



Best Practices in Sustainable Water Supply,
Sanitation and Hygiene Education

Hygiene Education as an Integrated Part of Water Supply Project Implementation



Each year, close to 50,000 children die from diarrhoea in Afghanistan. In rural areas of the country, less than 25 percent of the population has access to safe water. Realising that the eradication of waterborne diseases is essential to improving and saving lives in Afghanistan, DACAAR, however, recognises that clean water alone is not enough to reduce mortality and morbidity. Noting the adverse impact on general public health stemming from a general lack of awareness of basic hygiene practices, DACAAR has carried out health and hygiene education as an integral component of each water supply and sanitation project since 1995.

Based on continuous review of the methodologies, the format for hygiene education used by DACAAR since 2005, has been upgraded to ensure high quality education through systematisation and better follow-up of activities.

The main task of DACAAR's hygiene educators is to promote an understanding of the benefits of safe water, sanitation and personal hygiene and of how the health impact of each relates to the other. In order to ensure high-impact hygiene education, community hygiene promoters undergo theoretical and practical training in both the subject matter and teaching methods.

Knowledge Attitude and Practice (KAP) study results have shown that hygiene education, when appropriately carried out, has a tangible impact on the knowledge and behaviours of beneficiaries with regards to hygiene.

Note: DACAAR also conducts training courses in community-based hygiene education for government and NGO staff.

The DACAAR Hygiene Education Programme

The current format of DACAAR's hygiene education programme has been developed over almost two decades and is based on rich experiences in community-based health and hygiene education. It ensures a high-level impact through eight essential mechanisms:

- Hygiene education takes place in parallel with the implementation of water points. Upon completion of the water point, the trainings should have been concluded.
- A hygiene supervisor couple is responsible for building the capacity of community hygiene promoters through training, advice and supervision. They also participate in the KAP study.
- Additional supervision is carried out by the field engineer, the provincial manager and the Hygiene Education Unit, based in the main office in Kabul.
- Community hygiene promoters working in couples carry out training sessions on village or household level.
- Male and female hygiene promoters disseminate five main messages during three separate visits.

- Hygiene promoters use a variety of methods addressing different senses of the beneficiaries and tailored particularly to the illiterate and uneducated, including posters, notebooks and flipcharts. Each family of the user group also receives a hygiene kit containing basic hygiene essentials such as soap, shampoo, nail cutters, toothbrush, toothpaste and a small towel.
- To increase coverage, messages are disseminated through different channels, including radio plays, school and mosque training sessions as well as door-to-door visits.
- In order to assess the impact of the programme, a KAP study is carried out. The baseline study is conducted by DACAAR hygiene promoters at the beginning of the hygiene promotion cycle, while independent surveyors carry out the impact study at the end of the cycle.

Note: Hygiene education is carried out as an integrated part of the water supply project and takes place simultaneously with the implementation of the water point.

Hygiene promotion in couples

In each provincial office related to areas, where DACAAR implements WASH activities, DACAAR employs a hygiene promotion supervisor couple to train community hygiene promoters and to ensure the systematic and timely dissemination of hygiene messages. The supervision couple also takes part in baseline and impact studies.

Hygiene educators are recruited as couples. They are usually recruited from the area in which they will be carrying out the promotion visits, which ensures that they are familiar with the local language and customs. The female hygiene promoter visits households, conducting door-to-door visits, or gathers several women, girls and small boys in one house to disseminate the messages. Since men are often not in the house during the day, the male hygiene promoter gathers the men of the community in public places such as a school or mosque after working hours, where they receive the same messages as the women and girls.

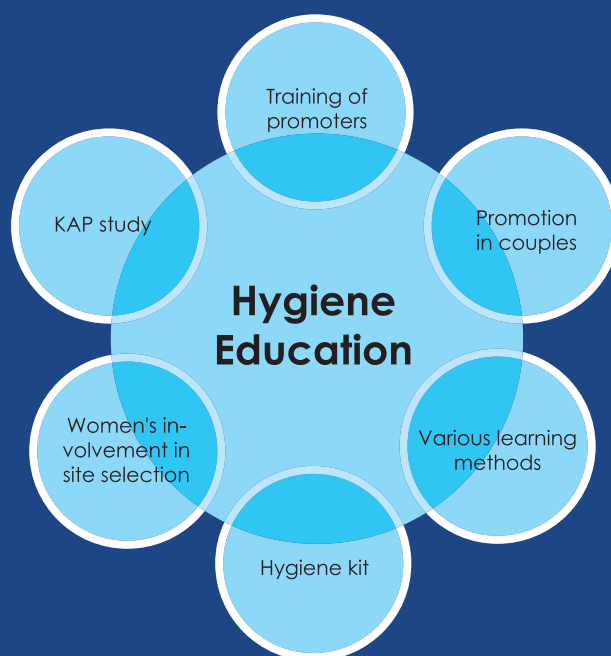
KAP study results

At project completion...

90% - know about the importance of safe water, risks of unsafe water, benefits of personal & environmental hygiene.

30% - change their daily behaviour.

75% - change at least one aspect of their hygiene behaviour.



Lessons learnt

The concern with knowledge of the local language and customs should be balanced against the advantages of having a couple from another area carry out the message dissemination. Couples, who are not from the immediate vicinity, are often seen as foreigners, and are therefore met with increased respect and acceptance by the community.

By visiting women, men and children individually, DACAAR ensures that essential hygiene messages reach all beneficiaries.

Since women and children are the primary collectors and users of water, DACAAR targets them in particular.

Hygiene promotion carried out by couples is a culturally sensitive method, which enables the female spouse to travel because she is accompanied by her husband. This also increases community acceptance.

The involvement of a female hygiene promoter makes it possible to visit households and thus to witness first-hand existing hygiene practices and improvements in these.

Ensuring impact through high-quality hygiene education/qualified promoters

Community hygiene promoter couples are trained by DACAAR Hygiene Education (HE) unit staff and hygiene promotion supervisor couples over a two-week period. As a minimum requirement, promoters should have completed high school and ideally have a medical background. Training components include classroom lectures to build the knowledge and understanding of the promoters, and practical sessions building and testing a variety of skills including hygiene education, teaching methods, human rights, civil society and gender awareness:

Week One

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| Day 1-3 | Classroom training in hygiene education, teaching methods, human rights, civil society, and gender awareness. |
| Day 4-6 | Practical sessions, where the couples hold mock hygiene education sessions in front of the HE unit staff and supervisor couple, who evaluate the performance in terms of methods and content. |

Week Two

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| Day 1-6 | Couples go to the field, accompanied by the supervisor couple or experienced community hygiene promotion couples, where they conduct sessions for beneficiaries. |
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At the beginning of each new project, already trained hygiene promoter receive refresher trainings tailored to the specific needs and requirements of the project and community in question.

The KAP study

The Knowledge Attitude and Practice (KAP) study is carried out twice for each water supply project, once before implementation (baseline) and once at the time of completion (impact). The studies assess knowledge, attitude and practices related to hygiene through observations and a survey. The baseline survey includes information on basic demographic features including age, literacy levels etc. In addition to this, community members are asked questions on a number of hygiene related issues and the surveyor carries out a general round of observations including the conditions of the house, water points,

KAP study components

Survey	Observation	Focus group discussions	Water quality testing
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Survey questions

Water and food handling
Waste management

Diarrhoea
Personal hygiene

Sanitation

Observation

Household cleanliness
Appearance of children

Kitchen practices

food and water storage as well as the general appearance of adults and children. The impact survey serves as an important tool in assessing the impact of education sessions and in evaluating the work of the hygiene promoters. It identifies lessons learnt, behaviour changes and gaps to be filled.

Observation and survey results are subsequently analysed by the Hygiene Education Unit in Kabul, using SPSS software. The information is triangulated against focus group discussions and bacteriological tests of water sources testing for total coliforms.

Through the focus group discussions, hygiene supervisors may gather information about important social and economic features of a community, including the economic situation, gender relations, traditional methods of treating eg. diarrhea, the level of understanding of serious illnesses etc. This serves two purposes (1) it allows for comparative analysis across different districts and villages and (2) it enables the hygiene education promoters to tailor their sessions to the local level of hygiene knowledge and prevailing practices.

Lessons learnt

To ensure the objectivity and validity of survey results, surveys should ideally be carried out by temporarily employed interviewing couples. When this is not possible, this could be done by the hygiene promotion couples under supervision of the supervisor couple or by a central hygiene education unit.

The validity of the KAP study results can be strengthened by not carrying out the impact study immediately after completion of the third household visit and by ensuring that baseline and impact studies are carried out in the same season so that for instance the impact of the message to wear shoes may be measured.

Dissemination of five key messages through different methods

Community hygiene promoters conduct three visits to each household using a variety of methods to convey messages on a number of hygiene-related issues.

First household visit messages

Water projects	the importance of safe drinking water; safe and unsafe water sources; safe water use through boiling and adding chlorine; the protection of safe water sources and the storage of clean water.
Sanitation	the importance of the use of latrines; the risks of open defecation; the importance and benefits of hand-washing (including the use of soap) after defecation; the importance of night soil disposal and the risks of sickness and water contamination in case of improper storage and disposal.
Personal and environmental health	the importance of a daily personal hygiene routine such as washing hands, body and clothes, using soap and wearing shoes and the importance of keeping a clean surrounding of the home through proper waste disposal.
Food safety	the importance of storing food covered and heating up stored food properly along with information on methods of ensuring clean food eg. by washing fruits and vegetables.
Rehydration therapy to treat diarrhoea	information of causes of diarrhea, dangerous symptoms requiring a visit to a medical clinic and a demonstration of how to prepare the rehydration solution WSS (water-salt-flour solution) in the absence of ORS (oral rehydration salt).

Teaching methods

Flip-charts	Hand wash demonstration	Preparation of WSS and ORS	Household walks	Posters
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The second and third visits to members of the user group serve the purpose of assessment through observing and inquiring about changes in behaviour and of refreshing the knowledge of community members regarding the five key messages. Emphasis is placed on the consequences of not implementing good hygiene practices.

Second and third visits

Questions posed to community members regarding changes in hygienic behaviour.

Household walks.

Practical demonstration of how risk factors can be eliminated eg. by covering food and removing waste from the immediate vicinity of the house.



Distribution of hygiene kits

At the completion of the three hygiene visits, each family is given a hygiene kit containing six basic items for the daily hygiene routine: soap, shampoo, nail cutters, toothbrush, toothpaste and a small towel. The items are distributed in a cotton bag with a printed visual hygiene message. While not sustainable in nature, the kit is intended to raise awareness of the benefits of the items and thus serve as encouragement for the families to buy the items themselves.

Lessons learnt

In order to achieve maximum coverage of hygiene messages, DACAAR disseminates its messages in schools, mosques, door-to-door household visits and as radio dramas in local languages aired on radio and recorded on MP3 players used in second and third hygiene education visits.

Radio dramas usually attract additional attention, they stimulate different senses and the fact that messages are communicated by another source has an added learning effect.

In traditional villages, strong social skills, the mobilisation of mullahs and elders along with the use of passages from the Holy Qur'an to underpin hygiene messages may be required to achieve acceptance.

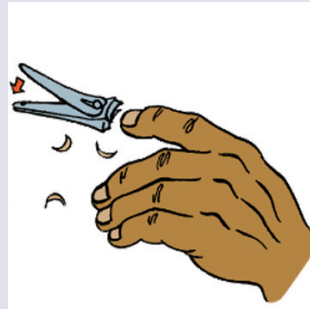
Involvement of women in site selection

Because hygiene promotion in couples allows the female hygiene promoter to target women directly, hygiene education has become a window for the involvement of women in the planning, decision-making and implementation phases of a water supply project. The involvement of women, however, is contingent on and must comply with existing local customs and traditions, ranging from direct discussions with the elders of the shura to transmitting their opinion through the female hygiene promoter.

Lesson learnt

The hygiene kit in its function as a gift proved important in encouraging the continued participation of community members. However, in its current design, the six content items are hardly sufficient for the use of an average Afghan household of seven people.





DACAAR Main Office

Address: Paikob-e-Naswar
Wazirabad
PO Box 208, Kabul
Afghanistan

Phone: (+93) (0) 20 22 01 750
Fax: (+93) (0) 20 22 01 520
Mobile: (+93) (0) 70 02 88 232
Email: info@dacaar.org
Website: www.dacaar.org

DACAAR's main donors



Organizations behind DACAAR

