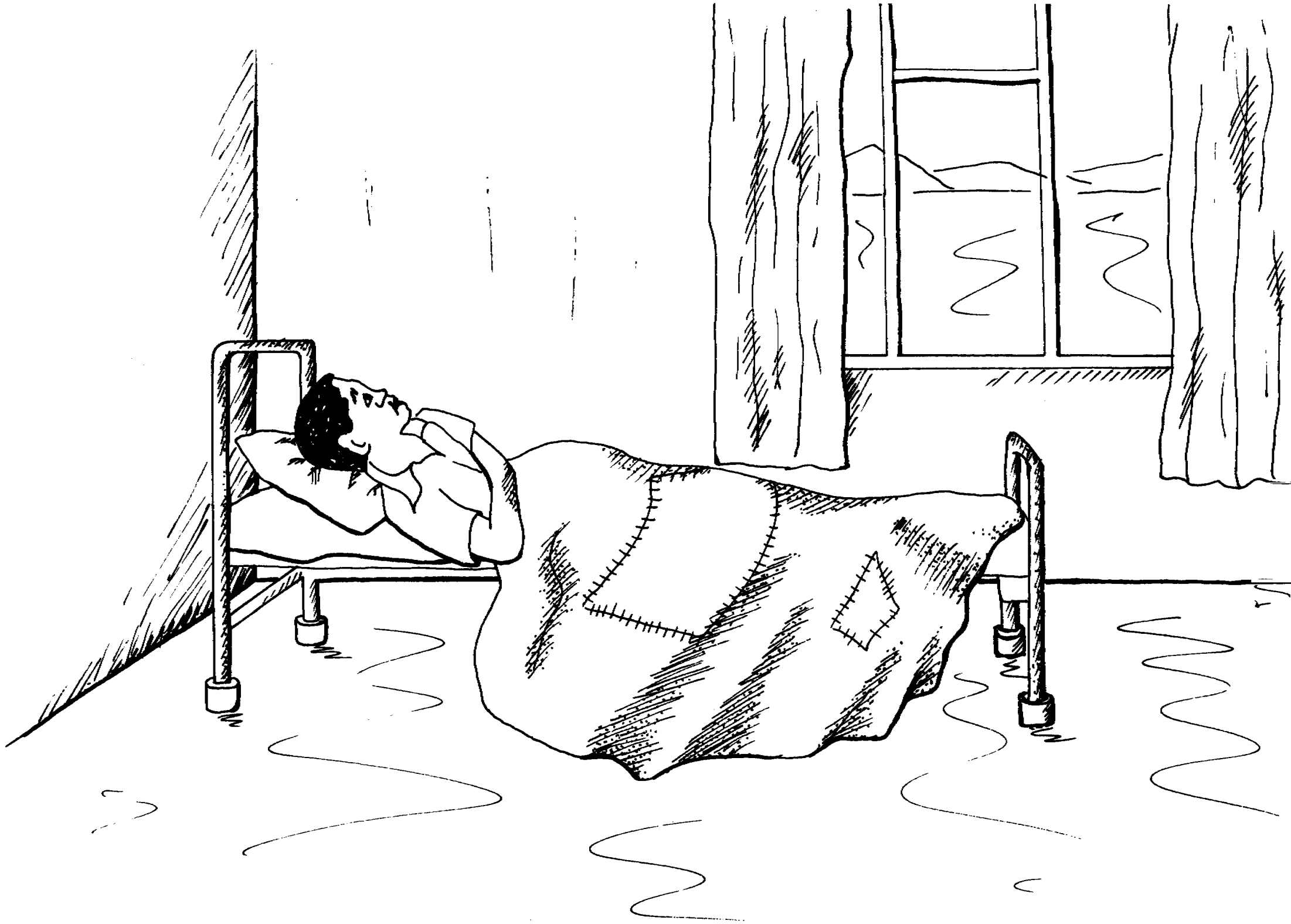
UNSERIALISED POSTERS

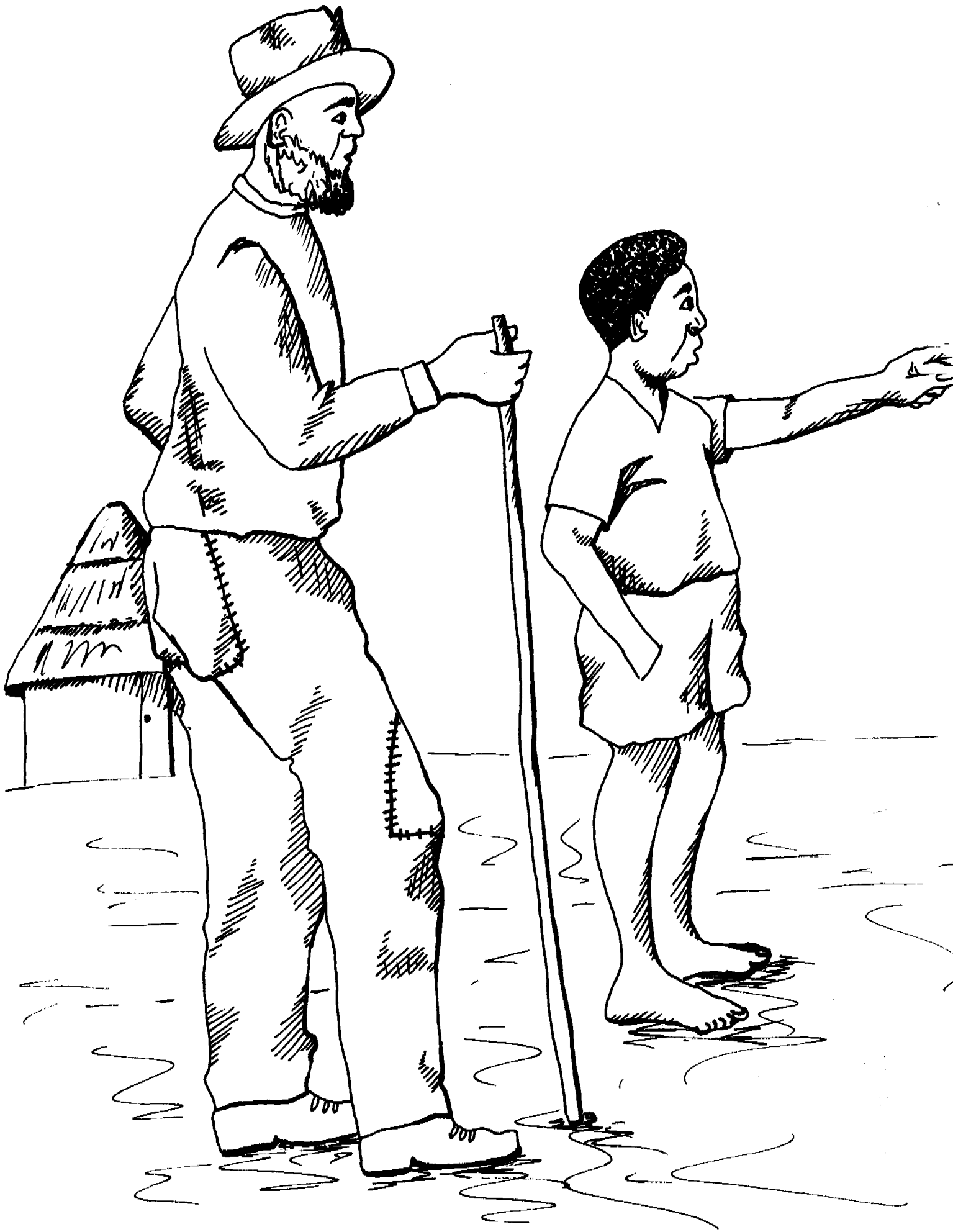
- PURPOSE:** Unserialised posters are a tool aimed at stimulating discussions on issues of importance to the participants. It gets people to indirectly mirror themselves and their lives. It is a creative exercise and can be used for needs assessment and the initiation of dialogue with communities.
- TIME:** 1 Hour
- TARGET GROUP:** Community groups, womens groups, children
- MATERIALS:** A set of 10 - 15 pictures (one set required for each group). Each picture depicts an aspect of everyday village life, e.g. Person collecting water from a pump, a community meeting, a family eating a meal, people working in a field, etc.
- METHOD:**
1. Divide the participants into groups of about 6 - 8 persons.
 2. Introduce the activity to the participants by explaining to the groups that they should select four (4) pictures from the set.
 3. Ask the groups to develop a story using the four pictures that they have selected. Give the groups about 30 minutes to develop their story and discuss the issues arising.
 4. Have each group relate their story to the other participants and answer questions from the other groups.
 5. Discuss the stories with the participants and find out how they relate or reflect current issues of importance in the community.
- DISCUSSION POINTS:**
1. Do these stories relate to current events in this community?
 2. What issues raised could be considered to be problems in the community?
 3. How could these problems be resolved?
 4. What can the community (or we the participants) do to overcome these problems/issues?
 5. What were the positive aspects of the stories?
 6. What lessons can we learn?

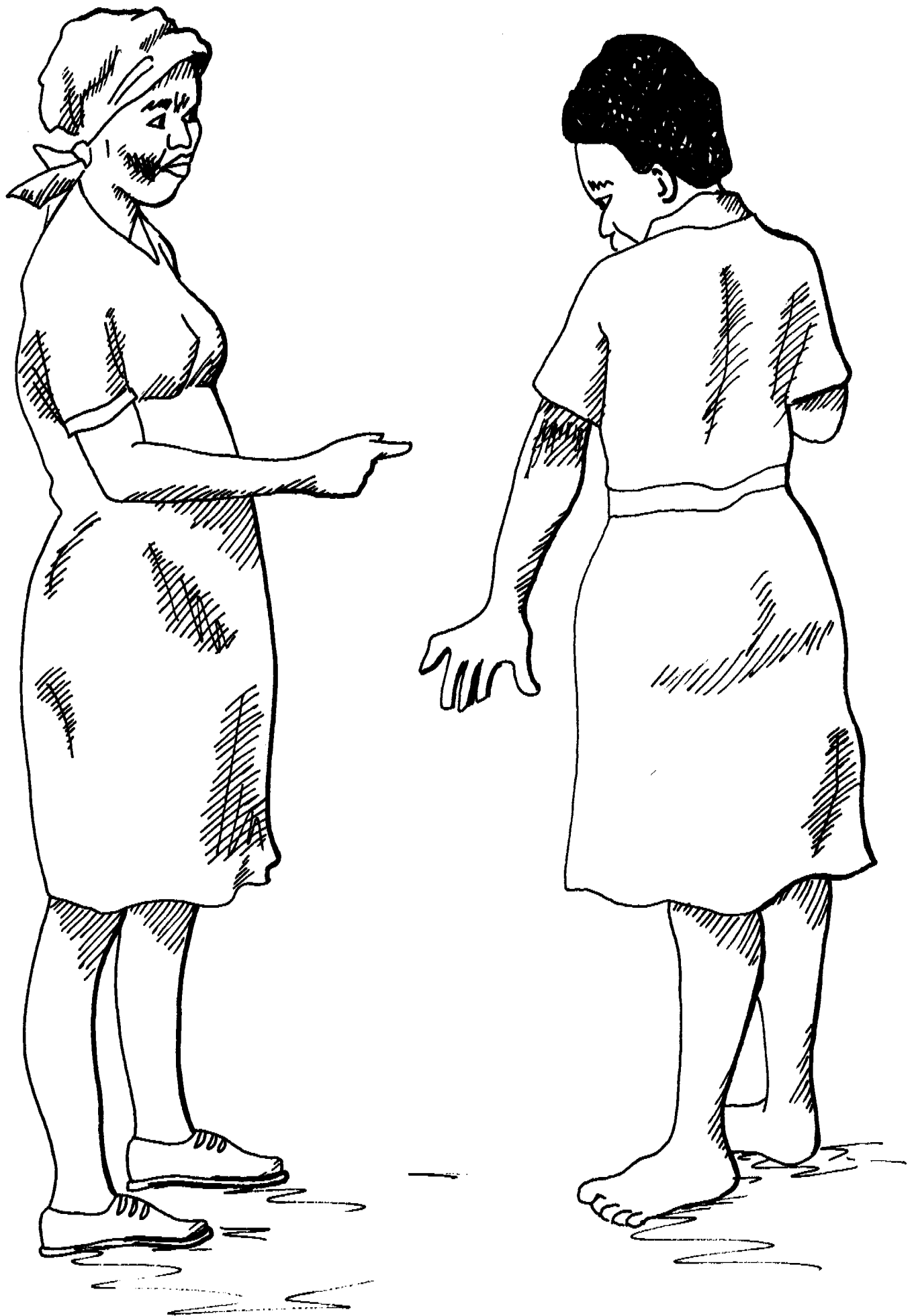
UNSERIALISED POSTERS

PHE TOOL KIT

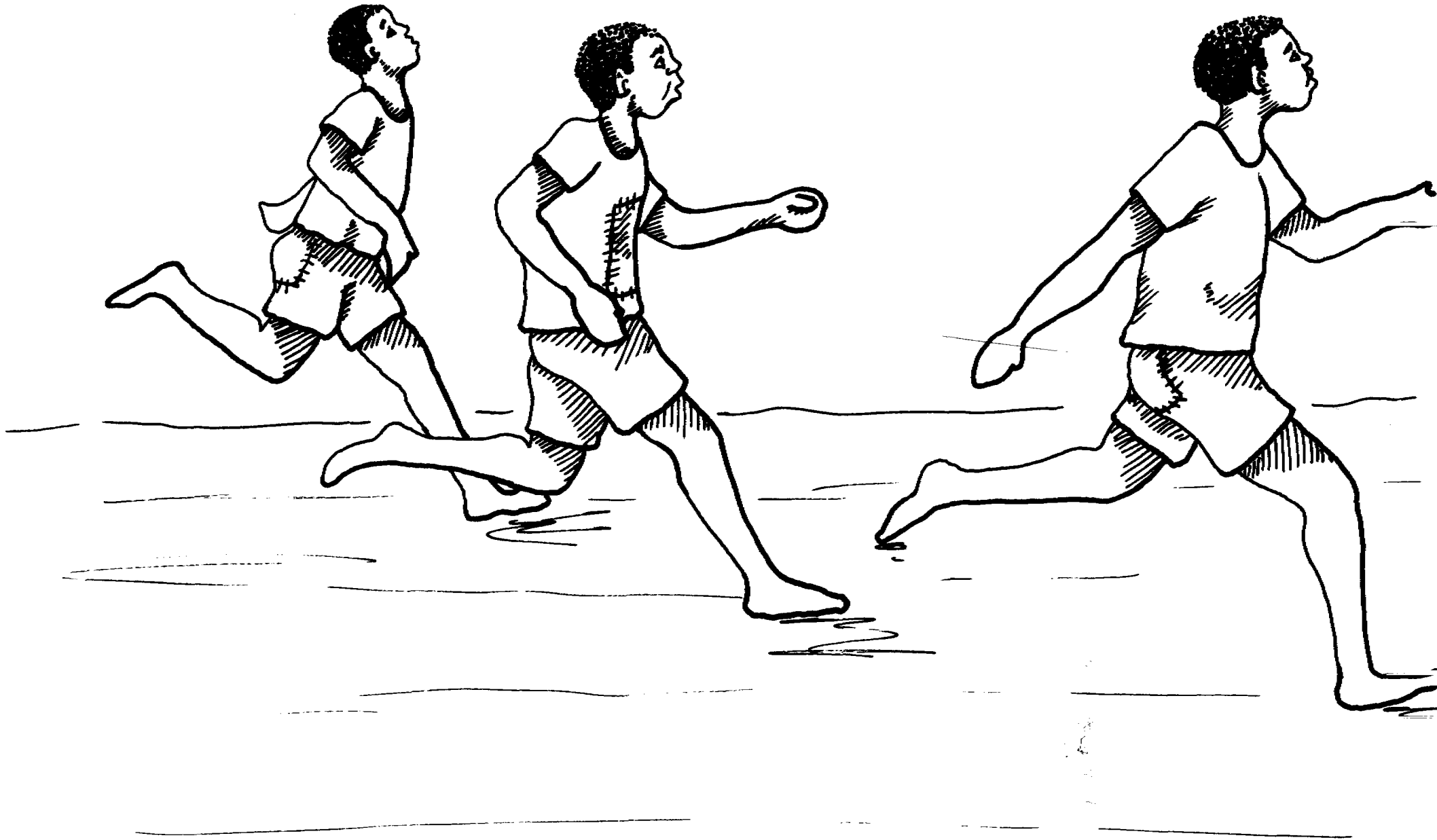


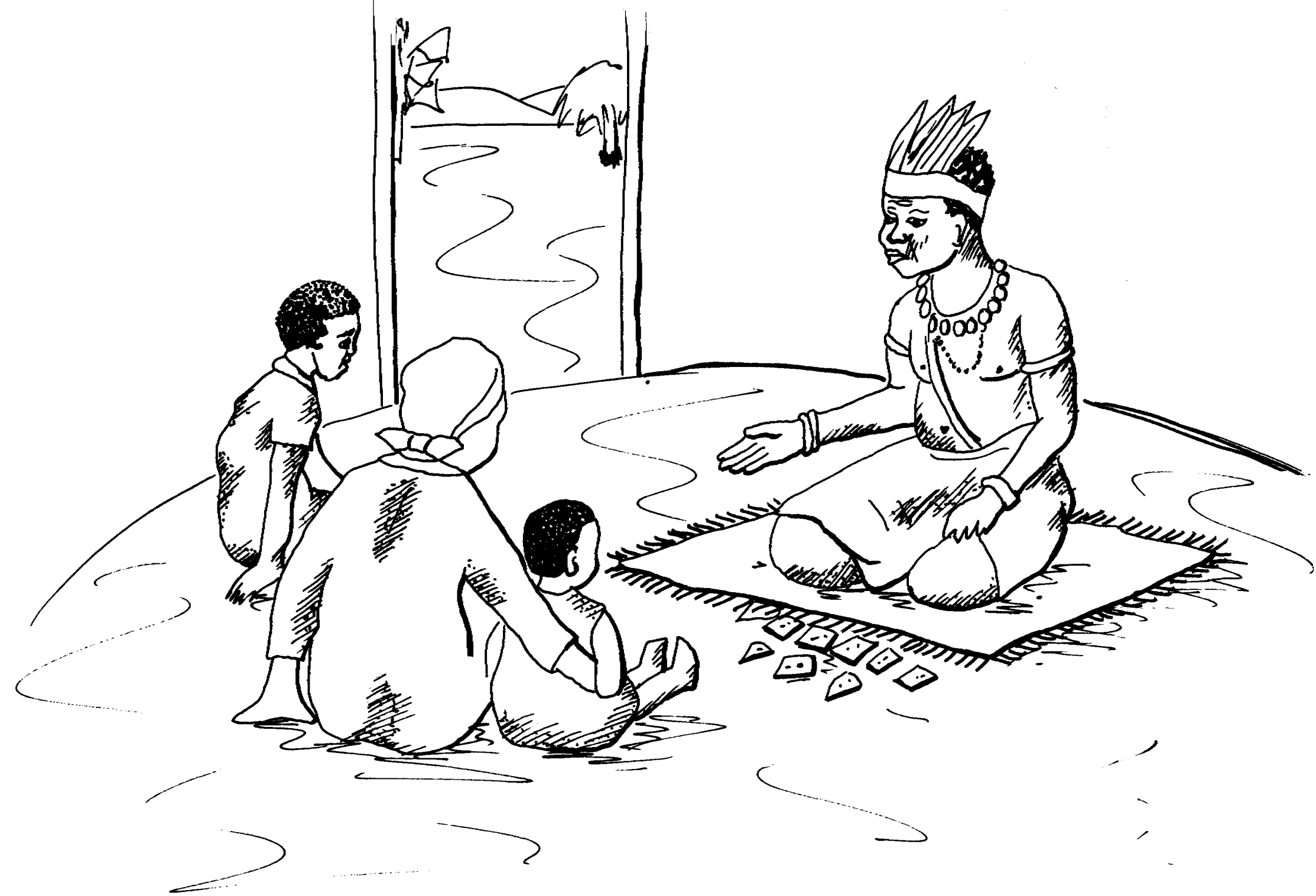






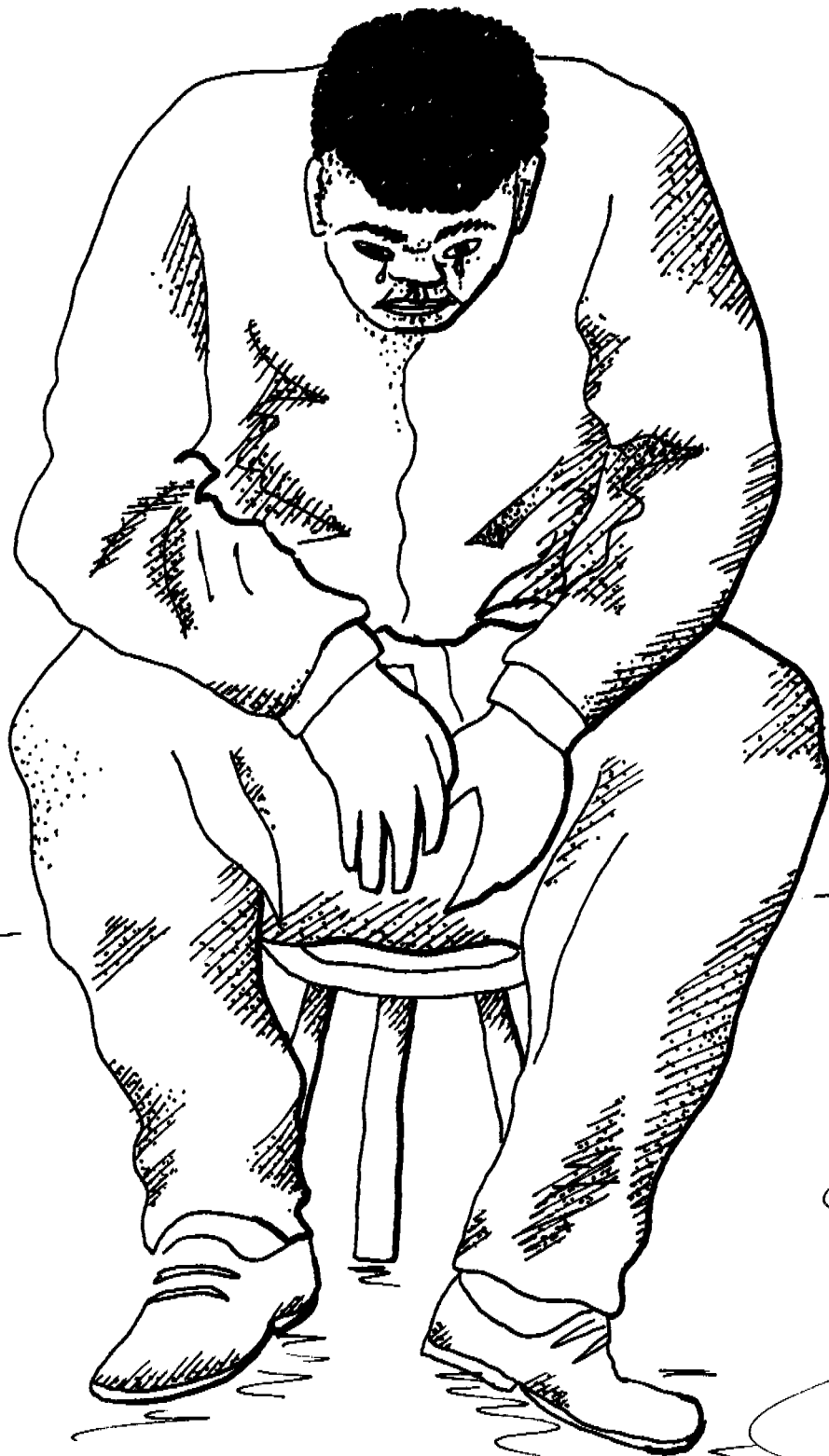


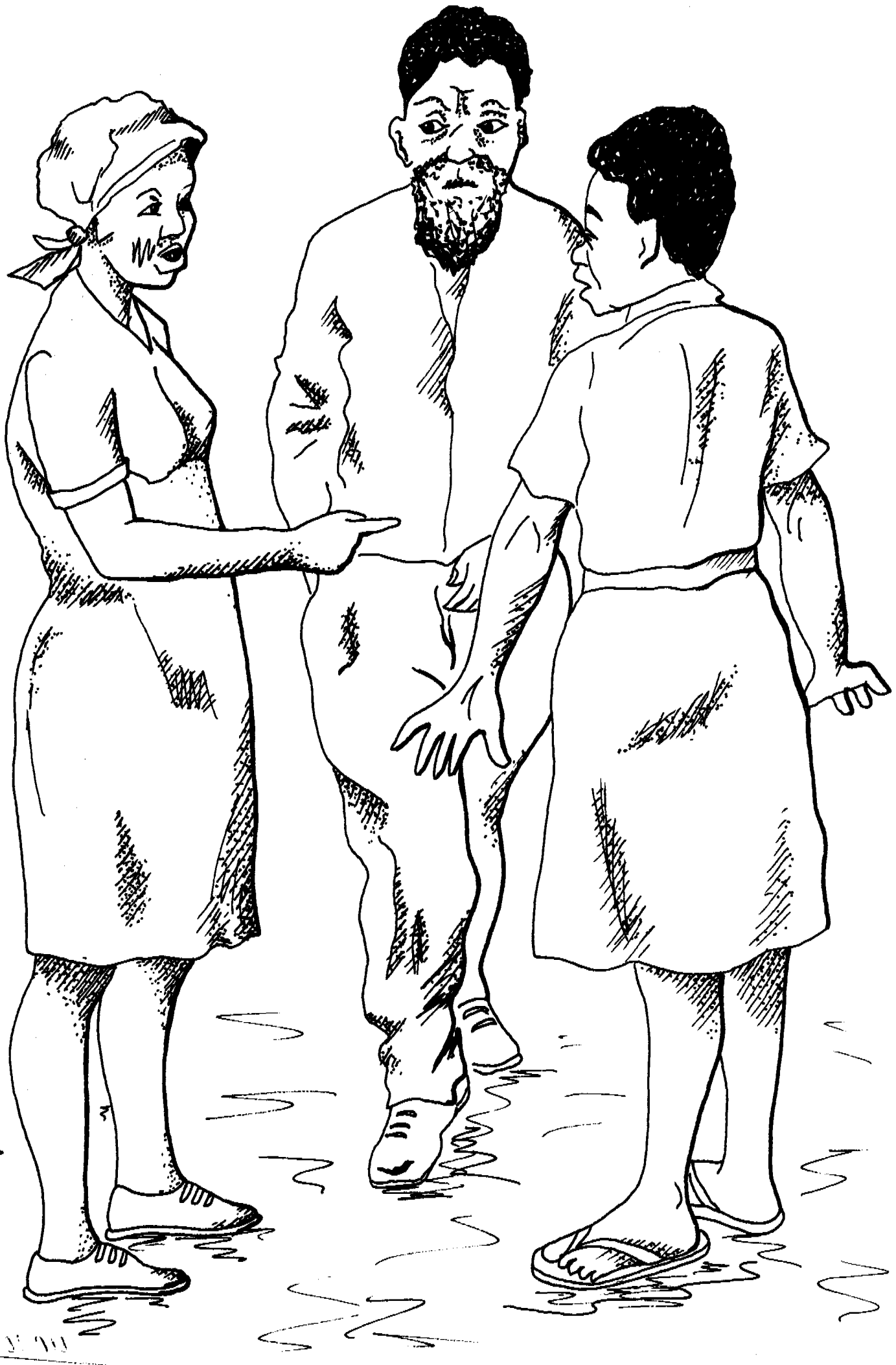


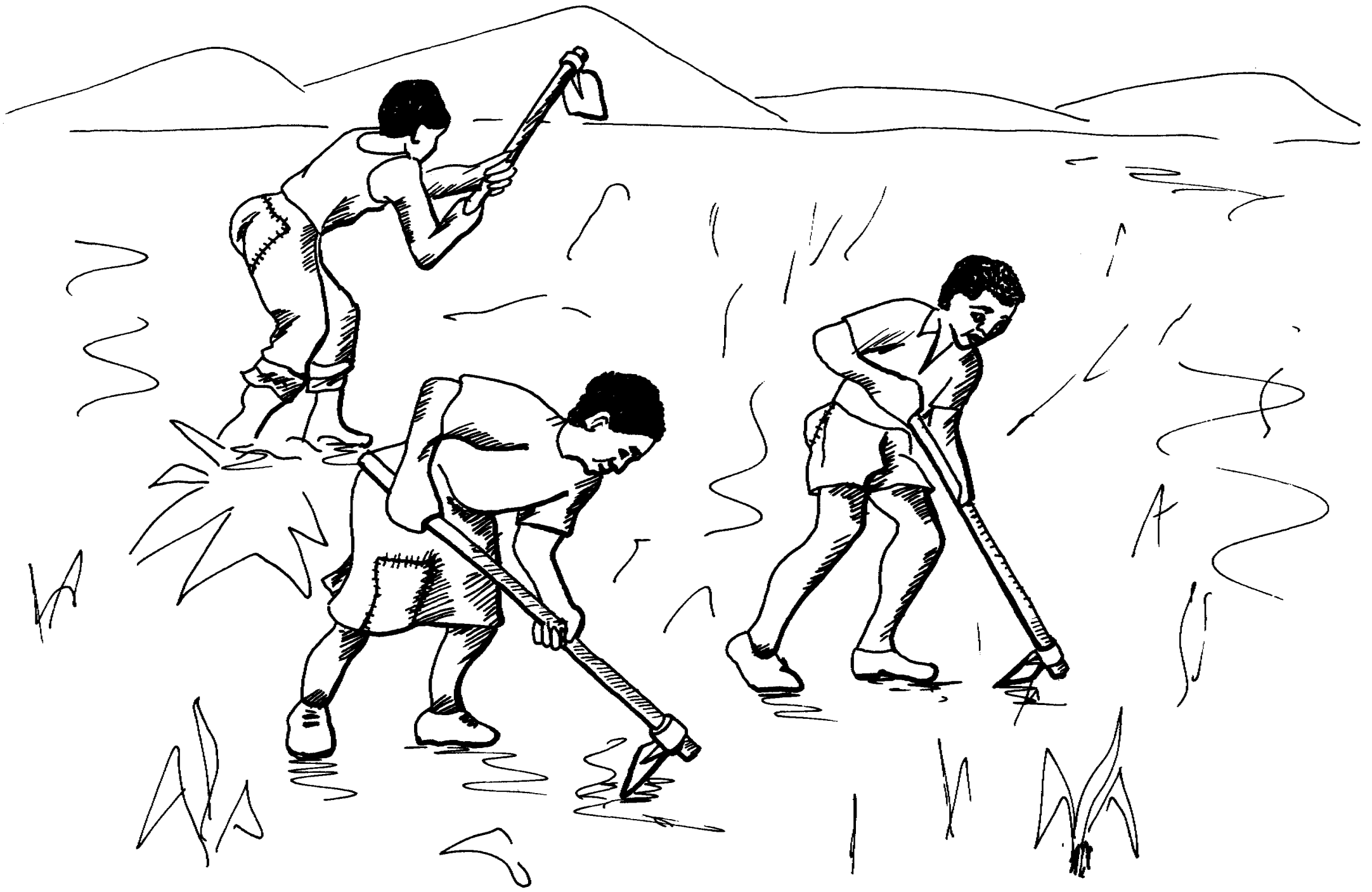








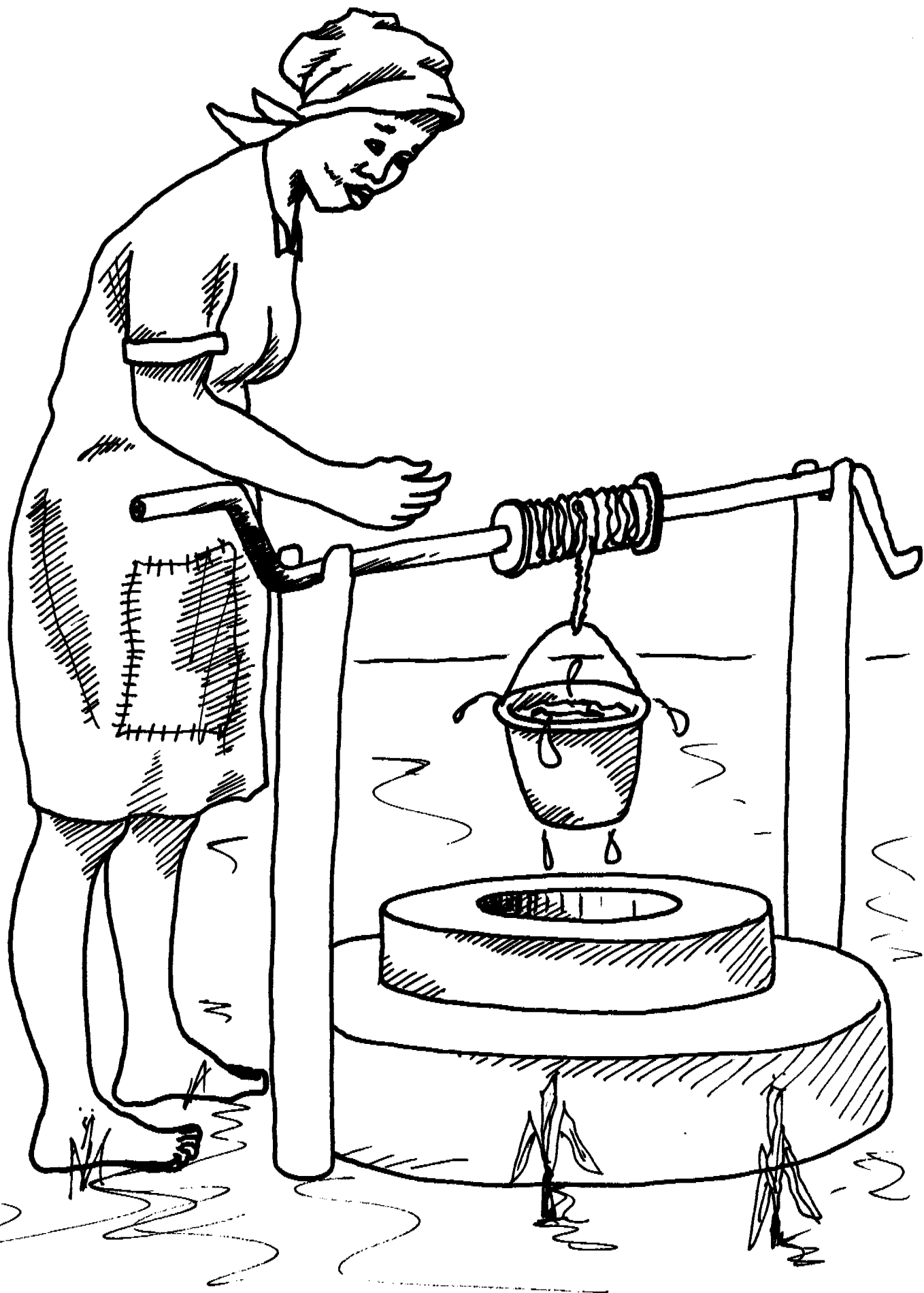


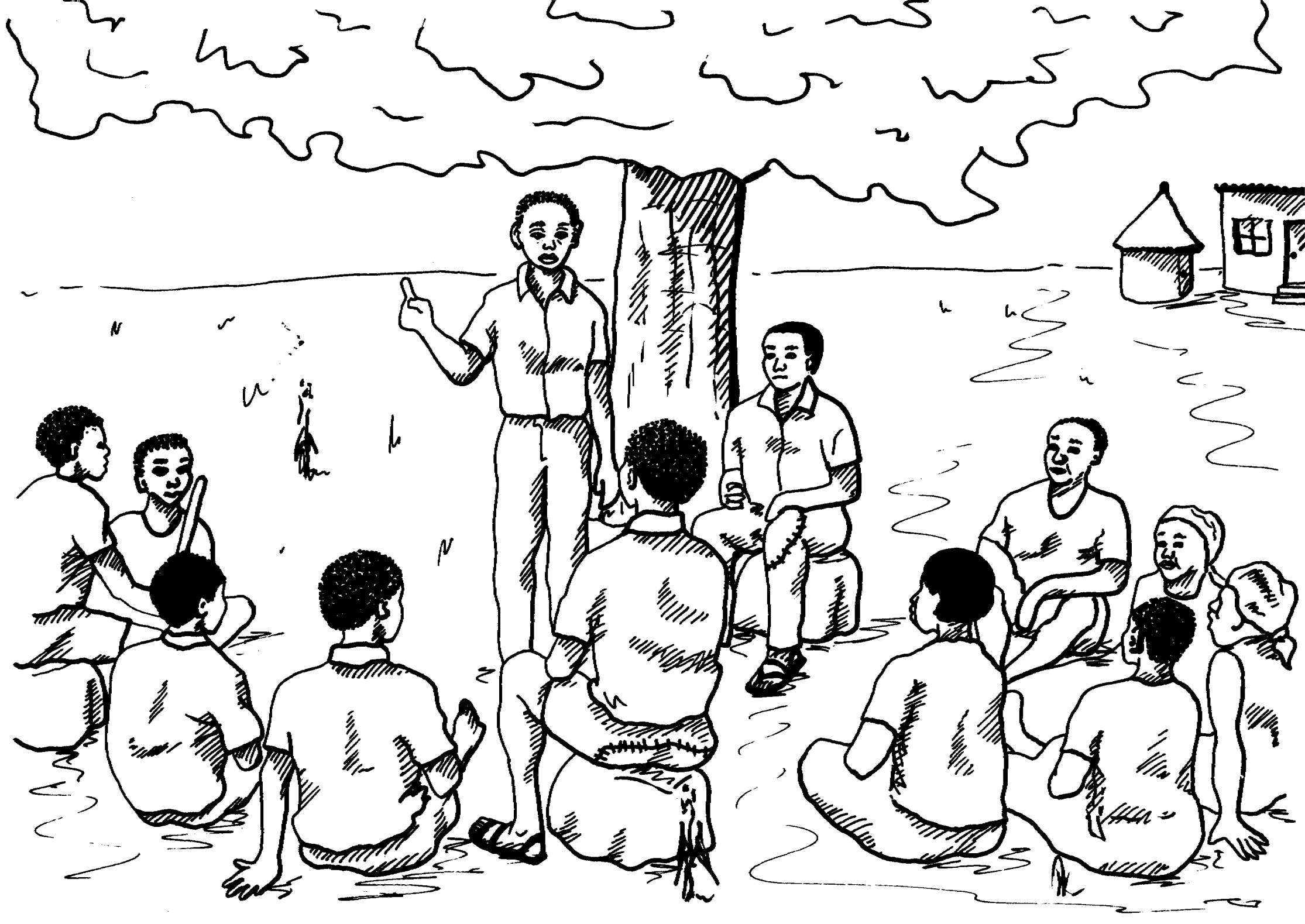












POCKET CHARTS

PURPOSE: To assist individuals and communities identify and assess their own behaviours and practices. This tool helps people to look at current practices within the community and provides a forum for analysing these practices and discussing their merits and possible needs for change.

TARGET GROUP: Community Groups, Womens clubs, School Children.

MATERIALS: Set of pictures on the theme you wish to address, this tool kit contains pictures for four main themes as follows:

1. 8 Pictures on water use practices.
2. 8 Pictures on Defaecation Practices.
3. 4 pictures showing on Hand Washing Methods.
4. 5 pictures showing Hand Washing times or activities after which hand washing takes place.

Pocket Chart or Pot/beer mug and discs/pebbles.

METHOD:

1. Choose the theme of your session and the relevant pictures.
2. Show the participants the pictures and ask them what they see. Ensure that there is agreement on what the pictures depict.
3. Place the pictures in the Pocket Chart or beside the pot. Give each participant voting disc(s) or pebble(s).
4. Explain to them about voting, what they are voting about and how to "cast" a vote. Assure them that the voting is anonymous and nobody not even the facilitator shall see how they vote. Stress the need for people to be honest in their voting as this is a learning exercise where we all want to learn. You as the facilitator should also vote so as to increase peoples confidence in the exercise.
5. Invite one of the participants to come forward and count all the "votes" for each picture and present the results to the group.
6. Use the finding to stimulate a group discussion around the topic.

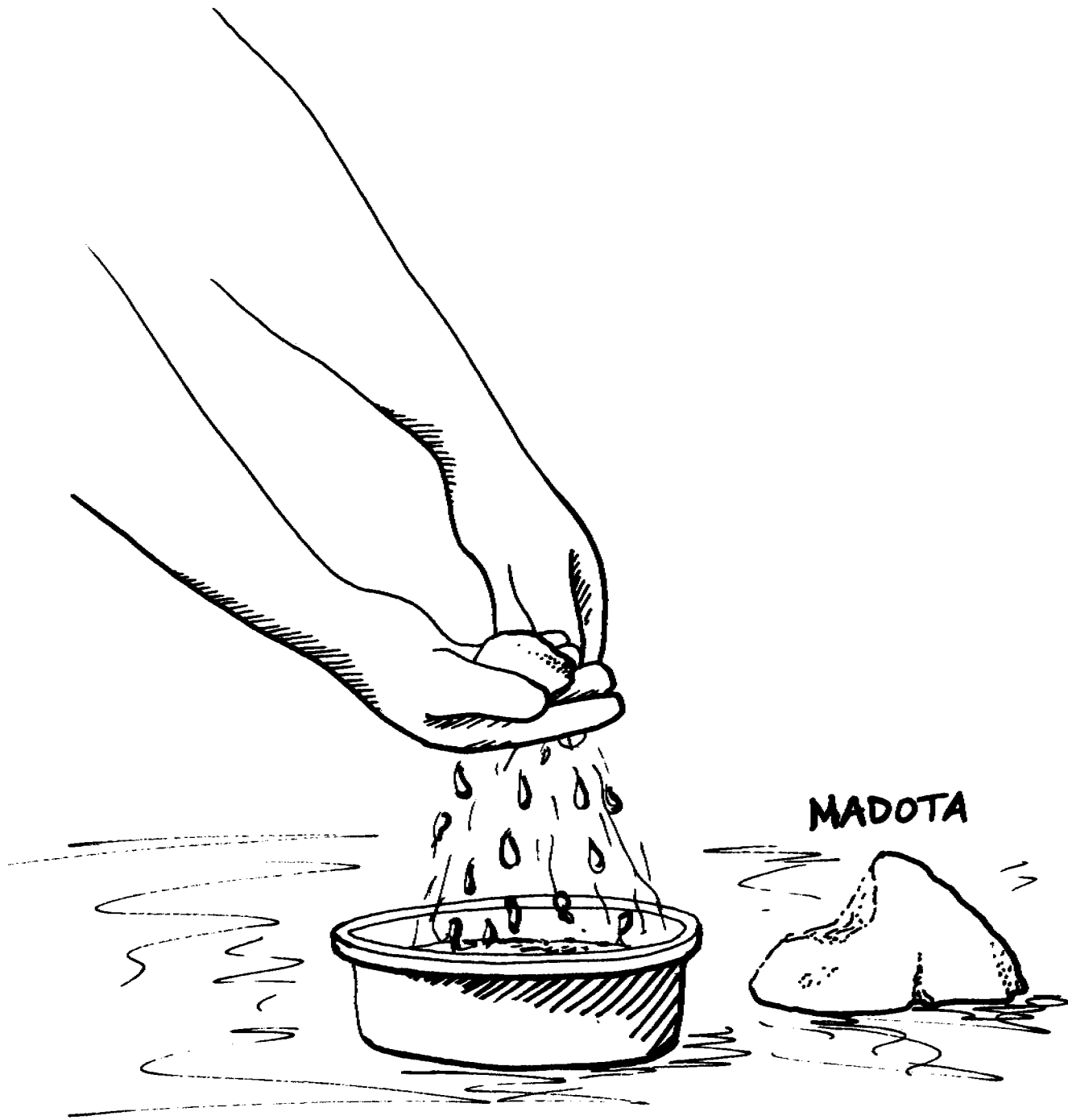
DISCUSSION POINTS: As with all participatory tools the discussion which takes place around the tool or after its completion is most important. Key issues to be raised under pocket charts are as follows:-

1. What is the most common practice/behaviour (in relation to the theme)
2. Is this a good or bad practice? Why?

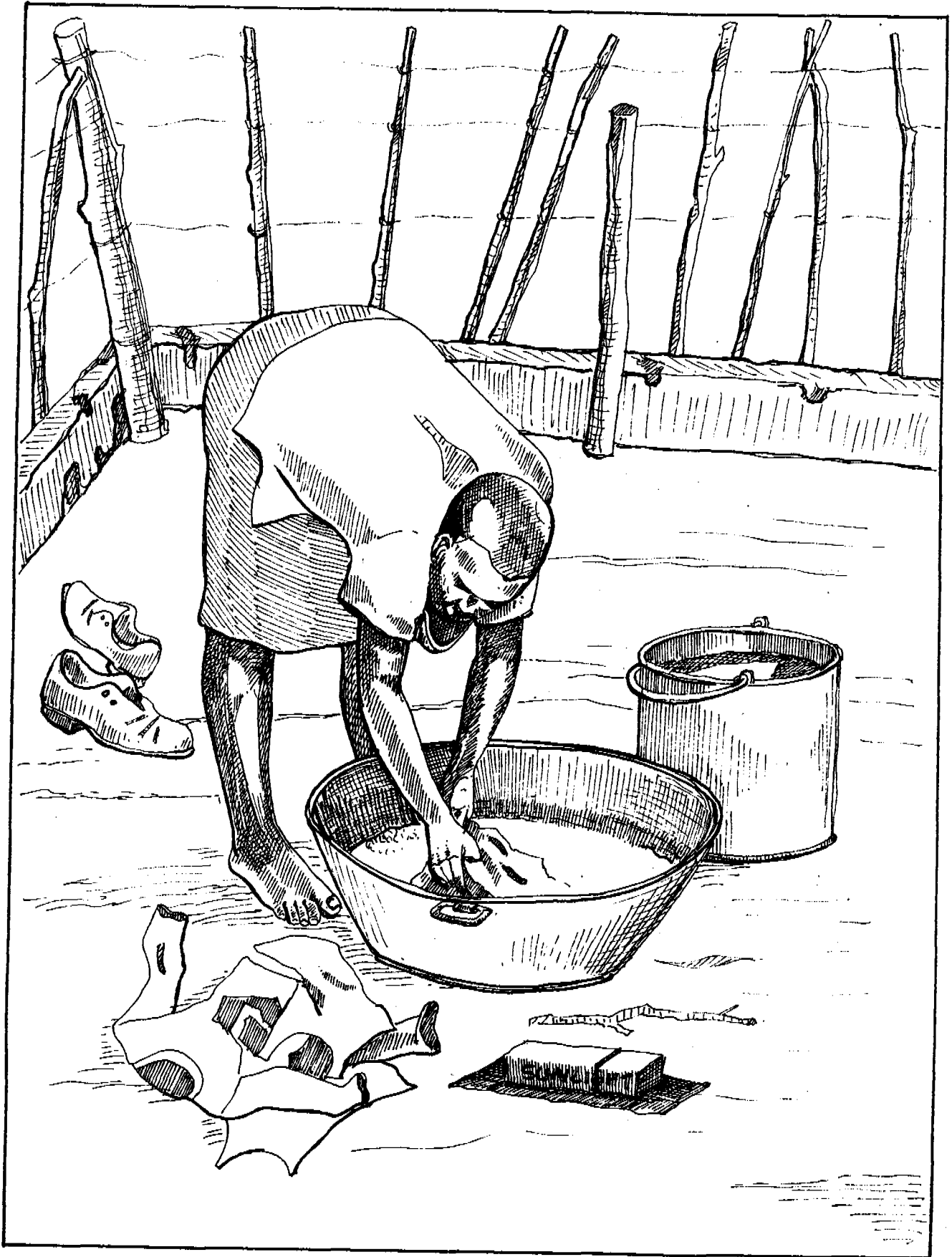
POCKET CHART

PHE TOOL KIT

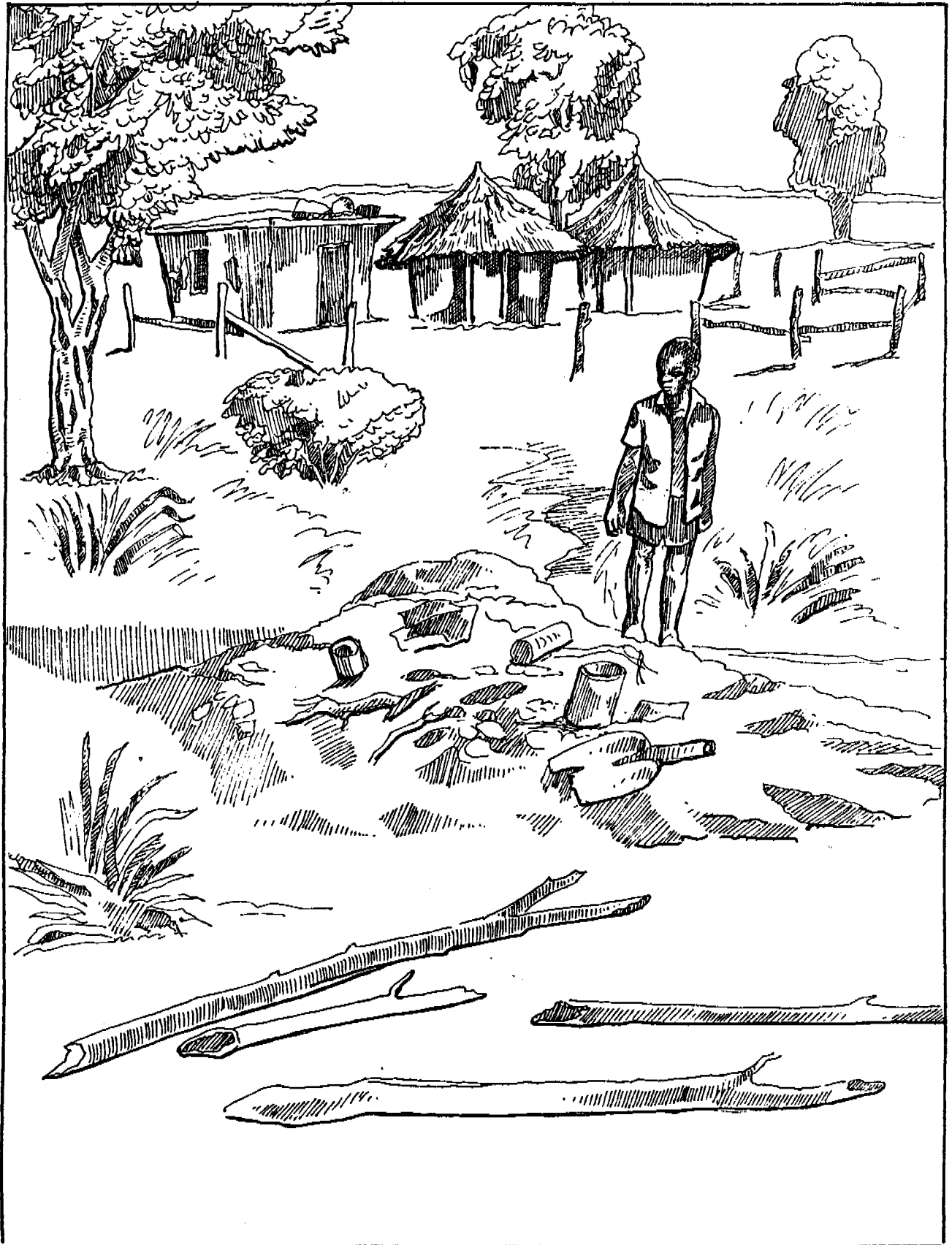


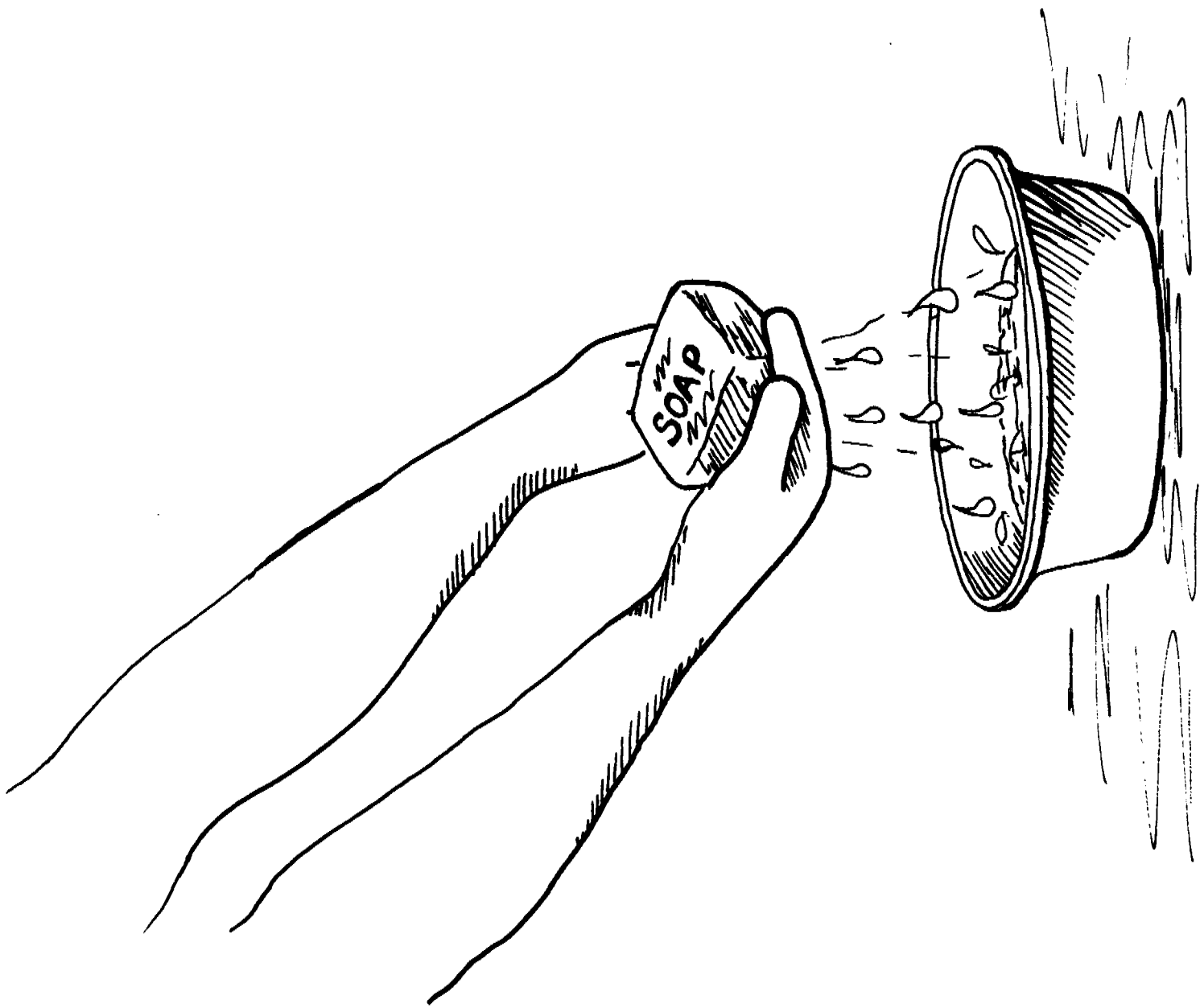


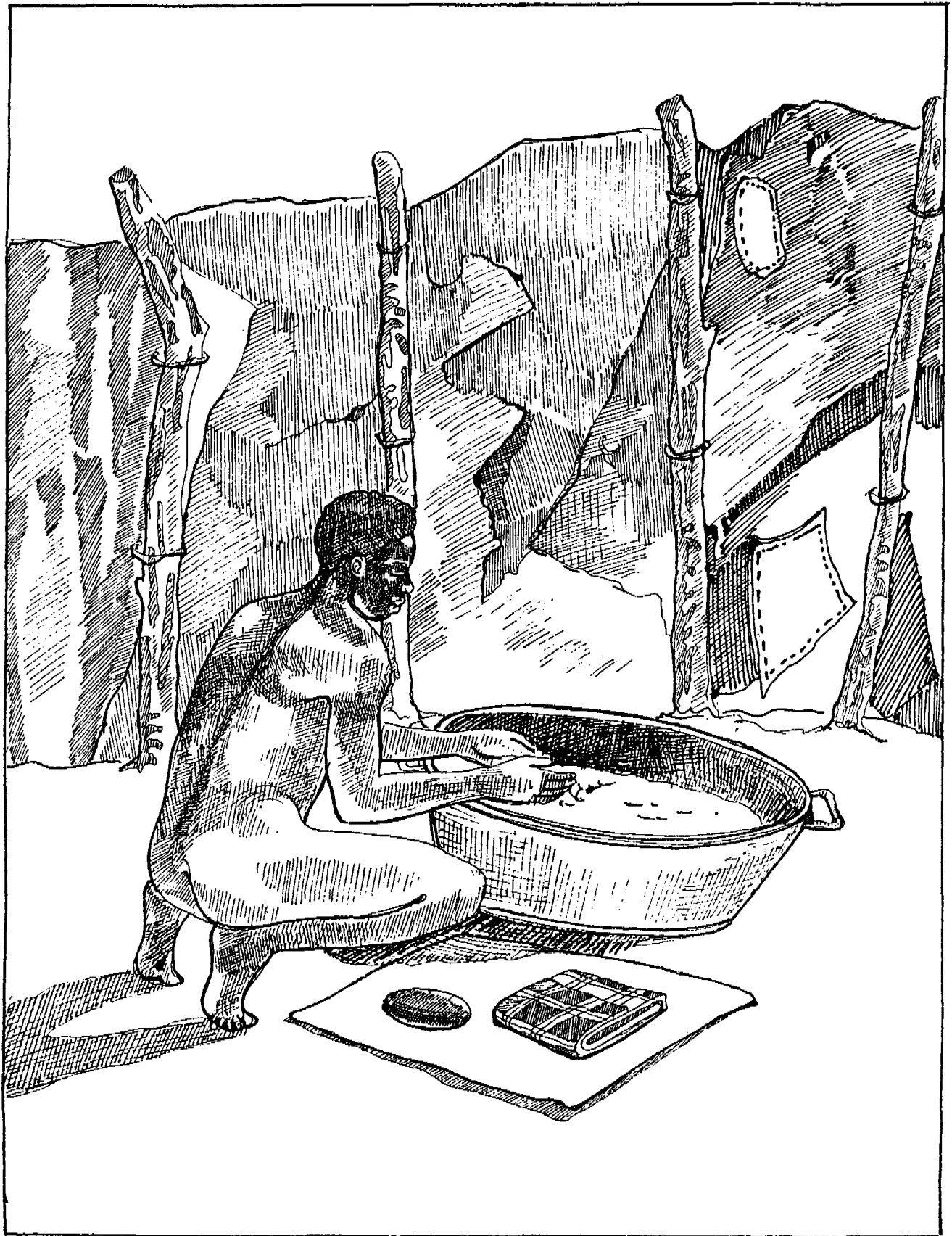
MADOTA





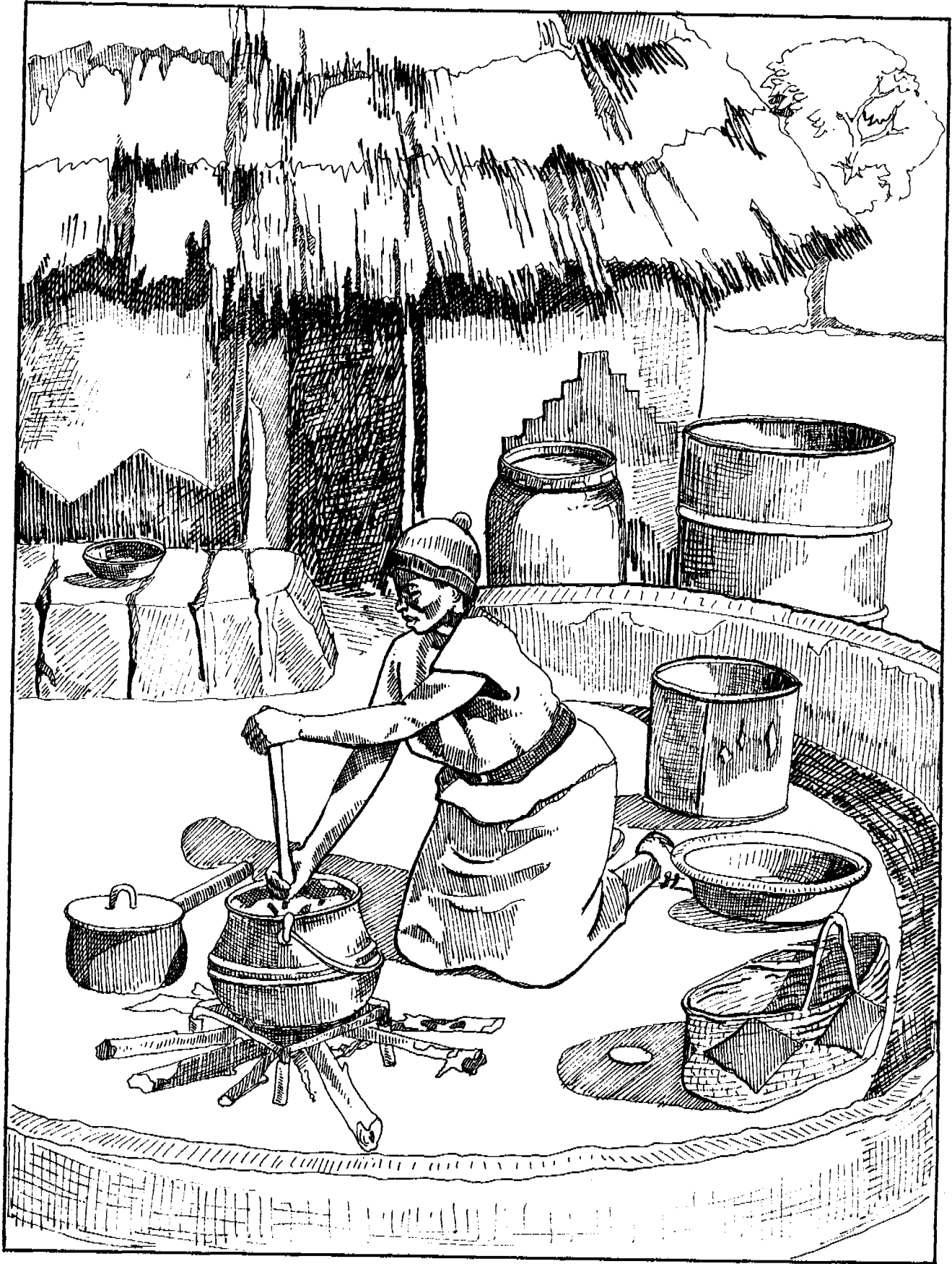




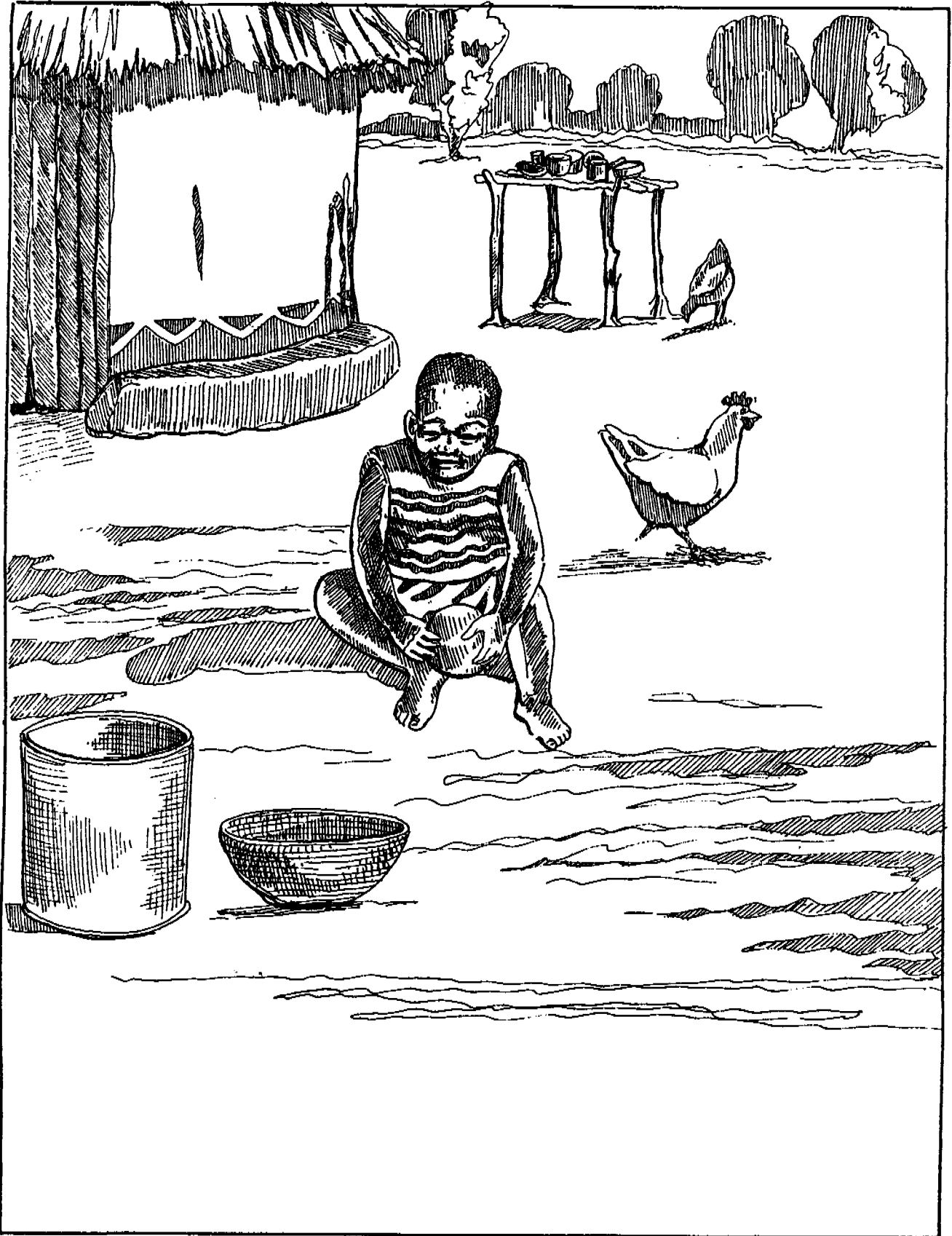




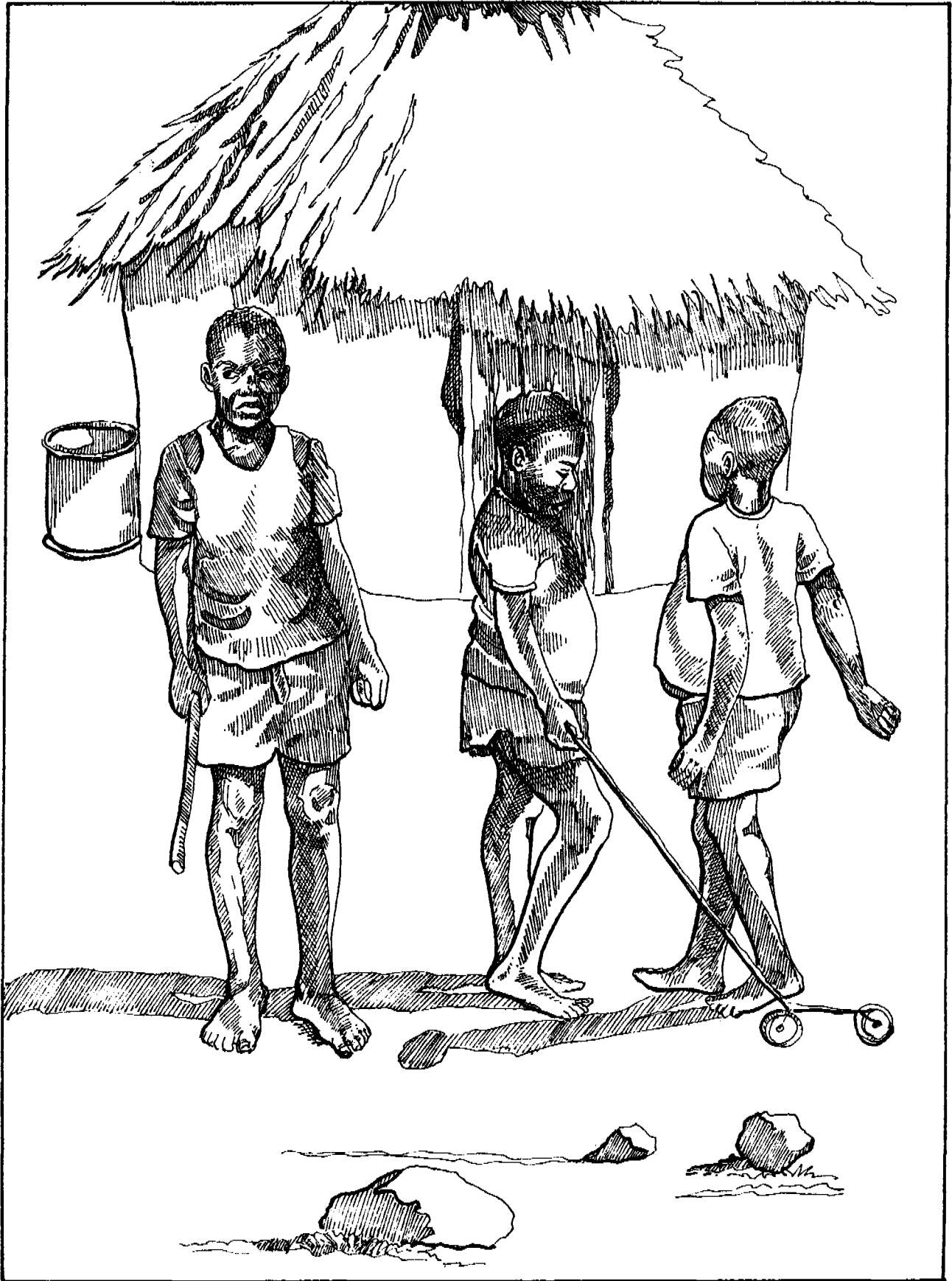


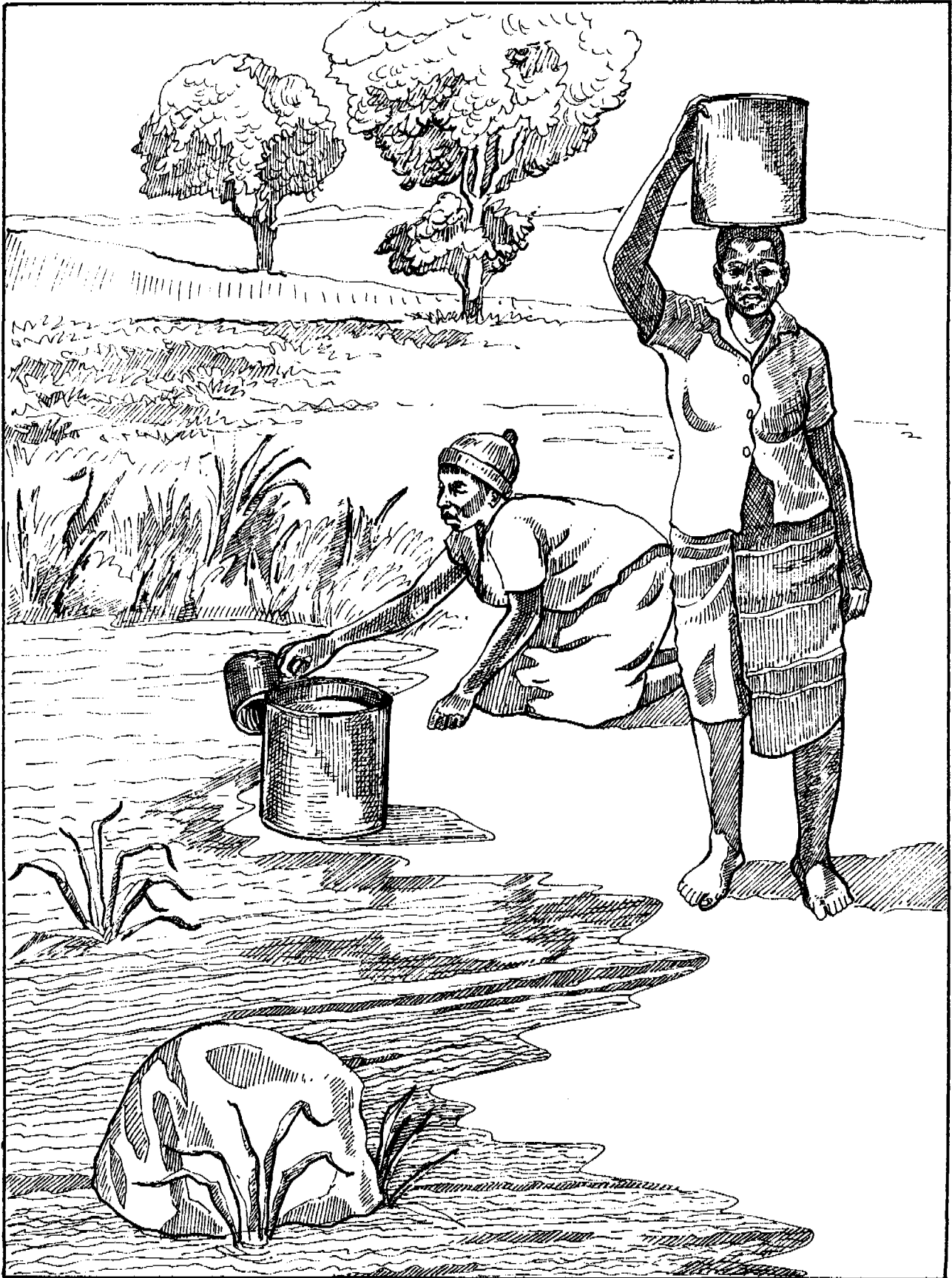


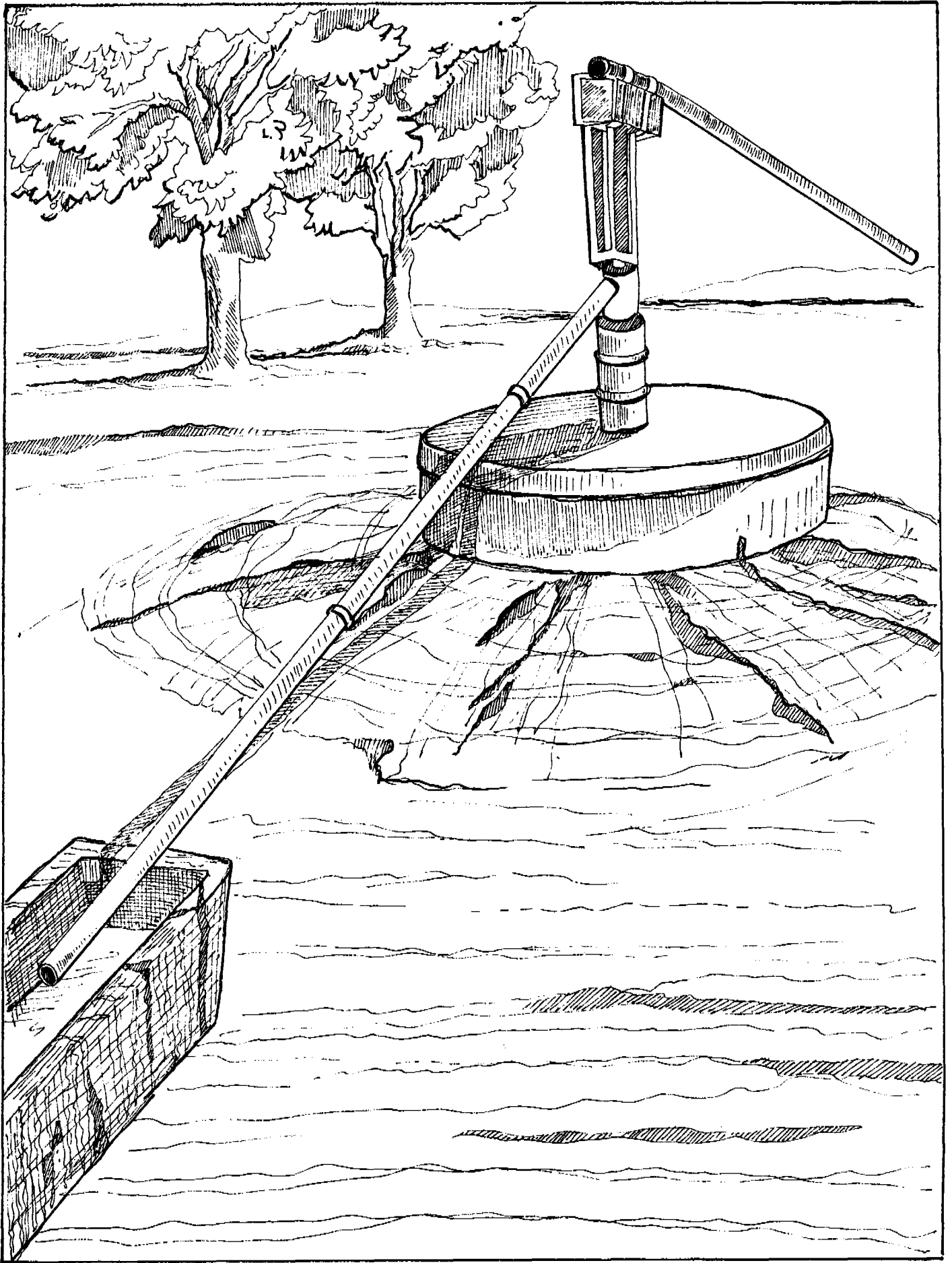






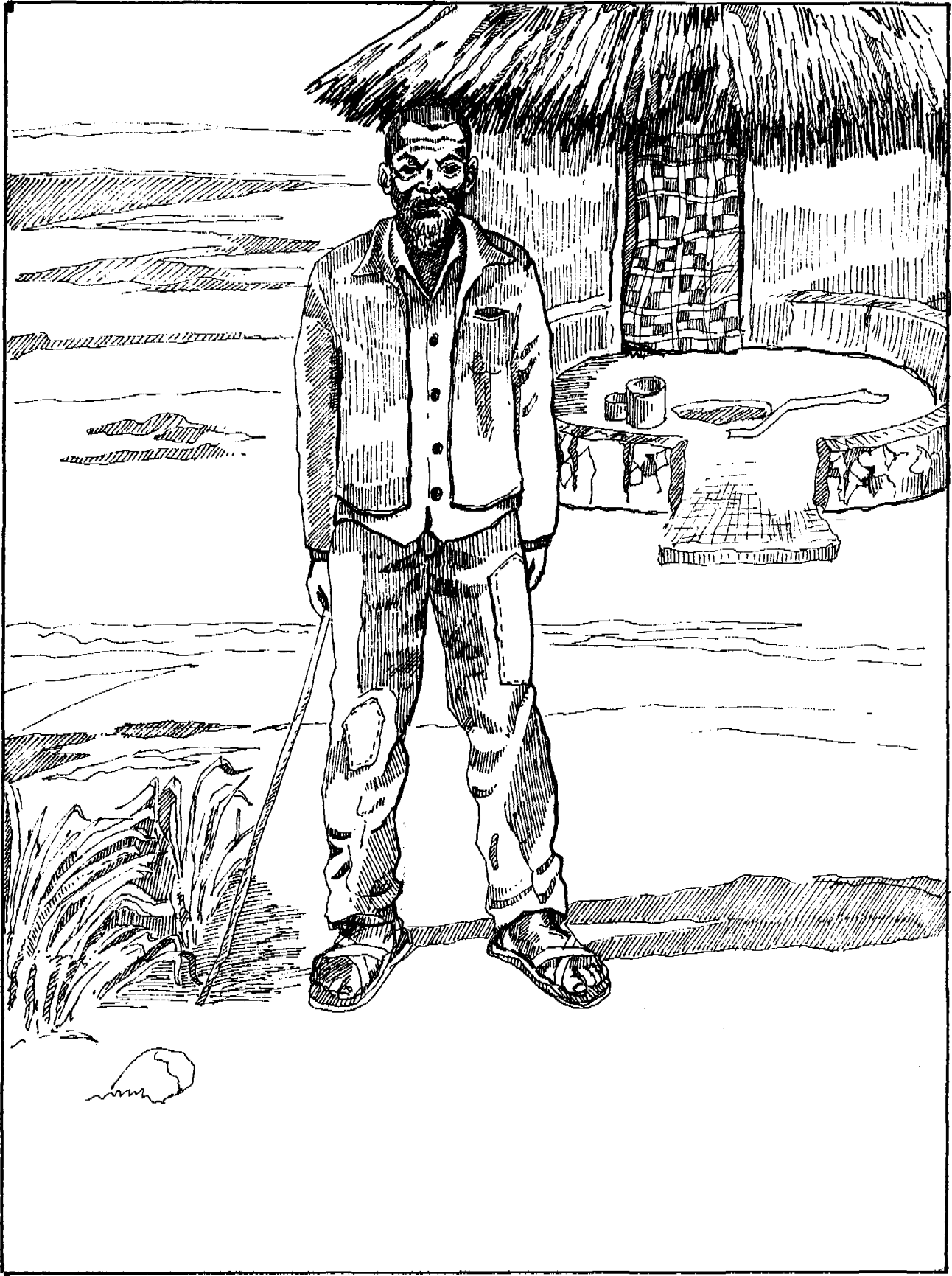




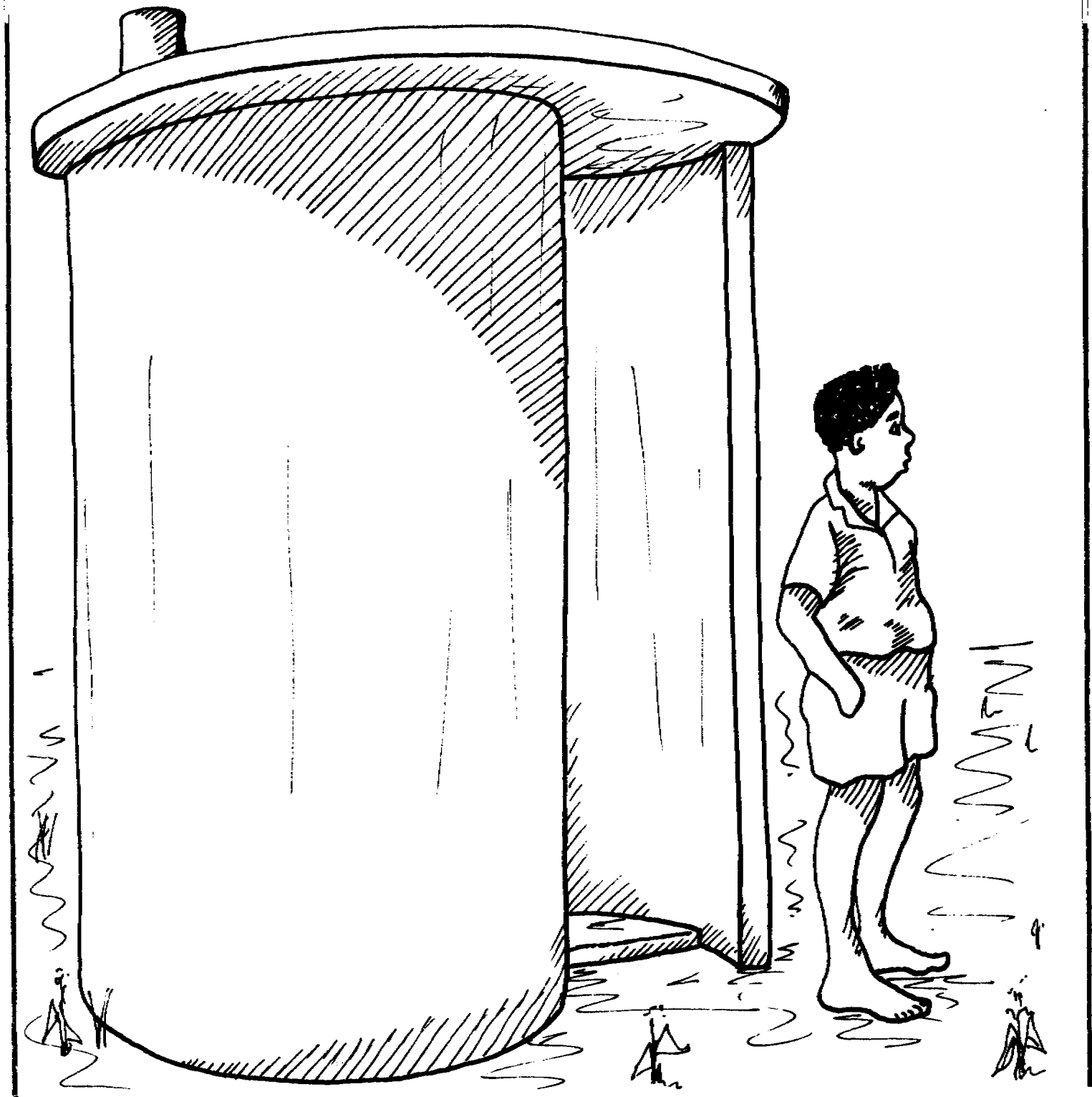








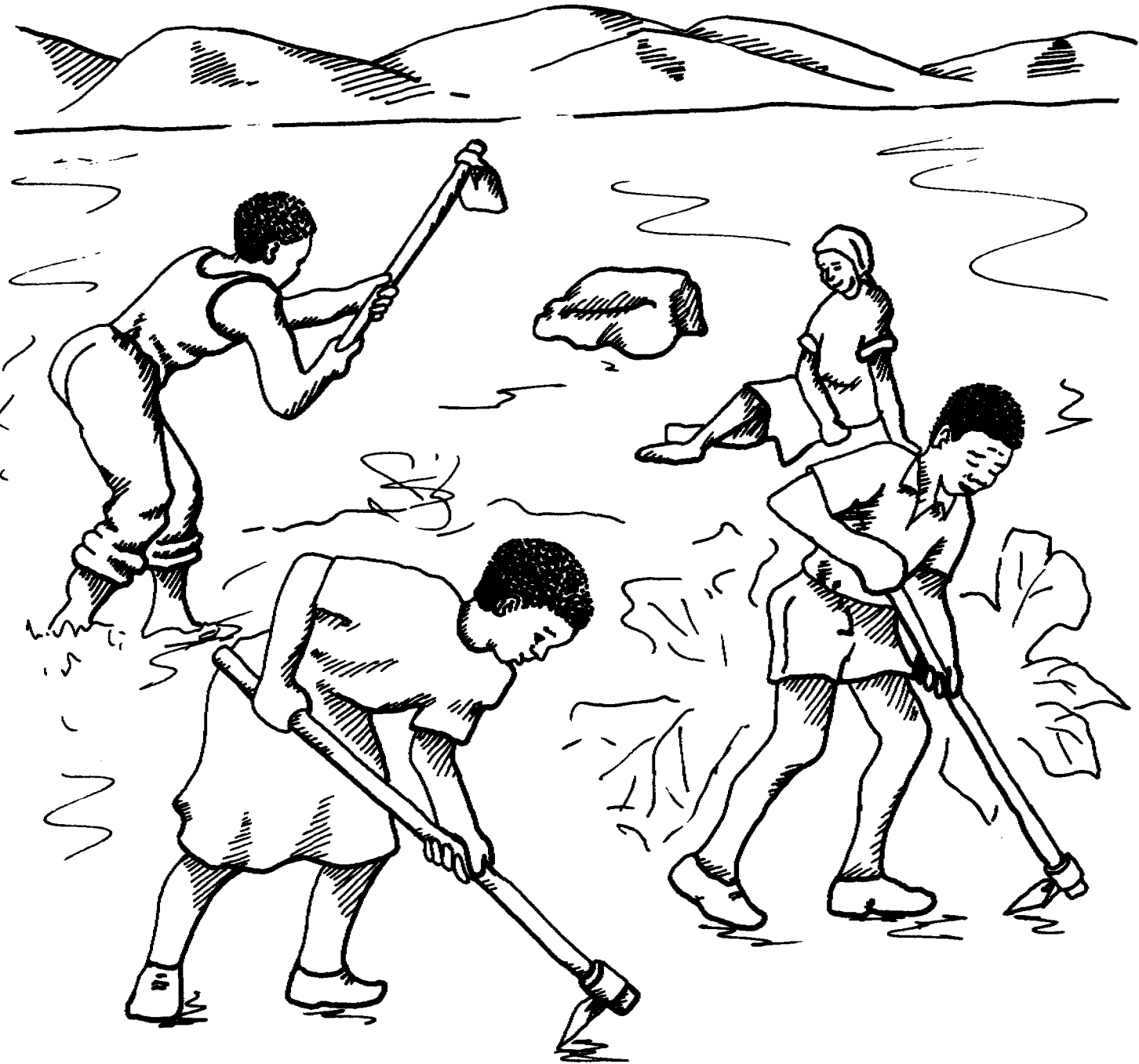


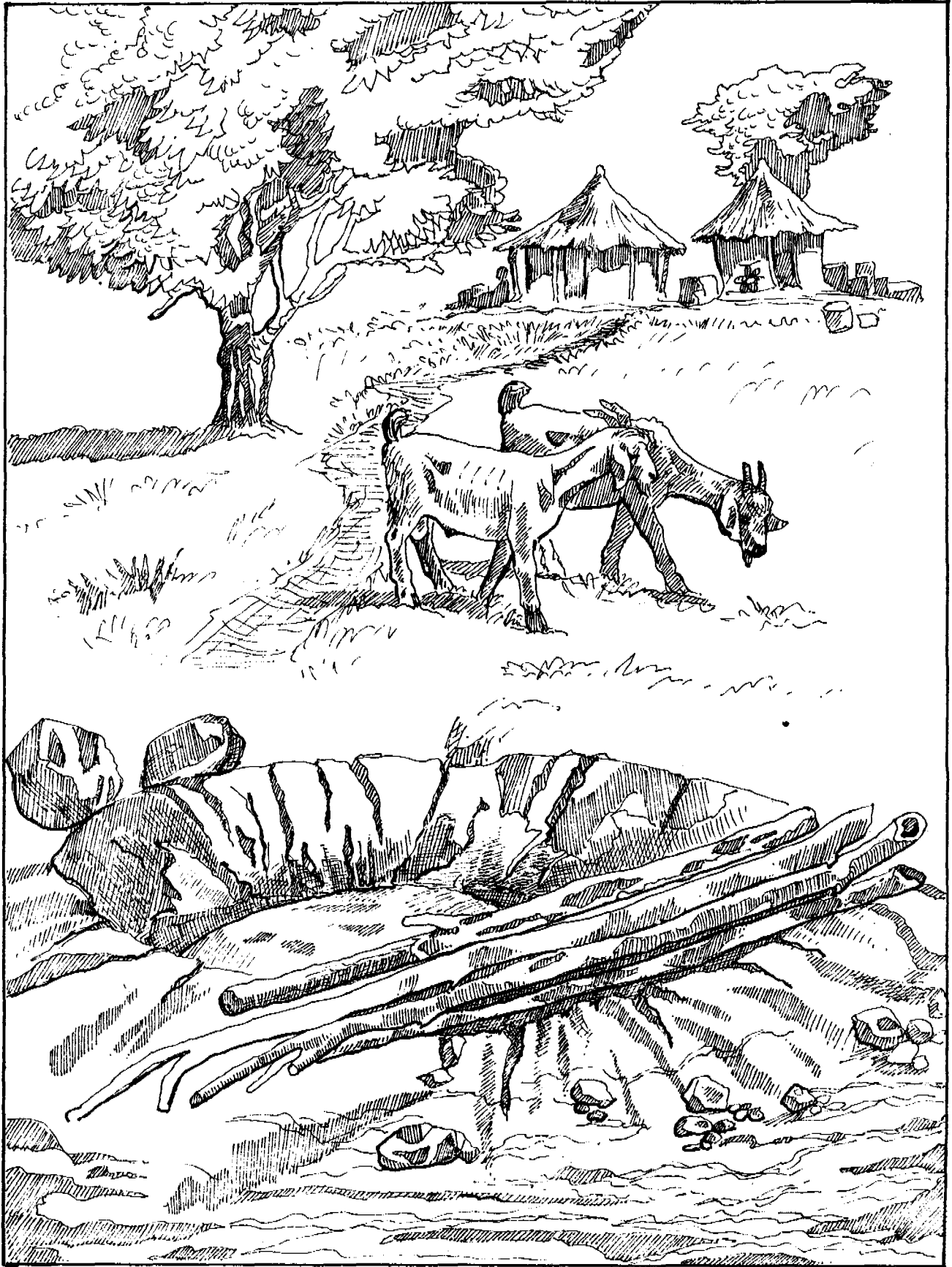










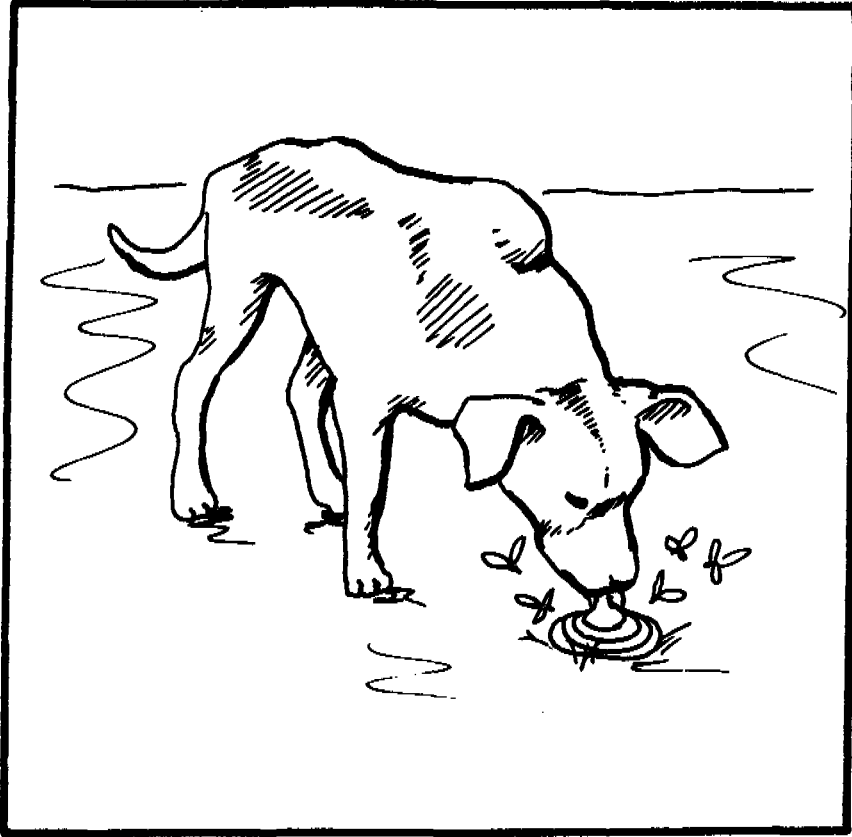


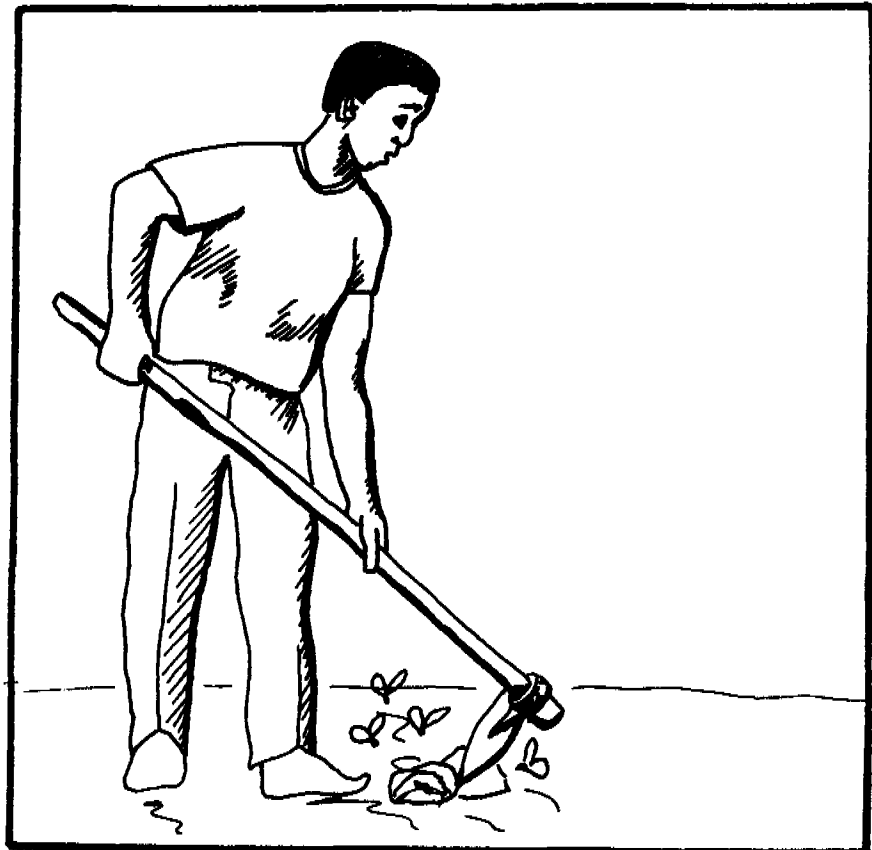
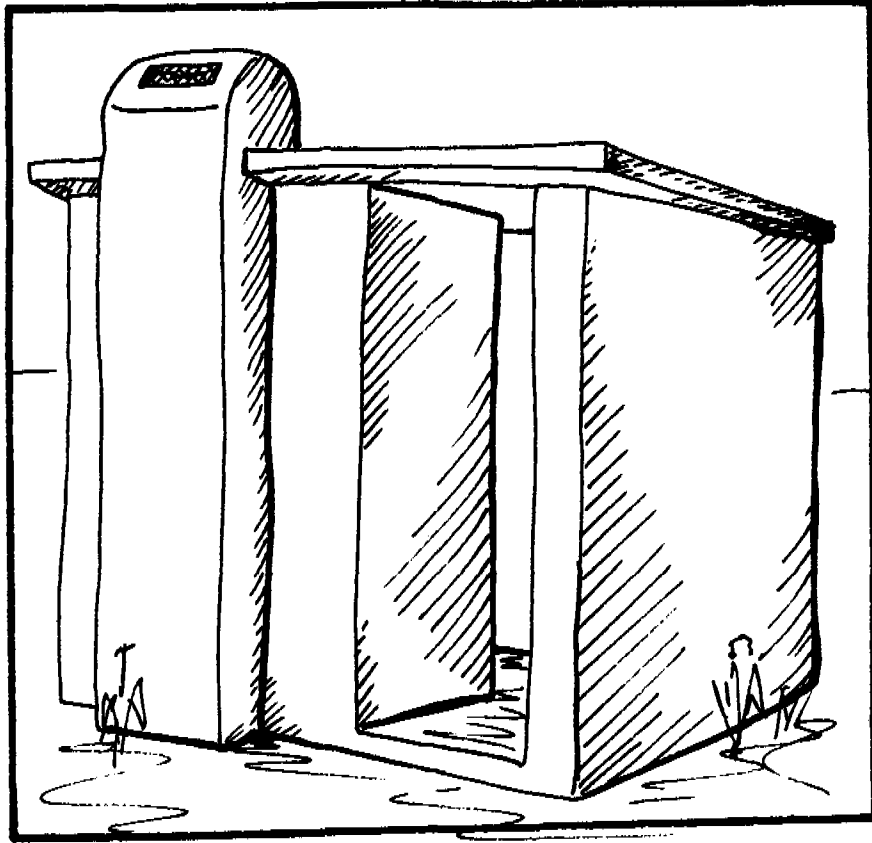
SANITATION LADDER

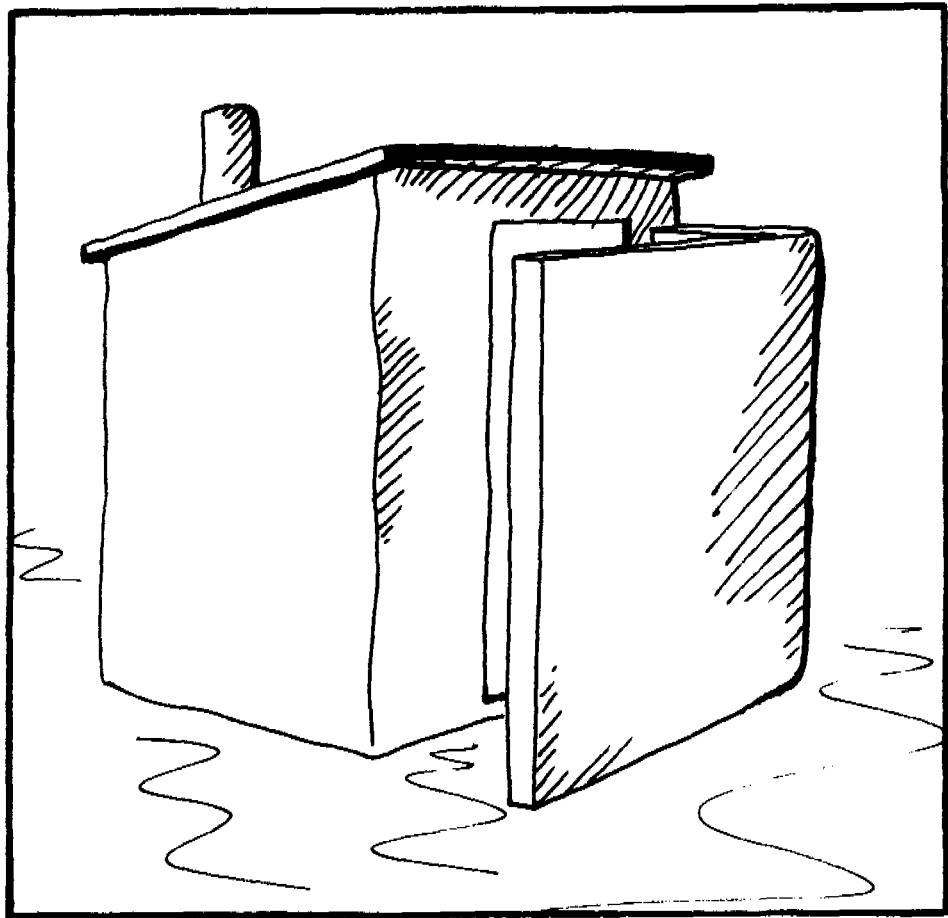
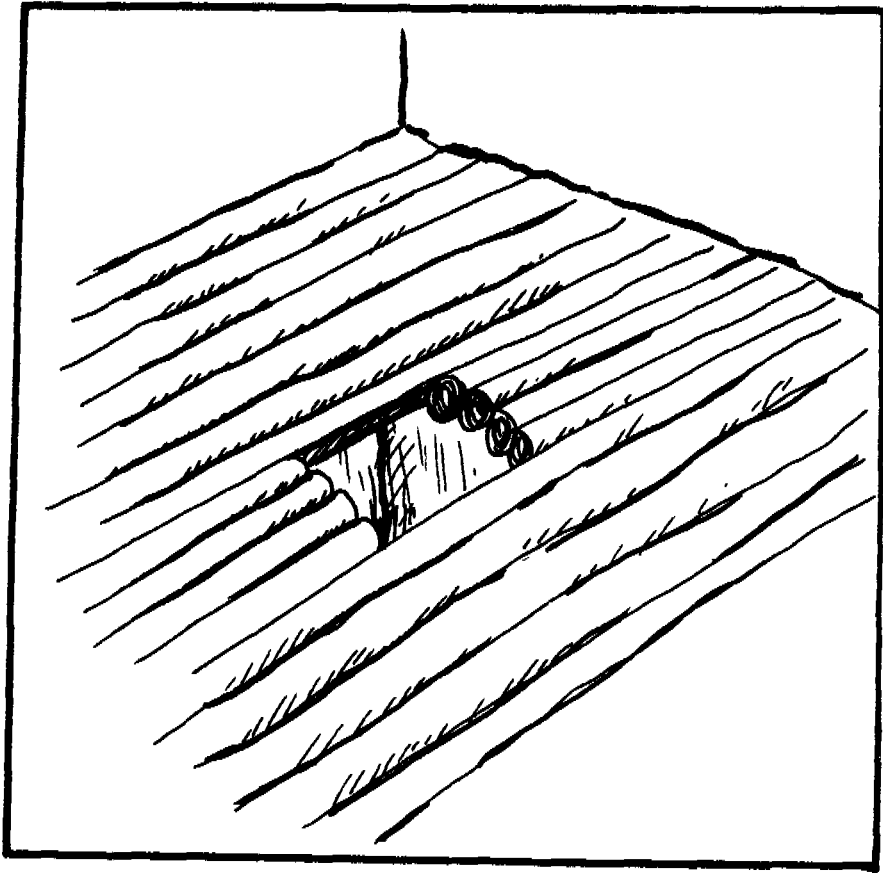
- PURPOSE:** The purpose of this exercise is to help communities determine where they are in terms of hygiene behaviour in general and sanitation progress in particular. It assists communities and health workers to reach a consensus on the direction and steps needed for making progress. This exercise is used to show the progression from the undesirable to desirable sanitation practices. To look at where we are and where we want to be.
- TARGET GROUP:** Community groups and particularly household heads/decision makers.
- MATERIALS:** Pictures depicting various method of human excreta disposal including the following:
1. Open defaecation close to the house
 2. Bush defaecation
 3. Covering faeces with leaves
 4. Burying faeces
 5. Traditional pit latrine
 6. Blair Latrine
 7. Blair latrine with hand washing facilities
- METHOD:**
1. In groups give the participants the pictures depicting the various methods of excreta disposal and ask them to sort them out into "steps" according to improvements in sanitation practices.
 2. Identify the local existing behaviour.
 3. Identify improvements in behavioural terms.
 4. Request the participants to sort out the pictures of different behaviours into what they consider to be happening now in the area (place at the bottom of the ladder) and what is the ideal behaviour at the top.
- DISCUSSION POINTS:**
1. In general at which step is the community?
 2. Why have people not moved from one step to the other along the ladder?
 3. Why are people not constructing latrines?
 4. Is it difficult to construct a latrine?
 5. What barriers are encountered in constructing latrines?
 6. Is it necessary to move directly from bush defaecation to the construction of latrines or are there any other steps we can take to improve sanitation practices?

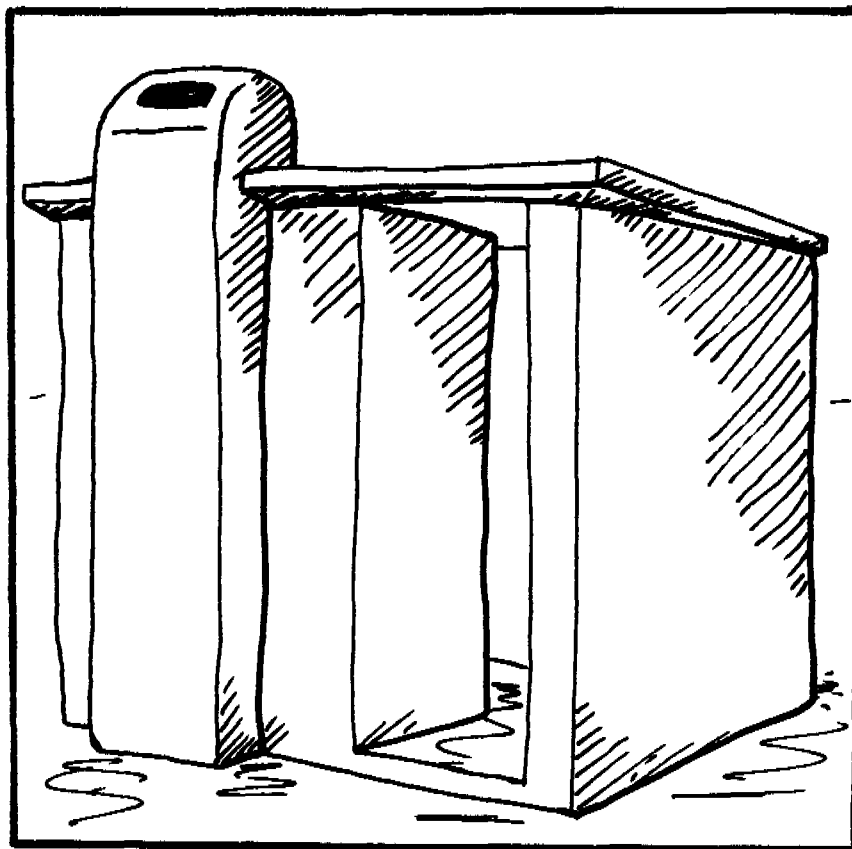
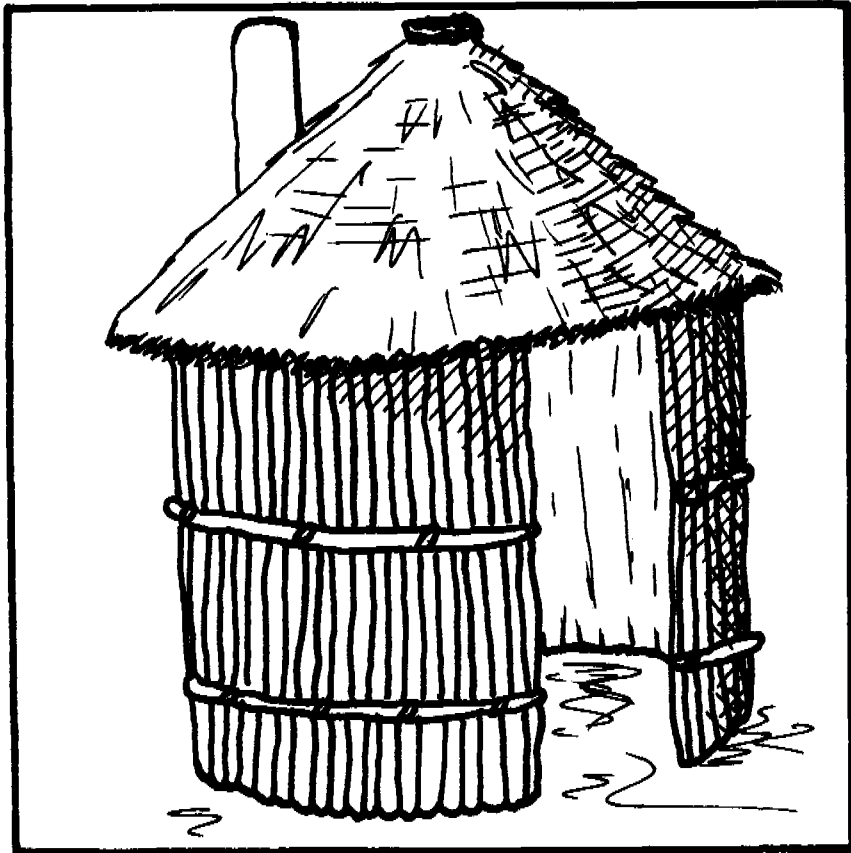
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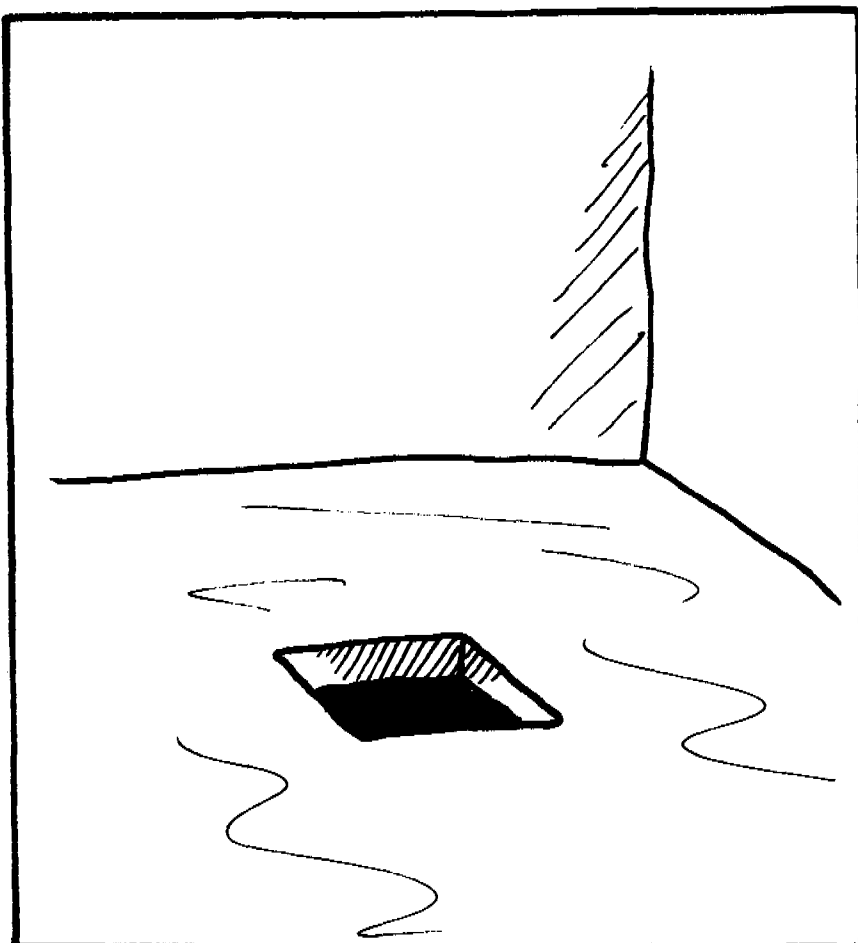
PHE TOOL KIT

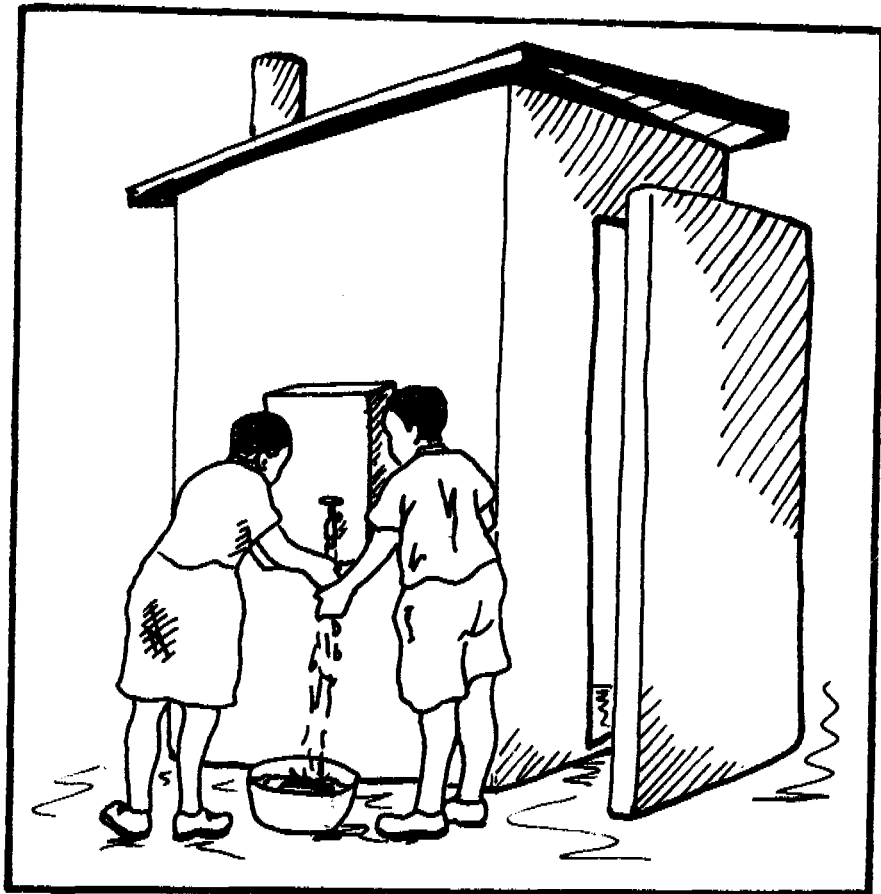
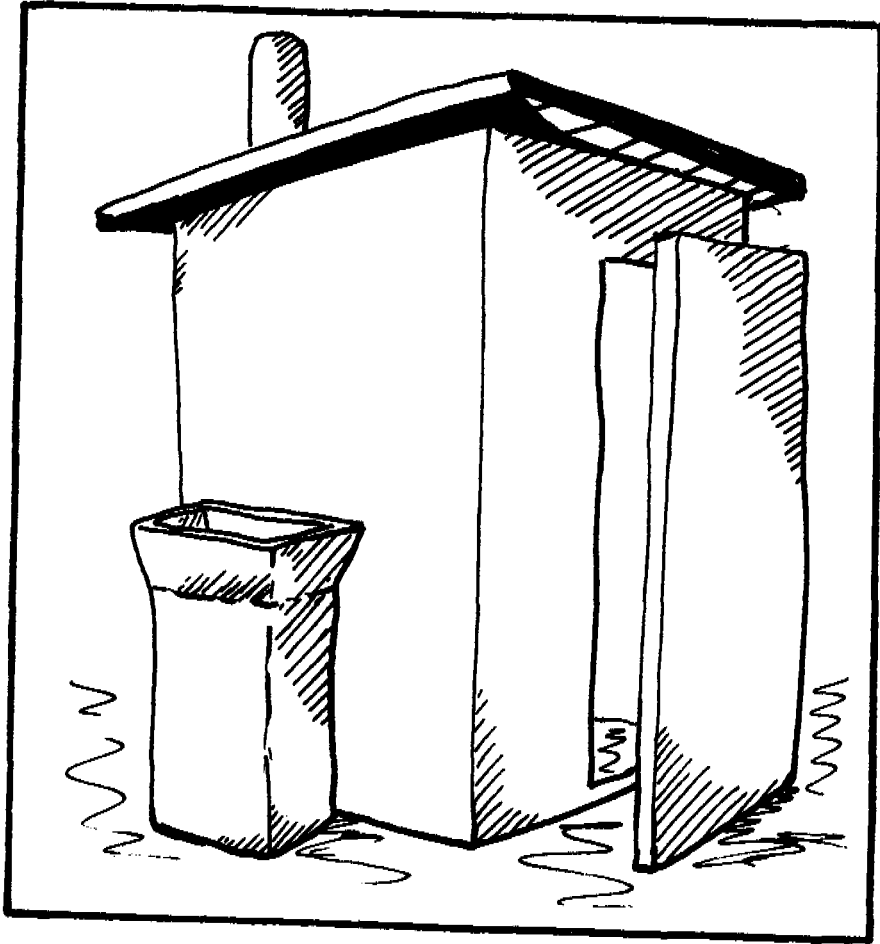




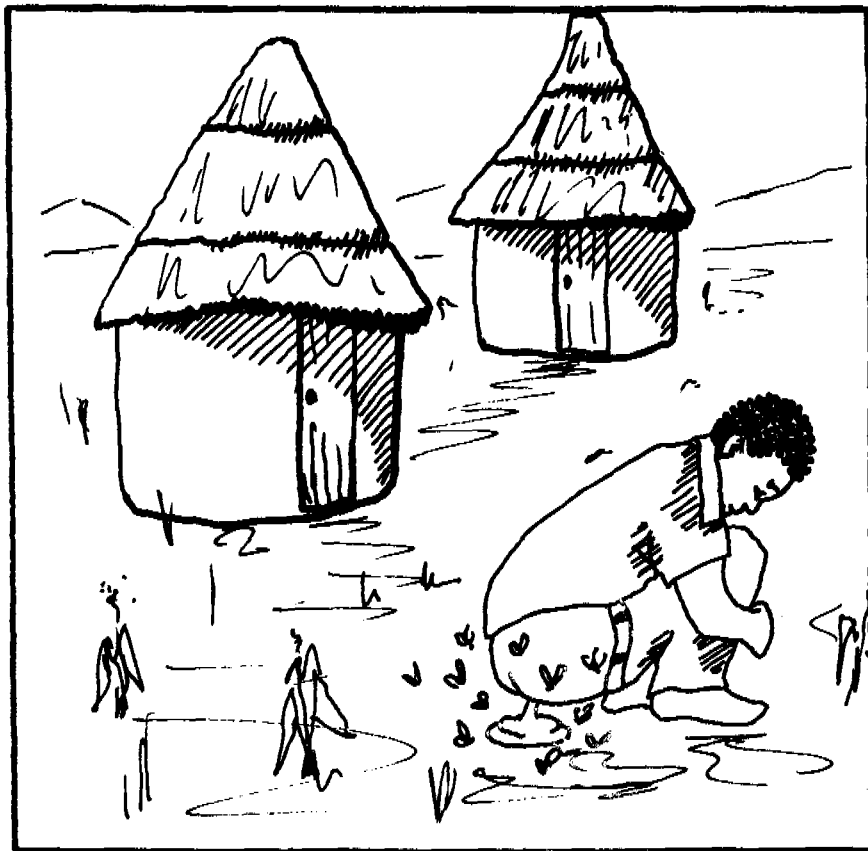






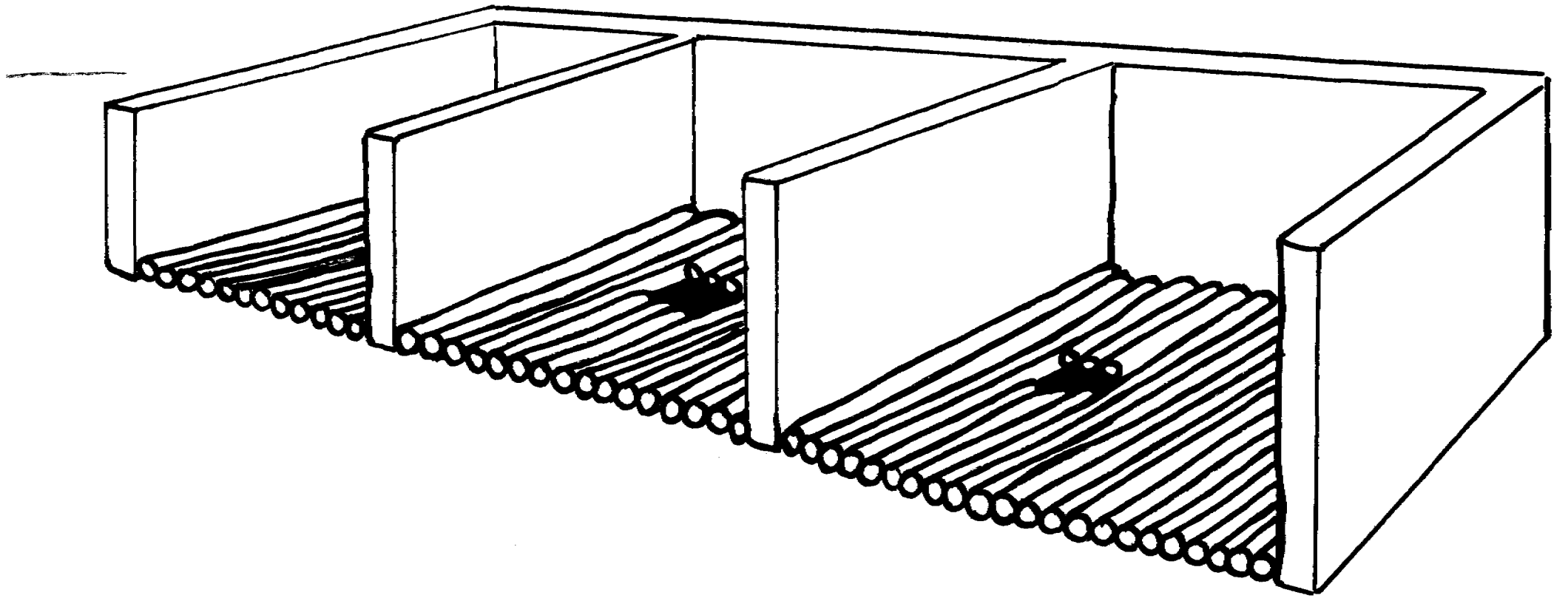


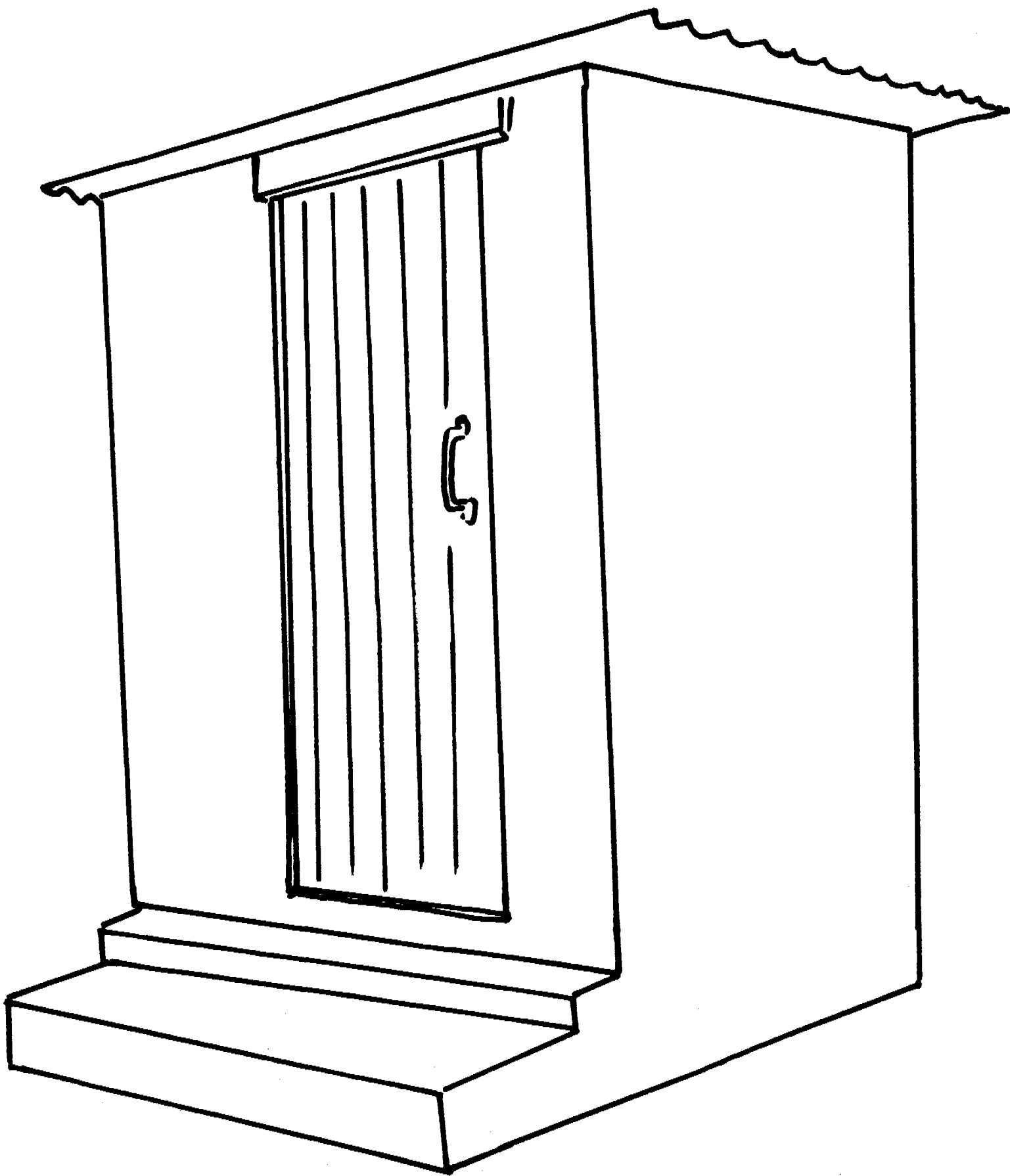


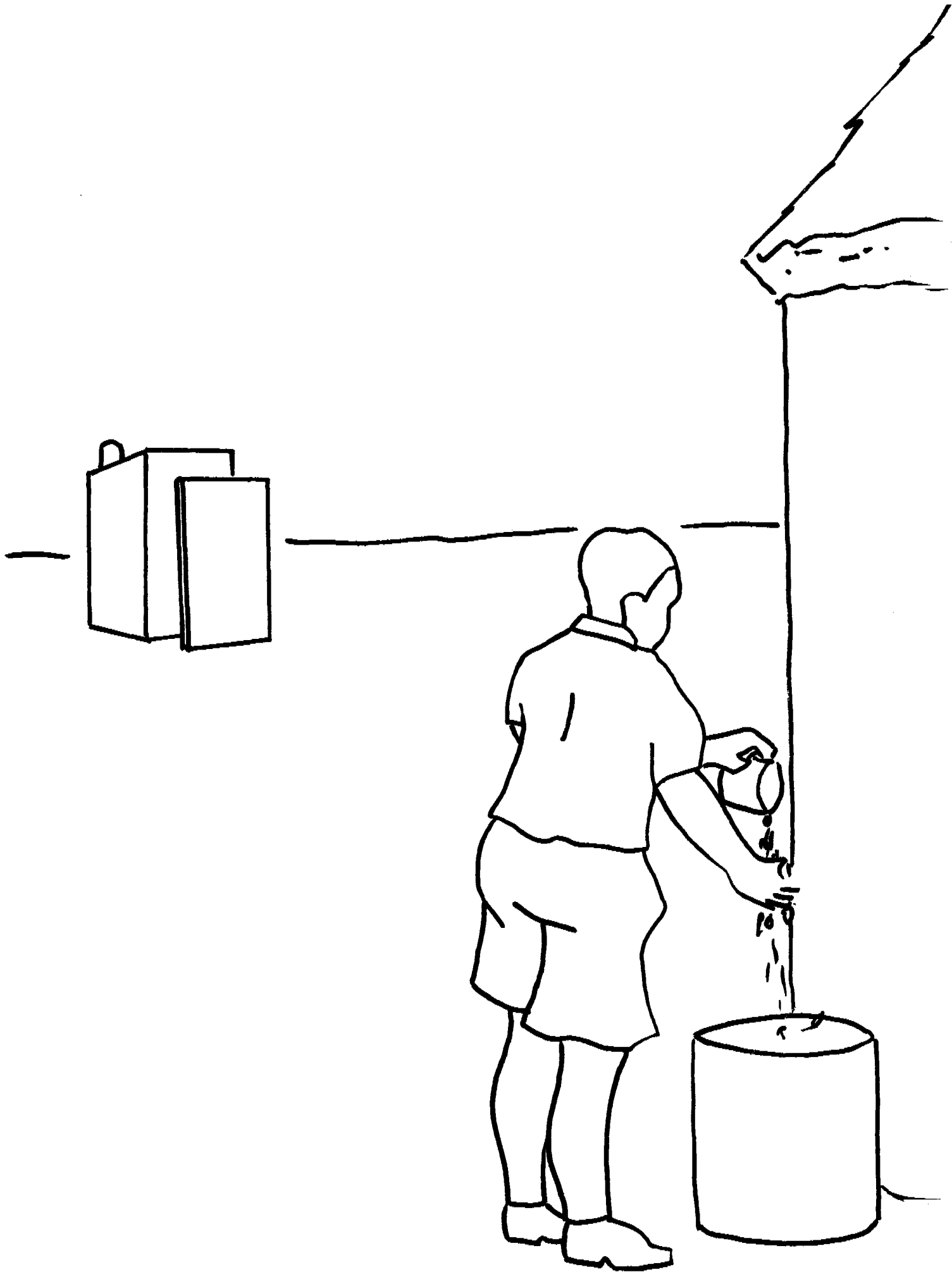


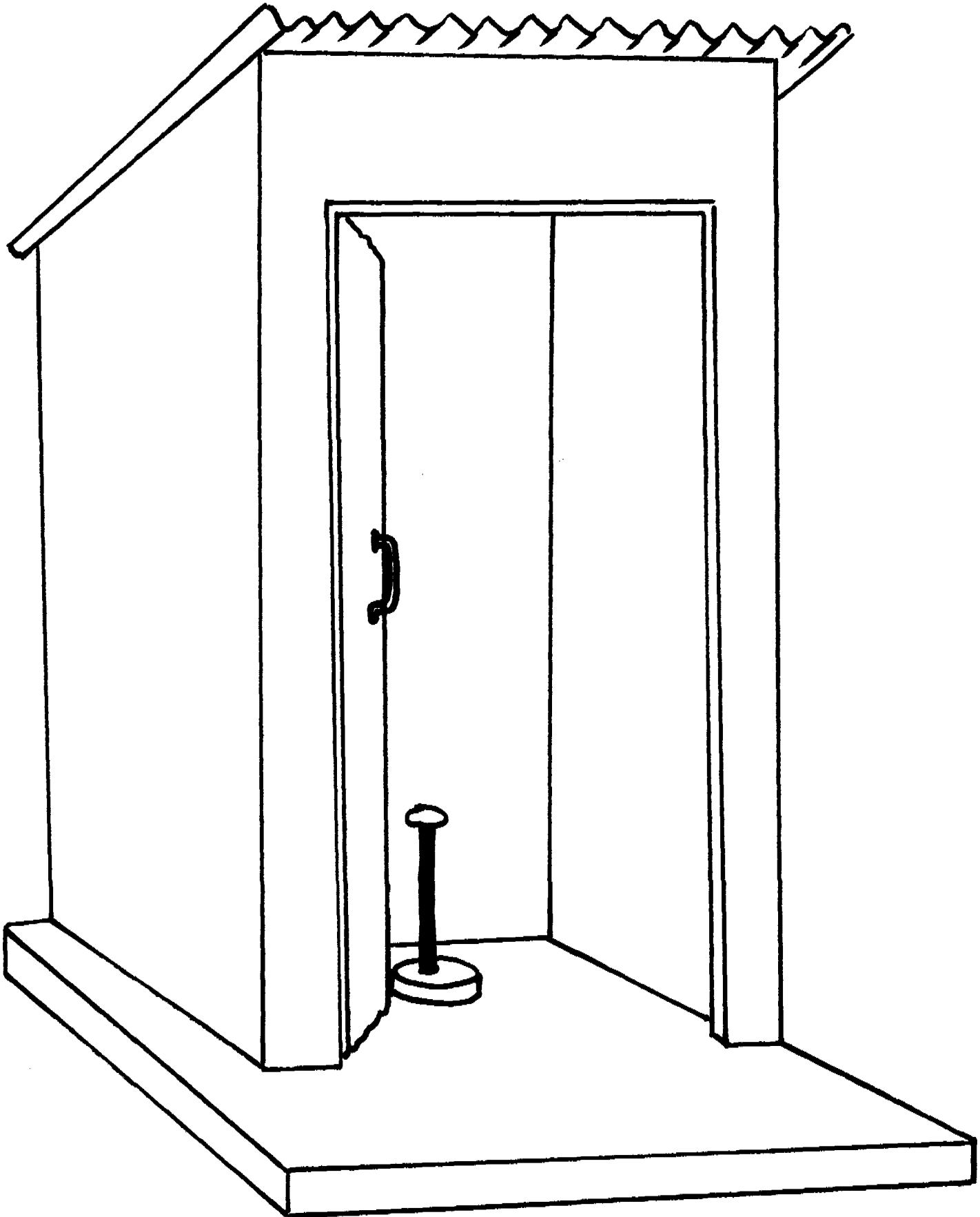
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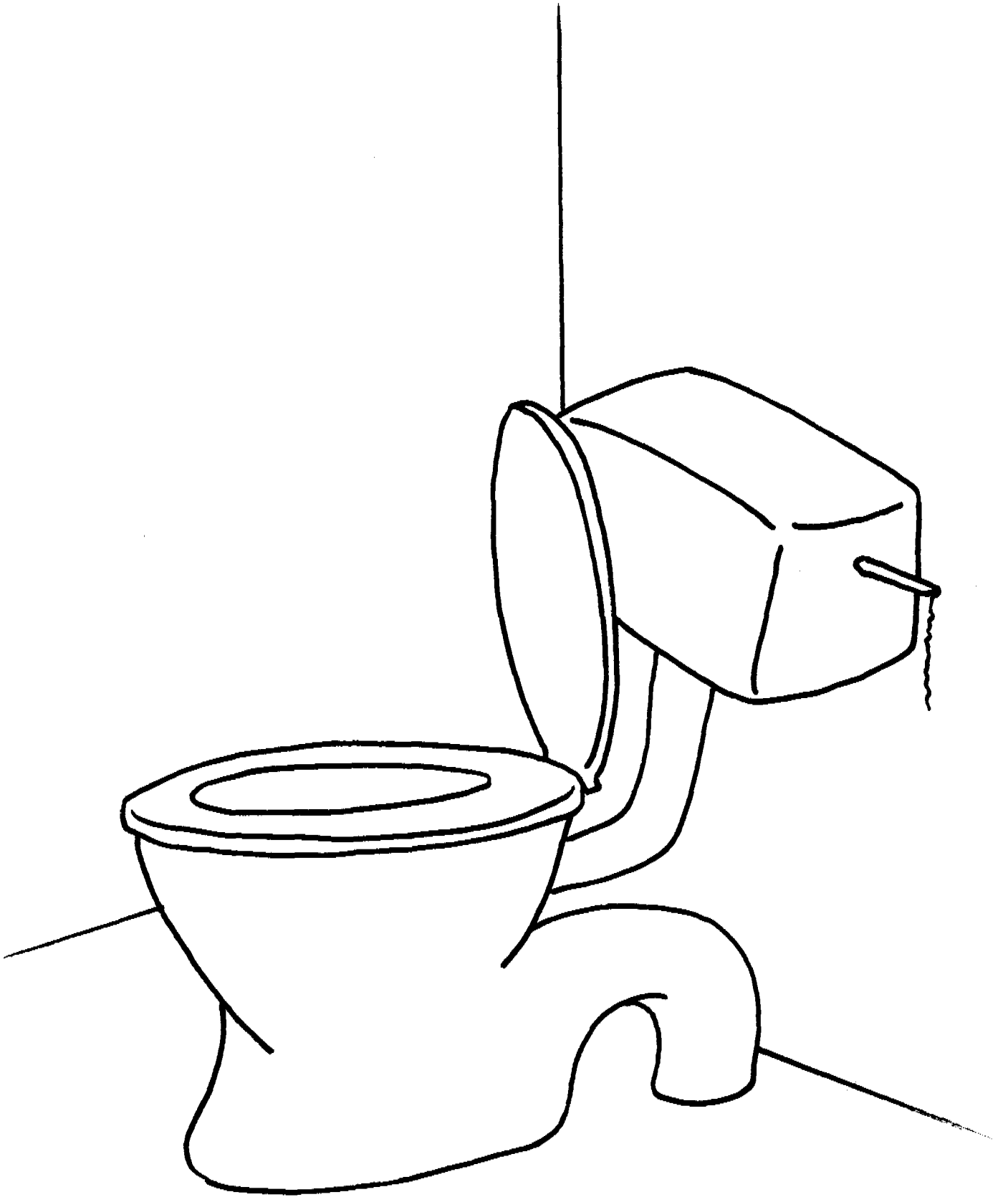
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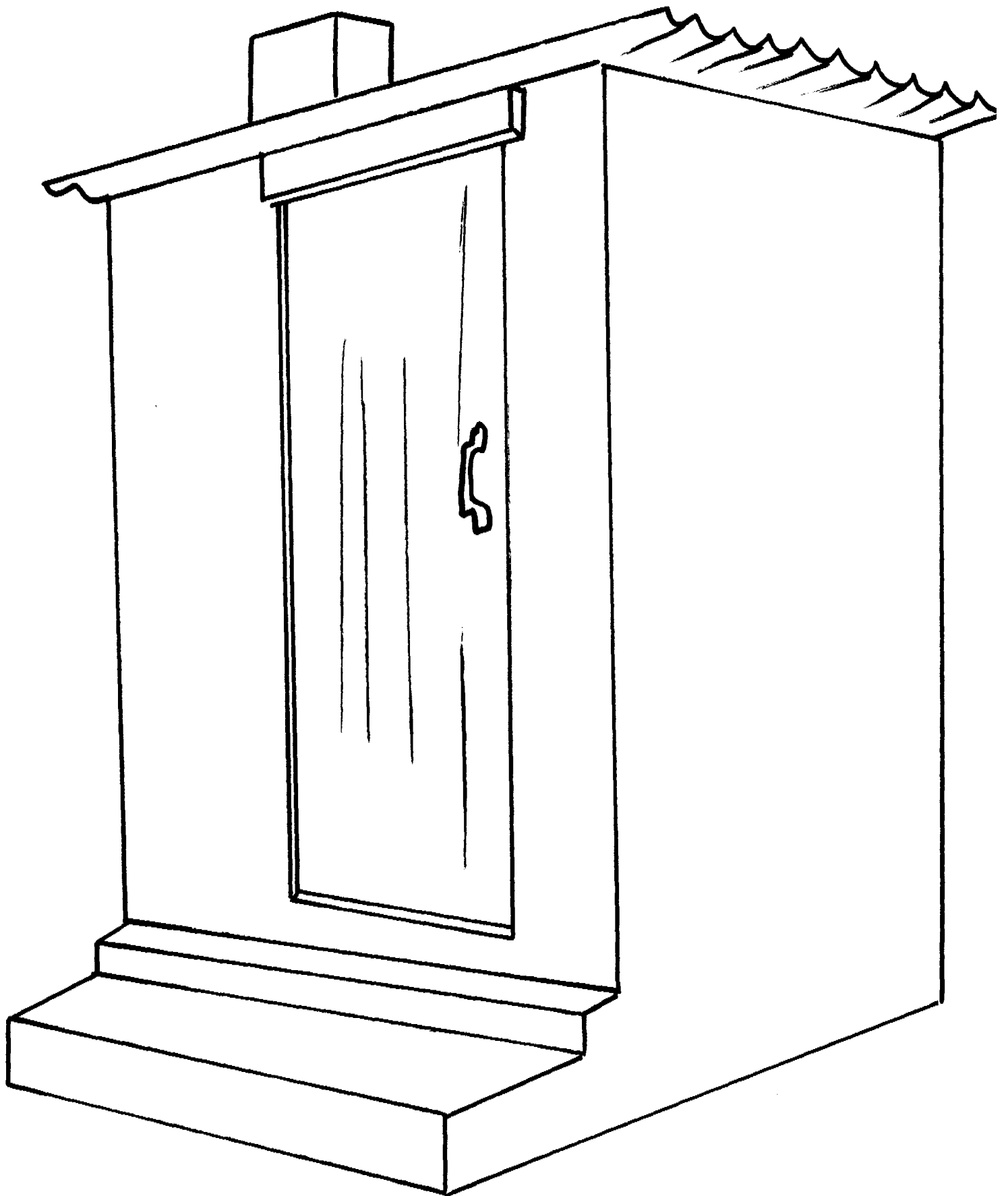


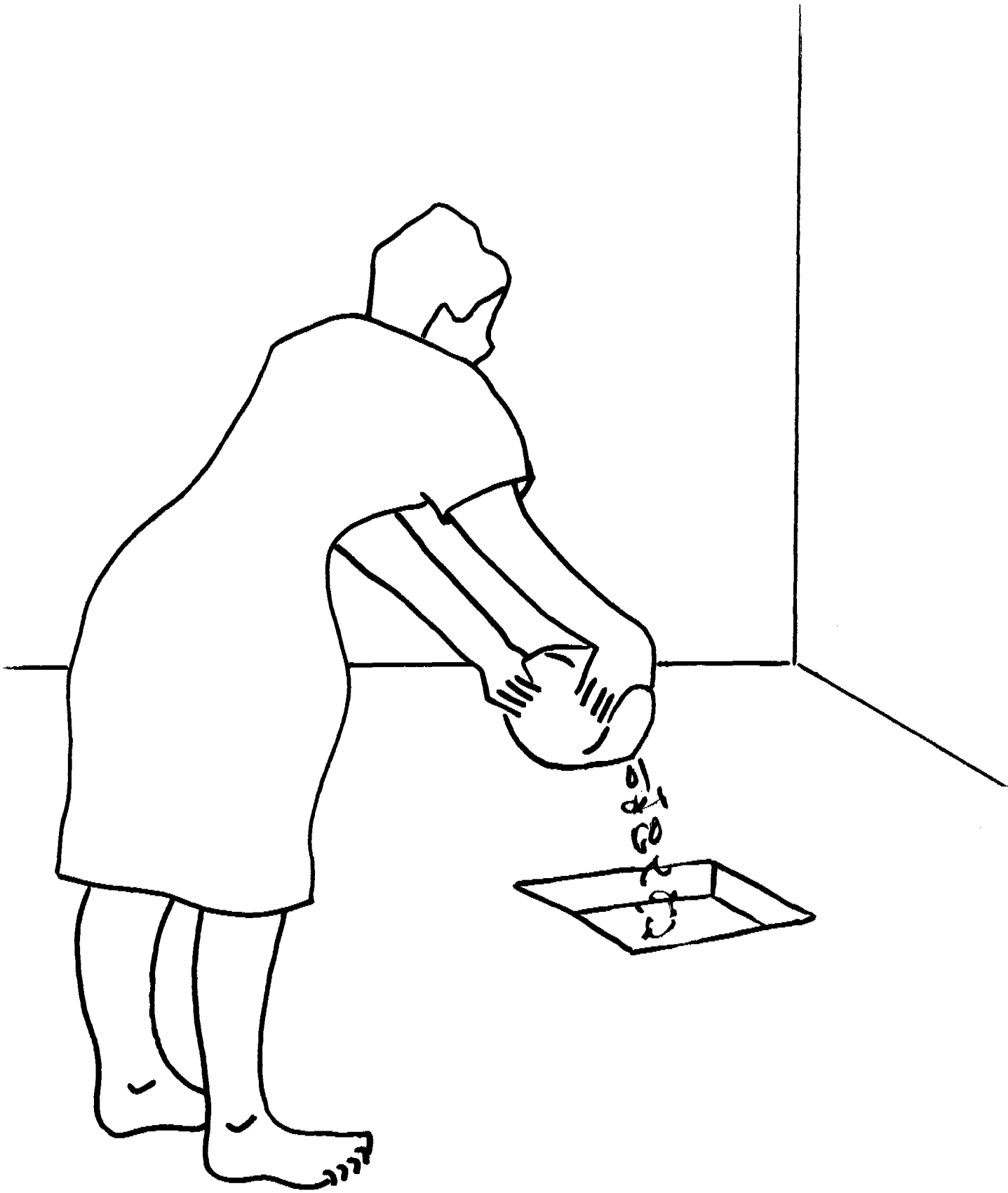


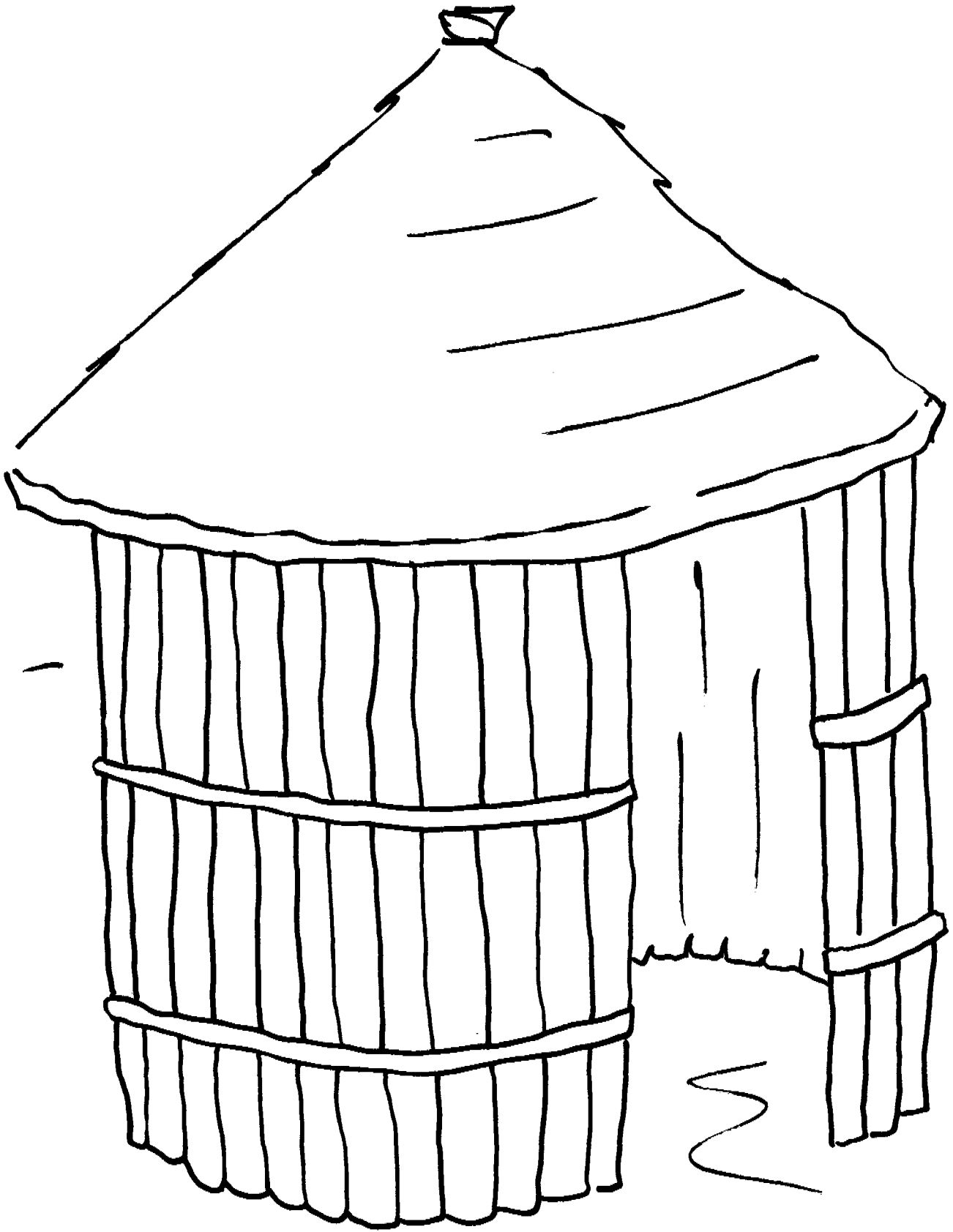


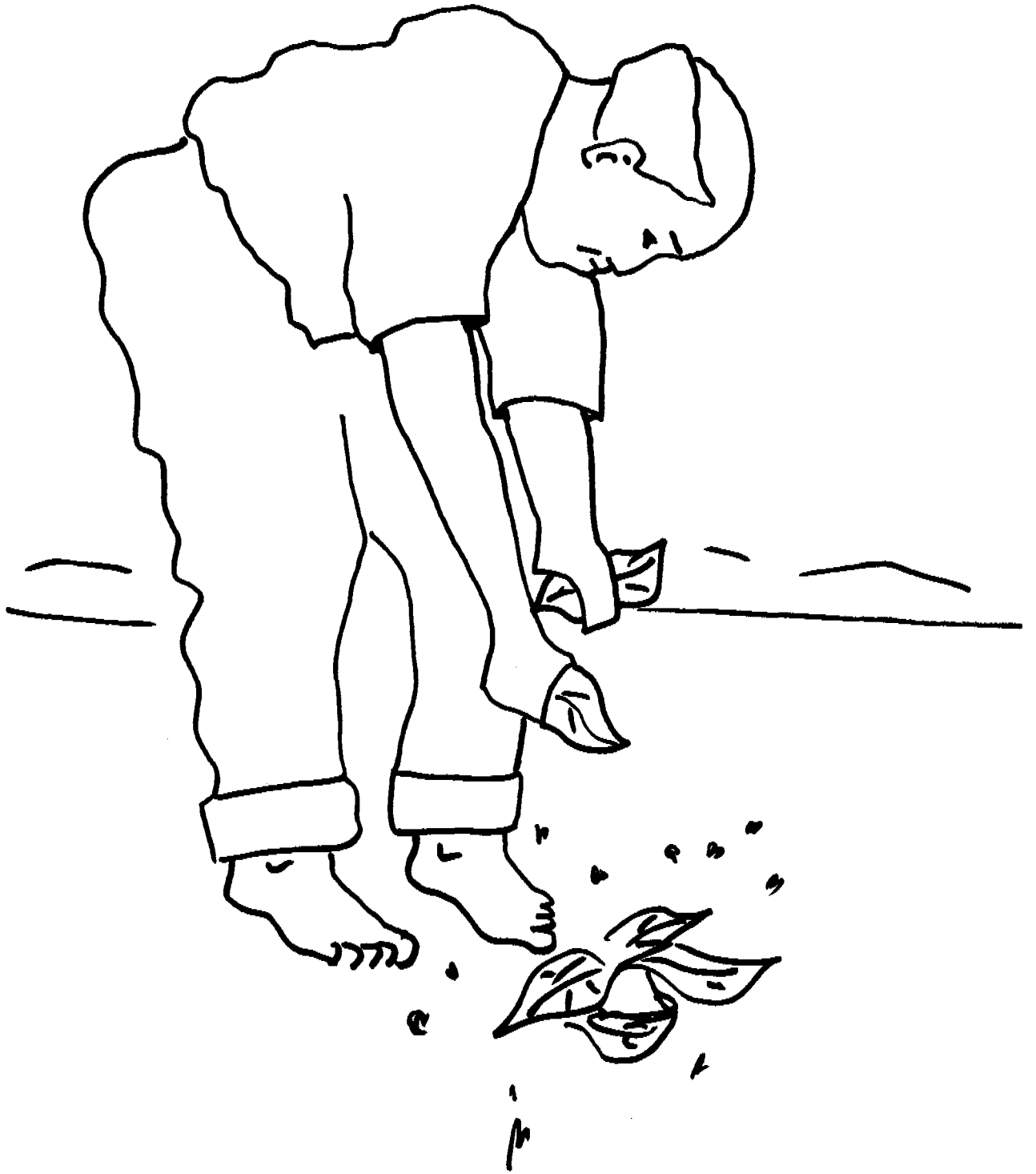


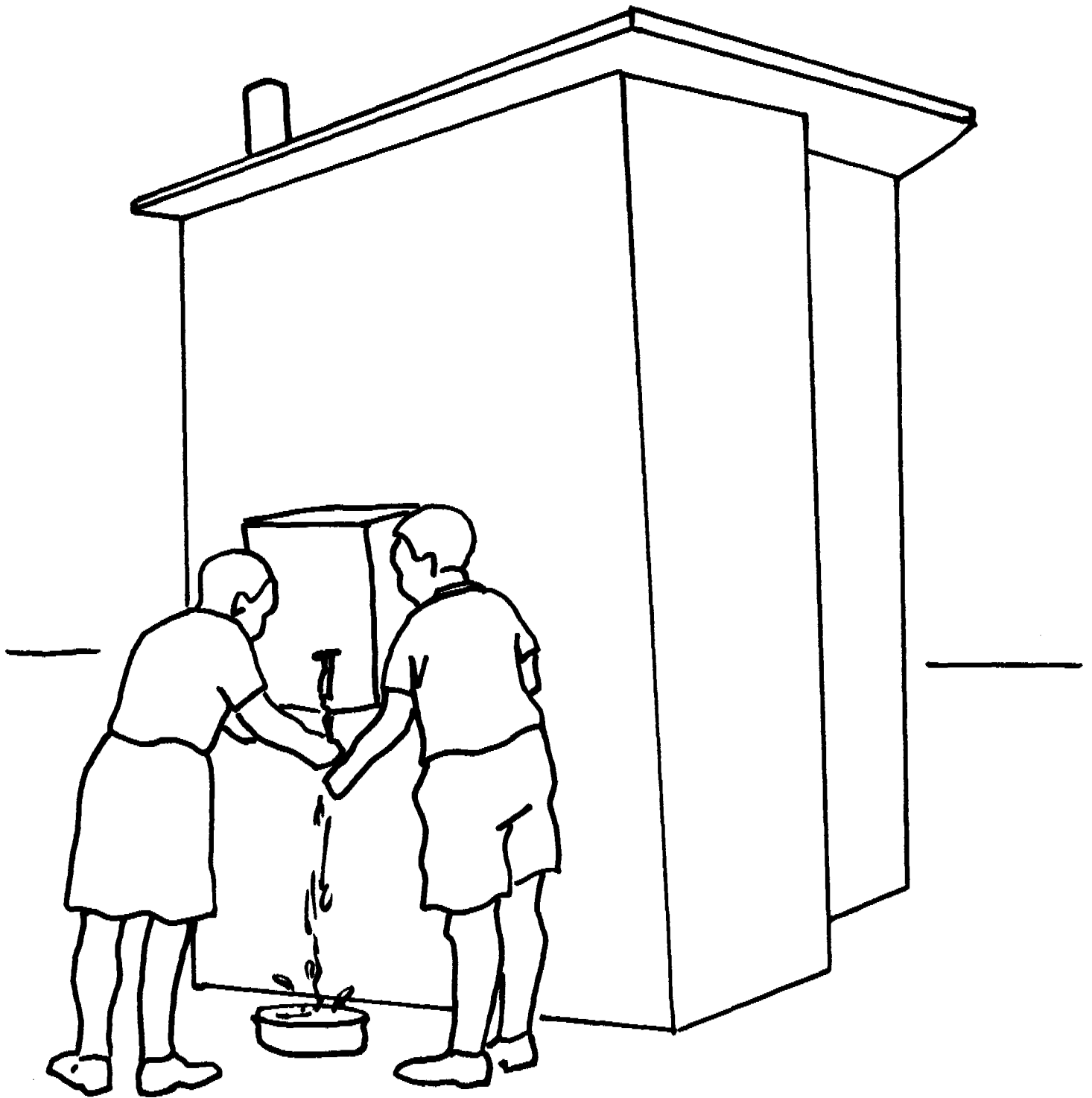










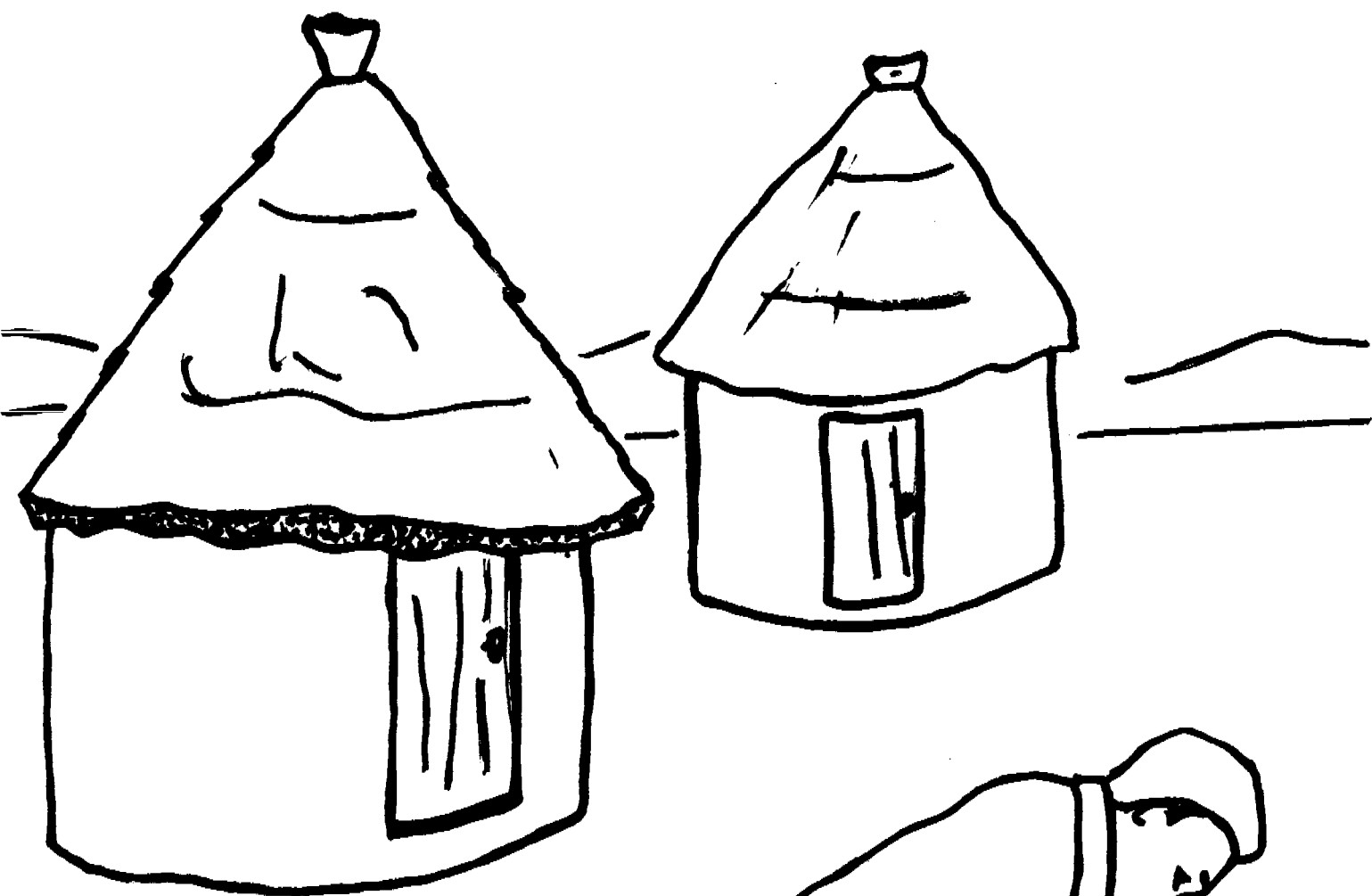


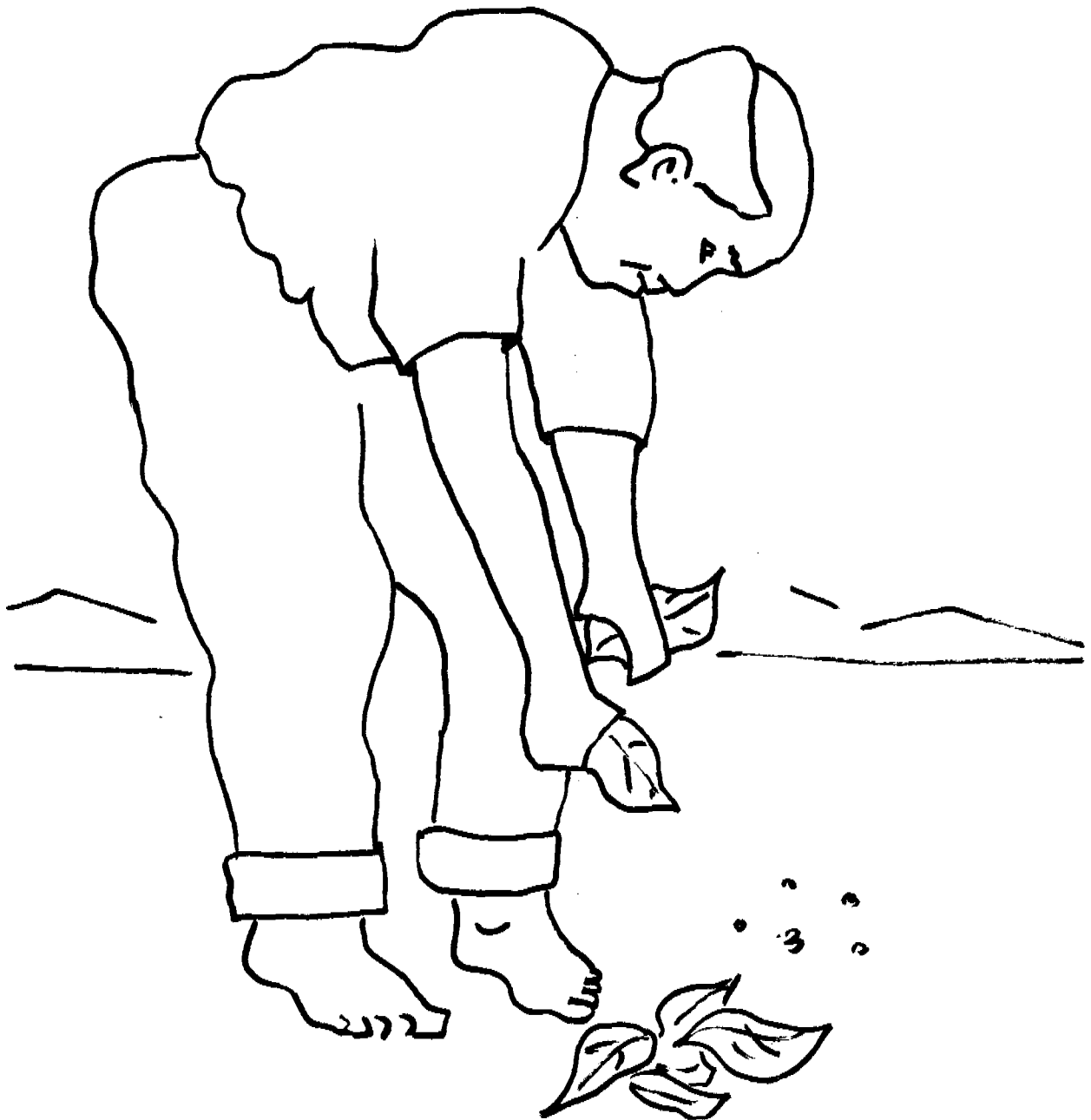


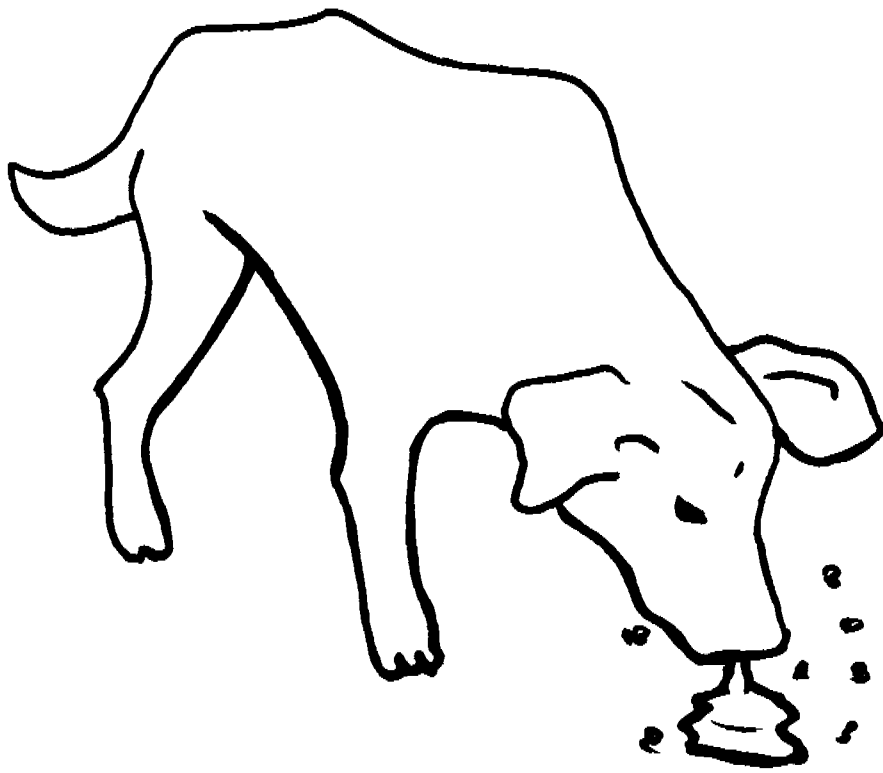


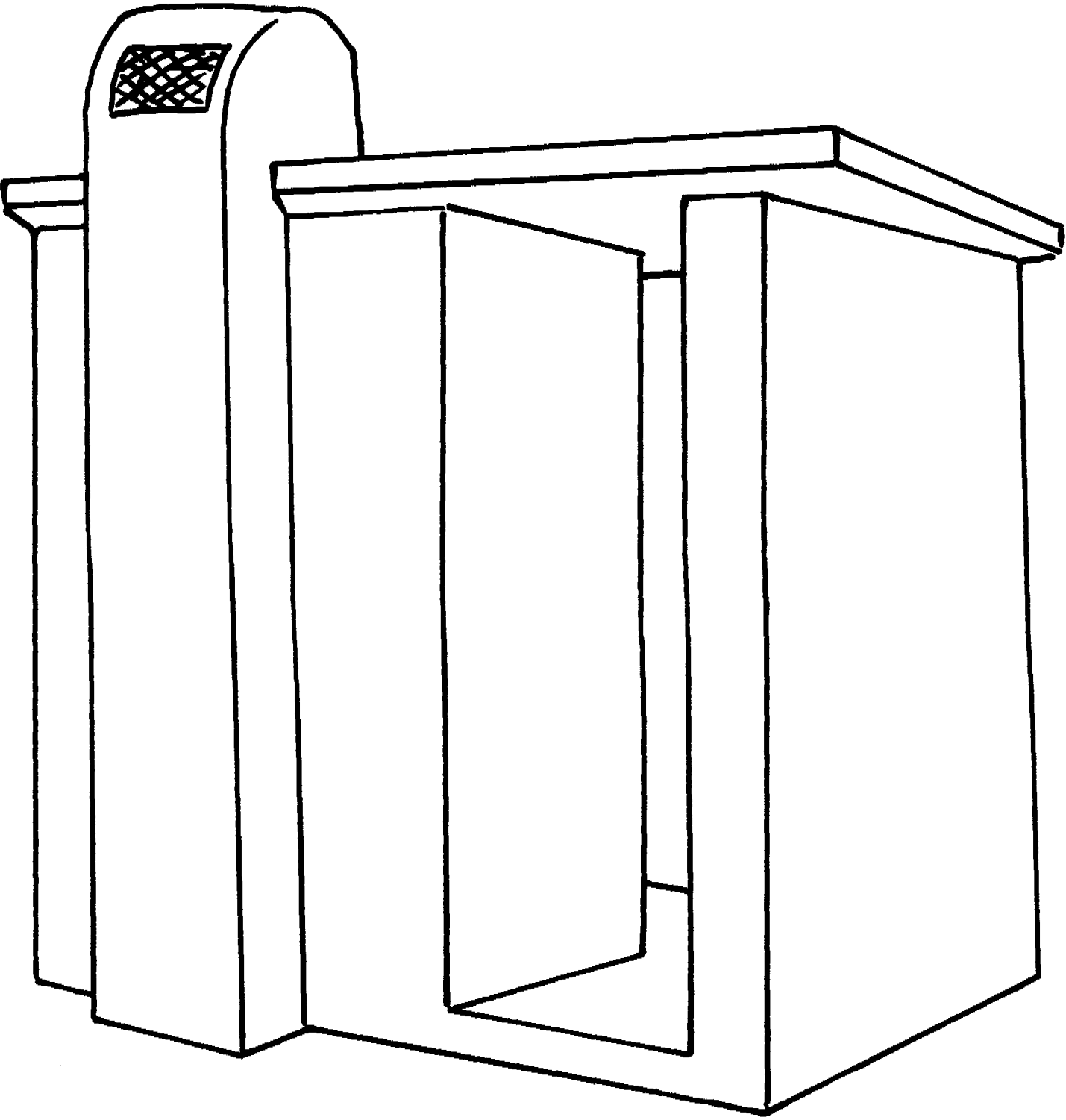


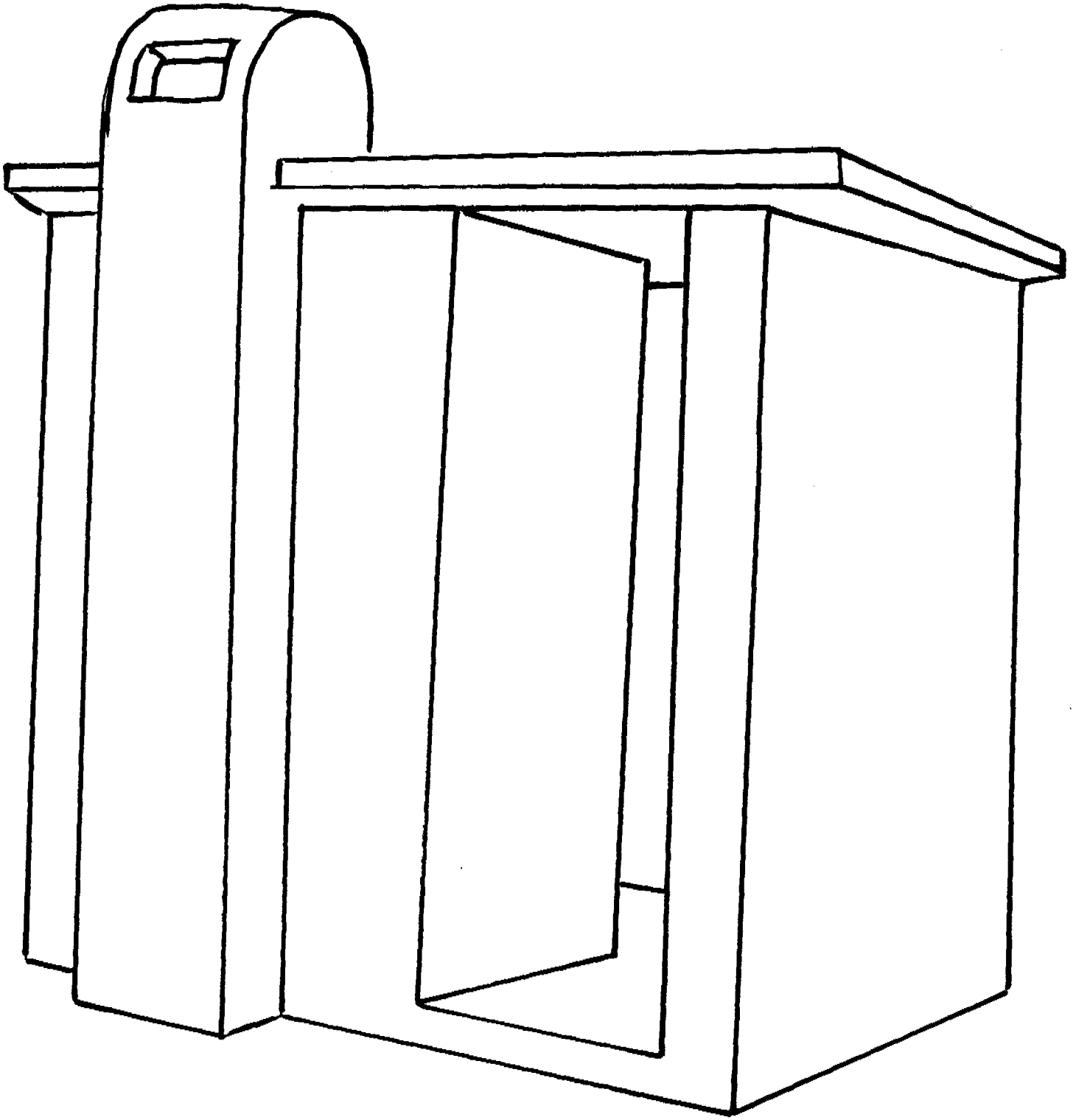


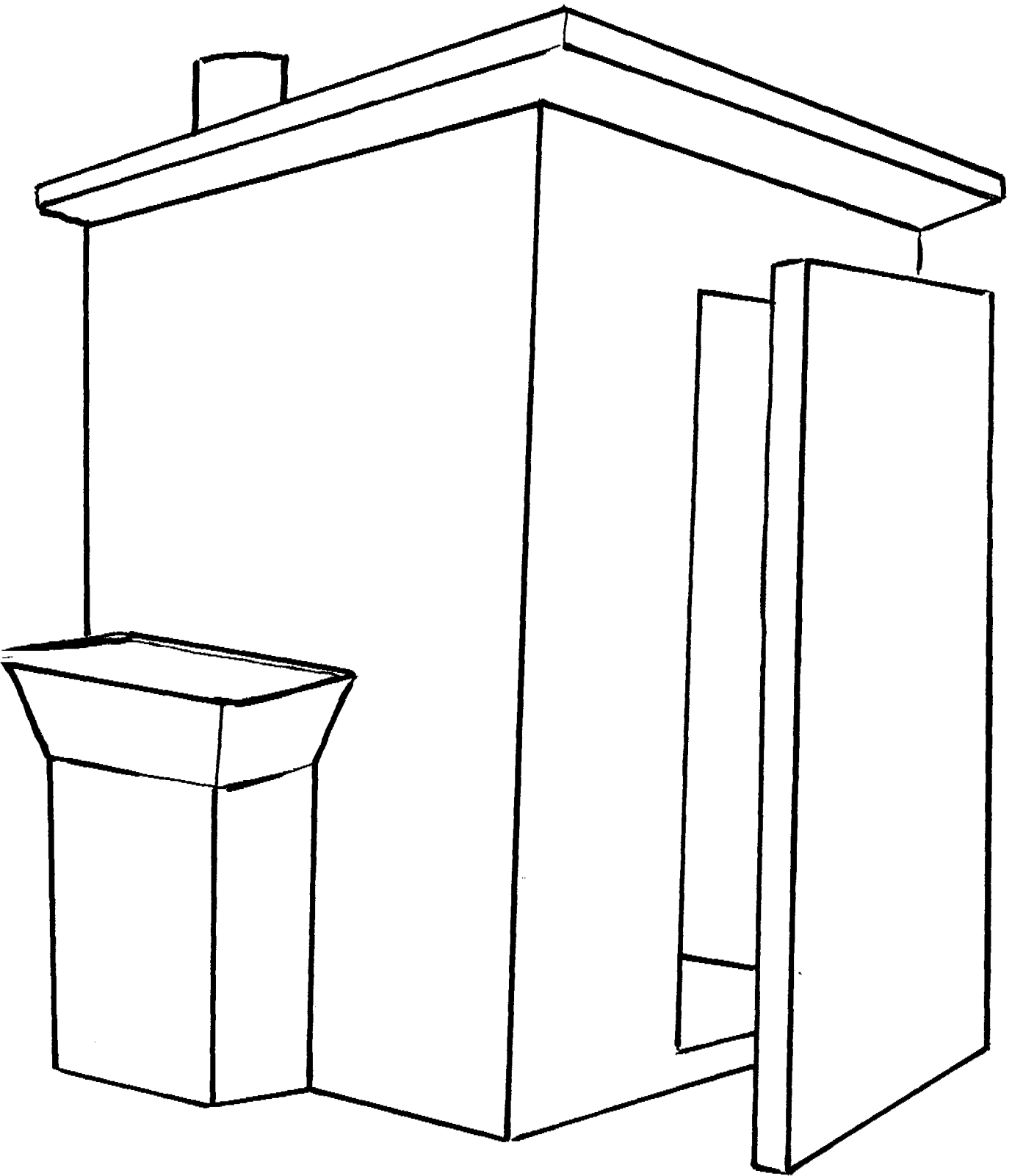












BLOCKING THE ROUTES

PURPOSE: In order to gain a greater understanding of hygiene risk behaviours and of possible interventions it is necessary to look at how faecal transmission takes place and the possible faecal-oral transmission routes.

TIME: 1 - 2 hours

TARGET GROUP: Community groups, VCWs, Village leaders.

MATERIALS: Set of pictures/drawings depicting points in the faecal-oral transmission route. Alternatively just two pictures one of a mouth and one of somebody defaecating. Blank paper, leaves, sticks and a marker.

METHOD: The exercise is divided into two main components:

- Faecal-oral routes
- Blocking the routes

Faecal-oral routes looks at the possible routes of transmission of faecal contamination to the mouth. While blocking the routes helps identify interventions which can be made to avoid this faecal contamination.

Depending on the number of participants, divide them into groups of about 10-12 and give them one of the following tasks:

1. Sort out the set of drawing and place them on the ground/chart. Use a marker to indicate possible faecal-oral transmission routes.
2. Identify common homestead places or activities that are possible routes for faecal-oral transmission.

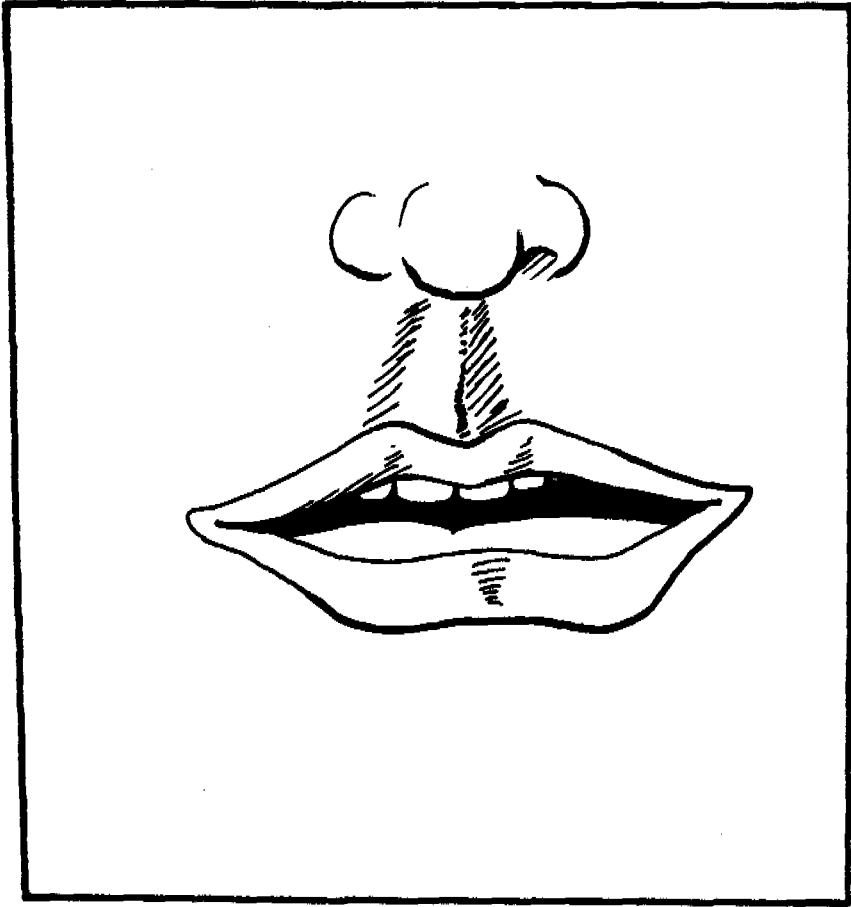
Once the faecal-oral routes have been identified by the groups. Ask them to identify the barriers to faecal-oral transmission and place the barriers on their diagram.

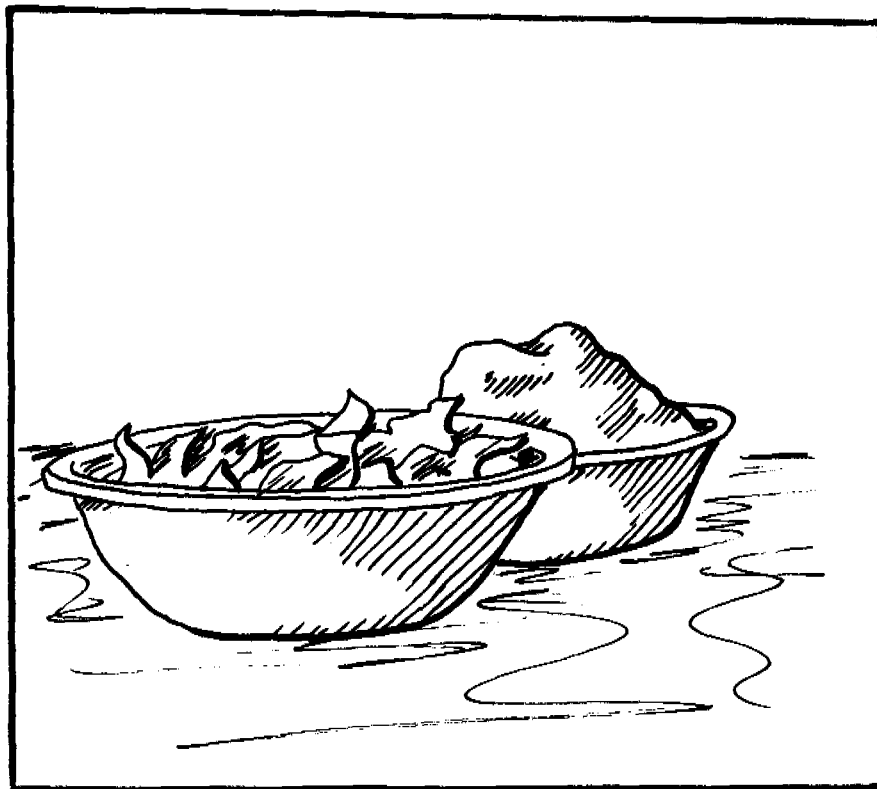
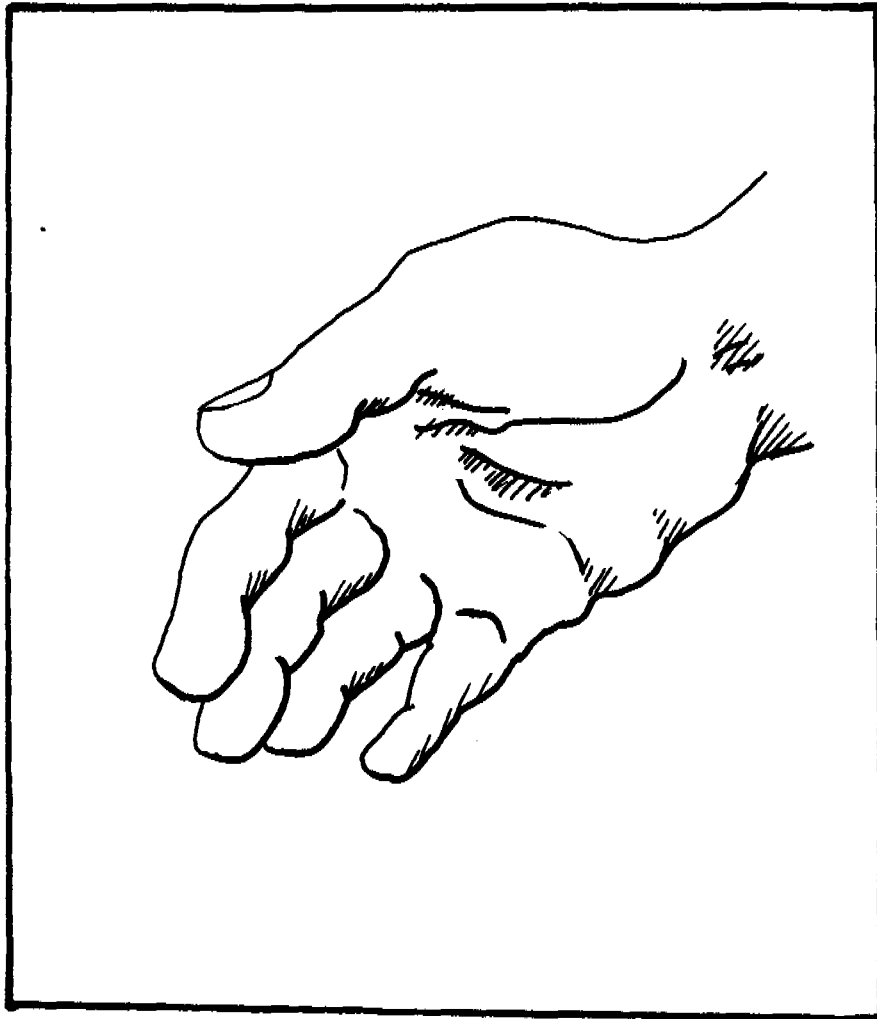
DISCUSSION POINTS:

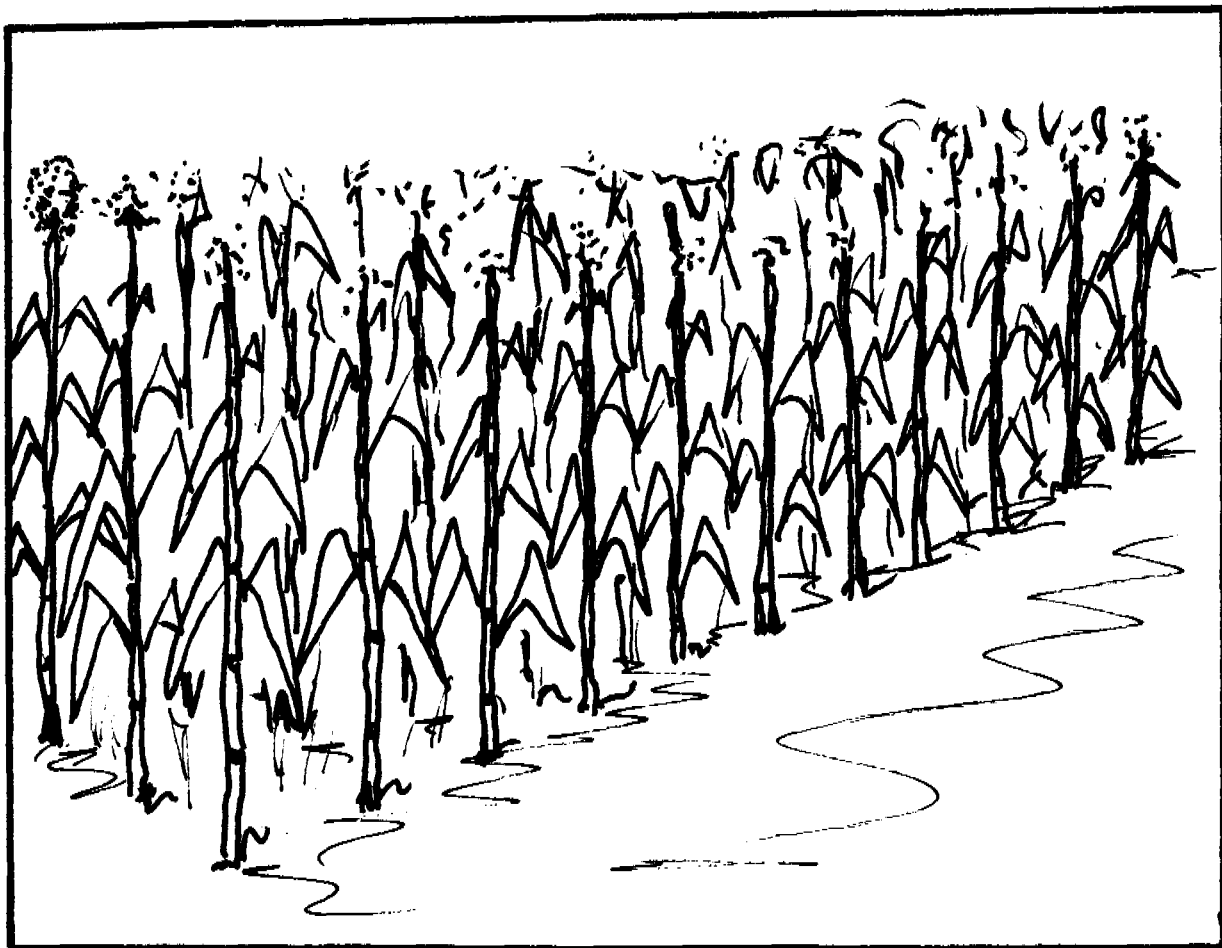
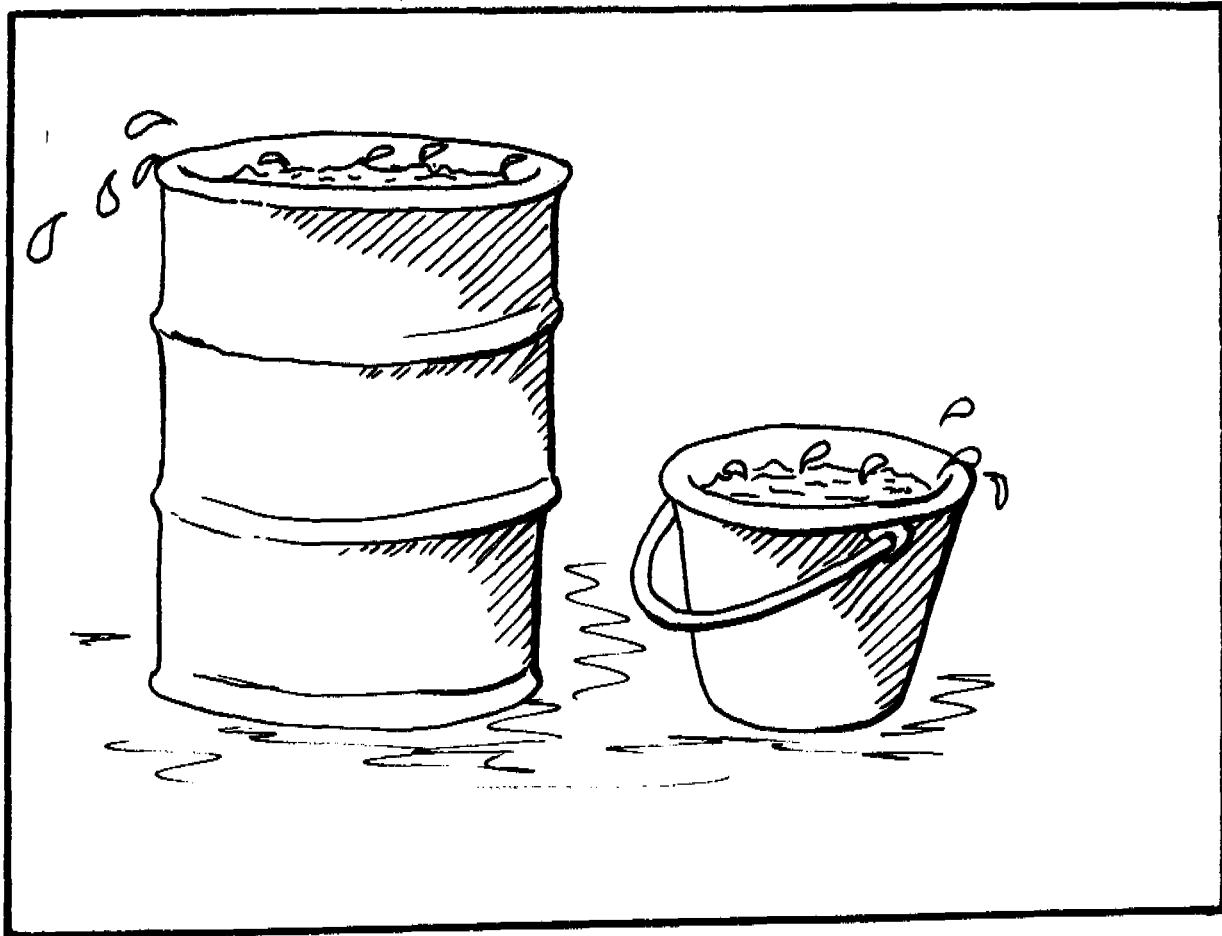
1. Is it possible to block the routes of transmission and prevent diseases?
2. Are physical barriers such as latrines the only solutions?
3. How can we improve hygiene practices in the homestead/community/school?
4. How easy/difficult is it to block the routes?
5. How can we as a group "block the routes"?

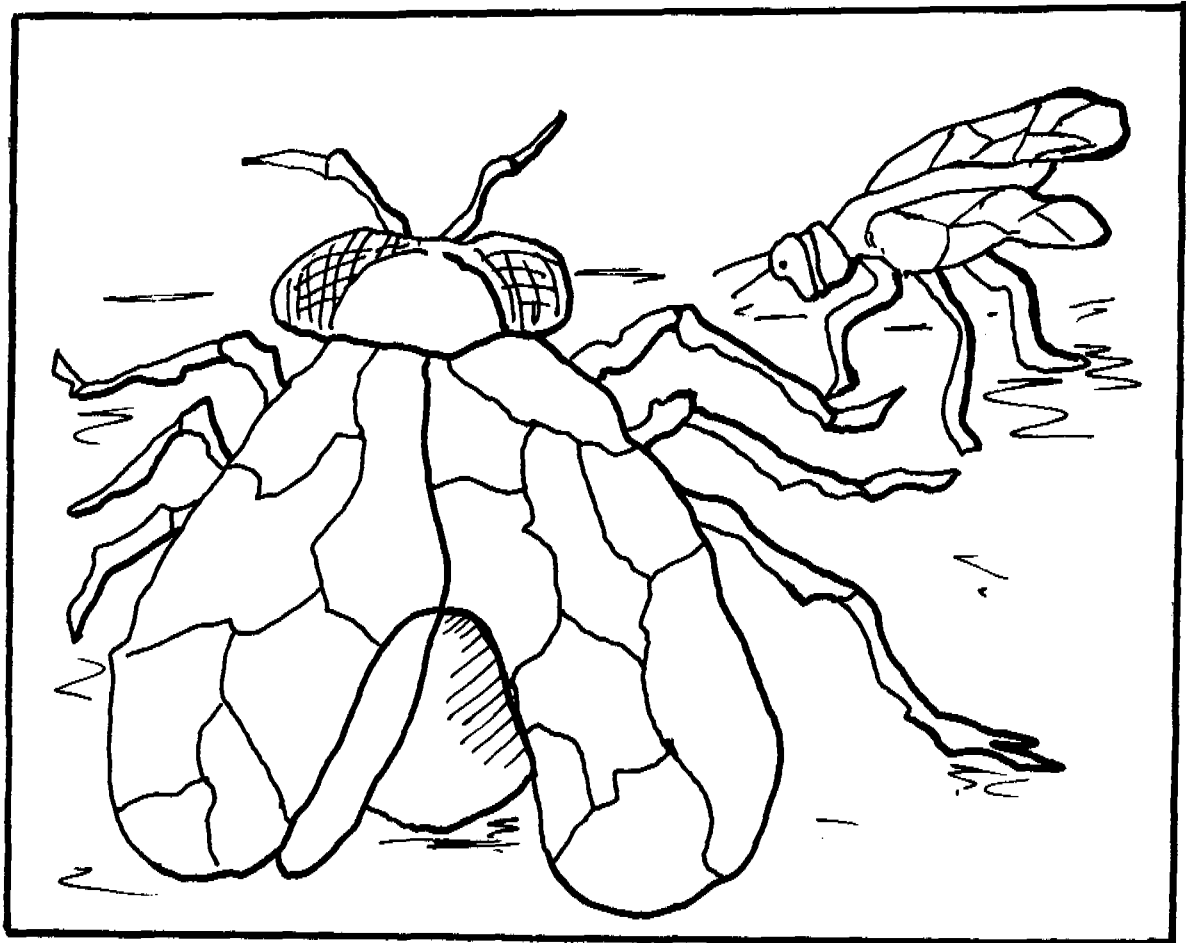
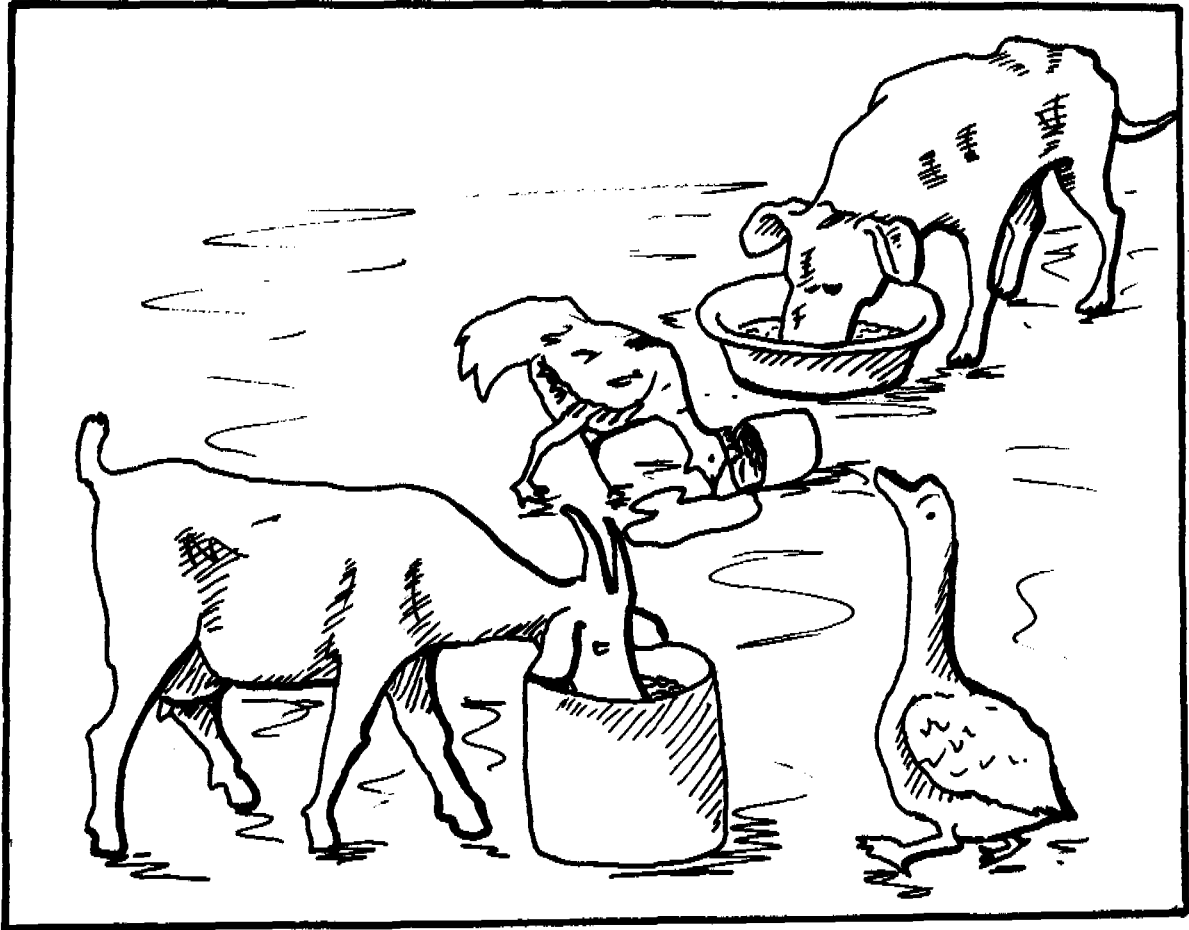
BLOCKING THE ROUTE

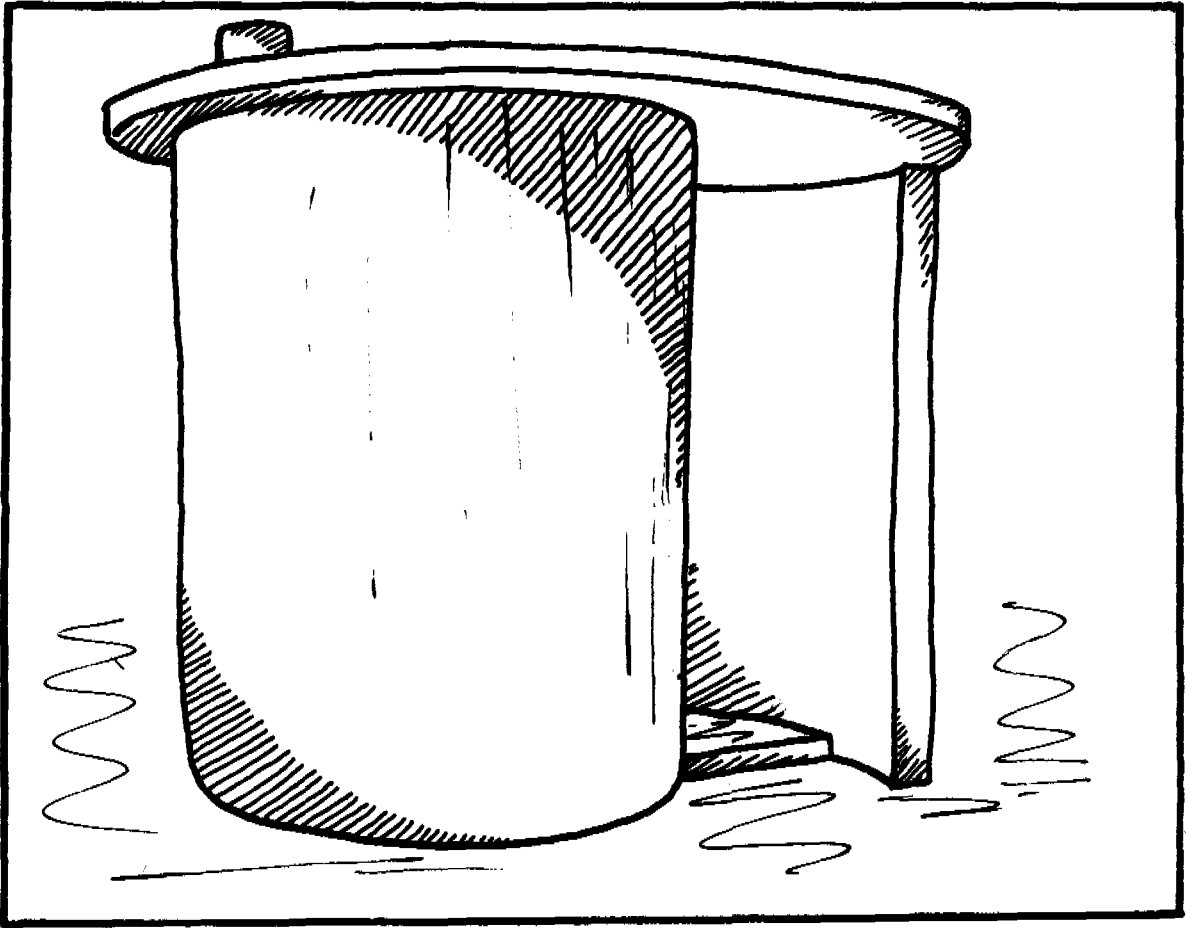
PHE TOOL KIT

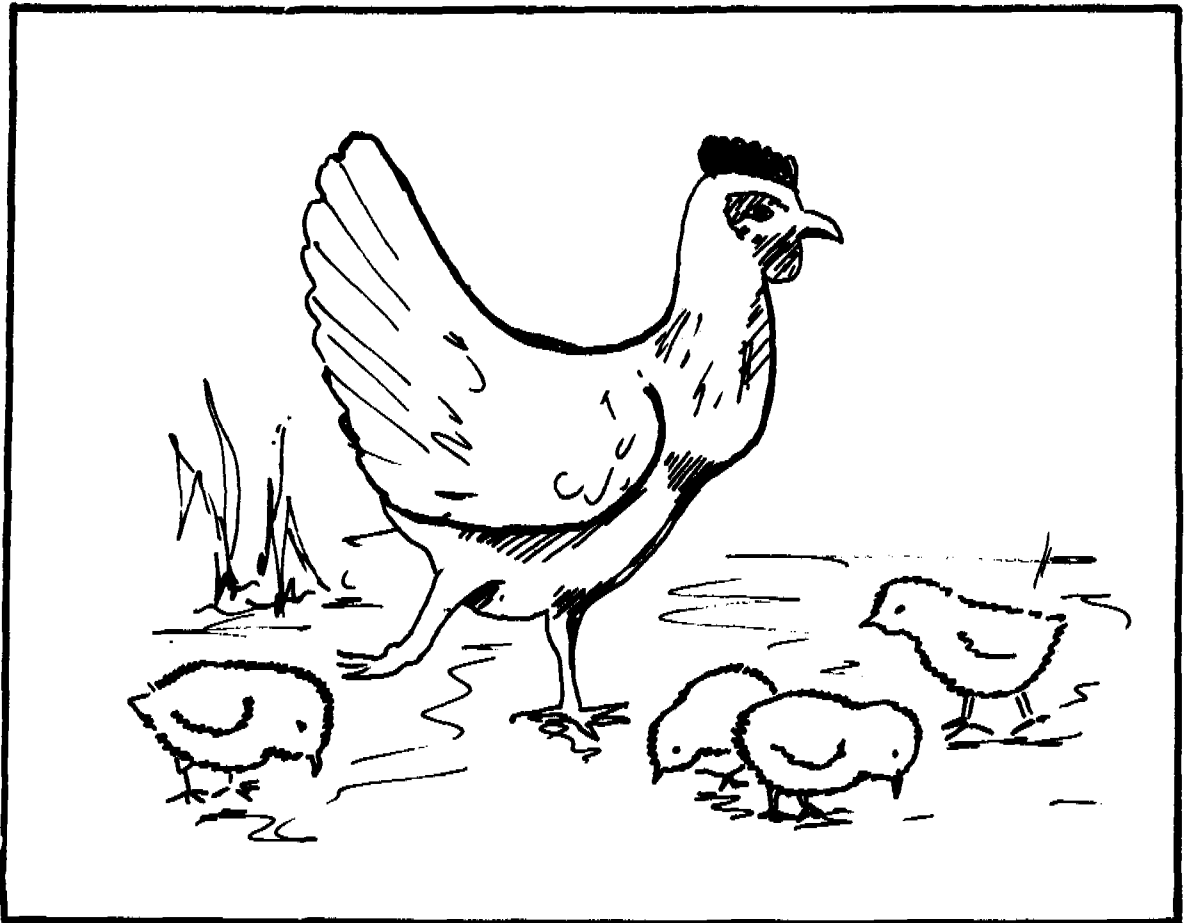
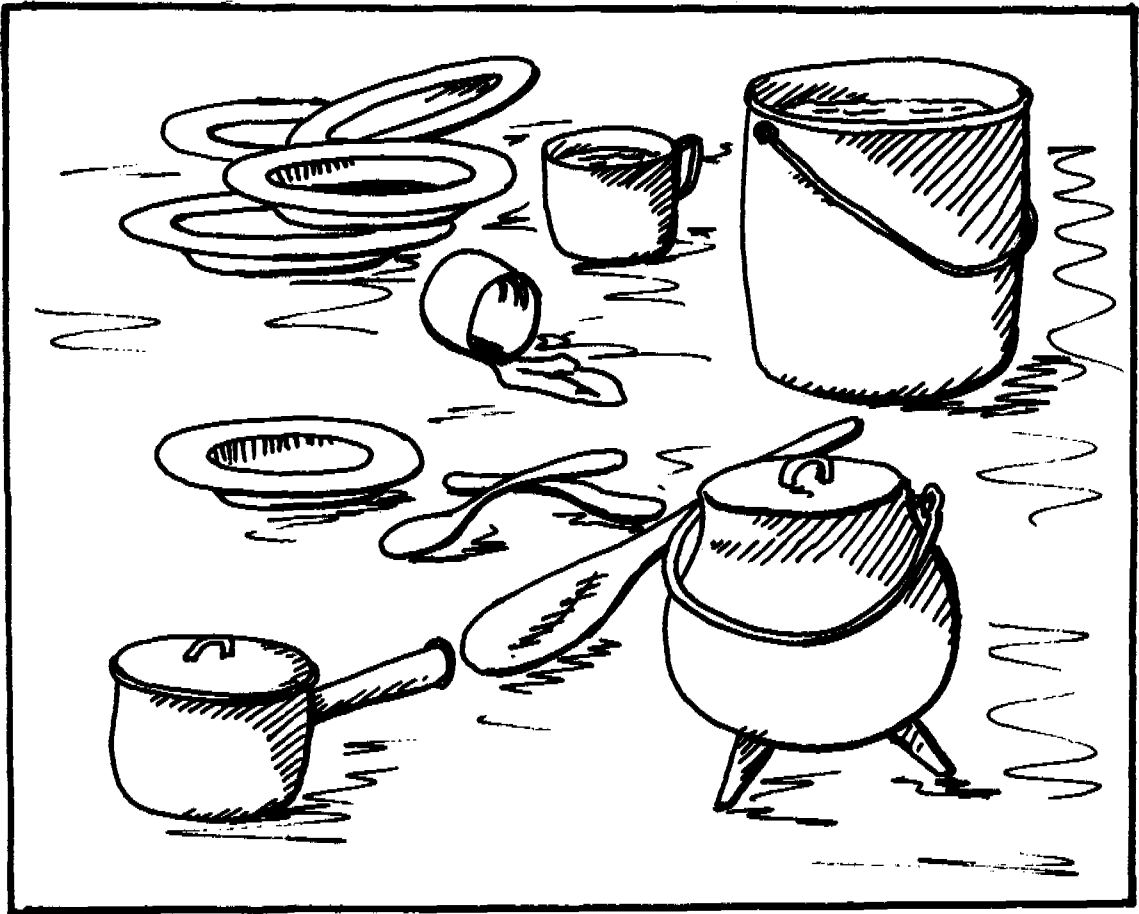












NURSE TANAKA

PURPOSE: Nurse Tanaka is an exercise which allows the community to identify health problems which they feel are relevant to them, and indirectly mirrors themselves and their community. It also helps to distinguish between diseases which are easily preventable and those which need medical intervention. In addition this exercise helps us to gain a better understanding of the communities knowledge of the causes and prevention of certain diseases.

TIME: 1 hour

TARGET GROUP: Community groups especially women

MATERIALS: A picture of a nurse at a clinic/health center. Figures of males, females, children and babies (approx. 20). They should not look or appear sick in any way, just ordinary people in rural dress. Flexis may also be used but should not be used in isolation of stills.

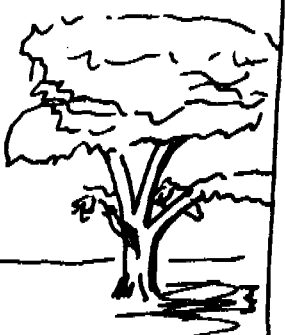
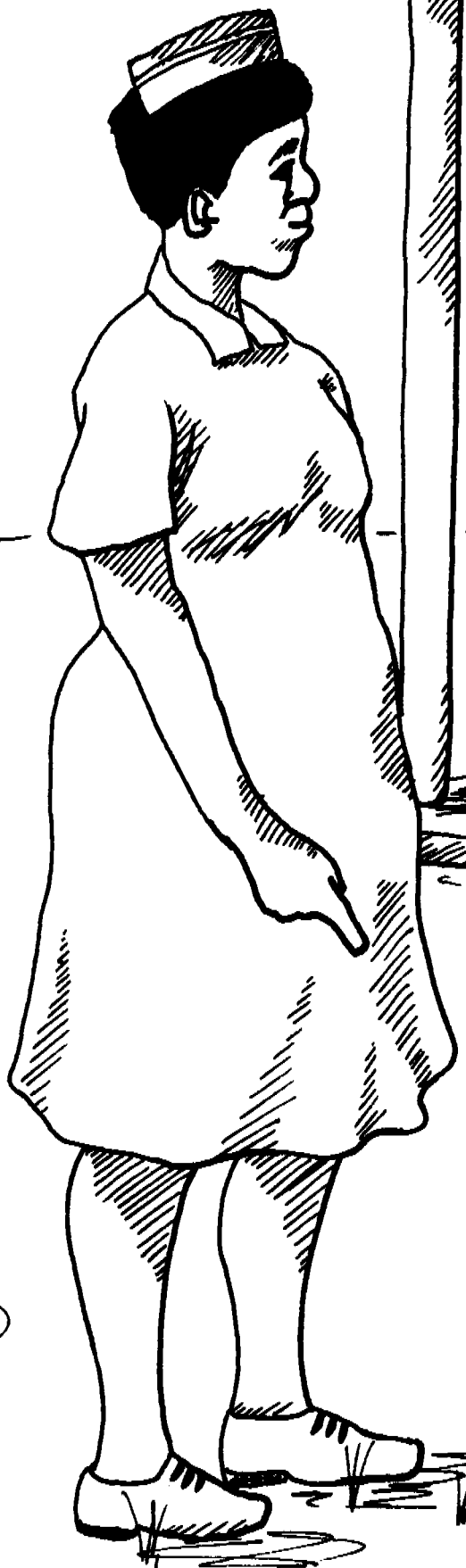
- METHOD:**
1. Give the group a picture of Nurse Tanaka.
 2. Give each individual participant a "Patient"
 3. Explain to the participants that all of these people have come to the clinic to visit Nurse Tanaka. They must place the Patients in a queue and identify the reason (condition/disease) why the patient has come to visit Nurse Tanaka.
 4. The participants are then asked which diseases/conditions are preventable and how can they be prevented. Patients suffering from these conditions/diseases should be removed from the queue.
 5. The participants are then asked how easy it is to prevent these diseases.

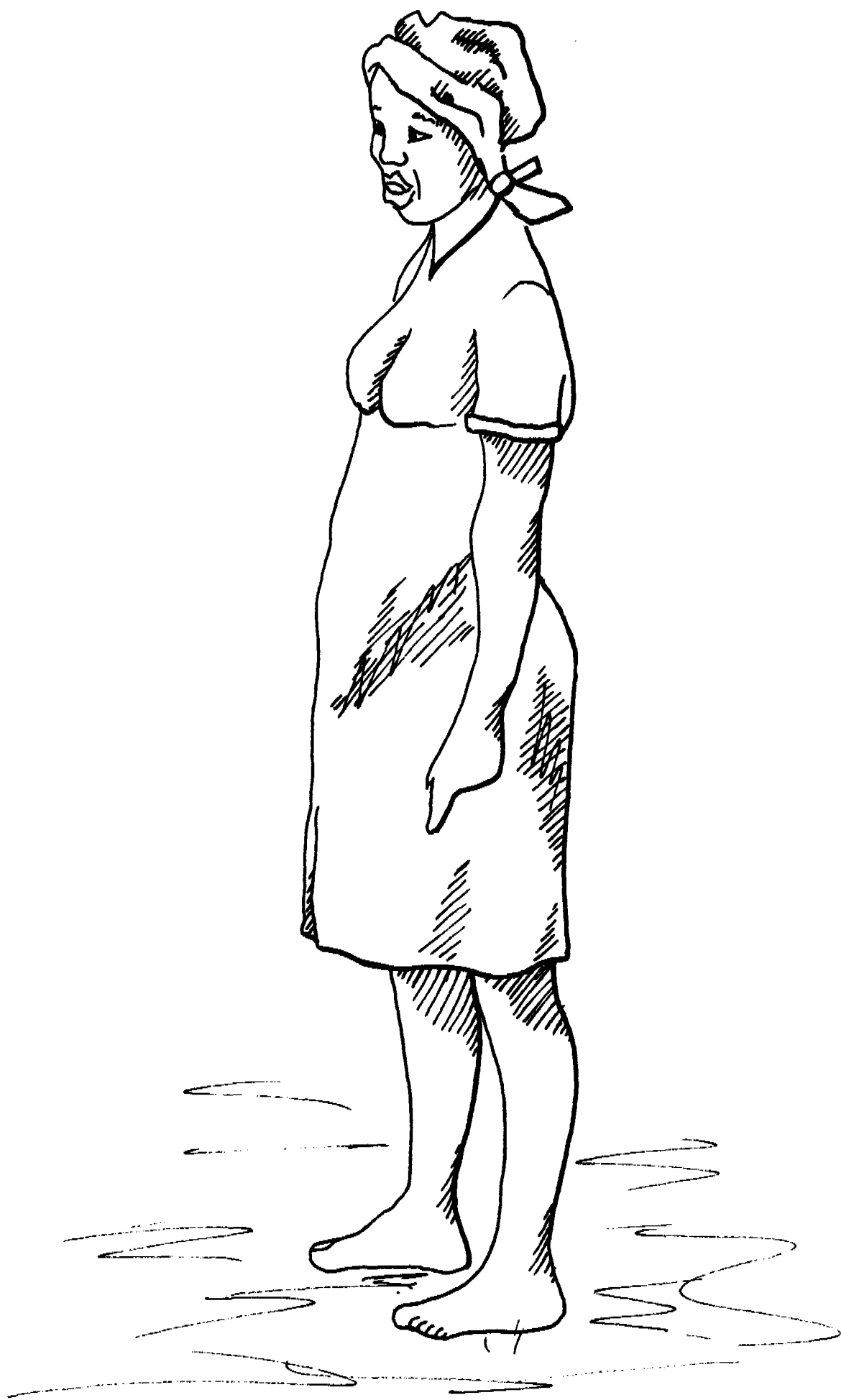
- DISCUSSION POINTS:**
1. How easy is it to prevent these diseases?
 2. What can we do to prevent these diseases?
 3. Why should we go to the clinic - PNC, EPI, etc.

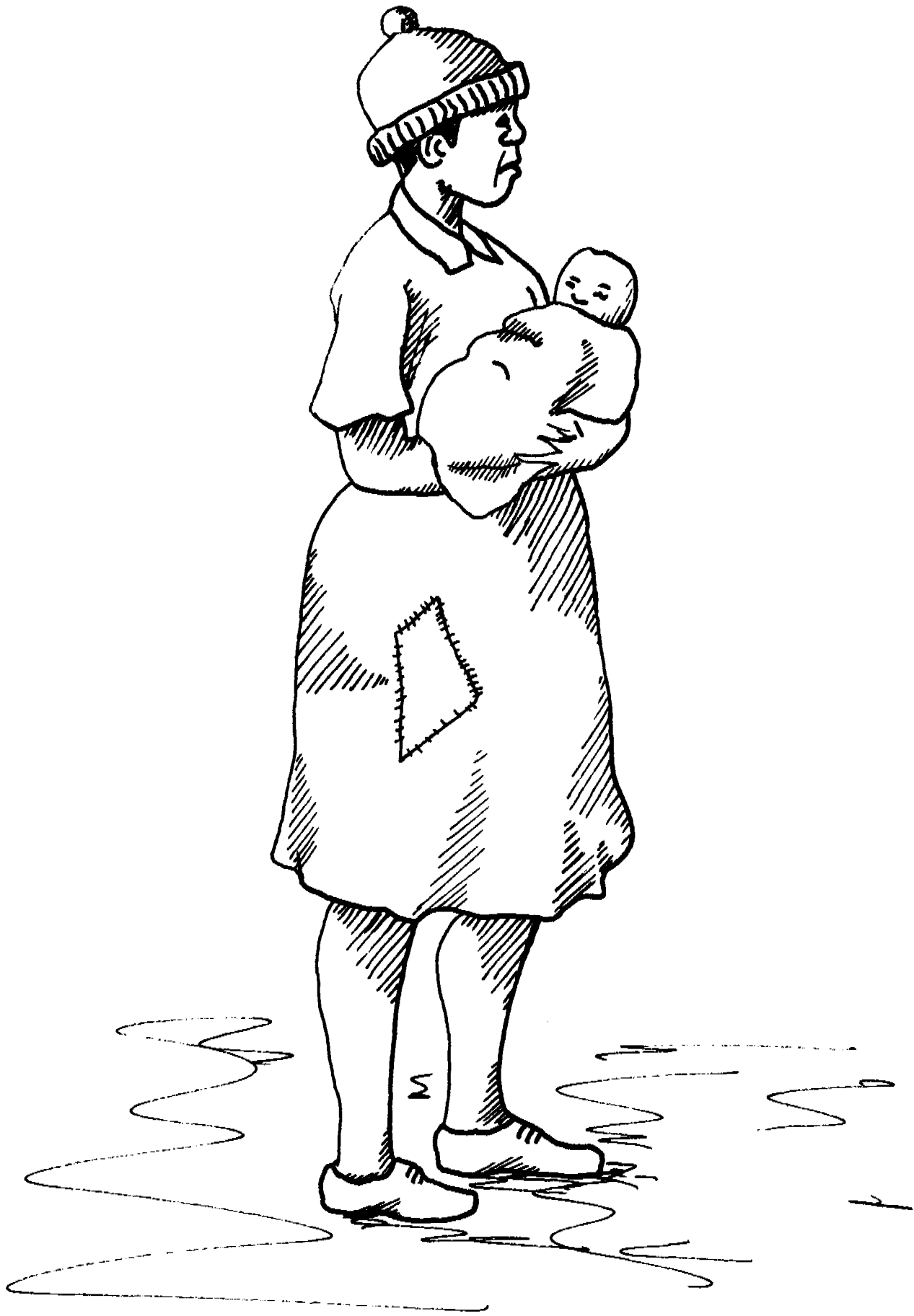
NURSE TANAKA

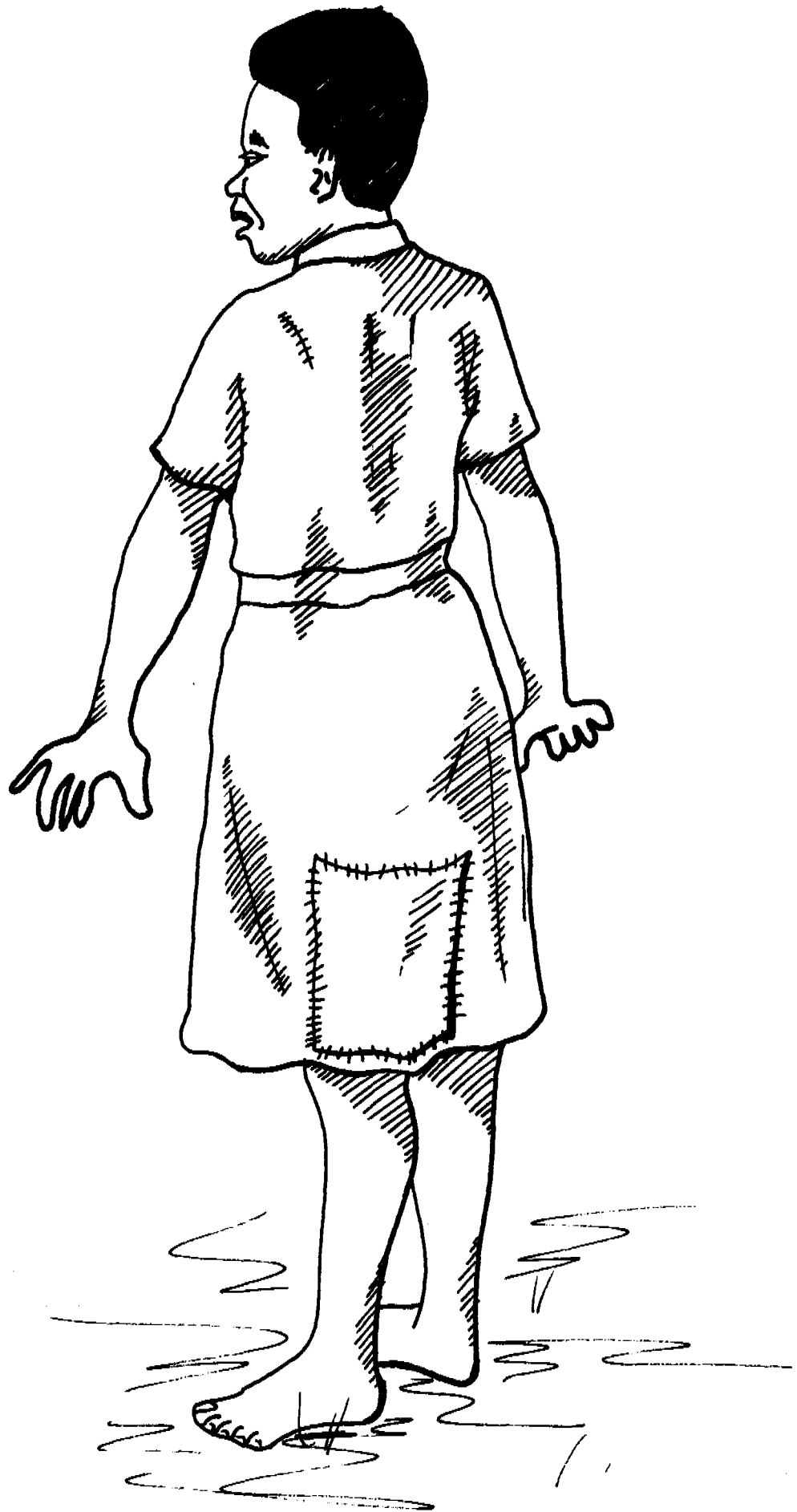
PHE TOOL KIT

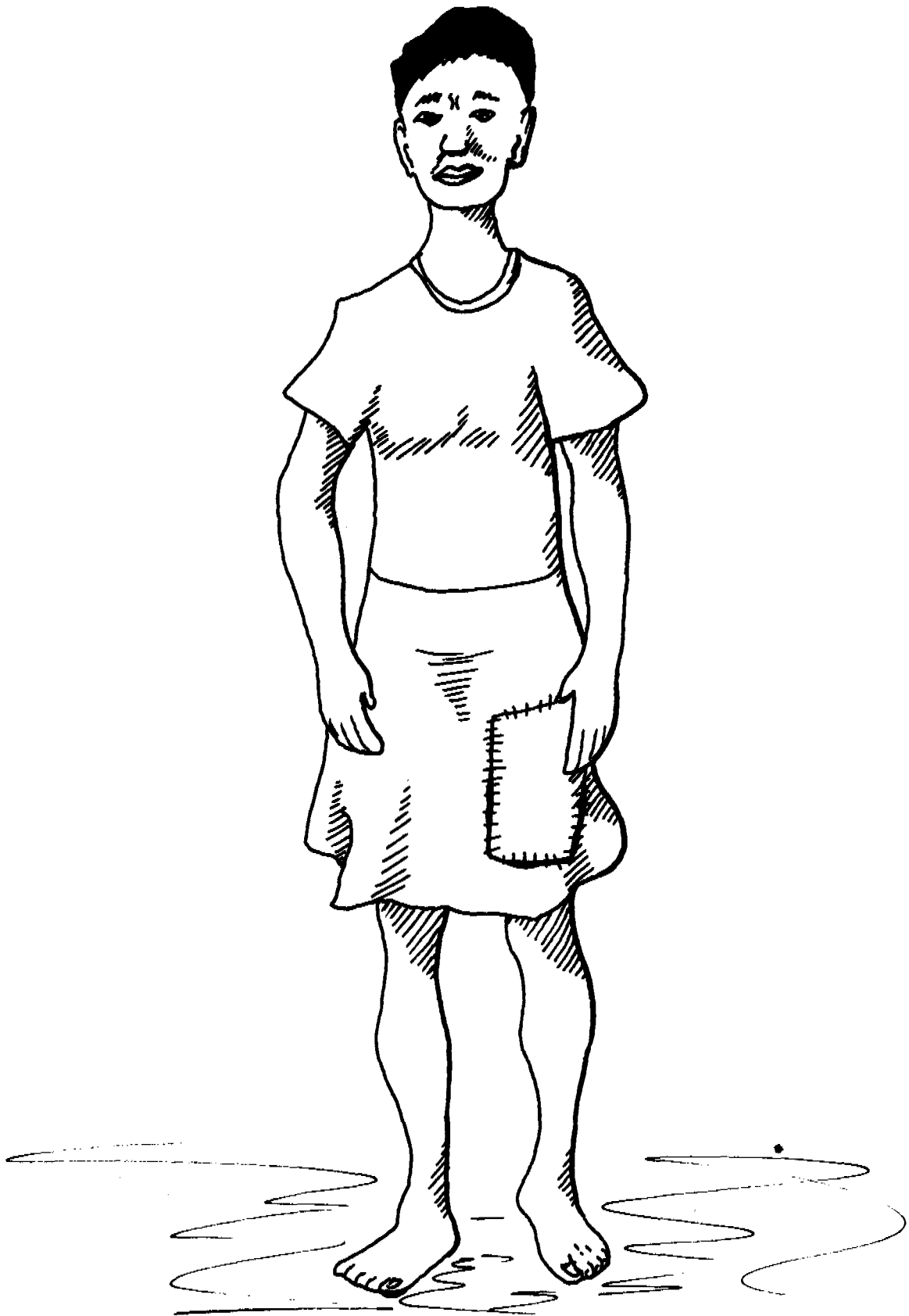
CLINIC
CHIPATARA

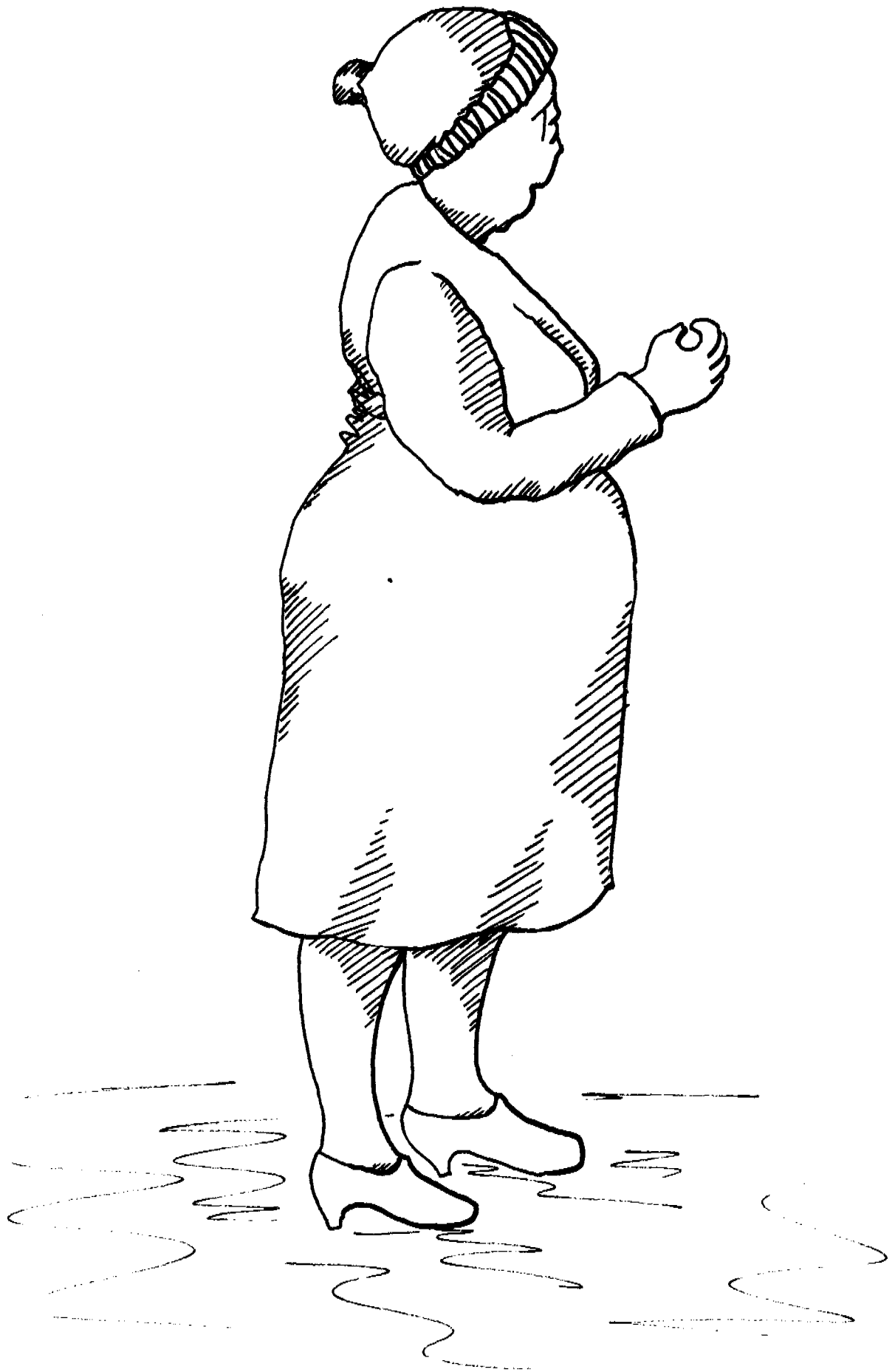


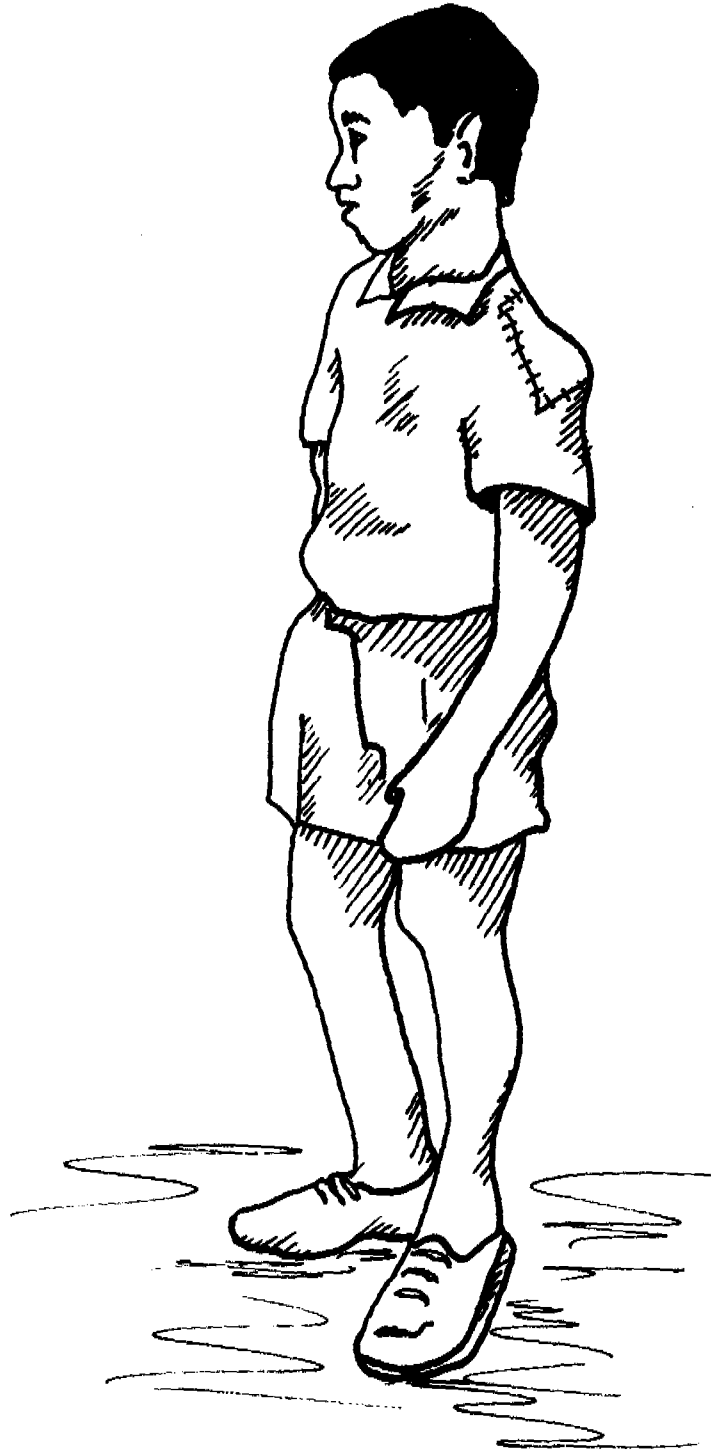






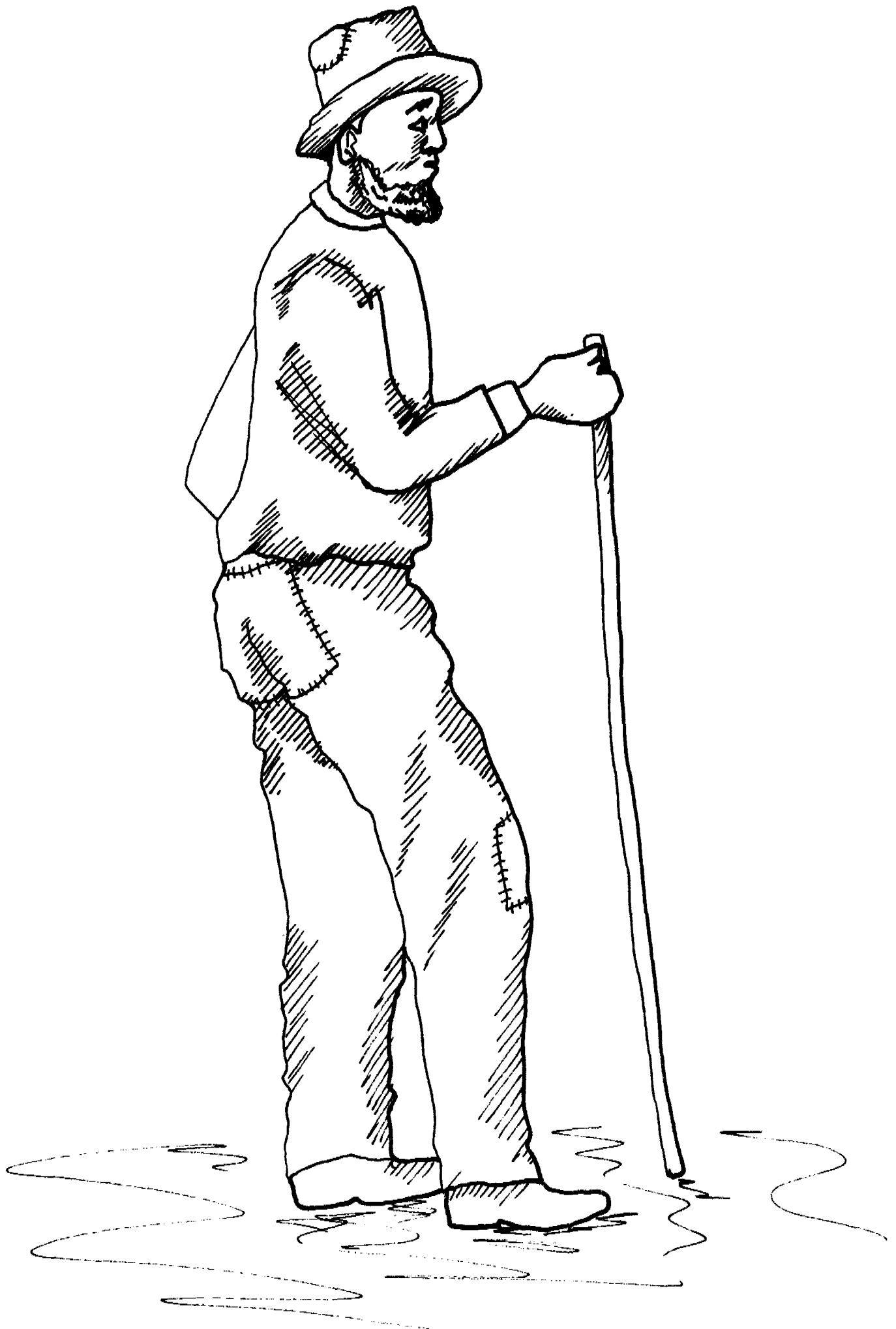




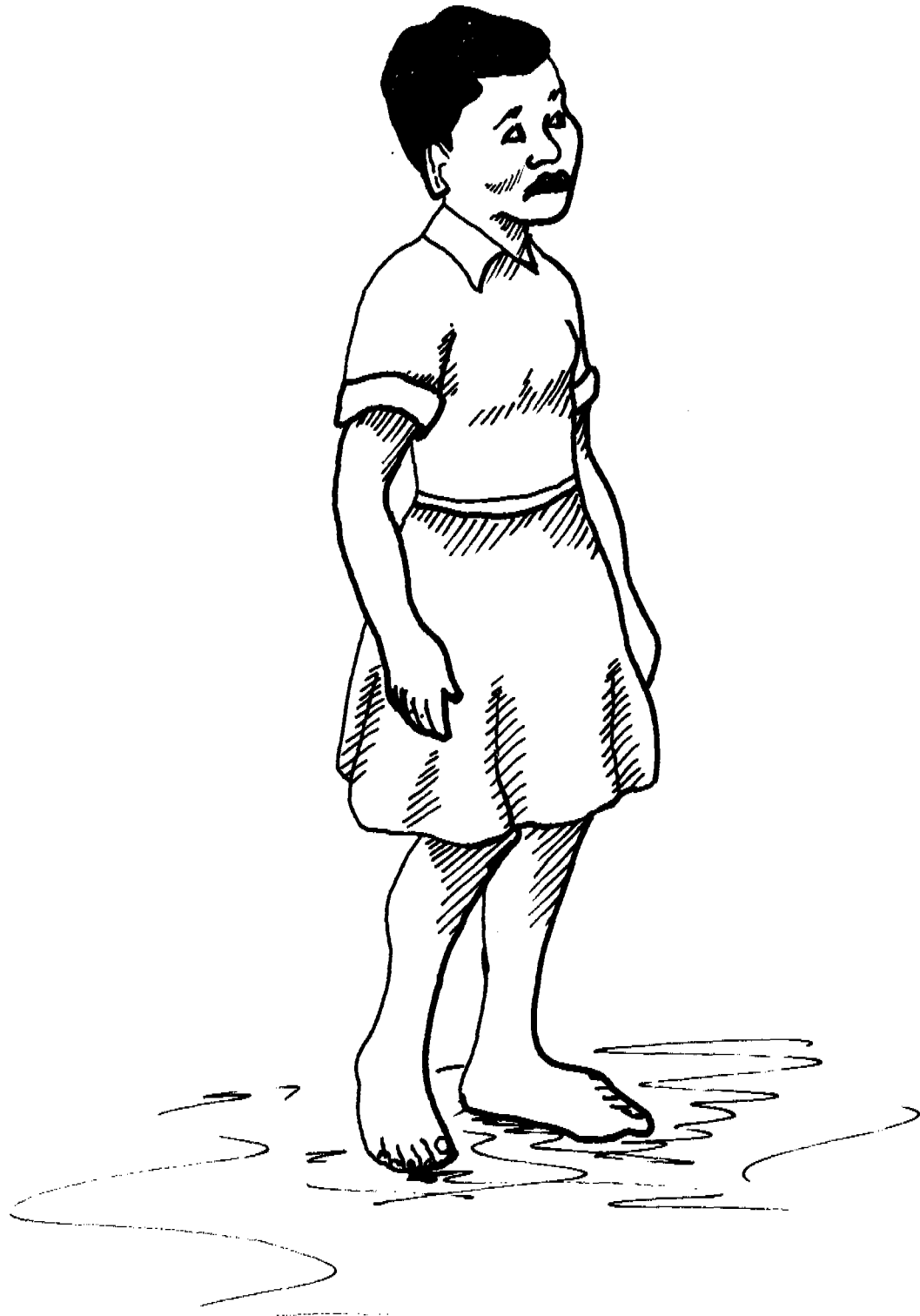






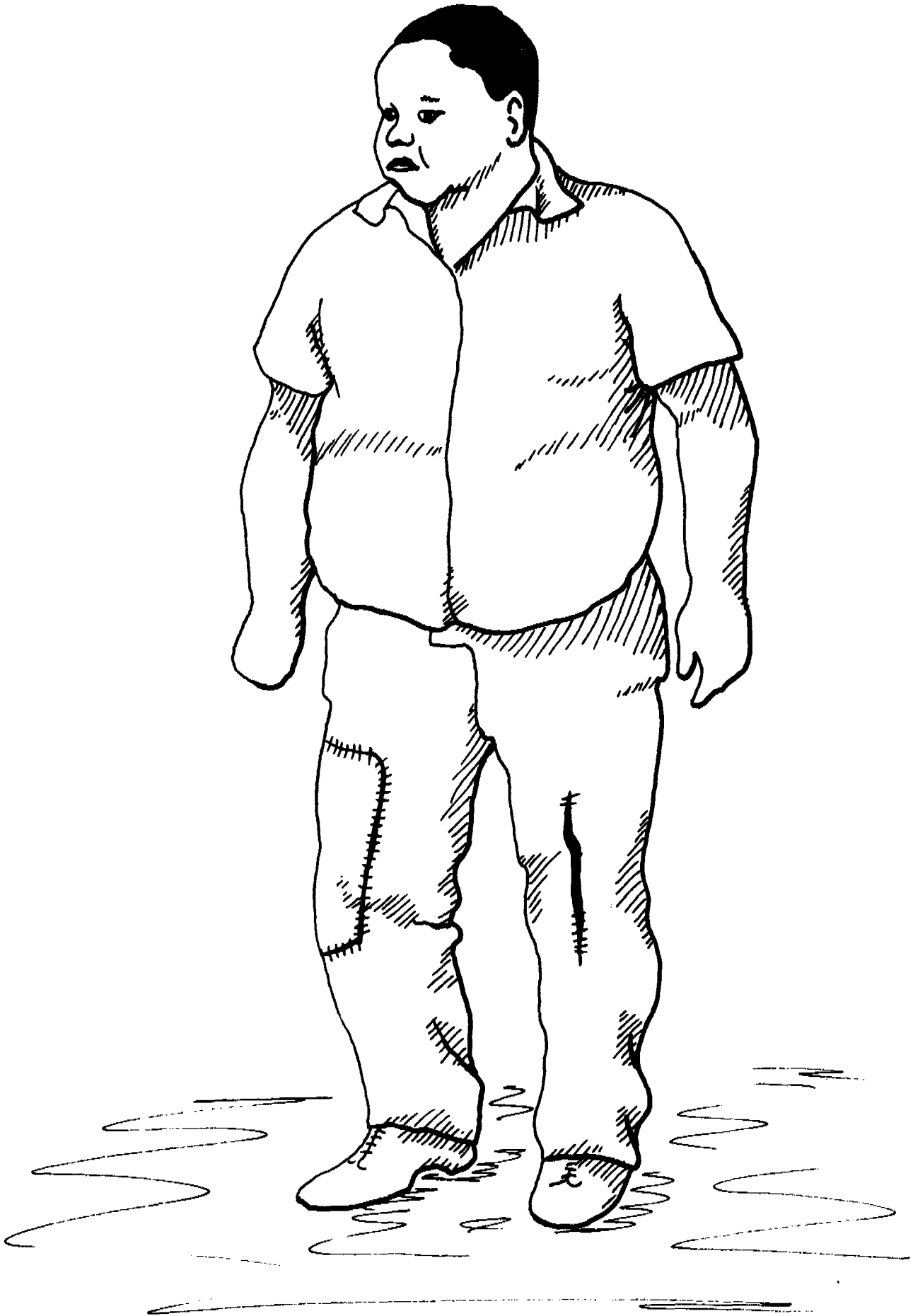


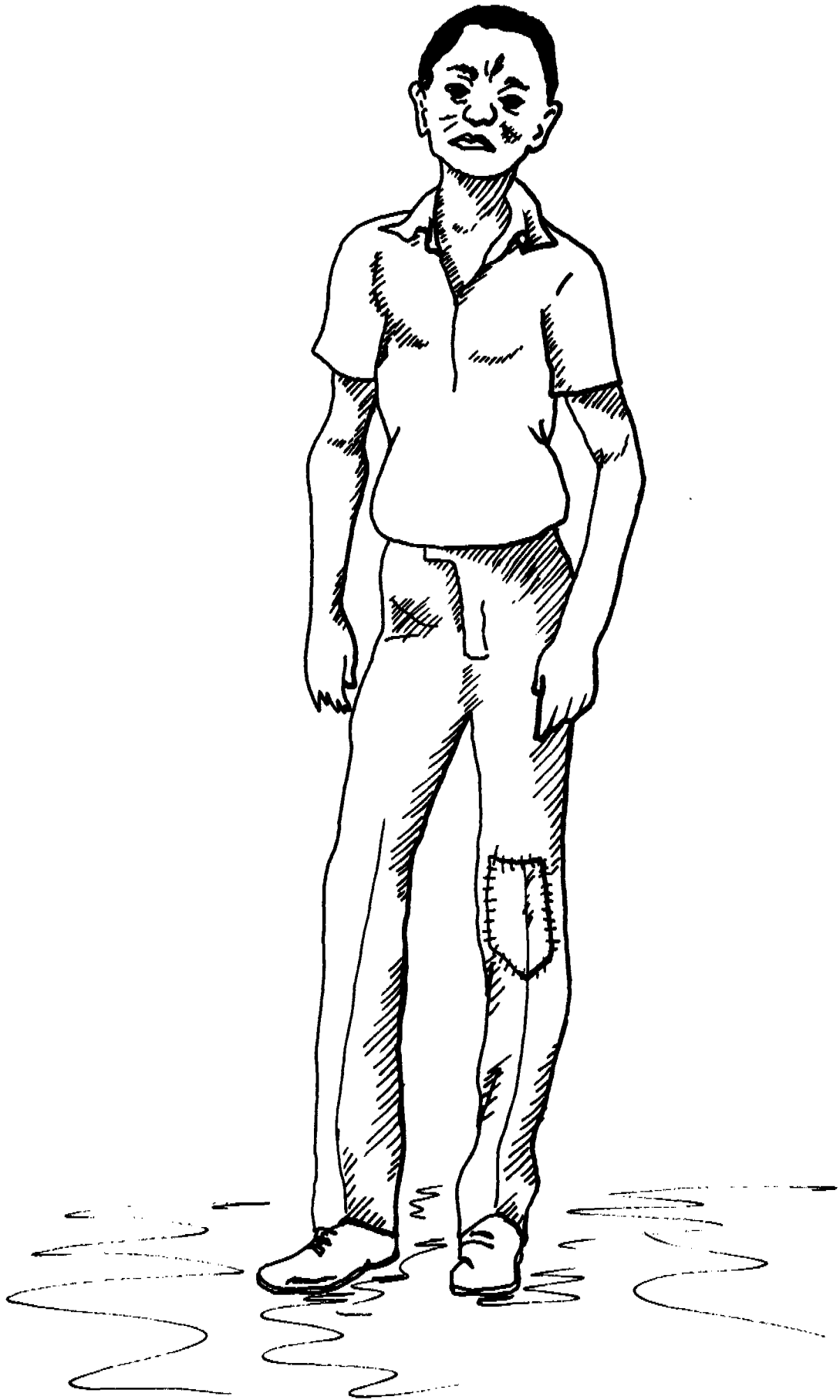




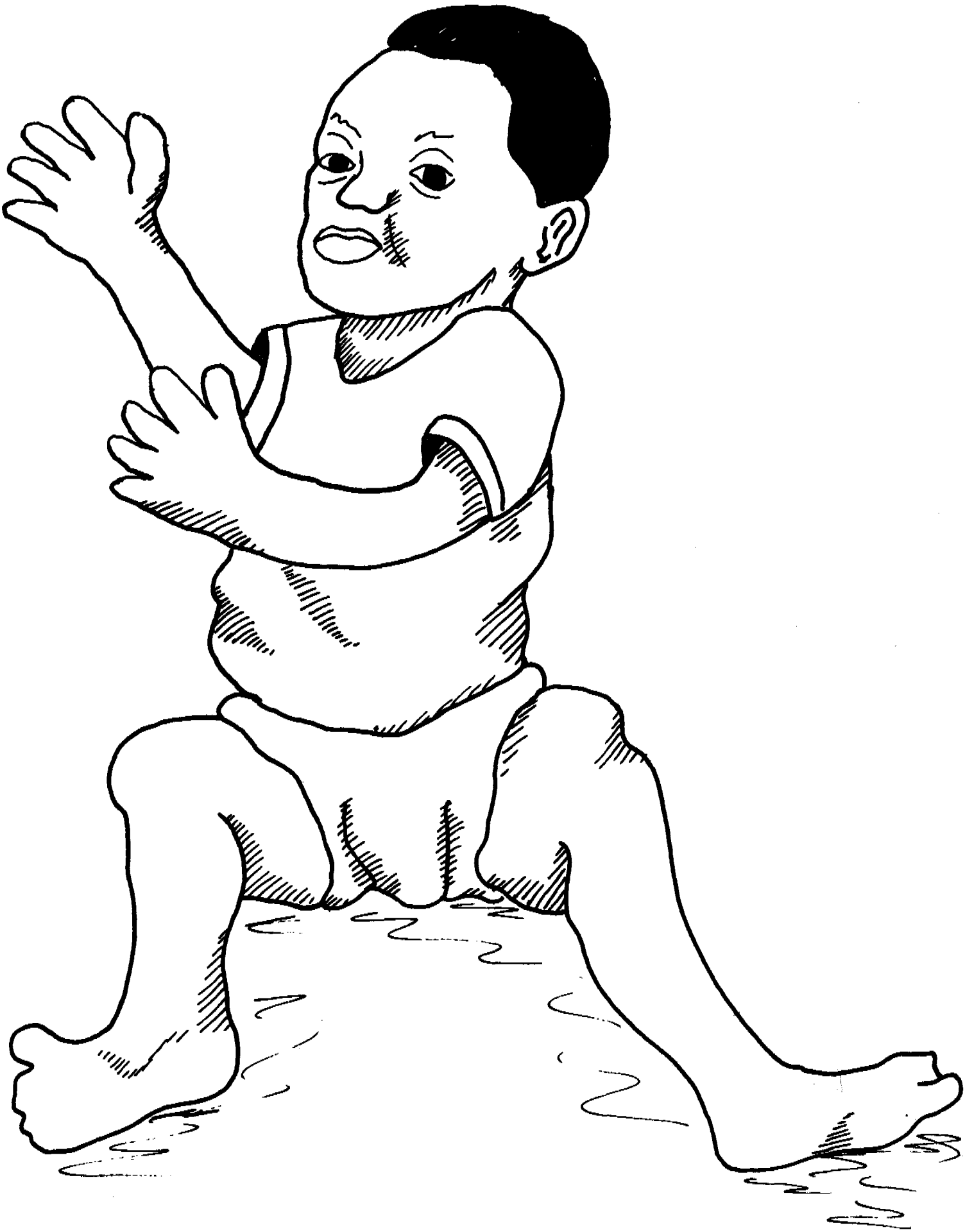


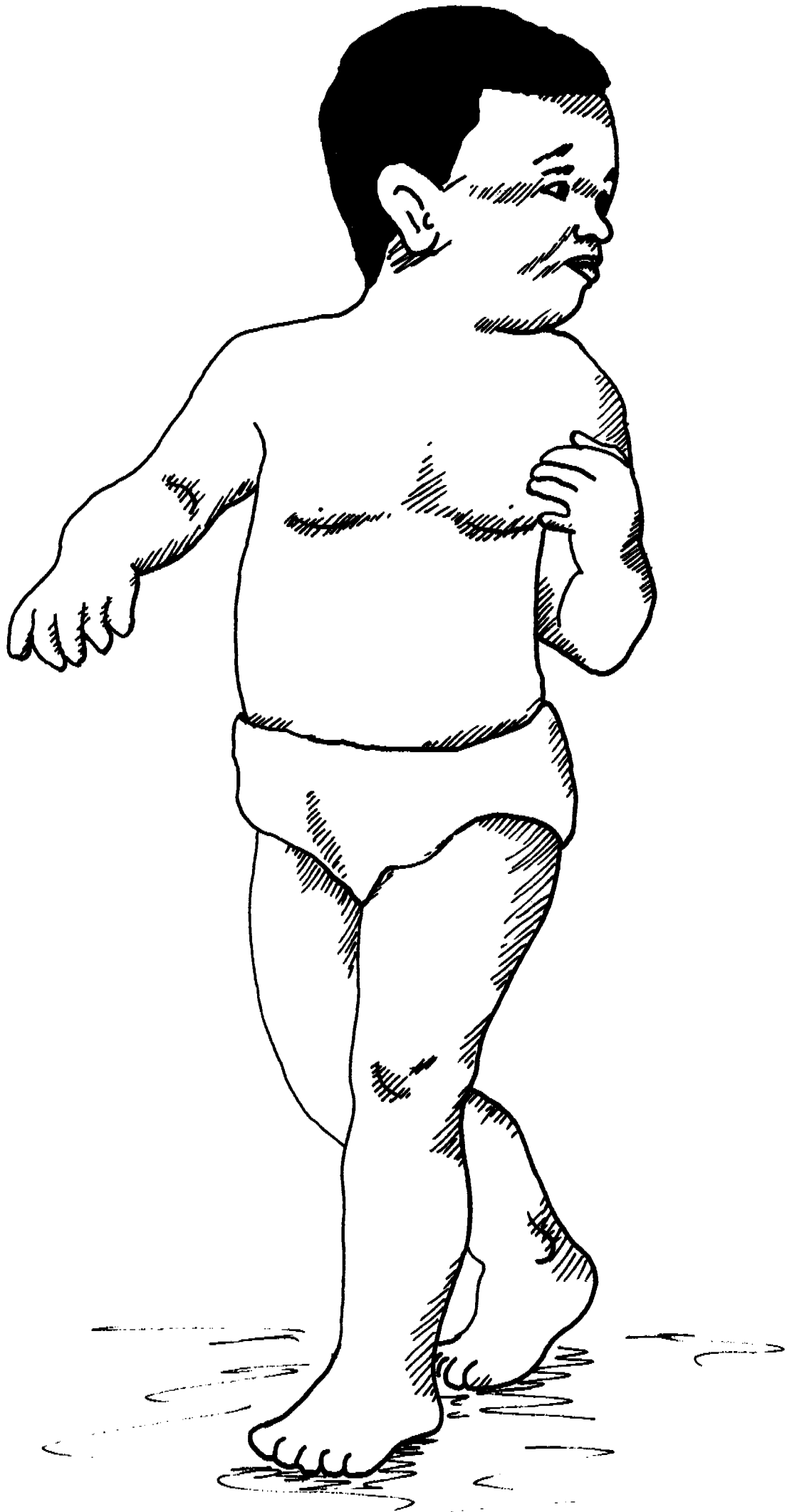




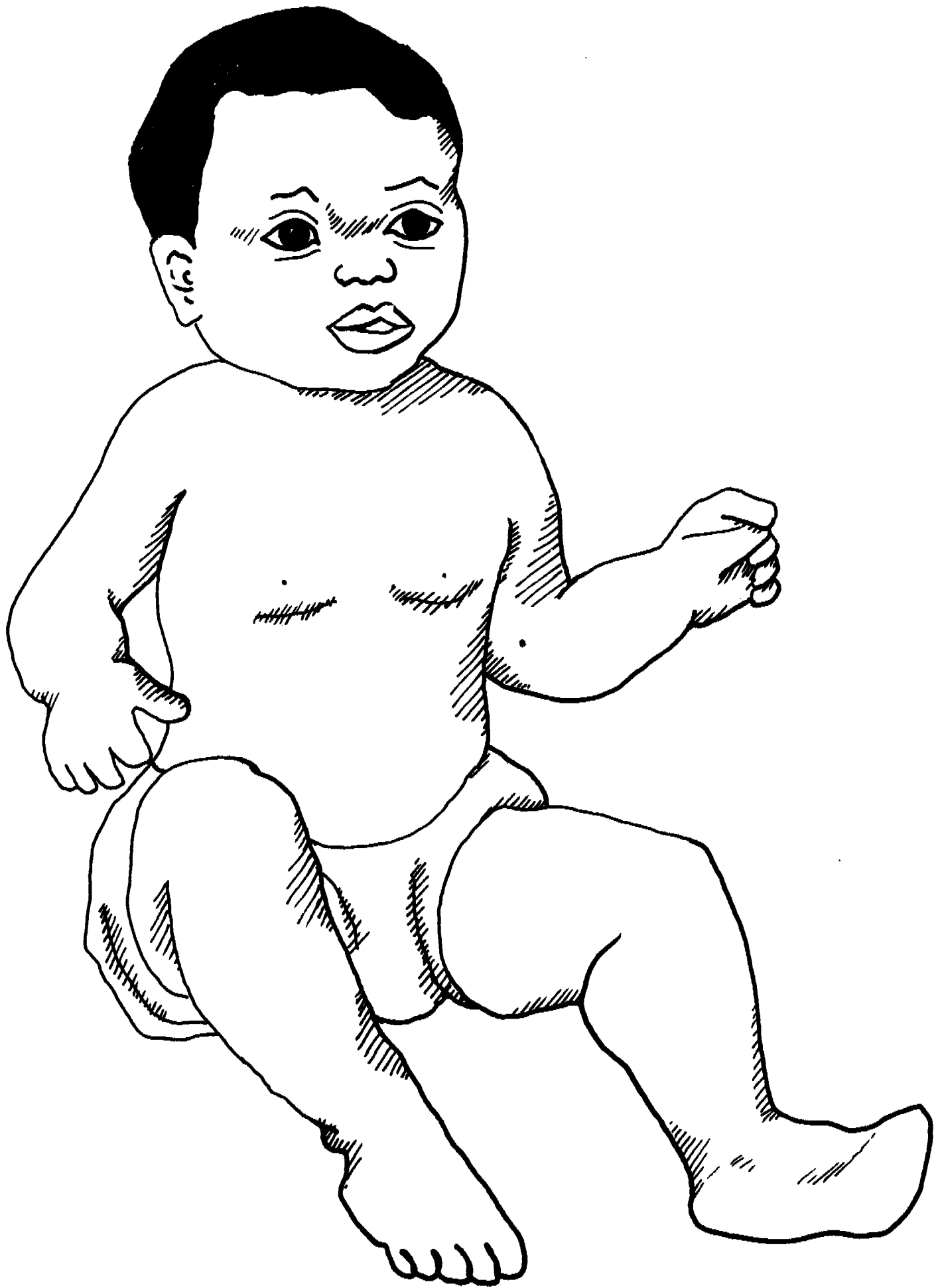


















FLEXI FLANS

PURPOSE: To provide community members with a visual means of expressing their ideas.

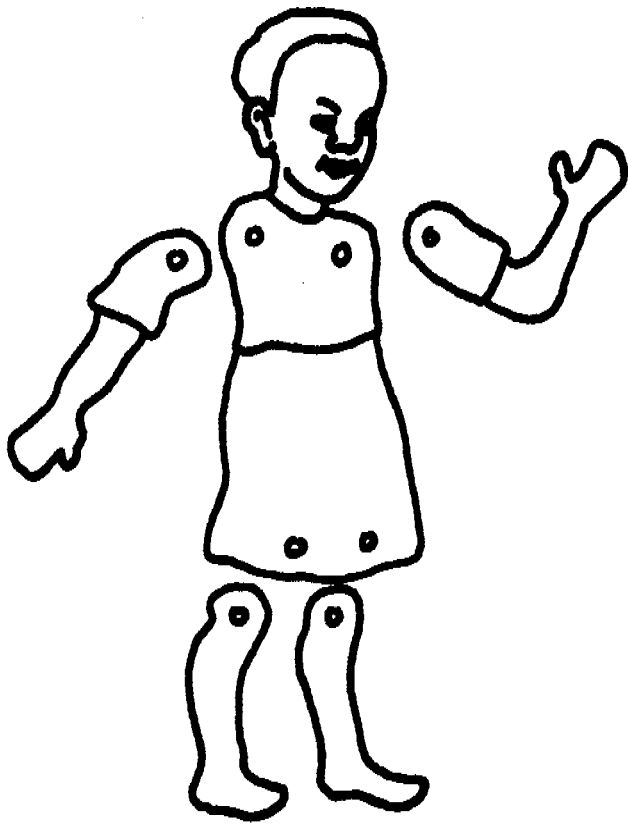
MATERIALS: Flexi-flans are cut out cardboard pictures which have movable joints. In order to prepare a set of flexi-flans use the sketched individual parts of the figures provided. Colour the parts and assemble by fastening the joints with any suitable fastener.

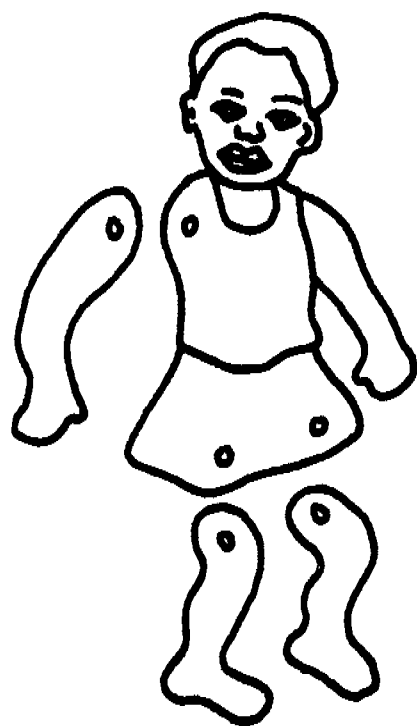
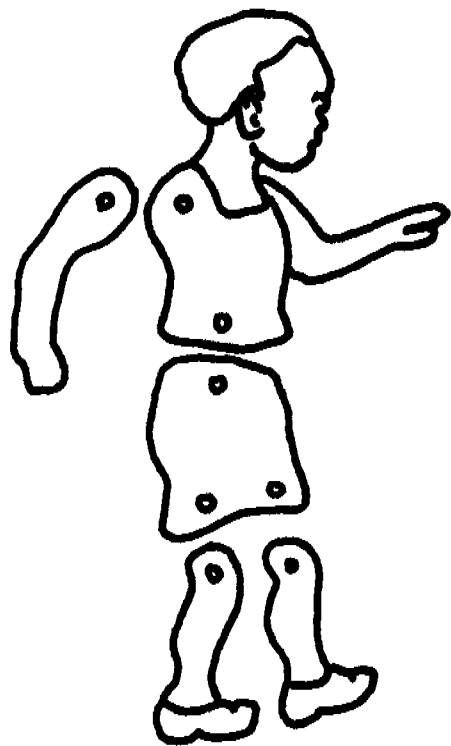
In order to ensure the full expression of ideas ensure that there is a variety of figures and objects e.g. different types and sizes of people.

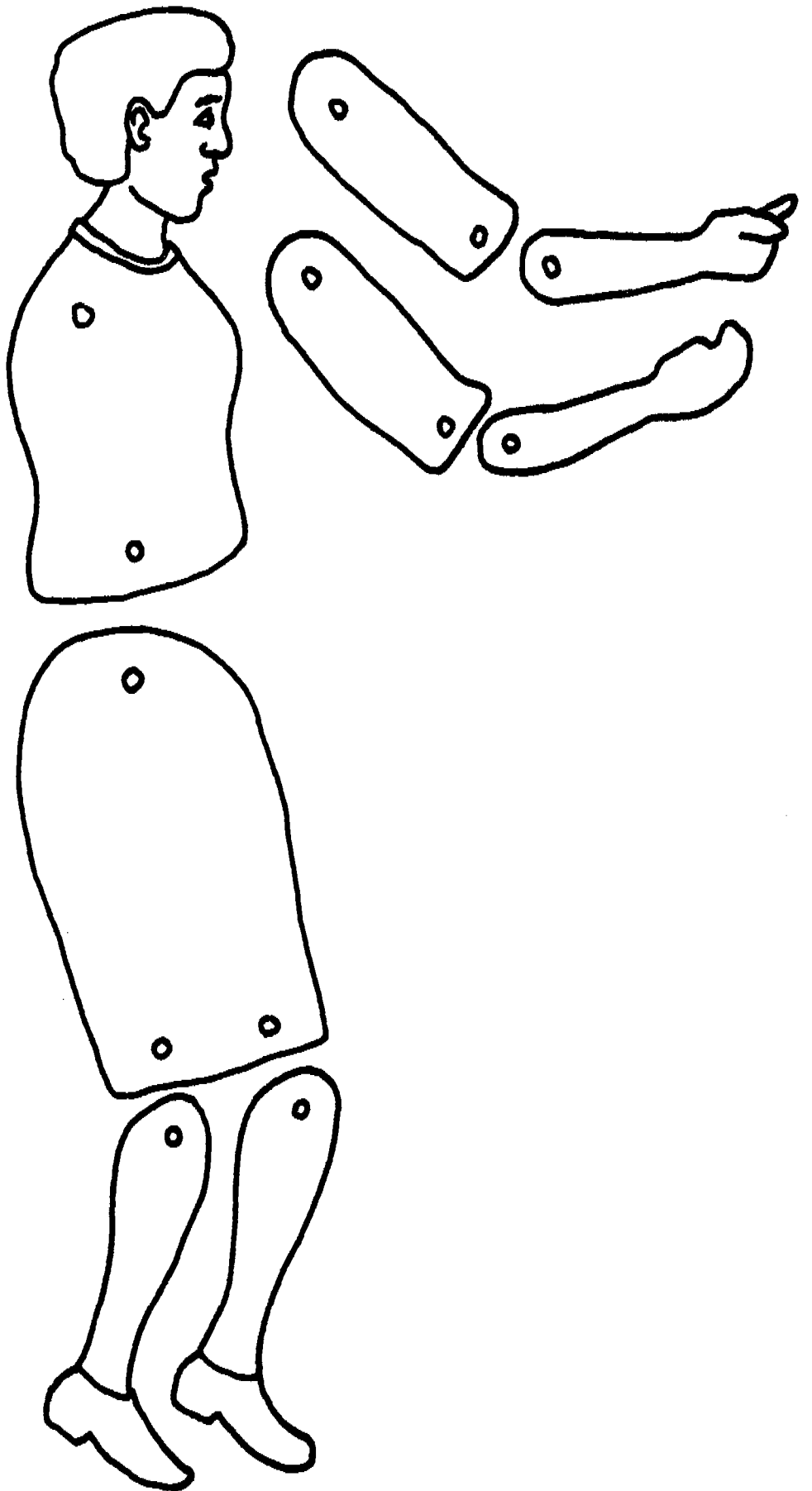
METHOD: Flexi-flans can be used with props on their own to get the community to depict various aspects of community life. Alternatively they can be used in other sessions such as Nurse Tanaka, Community Mapping, Task Target Analysis, Story with a Gap, etc. in order to encourage people to be more creative and expressive in their ideas.

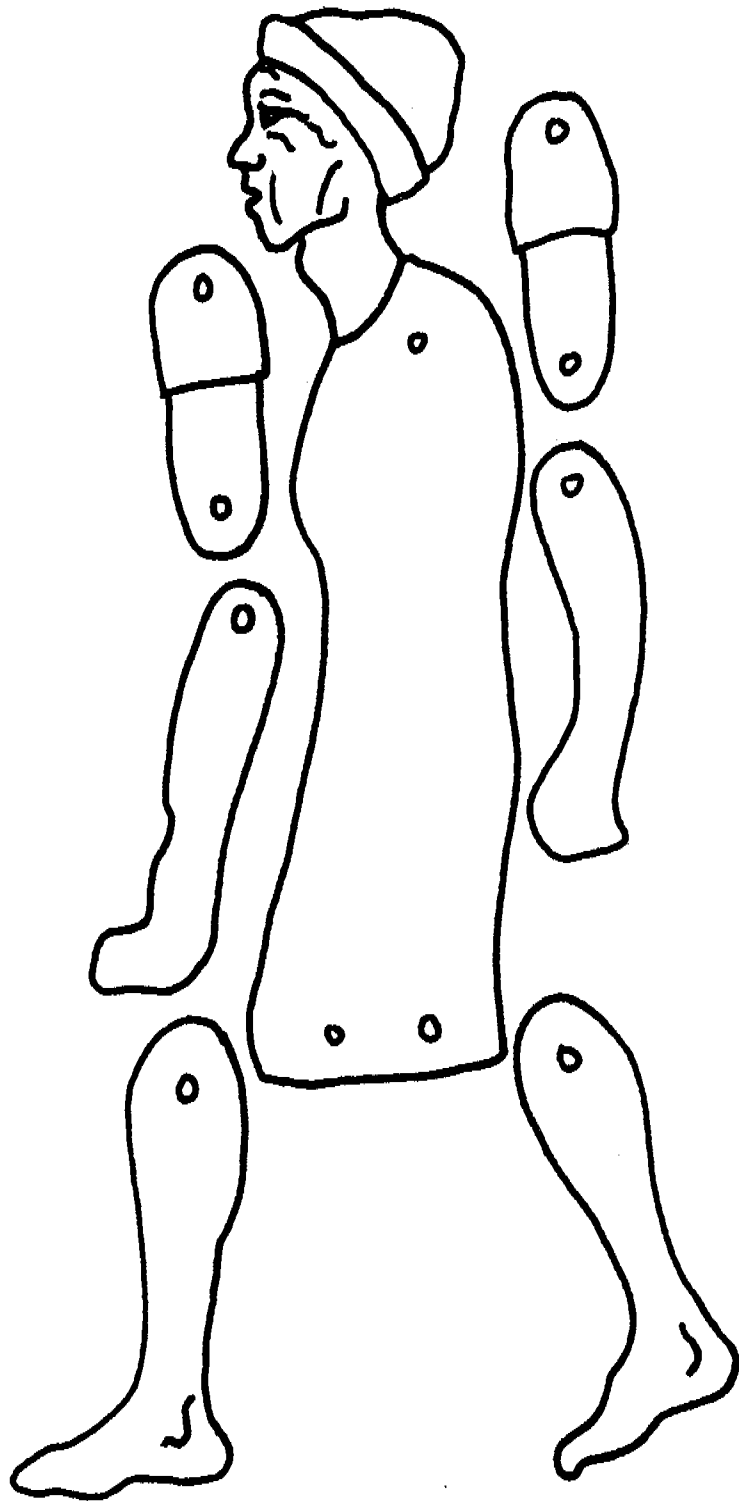
FLEXI FLANS

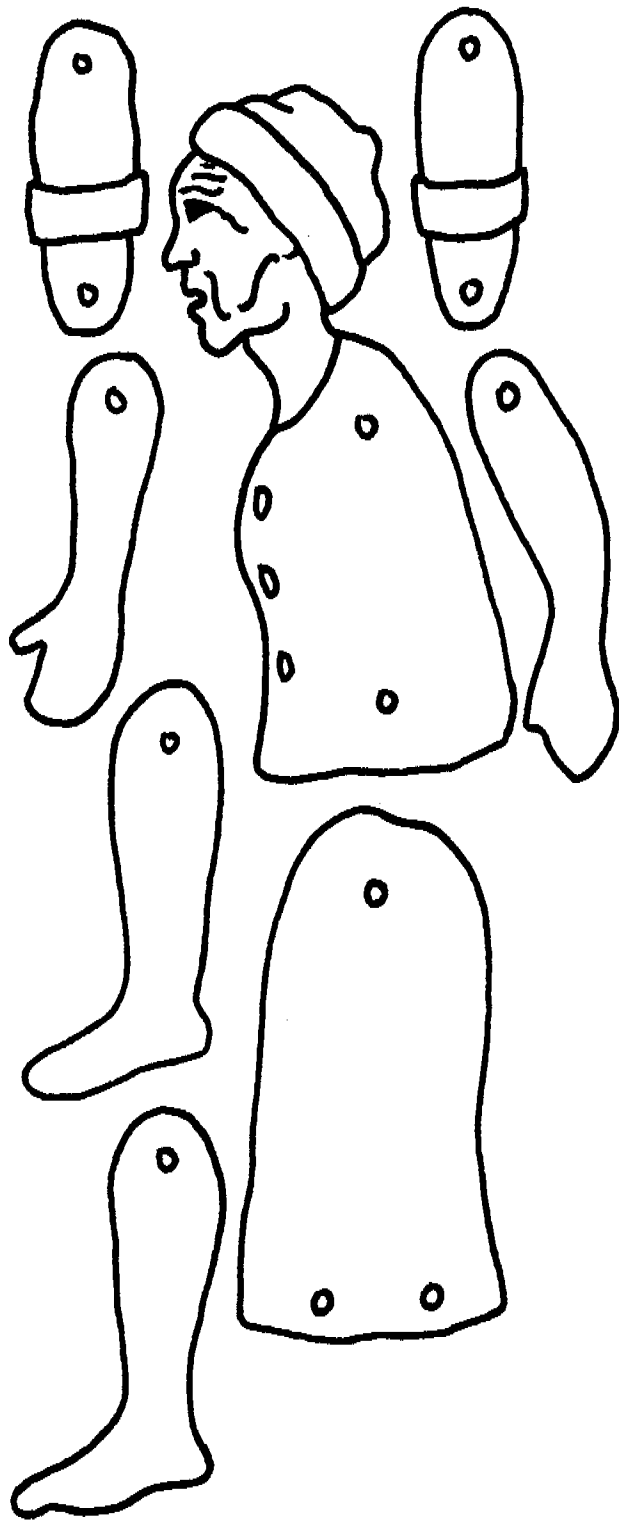
PHE TOOL KIT

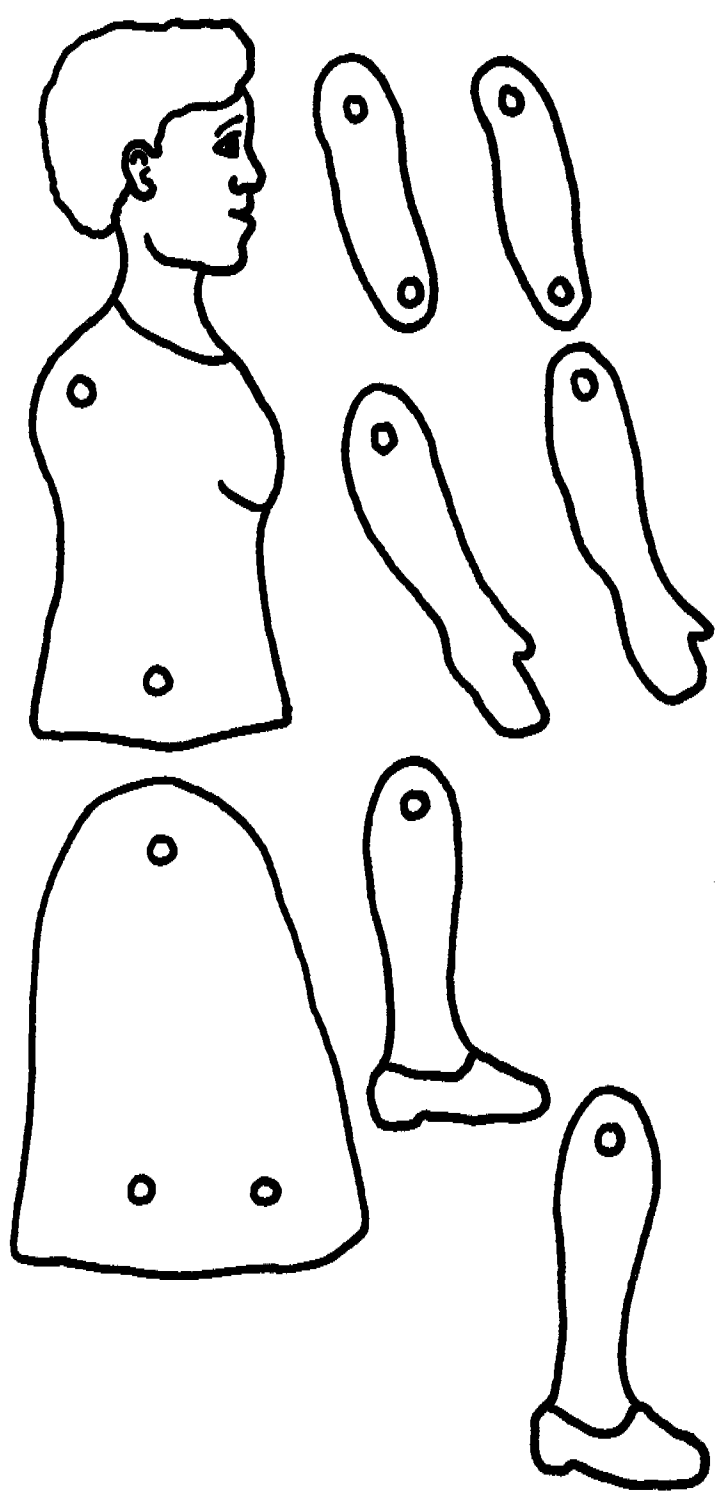


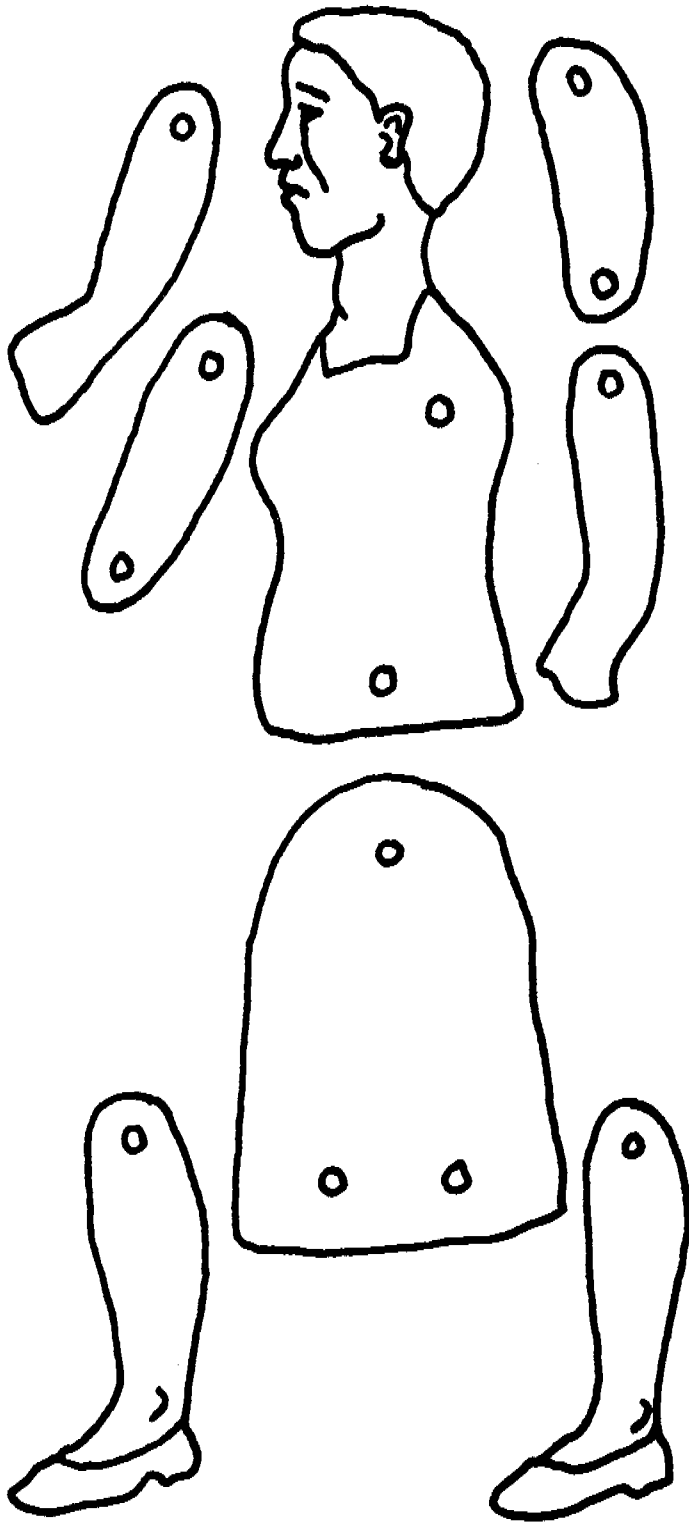


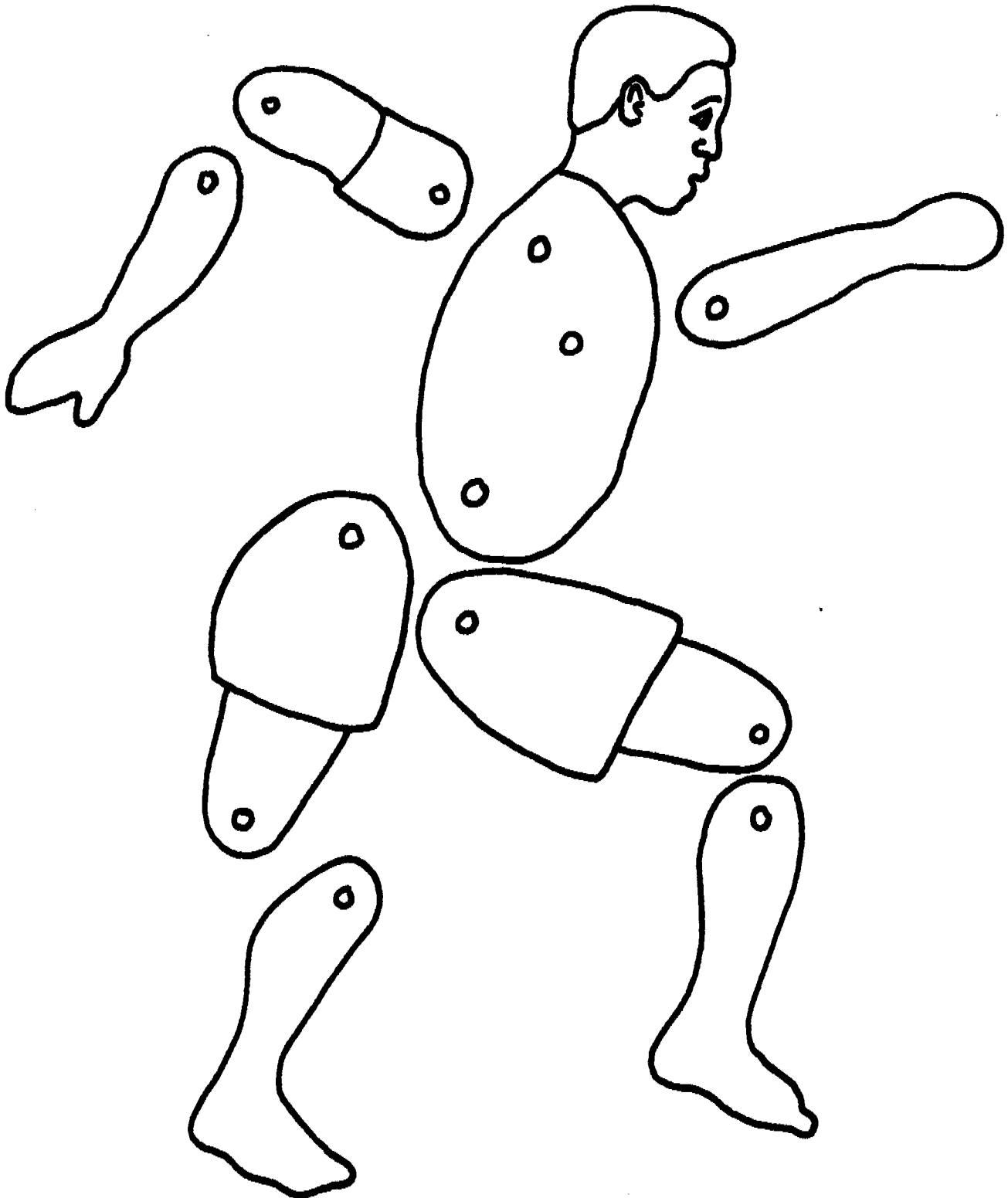


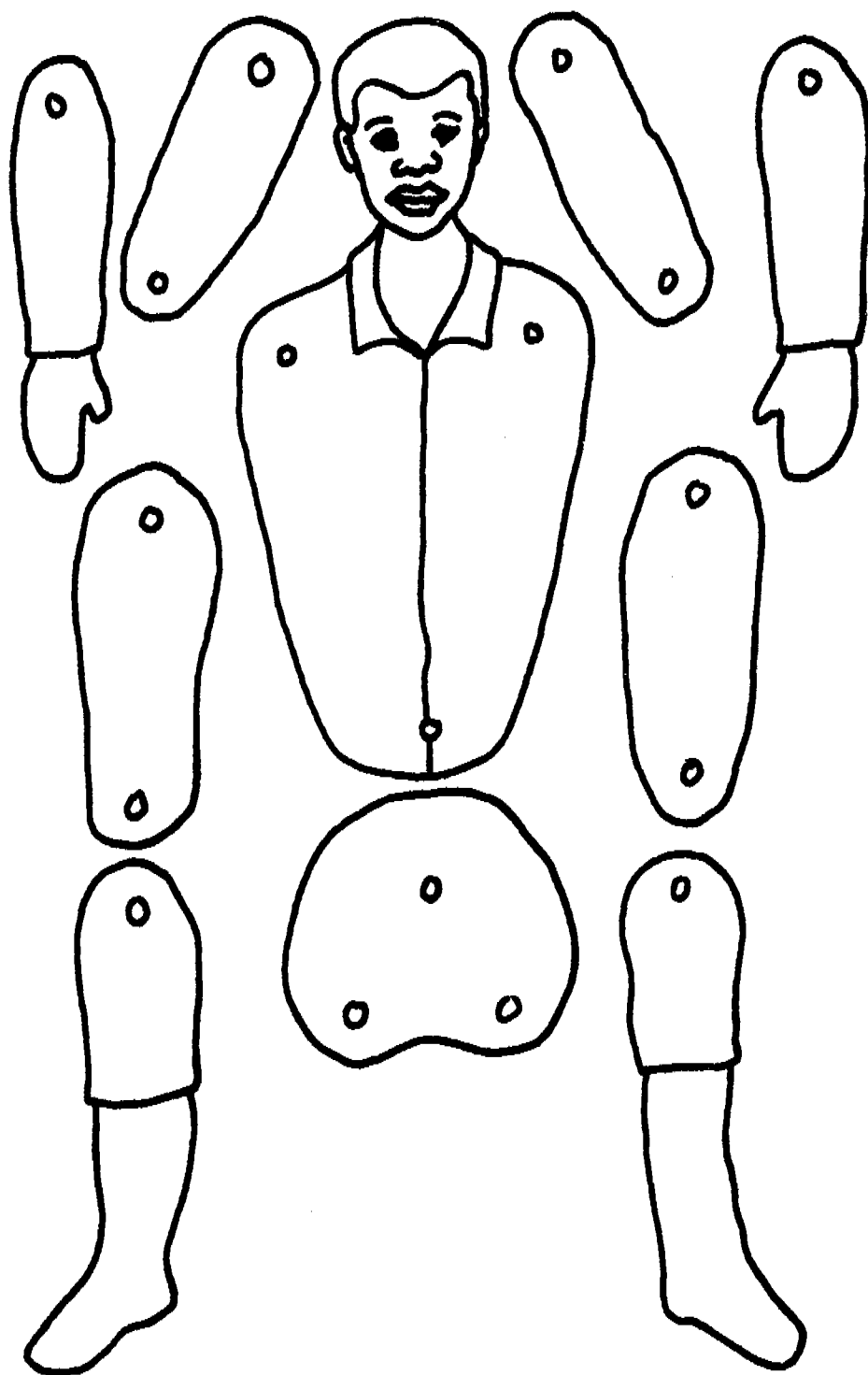


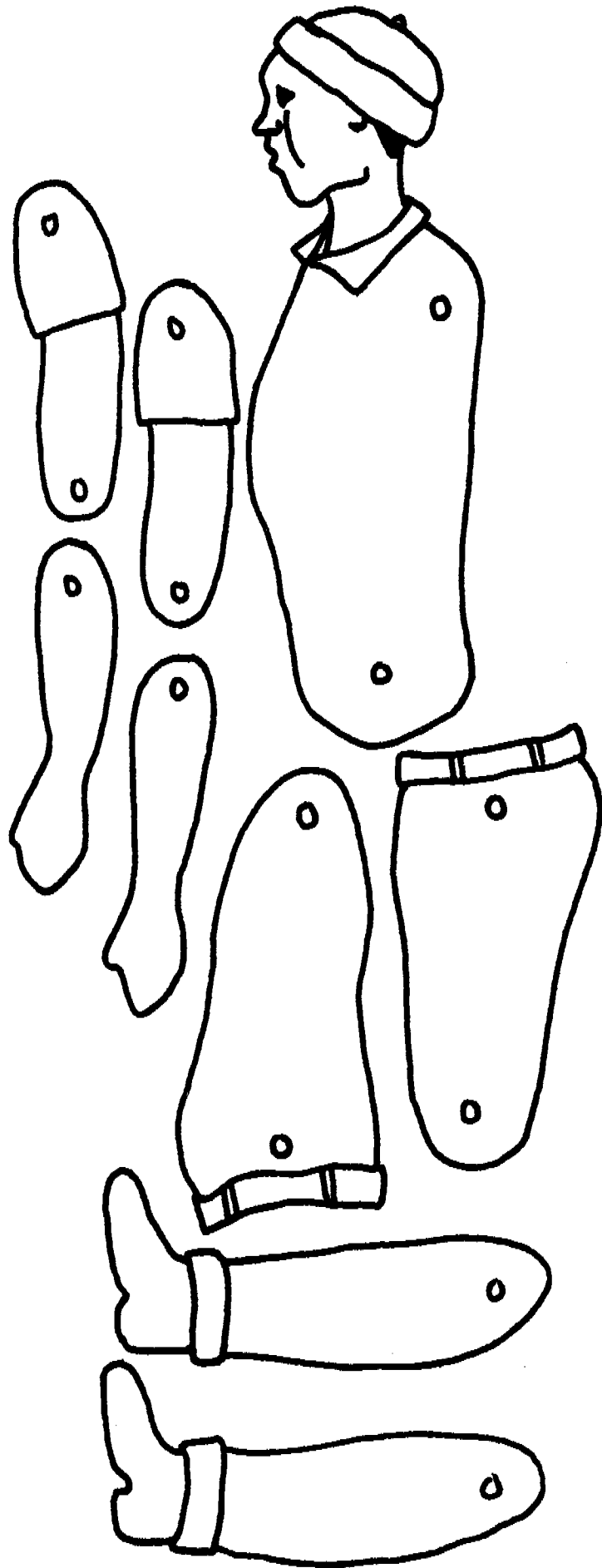


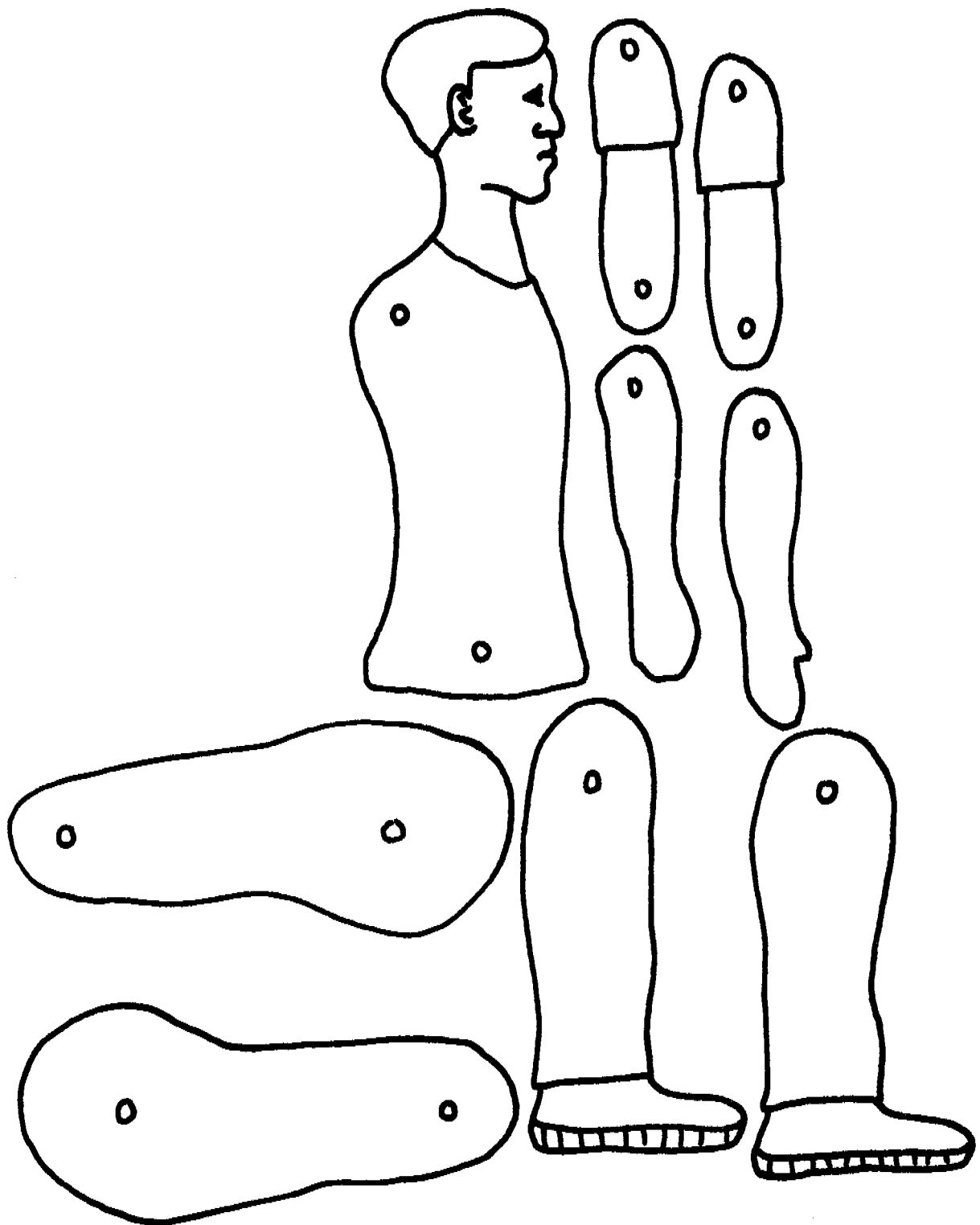


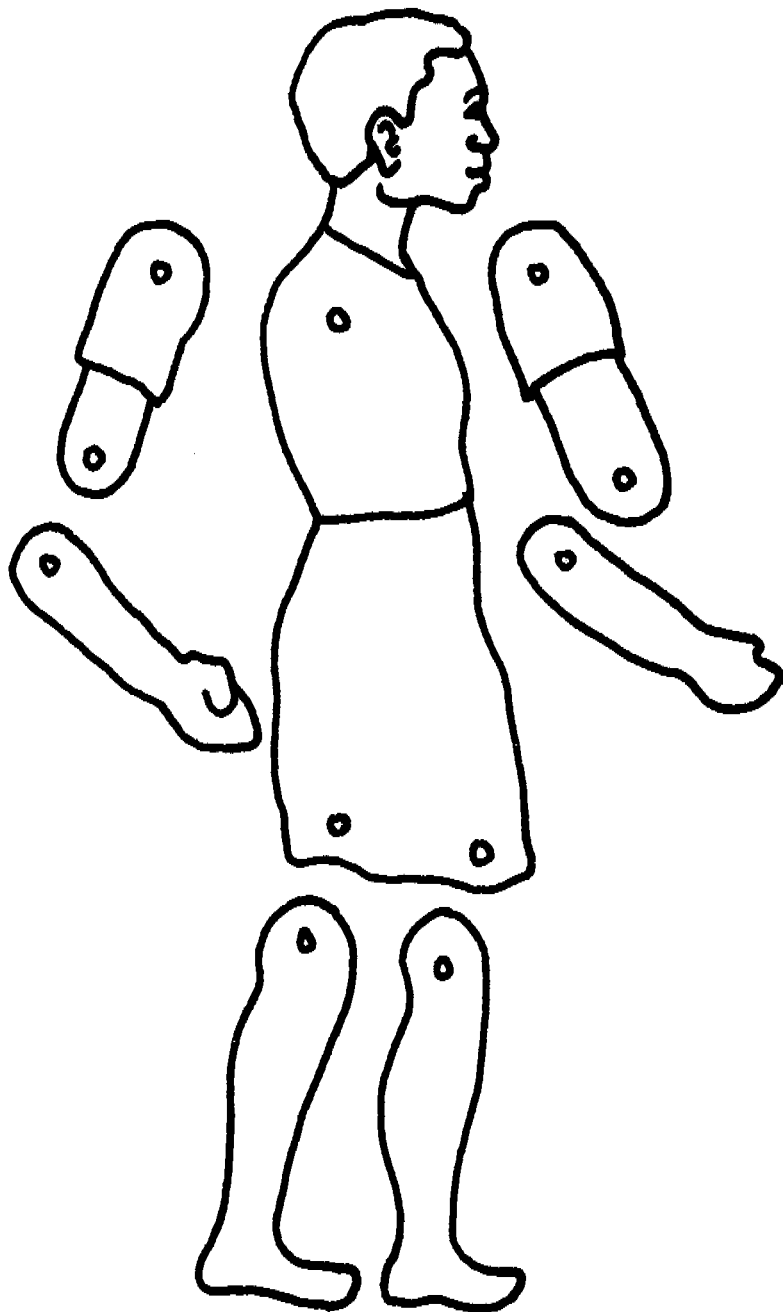


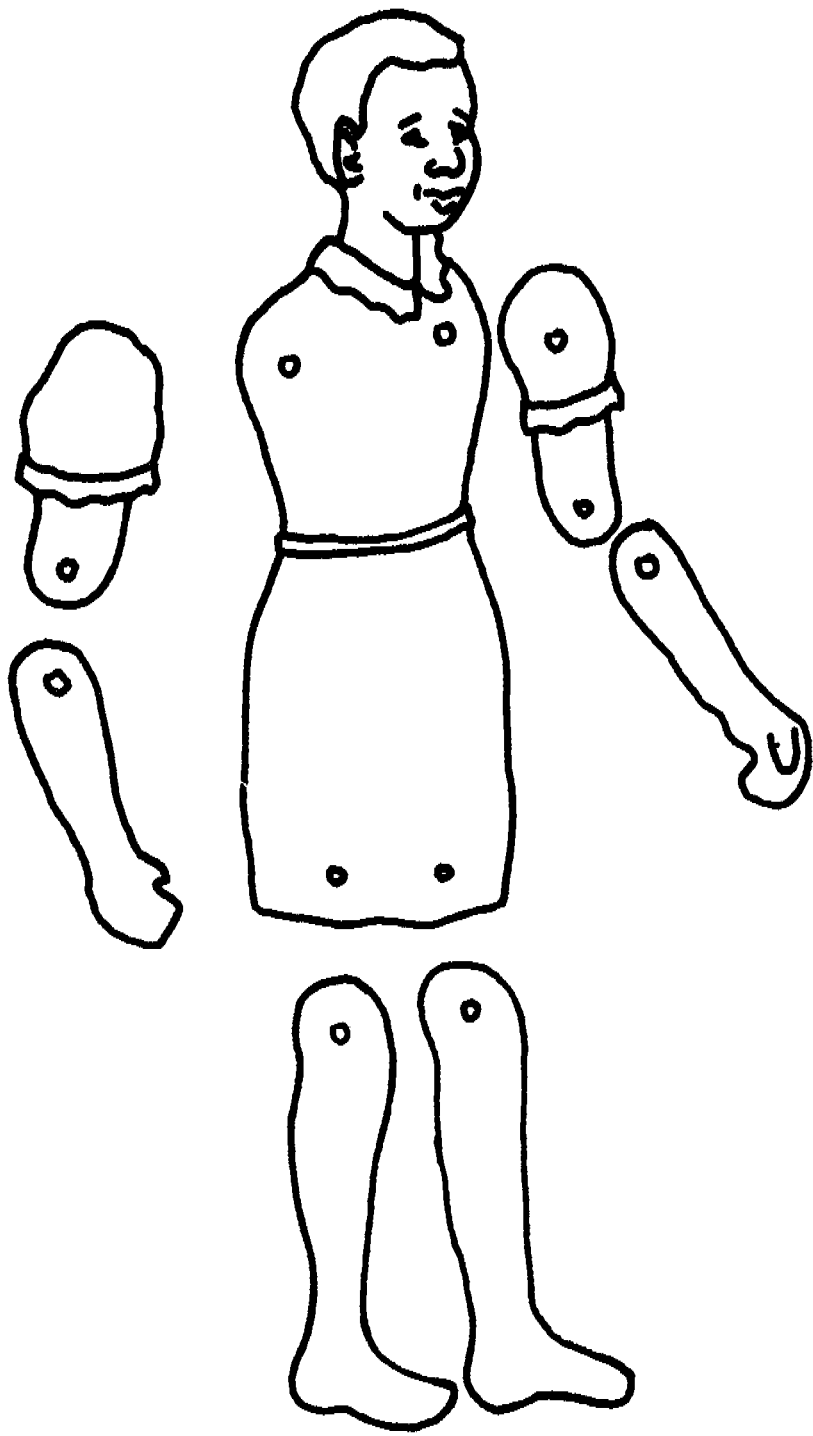


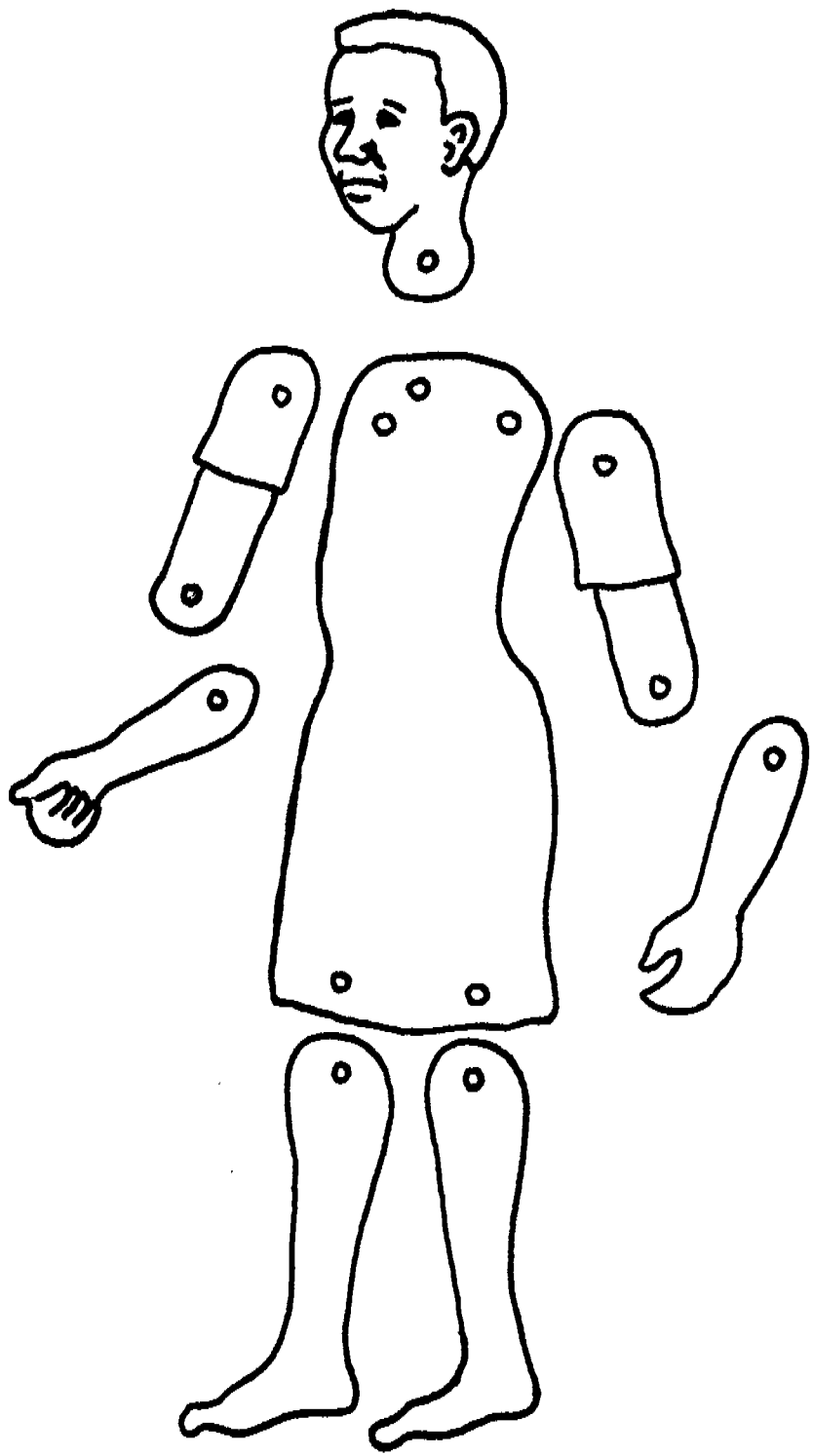


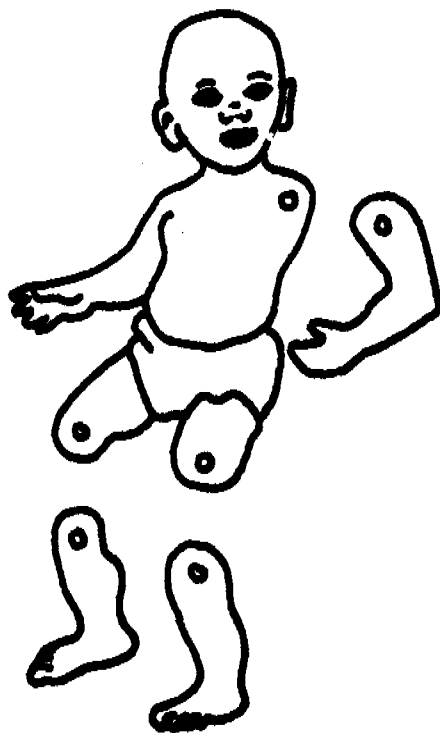
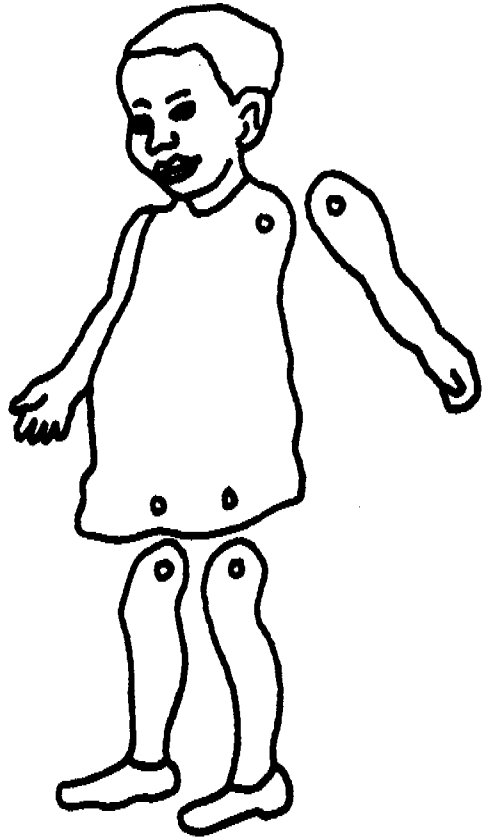


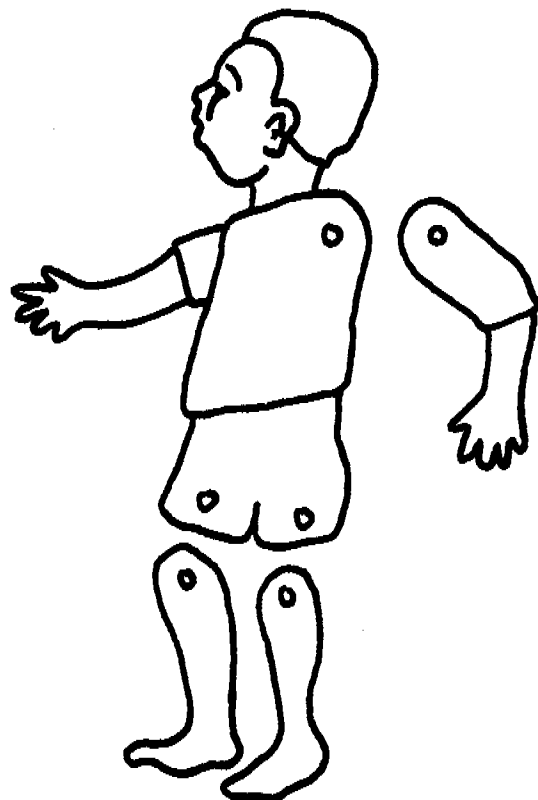
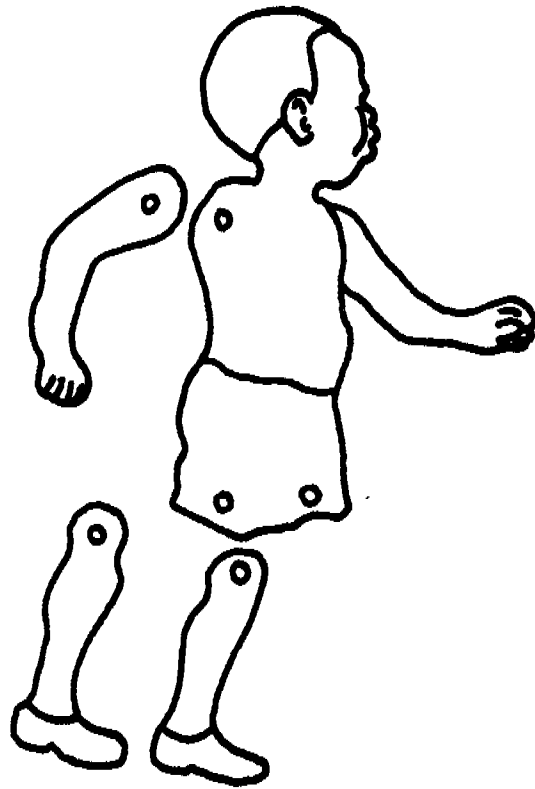


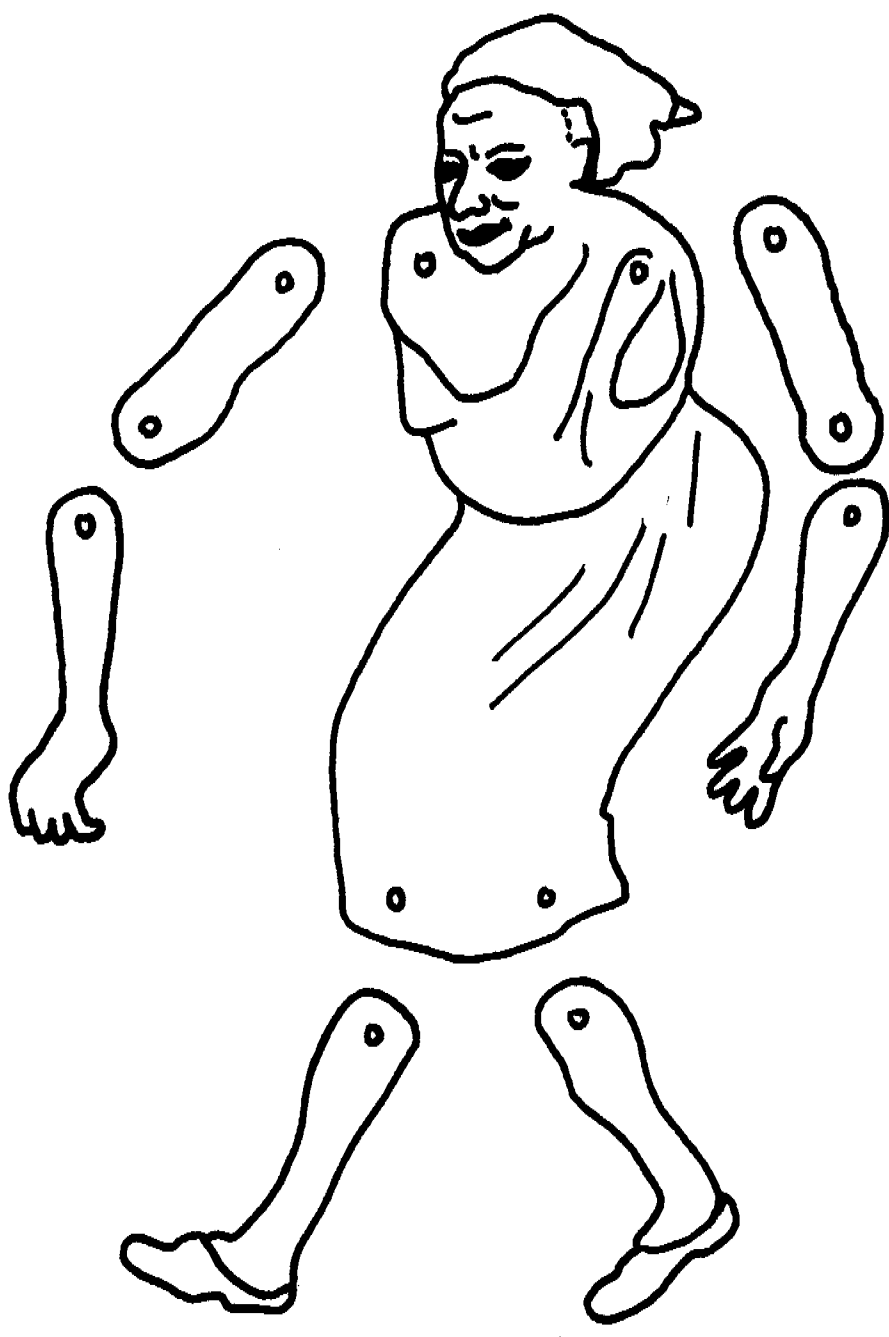


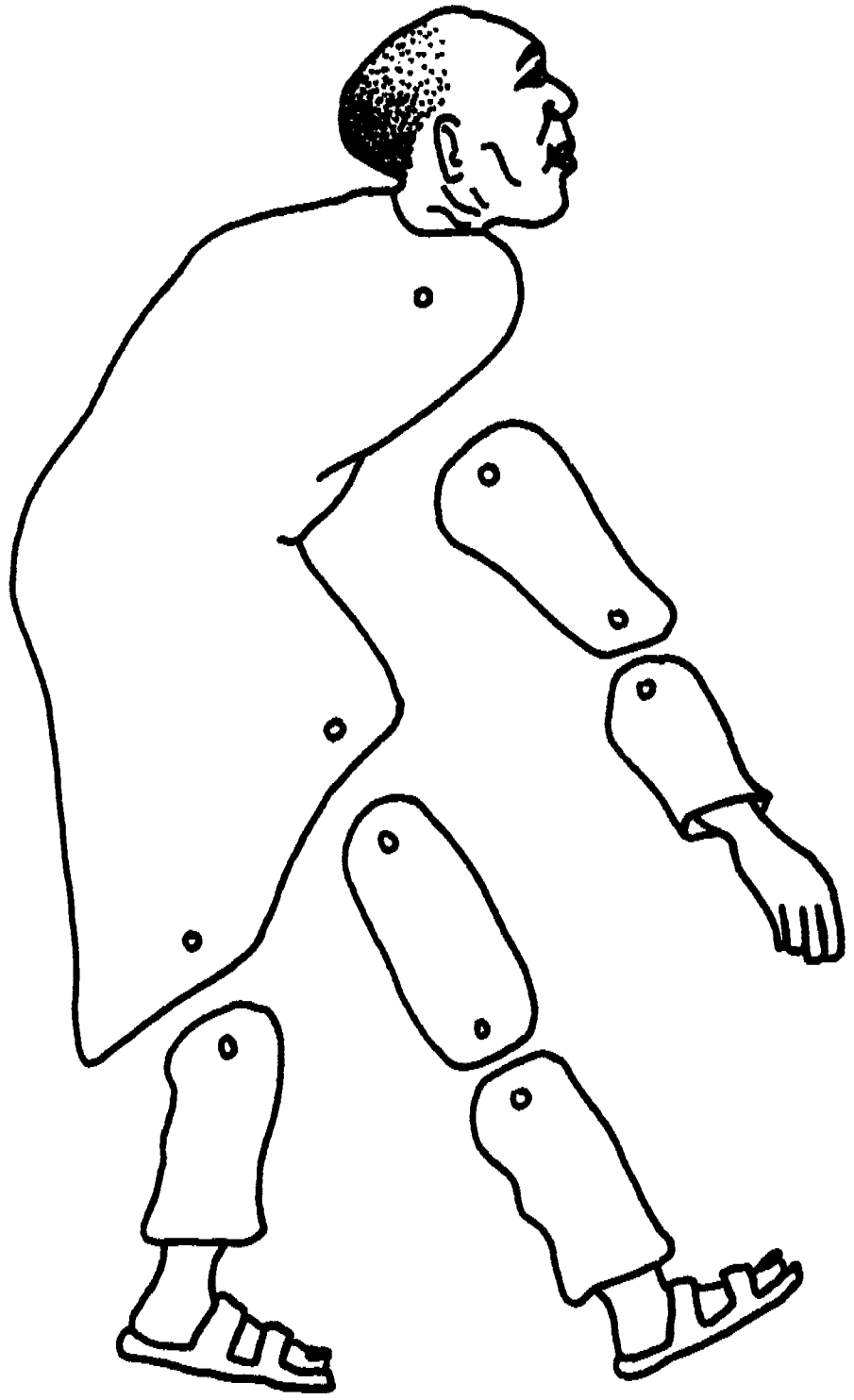


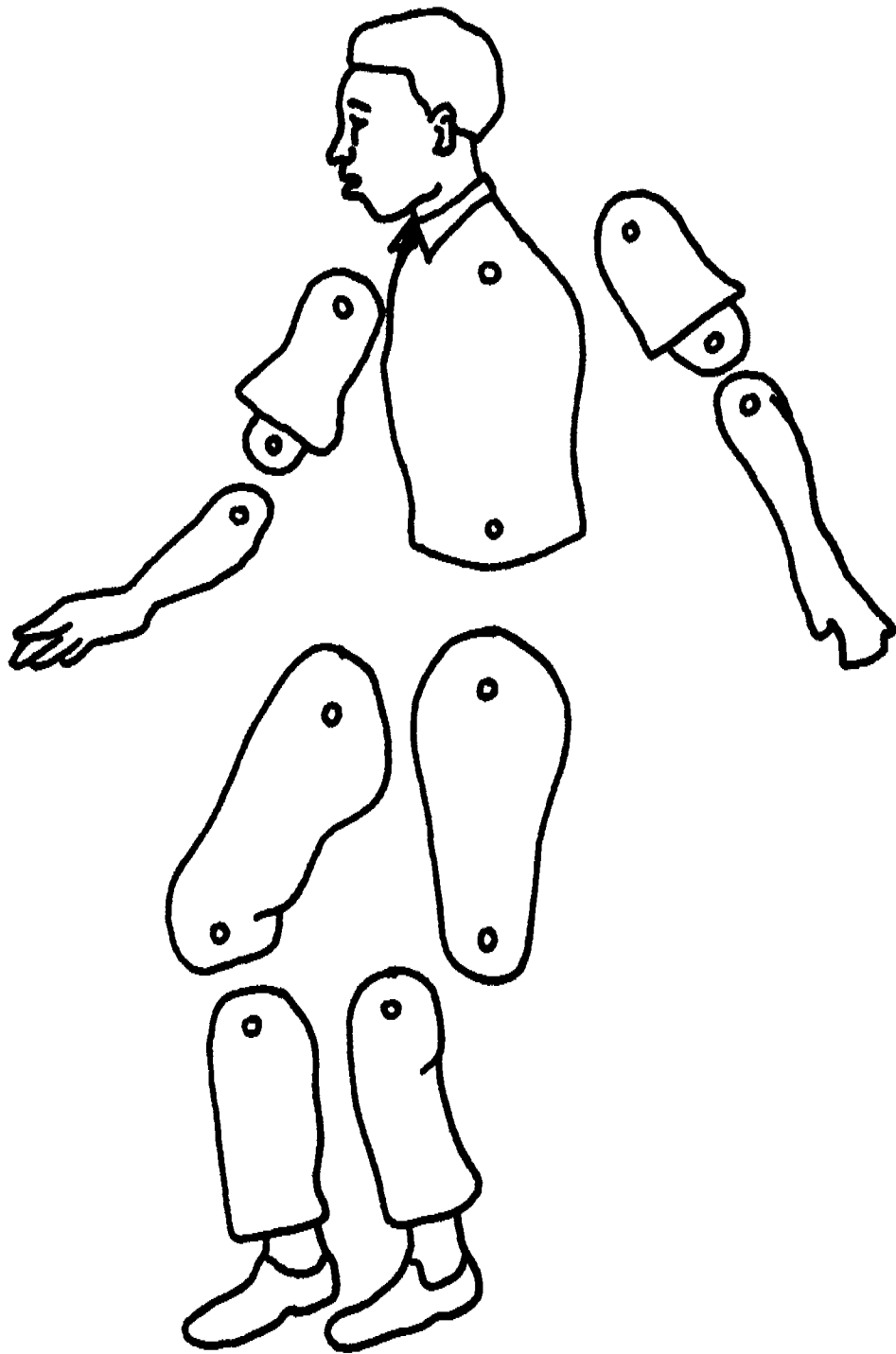


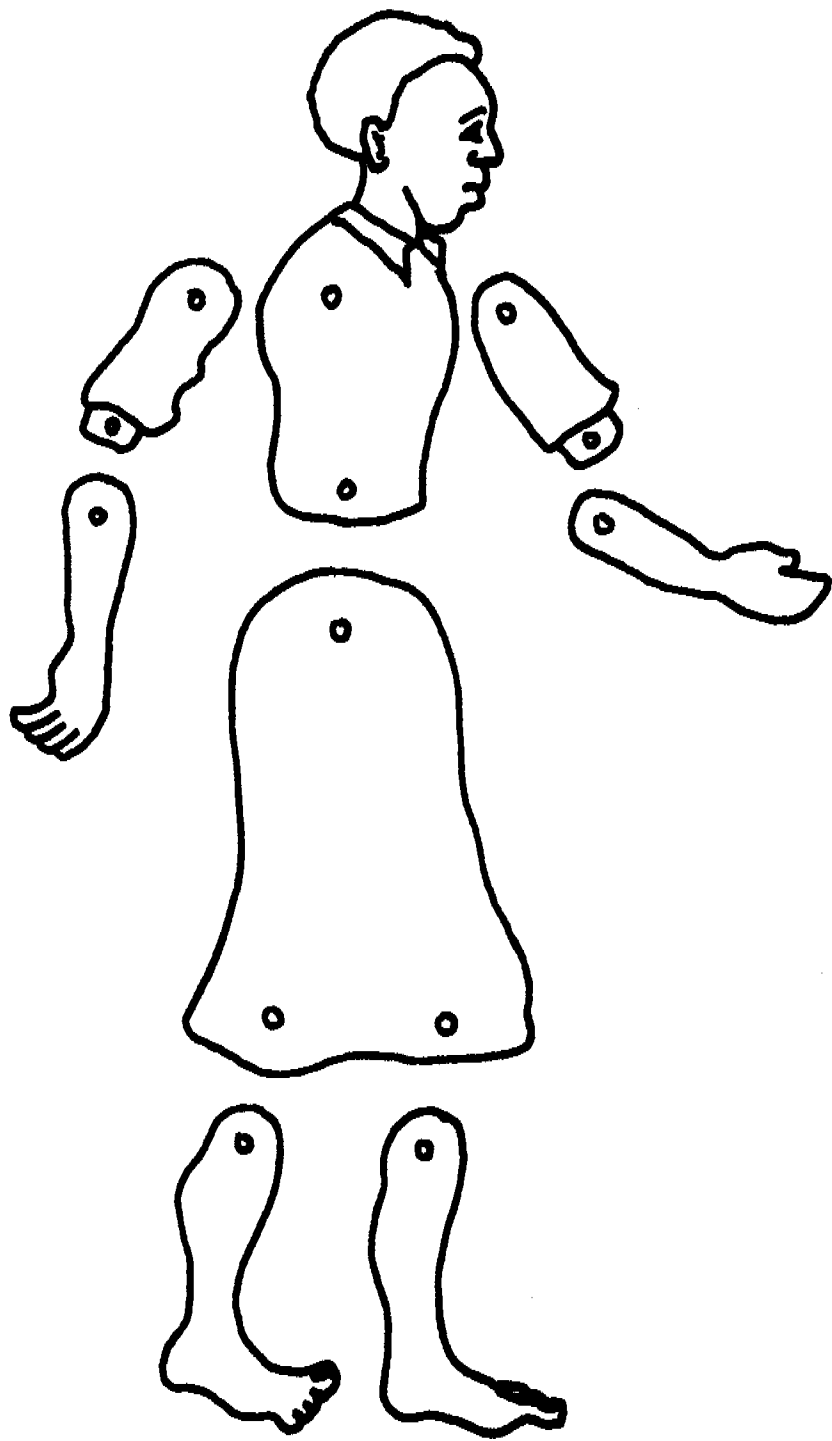


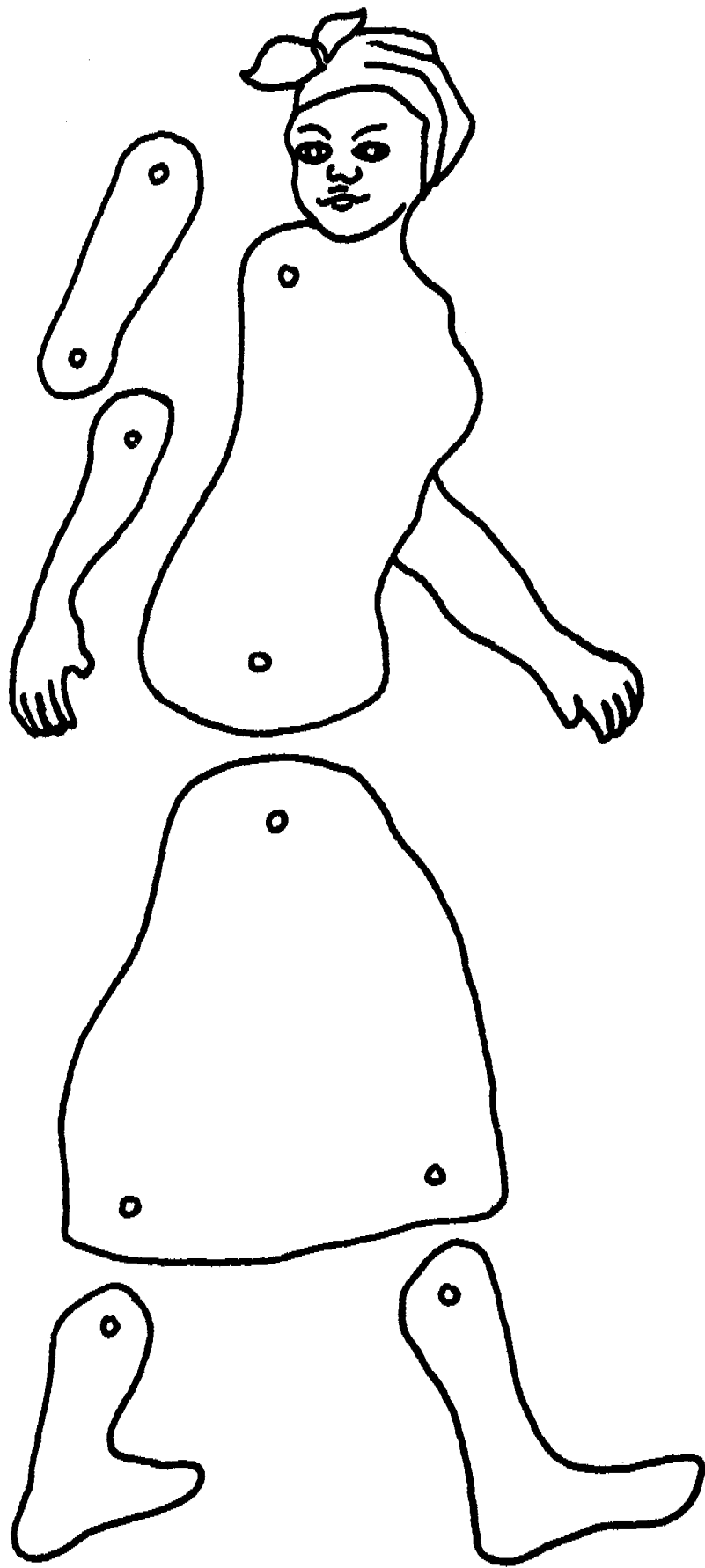












TASK TARGET ANALYSIS

- PURPOSE:** The main purpose of this exercise is to depict and examine gender roles/tasks in the area of water, sanitation and hygiene behaviour. Who performs what tasks, what responsibilities do different members of the household have, who are the decision makers or who promotes hygiene education.
- TIME:** 1 - 2 hours
- TARGET GROUP:** All household members.
- MATERIALS:** Pictures of men and women, and props i.e. pictures or stills depicting everyday household items or local scenes.
- METHOD:**
1. Divide the participants up into groups, try to ensure that the men and women are in separate groups even though you may want to have one group which is mixed.
 2. Give each group a set of props depicting everyday tasks carried out in the home.
 3. In their groups ask them to use the props to list down the tasks carried out by: Men, Women, Daughter in law, Children. The group(s) consisting entirely of males should be requested to list the hygiene related tasks of women/daughters in law, while the groups consisting of females only should be requested to list the hygiene related tasks of men.
 4. The groups should report back their findings in plenary.
- DISCUSSION POINTS:**
1. What are the main hygiene related tasks in the home?
 2. Who performs these tasks?
 3. Who makes household decisions in relation to hygiene and sanitation practices?
 4. Who educates the children on hygiene behaviour?

TASK TARGET ANALYSIS

PHASP TOOL KIT

