



Hygiene Awareness Workshop

LC Duncker



HYGIENE AWARENESS WORKSHOP

By

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HYGIENE AWARENESS

AFRICA

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HYGIENE AWARENESS AFRICA

SUMMARY OF WORKSHOP

SECTION 1

MODULE 1 INTRODUCTION

The facilitator/s will introduce themselves to the identified community and give them a brief introduction to reason for presenting the workshop as well to the content of the workshop.

MODULE 2 WHAT IS HYGIENE?

The participants discover the word “hygiene” and what it means. They will perform a practical activity (game) to illustrate the concept. This will give the facilitator and the participants a clear understanding of the existing level of hygiene awareness in the specific community.

MODULE 3 HYGIENE IN OUR COMMUNITY

- **What are we doing successfully?**
The participants will be sent through an exercise to determine what they are currently doing ‘right’ (according to their belief) in the enhancement of health (focus on hygiene) in their community.
- **What are we doing unsuccessfully?**
The facilitator will guide the participants through a process of what they are currently doing wrong in relation to the previous question.
[Take note: It is very important at this stage for the facilitator not to be prescriptive, but for the participants (community) to be responsible for realising their own mistakes]

MODULE 4 IDENTIFYING OUR RESOURCES

This module will allow the participants to become aware of the resources they currently have at their disposal in implementing a more hygienic way of life. The participants will perform a community based practical exercise to identify their resources. They will also be mobilised to create their own scenario for the effective use of these resources.

MODULE 5 THE DISEASES IN MY COMMUNITY

- **Identifying the diseases in our community**
The participants will play a game that will enable them to identify the current diseases in their community. They will be guided to make a list of which diseases are most common and which are less common. (A disease “awareness” will be created)
- **Where does it come from?**
The participants will be responsible for identifying (in their own belief) where these diseases came from. After this ‘identification process’, the facilitator will perform a role play scenario in creating a more realistic picture of disease origins. The participants will actively participate and each one will have a specific role to play. (Small group activity will be used)

MODULE 6

CONCLUSION

The participants will have a session of reflection on what they have achieved up to this point in the workshop. The learning outcomes will be repeated.

SECTION 2

MODULE 7

WE ARE LEARNING (Step 1)

The participants will perform an activity to identify (display) what they currently perceived as being effective treatment against the identified diseases.

They will again, with the help of the facilitator, discover what they are doing right as well as what they are doing wrong in this regard.

[Take note: It is very important for the participants to have ownership of their behaviour (positive and negative). This will contribute to a higher success rate in the process of behavioural change]

MODULE 8

WE ARE LEARNING MORE... (Step 2)

The participants will now perform a practical activity in illustrating where they believe the identified diseases came from. The facilitator will initiate a creative process of “acting” through which the participants will express their belief. After this the facilitator will introduce the participants to the real causes of the diseases. A similar activity will be performed on the ‘new’ origins.

The same process as above will be performed for allowing the participants to identify how they ‘see’ the spreading of the diseases.

These processes will provide a scenario whereby the participants can take ownership and integration of a new belief system.

The participants will address the following concerns regarding their beliefs of disease origin and transmission.

- What is old? (belief)
- What is new? (belief)
- How can we change? (behavioural)

MODULE 9

CONCLUSION

The participants will have a session of reflection on what they have achieved during this section. The learning outcomes will be repeated.

SECTION 3

MODULE 10

WE CAN CHANGE IT

The participants are guided through a process of identifying what they have learned in the workshop. They are requested to draw a picture of what they believed (regarding living healthier), before the workshop, and what they believe now.

MODULE 11

WHAT MUST WE DO?

The participants will again observe their current resources (rehearsal) and will perform a practical activity to discover what they can do to change the current way of dealing with hygiene in their community.

The facilitator will facilitate an activity of actions to be taken by the participants (community) to become 'hygienic' people.

The above will be done by means of a creative activity.

[Take note: It is important at this stage that the participants design their own actions as well as ways for implementation in the broader community]

The facilitator will evaluate the reality of the actions. A monitoring system will be designed (by the participants) whereby they undertake to reach a realistic implementation percentage of the identified actions. This will provide the facilitator and workshop provider with a direct measurement tool in order to measure impact of the training (workshop).

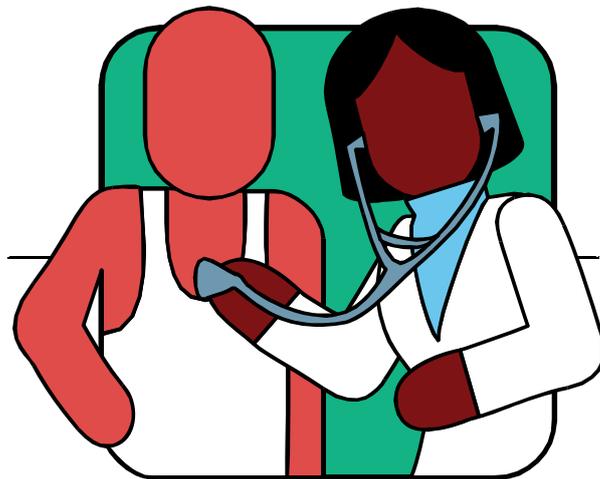
MODULE 12

CONCLUSION

The facilitator provides the participants with a brief summary of the workshop. The identified actions are repeated.

A monitoring date is decided between the participants (community) and the facilitator. (Preferably 3 months after date of workshop).





SECTION 1

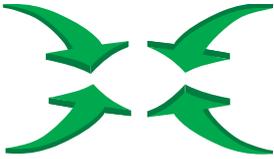
WHAT IS HYGIENE

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MODULE 1

INTRODUCTION



OBJECTIVES

- To introduce the facilitator to the participants.
- To briefly explain the reasons for presenting the workshop.
- To introduce the workshop content to the participants.



Notes To The Facilitator

It is very important for the facilitator to establish a workshop environment based on trust and honesty.
It will be your objective to set the participants at ease, not only with you as facilitator but also with the process of transferring knowledge and expertise.
Allow the participants to 'buy' into you as a person.
Remember to record all the discussion responses on a flipchart and stick that on the wall for the participants to see.



What Do You Need?

Well developed facilitation skills.
A basic understanding of the culture of the participants.
Enthusiasm about the subject.

OBJECTIVE 1

Introducing the facilitator to the participants.

Activity 1:

The facilitator will briefly introduce him/herself to the participants.

An icebreaker activity can be implemented. This will depend on the preference of the facilitator.

It is important for the facilitator to establish, from the word 'go', a healthy relationship of trust with the participants.

[Activity duration: ±10 minutes]

Activity 2:

The facilitator can now request the participants to individually introduce themselves.

The participants can state the following:

- Who they are?
- Why they attend?
- What do they want to see happening regarding hygiene in the community.

[Activity duration: ±20 minutes]

OBJECTIVE 2

Explain the reasons for presenting the workshop.

Activity 1:

The facilitator informs the participants of the reasons for presenting the workshop.

These are for the participants to:

- explain the purpose of the workshop (this will provide knowledge on how to lead a healthier lifestyle)
- be more aware of a healthier lifestyle
- become responsible for maintaining better health in their communities
- identify what they already know regarding the treatment and transmission of diseases
- learn how to look better after themselves as well as other community members regarding hygiene improvement
- link up with the research done previously

[Activity duration: ±5 minutes]

Introducing the workshop content to the participants.

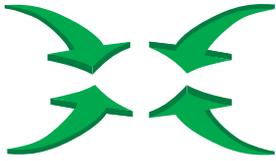
Activity 1:

The facilitator will briefly inform the participants of the workshop content. He/she will mention the modules and give a short description of what will be discussed during each module.

[Activity duration: ± 8 minutes]

MODULE 2

WHAT IS HYGIENE?



OBJECTIVES

To identify the meaning of the word “hygiene”.

To identify current levels of hygiene awareness in the community.



Notes To The Facilitator

The following objectives and its activities are to allow you to identify the current levels of understanding of the concept “hygiene” within the community.

This will provide you with a solid foundation to operate from in facilitating the rest of the workshop content.

It is important to allow the participants to think freely and to make use of their creativity, especially when performing the “Hygiene Game” .



What Do You Need?

A flipchart and colour pens.

Cardboard cut-outs of the letters of the word **HYGIENE** (5 sets)

OBJECTIVE 1

Identifying the word "HYGIENE".

Activity 1: The HYGIENE GAME

The facilitator will first ask the question of "What does the word 'hygiene' mean to the participants.

The facilitator will also write the word on a piece of paper and send it through the group that they can 'see' what it looks like. (This will include illiterate people in the activity).

Response will be written on a flipchart or what is available. (e.g. blackboard, pieces of paper, etc...)

The facilitator will allow a short discussion period whereby the participants, amongst themselves, can explain and discover the word. (Allow \pm 5 minutes)

When this is finished, the game will start.

Let's play "HYGIENE"

1. The facilitator will divide the group into smaller groups of \pm 5 members each.
2. The smaller groups are now requested to separate from each other and to position themselves in a place where they can not be seen or heard by the other groups.
3. Each group will then receive the seven letters (individually cut out) of the word HYGIENE.
4. The facilitator will request the groups to position the letters as to spell the word. They must space the letters relatively far apart. (\pm 15cm)
5. The members of the groups are then requested to take each letter and think symbolically around it. They must do this in relation to the creation of better health in the community.

Example: **G** - looks like a pregnant woman. She must eat healthy (fruit) and she should drink water to look after the health of her unborn baby.

(Allow the participants to think creatively. Also allow them sufficient time to complete the activity)

6. When they are finished, the groups must get together and present their symbols.
7. The facilitator will then request the participants to evaluate one another (the smaller groups) so as to identify which group (by using the word "hygiene") will contribute the most in securing better health within the community.
8. The facilitator will **lastly explain the meaning of the word "hygiene"** and then relate it to the creation of better health within communities. **The facilitator will also request the participants to explain how they perceive "hygiene" after completing the game.**

Activity 2: HYGIENE GAME - CONCLUSION

The facilitator will allow the participants to select the most relevant and realistic explanation of the letters used in the word H Y G I E N E.

This explanation (hygiene improvement related) must now be transformed into actions to be taken by the participants to be implemented in their individual communities.

The participants are allowed to identify the action-steps as well as to evaluate the implementation value thereof.

(Remember: Provide the participants with as much ownership as possible in developing action-steps as well as evaluating the relevant information)

Possible homework for the participants.

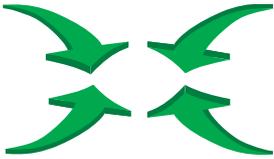
Request the participants to discuss the identified action-steps with a community member. Let them provide feedback during the second day of the workshop on this matter.

Also take note: A good understanding of current levels of hygiene awareness will now not only be discovered by the facilitator, but also by the participants. It will be the objective of the facilitator to work from these identified levels to establish an increase in further awareness.
(This will happen during the following days of workshop presentation)

[Activity duration: Discover the word: ±8 minutes]
[Create symbols and meanings: ±45 minutes]
[Presenting the meanings: ±30 minutes]
[Evaluation: ±20minutes]
[Discover action-steps:±20 minutes]
[Evaluate the action-steps: ± 20 minutes]
[TOTAL DURATION: ± 2½ hours]

MODULE 3

HYGIENE IN OUR COMMUNITY



OBJECTIVES

To identify current hygienic successes in the community.

To identify current hygienic development areas in the community improved.



Notes To The Facilitator

The following activity is only to create an awareness according to current belief systems regarding the treatment of diseases by the participants of what is successful and what is unsuccessful. Please see that you do not provide solutions, but only facilitate the process.

It is important to write all positive (successful) and negative (unsuccessful) aspects down.

These will be utilised at a later stage of workshop presentation.



What Do You Need?

A flipchart and colour pens.

Prestik to stick the flipchart pages on the wall.

OBJECTIVE 1

Identifying current hygienic successes and unsuccessful practices in the community.

Activity 1:

The facilitator will divide the group into smaller groups of \pm 5 members each.

The facilitator will request the groups to perform the following:

1. Identify the typical diseases in their community.
2. Explain how they currently treat it.
3. Discuss the outcomes of the treatment.

The groups are then requested to share the information and to determine amongst one another which treatment they believe was the best for what disease.

The facilitator will write this down on the flipchart.

[Activity duration: \pm 30 minutes]

Activity 2:

When they are finished, the facilitator requests the groups to follow the exact procedure, but this time they have to state on what treatment that were unsuccessful. They must provide reasons as to what they think, went wrong.

Again the group are requested to share the information and to determine amongst themselves why the specific treatment did not work.

The facilitator will write the answers down on the flipchart.

This activity is to create awareness by the participants on what they do right (according to their belief) in the enhancement of health in their community, as well as to what mistakes they make,

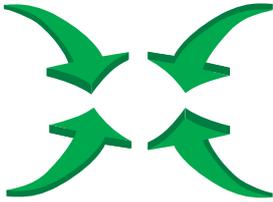
At this stage of the workshop no solution to their mistakes will be provided. It is just for them to take ownership of their perceived incorrect treatment behaviour.

The facilitator will inform the participants that solutions to the mistakes will be dealt with during day two of the workshop.

[Activity duration: \pm 30 minutes]

MODULE 4

IDENTIFYING OUR RESOURCES



OBJECTIVES

To identify current resources available for implementing a more hygienic way of life within the community.



Notes To The Facilitator

Allow the participants to be very creative in drawing the map of their community.
It is important though that you keep their attention focussed in identifying current resources that can be used in hygiene awareness and disease treatment.
Allow ample time for the activity.



What Do You Need?

A space outside the training venue where each group can perform the map drawing process. ($\pm 3 \times 2\text{m}^2$ areas are needed)
Drawing material such as buttons, rope, matchboxes, matches, cotton, plastic bags etc. (sand and stones can also be used).
Flipchart and colour pens.

OBJECTIVE 1

Identifying current resources available for implementing a more hygienic way of life within the community.

Activity 1:

This activity will be performed with the same smaller groups as identified in module 3.

The facilitator will request the groups to do the following:

1. Build a map of their community by including the following: roads, buildings, hospitals, schools, rivers (sources of water) etc.
2. The facilitator then requests them to add all things that they will need to treat diseases in the community. (e. g. water, plants, buildings etc.) This must be added additionally to the map.
3. The facilitator now requests the groups to identify what resources they have available to treat diseases successfully. (According to their belief).
4. After identification the groups will get together to discuss their findings. The groups share the information and add more resources which were not mentioned.
5. The facilitator writes the resources down on a flipchart page and puts it on the wall.
6. A discussion follows on how the available resources can be used more effectively in creating a healthier way of living within the community.
7. The facilitator lists the options.

[Activity duration: Building the map: ±30 minutes]

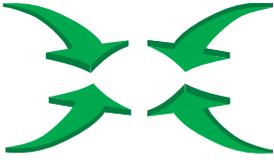
[Identifying resources: ±20 minutes]

[Discussion: ±20 minutes]

[TOTAL DURATION: 1 hour and 10 minutes]

MODULE 5

THE DISEASES IN MY COMMUNITY



OBJECTIVES

To understand what is meant by the word “disease”.

To identify the current diseases in the community.



Notes To The Facilitator

It will be your responsibility to facilitate a process in which the participants can identify what is meant with the concept ‘disease’ as well as what diseases they identify as being present in their community. Act as a guide and do not get involved in decision-making processes.



What Do You Need?

A clear understanding of the activity content.

A small piece of stone/rock.

A flipchart and colour pens.

Disease cards

OBJECTIVES 1 & 2

- ✂ **Understand what is meant by the word “disease”**
- ✂ **Identify current diseases in the community.**

Activity 1: What is a disease?

The facilitator will ask the participants whether they know what a disease is?

The participants will then be positioned in a circle. The facilitator will provide one delegate in the circle with a piece of stone/rock. This delegate will walk on the outside of the circle and select someone that will need to respond. The stone/rock will be dropped behind the selected person’s back. This person will then need to respond to the following:

- ✂ Tell us about one disease in your community?
- ✂ How serious is it?
- ✂ How many people have it?
- ✂ What are you doing to make it better?

The facilitator must see that each person gets a chance to respond.

If the group is too big it can be divided into smaller groups.

If the members run out of diseases let them elaborate or add something related to a specific disease that was not mentioned before.

The facilitator will need to write down all the possible aspects generated from the participants on a flipchart.

Take note: It is important for the facilitator to note especially the kinds (types) of diseases mentioned.

Play this game until the participants cannot provide more information.

[Activity Duration: ±30 minutes]

Activity 2: Prioritise diseases

The facilitator will refer the participants back to the specific diseases mentioned. (As plotted down on the flipchart).

He/she will now request the participants to each choose a card with the name of a disease written on it, one participant for each disease mentioned.

Each participant will then be tagged with the name of the diseases mentioned. (One participant will represent one disease)

The remaining group members will now have the opportunity to line the “Disease-representatives” in such a way as to what disease they consider as being the most common and crippling in their community.

The representatives will then be requested to form a group of their own.

This will allow the facilitator to move to the last section of this module.

[Activity Duration: ±10 minutes]

Activity 3: Diseases - where do they come from?

The “Disease-representatives” as grouped during activity 2 will now have to play an active part.

Each one has to deliver a brief presentation on where they believe the disease, which they represent, came from.

The facilitator will allow the participants (representing) to make use of their own creativity in displaying where they believe the diseases came from.

When they are through with this presentation the facilitator will guide the participants (total group) through a role-play scenario which will focus their attention on the ‘real’ origins of the identified diseases.

Take note: Other diseases not illustrated by the “Disease-representatives will now also be mentioned.

Scenario

What to do?

- ✂ Divide the group into 2 smaller groups of ± 8 members each.
- ✂ Let the participants choose between two provided display-cards, each representing the original causes for the identified diseases.

[CARD 1: GERMS]
[CARD 2: PARASITES]

Take note: Each smaller group can only choose 1 card. That group will then be called “THE PARASITES” or “THE GERMS”

- ✂ After each group had made their card selection, the facilitator has to explain what each of these things mean.

GERMS are...

disease bugs (germs) that cause you to become ill.

PARASITES are...

blood sucking bugs that lives from your body and cause you to become ill (e.g. mosquitoes).

- ✂ The facilitator will now take the list of identified diseases and allocate the ones that are caused by ‘parasites’ to the group called “THE PARASITES”, and the ones that are caused by ‘germs’ to the group called “THE GERMS” .
- ✂ The list on the next page will provide the facilitator with the needed information on performing the above activity:

DISEASE (Infection)	CAUSED BY...	TRANSMISSION
DIARRHOEA	Germs and Parasites	From human faeces to the mouth via contaminated water, hands, food, soil etc...
BILHARZIA	Parasites	From faeces or urine to the skin. Worm eggs in human faeces or urine have to reach water where they hatch and enter snails. In the snail they develop as free swimming 'cercariae' which penetrate the skin when people come into contact with infected water.
TYPHOID	Germs	From human faeces to the mouth via contaminated water, hands, food, soil etc...
WORMS	Germs and Parasites	<p><u>Tape Worm</u> From faeces to animals to humans. Worm eggs in human faeces are ingested by a cow or pig where they develop into infective cysts in the animal's muscles.</p> <p><u>Round Worm</u> From faeces to the mouth. Worm eggs in human faeces have to reach soil to develop into an infective stage before being ingested through raw food, dirty hands and playing with things that have been in contact with infected soil. Animals eating human faeces pass on the eggs in their own faeces.</p> <p><u>Hook Worm</u> From faeces to skin (especially feet). Worm eggs in the faeces have to reach moist soil where they hatch into larvae that enter the skin of people's feet.</p> <p><u>Guinea Worm</u> From skin to mouth. The worm discharges larvae from a wound in a person's leg while in water. These larvae are swallowed by tiny water fleas and people are infected when they drink the contaminated water.</p> <p><u>Ring Worm</u> From skin to skin. Through direct skin contact and through sharing of clothes, bedding and towels.</p>
CHOLERA	Germs	From human faeces to the mouth via infected water, hands, food, soil etc... The bacteria <i>Vibrio cholerae</i> is responsible for this disease.
DYSENTERY	Germs	From human faeces to the mouth via contaminated water, hands, food, soil etc...
MALARIA	Parasites	From person to person through the bite of an infected mosquito. The mosquito breeds in standing water.
EYE INFECTIONS	Germs and Parasites	<u>Trachoma conjunctivitis</u> From eye to eye. Both direct contact with the discharge from an infected eye and through contact with articles soiled by a discharge, such as towels, bedding, clothing, wash basin, washing water. Flies may also act as transmission agent.
SKIN DISEASES	Germs from... Worms, lice, mites and infected insect bites.	See worms. (Hookworm, Guinea worm, Ringworm)



Each group will now perform a little play to illustrate without words (non-verbally) how they as either "GERMS" or "PARASITES" caused the specific disease (illness), as well as how the diseases are transmitted.

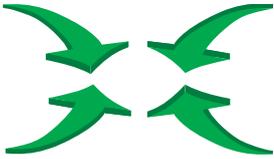
Take note: One member of the group can play the role of the infected individual (patient)
When they are finished with the activity please explain that the individual who played the “germ’ or “parasite” role is now healthy and cannot cause or transmit the disease.

⌘ The facilitator should allow each group with ample preparation time.

⌘ Presentation time can be ± 10 minutes per group.

[Activity duration: ±1 hour]

MODULE 6 CONCLUSION



OBJECTIVES

To stress the learning points of section 1.



Notes To The Facilitator

Be brief in your summary of the learning outcomes. Allow the participants to stress what they have learned.
See that you make it clear as to what was achieved during the day's activities.



What Do You Need?

The flipchart pages as used (drafted) during the day's activities.

OBJECTIVE 1

Stressing the learning points of Section 1.

Activity 1:

1. The facilitator refers back to each module and asks the participants to respond to what they have learned during the module.
2. The facilitator stresses the most important issues.
3. The flipchart pages on the wall will guide the facilitator to what was important.
4. The participants are requested to share what they have learned with either direct family or other members of the community.
5. They must report back to what the responses of the other people were.

[Activity duration: ±20 minutes)

REMINDER NOTES

SECTION 1: WHAT IS HYGIENE?

MODULE 1 INTRODUCTION

Objective 1

- Introduce yourself to the delegates.
- Prepare an icebreaker.
- Allow the delegates to introduce themselves.
- Create a trust relationship from word 'go'

Objective 2

- Explain the reason for presenting the workshop.
- Determine the reason/s of the delegates for attending the workshop.

Objective 3

- Introduce the workshop content to the delegates.
 - Proceed to module 2.
-

MODULE 2 WHAT IS HYGIENE?

Objective 1

- Play the "HYGIENE GAME".
 - Remember the word cards spelling "HYGIENE".
 - Proceed to module 3.
-

MODULE 3 HYGIENE IN OUR COMMUNITY

Objective 1

- Identify the current diseases in the community.
 - Identify how the diseases are treated.
 - Discover the awareness level of the delegates regarding the identified diseases.
 - Proceed to module 4.
-

MODULE 4 **IDENTIFYING OUR RESOURCES**

Objective 1

- The delegates need to discover what resources they have available in support of a better hygienic lifestyle.
 - You will perform the “Map Building” activity.
 - Perform this activity outside the training venue.
 - Proceed to module 5.
-

MODULE 5 **THE DISEASES IN MY COMMUNITY**

Objectives 1 & 2

Activity 1

- The delegates have to identify the meaning of the word “disease”.
- The “Circle” game will be played.
- You will have to record all the diseases mentioned by the delegates.

Activity 2

- After identifying the diseases, allow the delegates to prioritise it.

Activity 3

- The delegates will now discover the origins of the identified diseases.
 - You will facilitate a scenario in which the delegates have to identify the role of germs and parasites in the development of certain diseases.
 - The local Health Officer or Community Nurse will be needed to assist you during this session.
 - Proceed to module 6.
-

MODULE 6 **CONCLUSION**

Objective 1

- You have to stress the learning points resulted from this section.
 - Request further action from the delegates. (They should share the learned information with other community members).
 - Conclude the section.
 - Proceed to module 7 (Section 2).
-
-



SECTION 2

WE ARE LEARNING

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MODULE 9: CONCLUSION

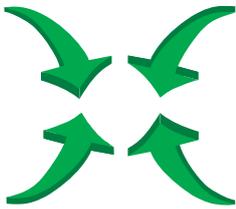
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REMINDER NOTES

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MODULE 7

WE ARE LEARNING (Step1)



OBJECTIVES

- To identify ways in which diseases spread within the community.
- To change belief regarding disease origins and transmission.



Notes To The Facilitator

It will be your responsibility to see that the participants understand the process of disease transmission and that they will identify ways of limiting it.

It will also be your challenge to create behavioural change regarding the traditional beliefs of the participants.



What Do You Need?

- Calculation skills
- “Disease Transmission Cards”
- Some drawing skills
- Flipchart and colour pens

OBJECTIVES 1 & 2

- **Identifying ways in which diseases are spread within the community.**
- **Change belief regarding disease origins and transmission.**

Activity 1:

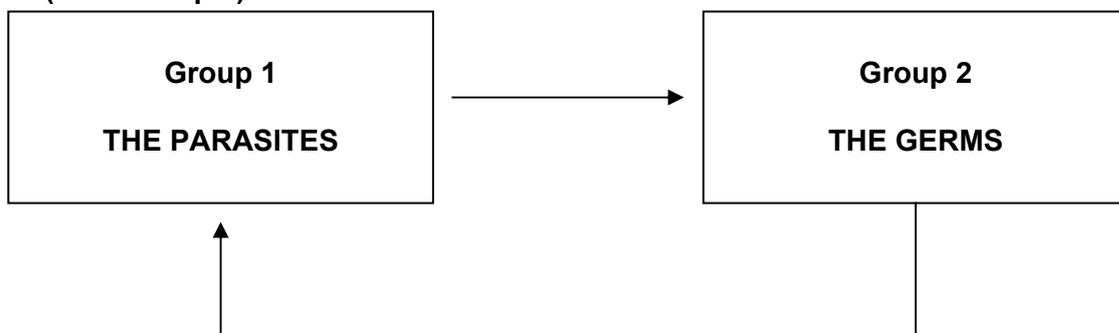
This activity must be seen as an extension of Activity 3, MODULE 1.

The facilitator requests the 2 “Disease-representative” groups as per previous module, to spread out ± 6 metres from one another.

Take note: This part of the activity should preferably be performed outside a classroom or in a large venue.

The facilitator must see that the 2 groups are positioned as in the following example.

(See Example)



What must they do?

- The groups one will inform each other about how they transmit (spread) their specific diseases.

Take note: The participants must be allowed to voice their current beliefs in the transmission of the diseases.

- Each group will now be allowed an opportunity to present what they have ‘heard’ from the other group.
- Each group will have to clarify their beliefs regarding issues that the other group didn’t agree with.

[Activity duration: ±45 minutes]

Activity 2:

After identifying 'successful' and 'unsuccessful' practices in the current belief system of the participants regarding transmission of diseases, the facilitator will guide the participants through a participatory process of how the diseases are really transmitted.

Take note: The community health worker or nurse can assist you with this facilitation.

What to do?

- The facilitator requests nine (9) volunteers from the group of participants.
- These volunteers will each learn and teach other group members about the transmission of specific diseases.
- The facilitator will ask them to choose from the following list of diseases which they will like to represent:

Diarrhoea
Bilharzia
Typhoid
Worms
Cholera
Dysentery
Malaria
Eye Infections
Skin Diseases

- When through with the selection the facilitator will inform each volunteer on how his/her chosen disease is transmitted.

The "DISEASE TRANSMISSION CARDS" provided with this workshop must now be utilised.

- Each volunteer is requested to inform the others (non-volunteers and other 'diseases') on what he/she has learned regarding the transmission of his/her chosen disease.
- The others are provided with an opportunity to agree or disagree with the volunteer presenting.

Take note: It will be the task of the facilitator to steer the conversation in the right direction. Sensitivity regarding traditional beliefs and practices from the side of the facilitator will be very important during this session

[Activity duration: ±40 minutes]

Activity 3:

After identifying 'successful' and 'unsuccessful' practices in the current belief system of the participants regarding prevention of diseases, the facilitator will guide the participants through a participatory process of how the diseases are prevented.

Take note: The community health worker or nurse can again assist you with this activity.

What to do?

- The facilitator now requests nine other volunteers from the group of participants.
- These volunteers will each learn and teach other group members about the prevention of specific diseases.
- The facilitator will ask them to choose from the following list of diseases which one they will like to become:

Diarrhoea
Bilharzia
Typhoid
Worms
Cholera
Dysentery
Malaria
Eye Infections
Skin Diseases

- When through with the selection, the facilitator will inform each volunteer on how his/her chosen disease is prevented.

The "DISEASE PREVENTION CARDS" provided with this workshop must now be utilised.

- Each volunteer is requested to inform the others (non-volunteers and other 'diseases') on what he/she has learned regarding the prevention of his/her chosen disease.
- The others are provided with an opportunity to agree or disagree with the volunteer who is presenting the discussion.

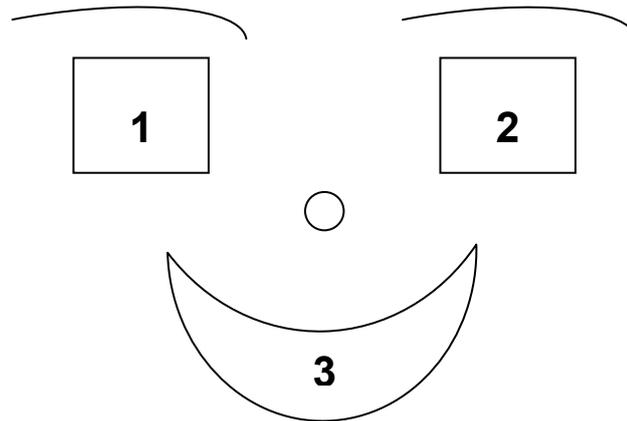
Take note: It will be the task of the facilitator to steer the conversation in the right direction. Sensitivity regarding traditional beliefs and practices from the side of the facilitator will be very important during this session.

Activity 4:

This activity will provide the participants with an opportunity to internalise a behavioural change process regarding their belief system on the transmission and prevention of diseases within their community.

The facilitator will draw 2 squares and a half-moon on the floor and add a face (eyebrows and nose to it).

(Example)



The next step is to decide to call the one square (Eye no 1 = THE OLD). Square 2 will be called (Eye no 2 = THE NEW), and the half-moon, (the mouth) is called (HOW CAN WE CHANGE IT?).

The facilitator will then divide the group into 3 smaller groups.

One group will position themselves in Square 1. The other group will stand in Square 2, and the last group will be situated in the Half-moon.

What to do?

- The facilitator will tell all three groups the following 'story with a gap'.

Take note: The story should preferably be told in the mother tongue of the participants.

Story

Vulani is running a high fever and can keep no food inside. She cries for you to help her...

Vulani is happy and running outside, playing with her brothers and sisters. She is laughing and healthy, and looks very good.

What happened in between?

- Request the participants to fill the gap of the story.
- Facilitate the feedback from the participants in relation to the outcome of better hygiene practices in the community.

When the group is finished with this section of the activity, the facilitator will request the following:

- Group 1 to discuss what they see as OLD BELIEFS regarding the transmission and prevention of diseases in their community.
- Group 2 to discuss NEW BELIEFS and the value thereof.
- Group 3 to discuss ways of changing the OLD to the NEW.

Take note: The new ways that the participants identified must realistically be accepted within the community.

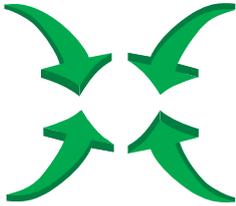
- Finally, the facilitator will need to emphasise the actions suggested by group 3.

[Activity duration: ±1 hour]



MODULE 8

WE ARE LEARNING MORE... (Step 2)



OBJECTIVES

- To identify more effective ways of disease prevention.
- To identify successful and unsuccessful ways of preventing the diseases.
- To create a behavioural change process regarding the prevention of identified diseases.



Notes To The Facilitator

It will be your responsibility to guide the participants through a process of identifying the 'right' and 'wrong' ways of preventing the diseases as experienced in their community. You will also be responsible for facilitating behavioural change regarding the above.



What Do You Need?

- 1x Flipchart and colour pens
- Disease labelled balls
- Diseases "Prevention Cards"

OBJECTIVE 1

Identifying effective ways of disease prevention.

Take Note

This section is following the previous prevention activity with a higher degree of knowledge transfer and experiential learning intensity.

Activity 1: The “DISEASE PREVENTION BALL GAME”

The facilitator requests the participants to divide into 2 groups of ± equal size.

The facilitator will provide Group A with a number of balls, each representing (named after) the diseases as identified.

The members of Group A will be asked to select someone from Group B to throw the ball to.

As soon as it is thrown and caught, the person who caught the ball must provide what he/she thinks as prevention for that specific disease. Please allow each receiver to only state one way of prevention of the specific disease.

When all members of Group B (receivers) gave one possible option for preventing the disease written on the ball he/she caught, the process turns and members of Group B now throw the ball to members of Group A.

The process is repeated.

Continue with this activity until all possible ways of prevention for the diseases have been mentioned or optioned.

The facilitator will have to prepare a flipchart with the diseases and the ways of prevention suggested by the participants while performing this activity.

[Activity duration: ±30 minutes]

OBJECTIVE 2

Identify successful and unsuccessful ways of disease prevention.

Activity 1:

This activity follows the previous one directly.

The facilitator instructs the participants to take position. An active debate will be held about the mentioned ways of preventing diseases.

The facilitator will provide the participants with “Disease Prevention Cards”.

These cards will be positioned according to what diseases they help to prevent.

Take note: It will be the second time that the participants study the ‘Disease Prevention Cards’. This will enable them to internalise the information shared on the cards as well as through their own group discussions. A “repetition-learning-phase” takes place.

The participants will be provided with an opportunity to “SEE” what they are doing wrong and right regarding the prevention of the diseases.

The facilitator should now place a lot of emphasis on correct behaviour and also add to the list by showing what the group did not mention originally.

[Activity duration: ±30 minutes]

OBJECTIVE 3

Create behavioural change regarding the prevention of the identified diseases.

Activity 1:

The facilitator divides the participants into smaller groups of ± 5 members each.

These groups will now discuss what they need to change to become more equipped and better in their prevention efforts against diseases.

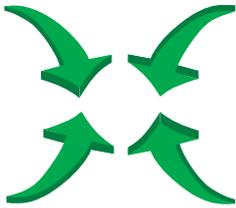
The facilitator will also request the groups to identify a list of actions that they would need to implement in their communities so as to prevent the spreading of diseases.

It might be important at this stage to also identify a person from the community who will be responsible for the implementation of these actions.

[Activity duration: ± 30 minutes]



MODULE 9 CONCLUSION



OBJECTIVES

- To stress the learning points of Section 2.



Notes To The Facilitator

Be brief in your summary of the learned outcomes. Allow the participants to stress what they have learned. See that you make it clear as to what was achieved during the day's activities.



What Do You Need?

- The flipchart pages as used (drafted) during the day's activities.

OBJECTIVE 1

Stressing the learning points of Section 2.

Activity 1:

- The facilitator refers back to each module and asks the participants to respond to what they have learned during the module.
- The facilitator stresses the most important issues.
- The flipchart pages on the wall will guide the facilitator to what was important.
- The participants are requested to share what they have learned with either direct family or other members of the community.
- They must report back to what the responses of the other people were.

[Activity duration: ±20 minutes]



REMINDER NOTES

SECTION 2: WE ARE LEARNING

MODULE 7 WE ARE LEARNING (Step 1)

Objectives 1 & 2

Activity 1

- The delegates must identify ways in which diseases are spread within their community.
- The “2-Group” game will be played.
- The above game will illustrate to the delegates what they are currently doing right and wrong regarding the spreading of diseases in their community.
- Preferably perform this game outside the training venue.

Activity 2

- You will guide the delegates through a participatory process of how diseases really are spread in the community.
- The local Health Officer or Community Nurse will again be of assistance.
- You will need the “Disease Transmission Cards”.

Activity 3

- You will guide the delegates through a participatory process of how diseases are prevented in the community.
- The local Health Officer or Community Nurse will again be of assistance.
- You will need the “Disease Prevention Cards”.

Activity 4

- You will have to internalise a behavioural change process regarding the delegate’s believe on the transmission of diseases.
- Perform the “Face” exercise.
- Proceed to module 8

MODULE 8 WE ARE LEARNING MORE... (Step 2)

Objective 1

- The delegates will identify effective ways of disease prevention.
- Perform the “Disease Prevention Ball” game.

Objective 2

- The delegates will identify 'successful' and 'unsuccessful' ways of disease prevention.
- You will need the "Disease Prevention Cards" .

Objective 3

- The delegates will be taken through a process of behavioural change regarding the prevention of diseases in their community.
- Action steps needs to be developed by the delegates regarding the above.
- Proceed to module 9.

MODULE 9 **CONCLUSION**

Objective 1

- You have to stress the learning points resulting from this section.
 - Request further action from the delegates (they should share the learned information with other community members).
 - Proceed to module 10 (Section 3).
-



SECTION 3

WE ARE GOING TO WIN

CONTENT

Page

MODULE 10: WE CAN CHANGE IT!

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MODULE 11: WHAT TO DO

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MODULE 12: CONCLUSION

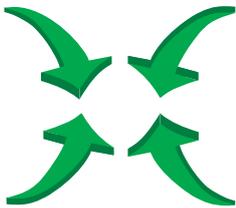
44

REMINDER NOTES

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MODULE 10

WE CAN CHANGE IT!



OBJECTIVES

- To identify what was learned during the workshop (Section 1 and Section 2).
- To identify what behavioural changes took place as result of presenting the workshop.



Notes To The Facilitator

It will be your responsibility to provide the participants with an opportunity to re-focus on the learned issues that they have experienced during the previous days of the workshop. See that you put an emphasis on the most important behavioural changes they had to make in order for the workshop presentation to be a success.



What Do You Need?

- An ability to put everything learned into perspective.
- A flipchart and colour pens.
- 2x A3 Cardboard pages.
- A few colour pens.
- Prestick
- “Belief” building material e.g. wooden blocks, toy dolls (people and animals), pieces of stone, cotton wool etc...

OBJECTIVES 1 & 2

- **Identify what was learned.**
- **Identify what behavioural changes took place.**

Activity 1:

The facilitator divides the participants into 3 groups of ± equal size.

Each group will receive the following:

- 2x A3 cardboard pages (white)
- colour pens
- prestick
- 'belief' building material e.g. wooden blocks, toy dolls (people and animals), pieces of stone, cotton wool etc...

The facilitator then requests the group to “build and draw” their old beliefs (ways of doing things, i.e. preventing diseases, spreading of diseases, origins/causes of diseases) on the one piece of cardboard.

When they are finished, they have to “build and draw” their new ways of doing things, i.e. preventing diseases, spreading of diseases, origins/causes of diseases) on the remaining piece of cardboard.

Each group will then be given an opportunity to tell what the two cardboard pages are showing about them.

They have to state clearly what they believed prior to attending the workshop, and what they believe now.

The facilitator must also see that they realise the changes themselves.

Take note: These changes refer to their opinion and believe in approaching the hygiene issue in their community.

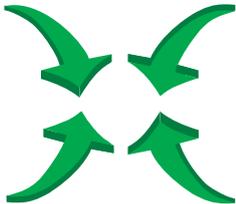
The facilitator should praise them for realising their own needs to change as well as a willingness to change.

[Activity duration: ±45 minutes]



MODULE 11

WHAT TO DO



OBJECTIVES

- To identify current resources and bring it into perspective regarding new knowledge on effective hygiene.
- To develop an action plan on transforming the community to become hygienically aware.
- To develop a monitoring system so as to evaluate the implementation of the developed action plans.



Notes To The Facilitator

This last module is definitely the most important. It will be your responsibility to guide the participants to take their current resources and to develop realistic action plans on how to become more aware of living hygienically.

It will also be your responsibility to guide them in developing a monitoring system. This will be the instrument of future measurement of success regarding hygiene awareness and the implementation of the related activities.



What Do You Need?

- The Action Plan worksheet.
- Some drawing skills.
- Well-developed facilitation skills.

OBJECTIVES 1 & 2

- **Identifying current resources and bringing it into perspective with new knowledge gained on effective hygiene.**
- **Developing an action plan on assisting the community to become hygienically aware.**
- **Getting the community to become committed by explaining the benefits of being hygienically aware.**

Activity 1:

The facilitator reflects back to Section 1 Module 4. "Identifying Our Resources" He/she refers the participants (by looking at the listed resources) to what they have discovered as resources currently available for the implementation of a healthier lifestyle. After doing this, the facilitator will focus the attention of the participants on all the new knowledge they have gained by attending the workshop.

This information can be derived from the first activity as performed during this section.

The facilitator now provides the participants with a discussion opportunity which enables them to utilise available resources effectively in relation to their gained knowledge. Focus will especially be placed on the prevention of identified diseases. The answers provided by the participants during this stage of the workshop must be transformed into action steps.

This will lead to activity 2 of this module

[Activity duration ± 45 minutes]

Activity 2: Our ACTION PLAN

The participants are requested to create an action plan to be implemented to support a healthier lifestyle.

Take note: The facilitator will play a very important role during the activity.

As some of the participants cannot read or write the facilitator will need to explain the 'plan' (model) as provided in support of this activity.

(See "Hygiene Action Plan")

What to do?

- Draw the provided "Hygiene Action Plan" on a flipchart or even in the sand outside.
- Explain the content of the plan in a basic manner to the participants.
- Each community, (if more than one are represented by the participants), should now choose a person to take responsibility for the action plan. (If possible, a literate person should be selected.)
- Guide the participants to identify their own action to be taken.
- They should also identify a responsible person for the specific actions and resources needed.
- They should stipulate an implementation date and a follow-up date.

Take note: This activity might take a while – see that you facilitate a time restricted but quality session. It will also be your responsibility to monitor the realistic implementation value of the developed actions.

When they are finished with this activity, the participants will need to develop a monitoring system as to assess the realistic implementation percentage of the identified actions.

[Activity duration: ±1½ hours]

Activity 3: Monitoring

The facilitator divides the participants into 3 groups of ± equal size. When done the facilitator provides the following instructions:

- The 3 groups will design a model of how they are going to monitor whether their implemented actions are working or not.

Take note: The following criteria would need to be addressed in the specific model that the participants design and select as their “Monitoring Model”:

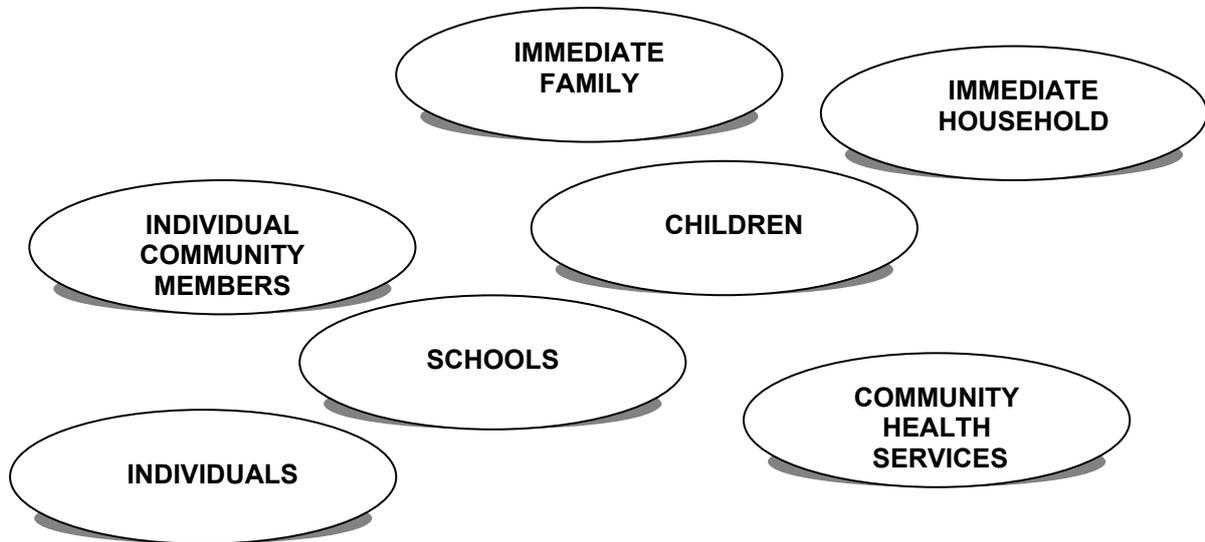
- Implementation date of prevention action.
- Number of people it's applied to.
- (Gender, Age).
- Weekly monitoring (visits). (dates).
- Results of the visit
 - Health improved
 - Spreading of the disease (more or less)
 - Community understanding and support.
- The participants of the 3 groups must also design a feedback system to the local clinic, community nurse, social worker or health professional.
- The facilitator will allow the participants enough time to design their monitoring system.
- When finished each group will present their model and the group in total will decide which model will be the best for monitoring their actions. (The facilitator's help might be requested during this process).
- The selected model will formally be accepted and every delegate should agree to it.
- This will indicate the end of this activity.

[Activity duration: ±1 hour]

ALSO REQUEST THE PARTICIPANTS TO FOCUS THEIR ACTION IN HYGIENE IMPROVEMENT ON THE FOLLOWING AREAS.

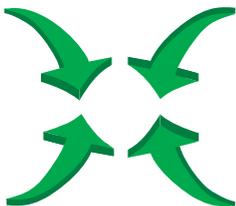
Remember: Let them decide where the focus in the community needs to be!

FOCUS AREAS ARE...



MODULE 12

CONCLUSION



OBJECTIVES

- To provide a summary of the workshop.
- To conclude the workshop.



Notes To The Facilitator

It will be your responsibility to provide the participants with a brief summary of the workshop.

See that you repeat all the important learning points as discussed during the workshop.

You will also need to conclude the workshop by making the participants aware of the important role they have played in securing the success of the workshop.



What Do You Need?

- Workshop evaluation forms.
- Flipchart and colour pens.

OBJECTIVES 1 & 2

- **Provide a summary of the workshop.**
- **Conclude the workshop.**

Activity 1: Providing a summary of the workshop and conclude it.

The facilitator refers the participants to the topics discussed during section 1 and 2 of the workshop.

The participants are given the opportunity to discuss what they have learned and which aspects of the workshop were valuable to them.

The facilitator repeats the main learning points.

An evaluation form are provided to the participants (those who can read and write). The facilitator may complete the evaluation form on the behalf of the participants who cannot read and write in order to capture their opinions regarding the workshop.

Personal detail forms are completed in the same manner as above.

The participants, with the facilitator, decide on a follow-up date (\pm 3 months after presentation) whereby the facilitator will visit the community again. (This secures an “after service”, and follow-up needs analysis of the participants regarding hygiene awareness in their community.

The facilitator thanks the participants for their participation and attendance.

The facilitator adjourns the workshop.

[Activity duration: \pm 20 minutes]

WORKSHOP ENDS

FOR THE FACILITATOR:

Please remember the following:

- Evaluation forms.
- To set a follow-up date (monitoring with the participants).
- Personal detail forms.

REMINDER NOTES

SECTION 3: WE ARE GOING TO WIN

MODULE 10 WE CAN CHANGE IT!

Objective 1

- The delegates have to identify what they have learned during Section 1 and Section 2.
 - They also have to identify what behavioural change took place.
 - Remember your 2x A3 size white cardboard pages.
 - Proceed to module 11.
-

MODULE 11 WHAT TO DO?

Objective 1

Activity 1

- The delegates must identify how they can utilise current resources to accommodate their new knowledge in the process of establishing better hygiene in their community.

Activity 2

- You will guide the delegates through a participatory process in developing an action plan to secure the implementation of learned issues as derived from the workshop.
- You will need the “Hygiene Action Plan” form.

Activity 3

- The delegates will be allowed to develop a monitoring system as to measure the efficiency of their action steps.
 - Monitoring criteria will be provided.
 - Focus the participant’s actions on identified areas for hygiene improvement.
 - Proceed to module 12.
-

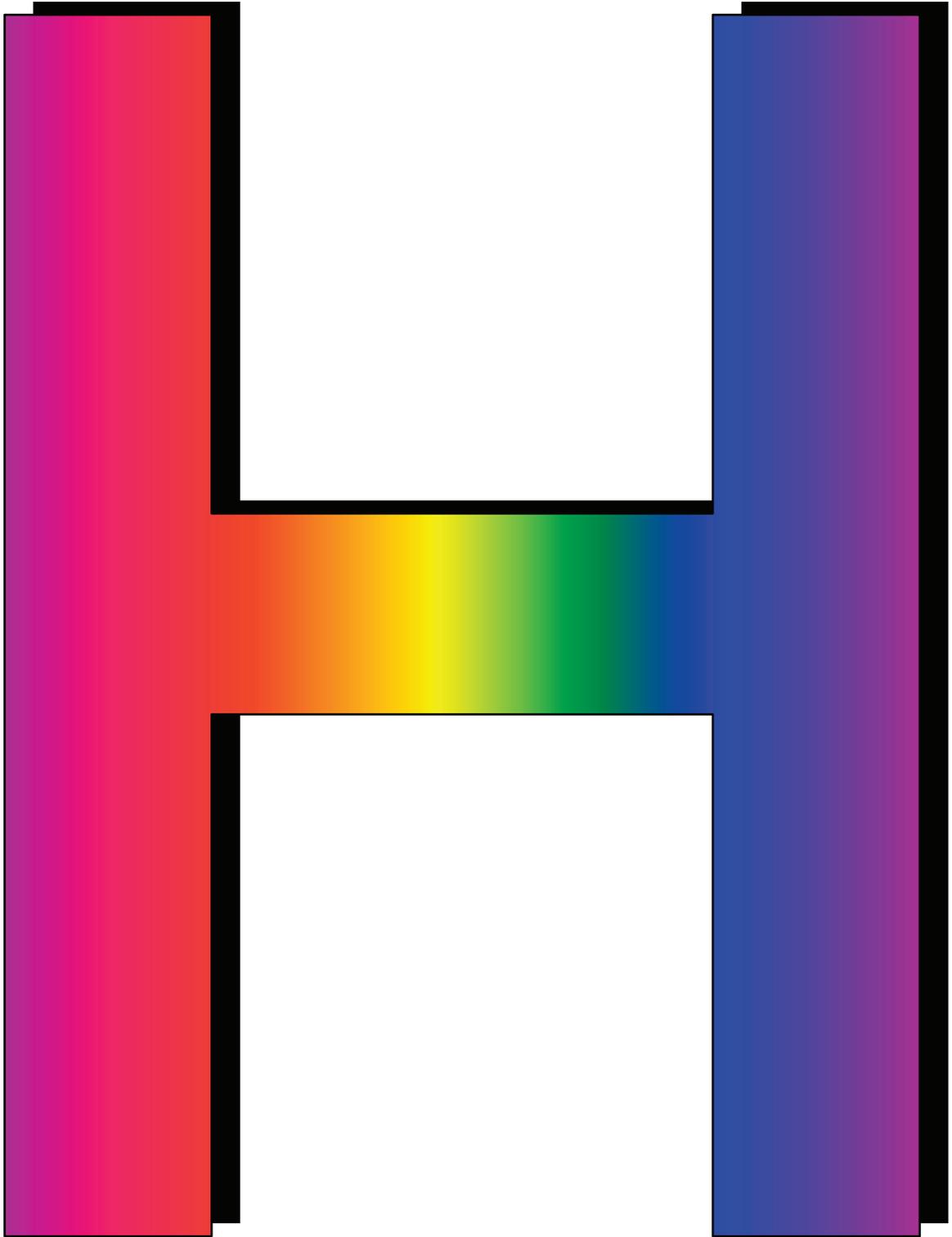
MODULE 12 CONCLUSION

Objective 1

- You have to stress the learning points resulting from attending the workshop.
 - Re-state actions to be taken.
 - Identify a visiting date. (Workshop impact follow-up)
 - Complete personal detail forms.
 - Perform the workshop evaluation.
 - Perform a certificate ceremony.
 - Express appreciation for delegate attendance.
 - Adjourn the workshop.
-

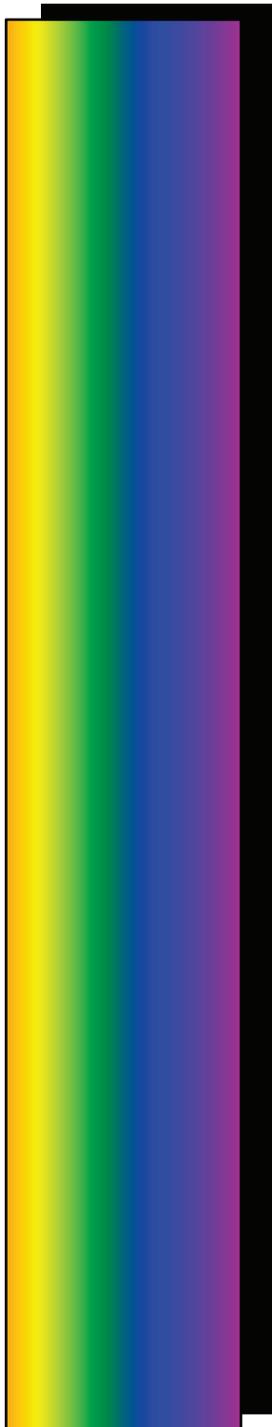
HYGIENE AWARENESS ACTION PLANS

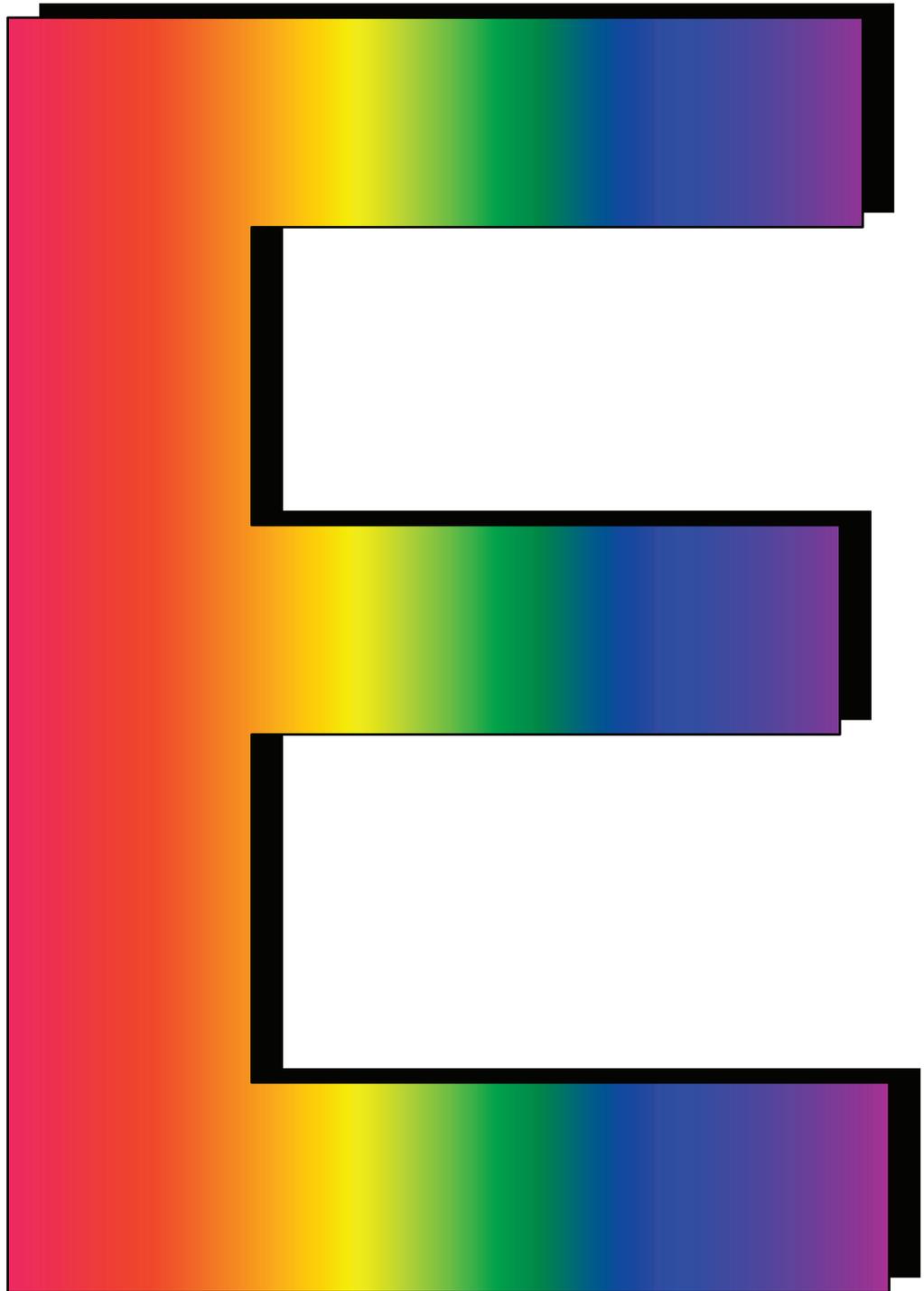
<p>Community Name:</p> <p>Representative Name:</p> <p>Date:</p>				
ACTIONS	RESPONSIBLE PERSON	RESOURCES NEEDED	IMPLEMENTATION DATE	FOLLOW-UP DATE & RESULTS

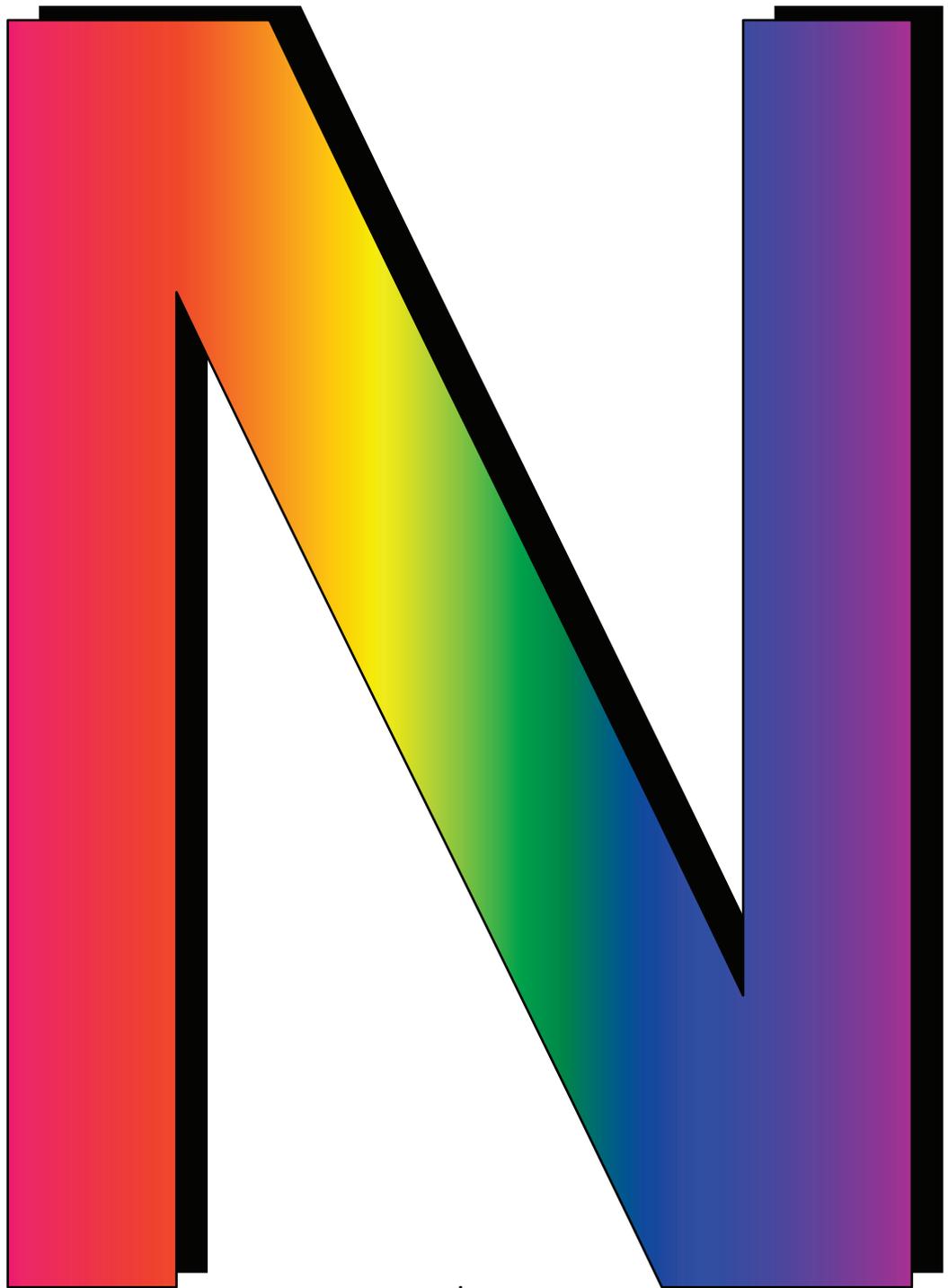


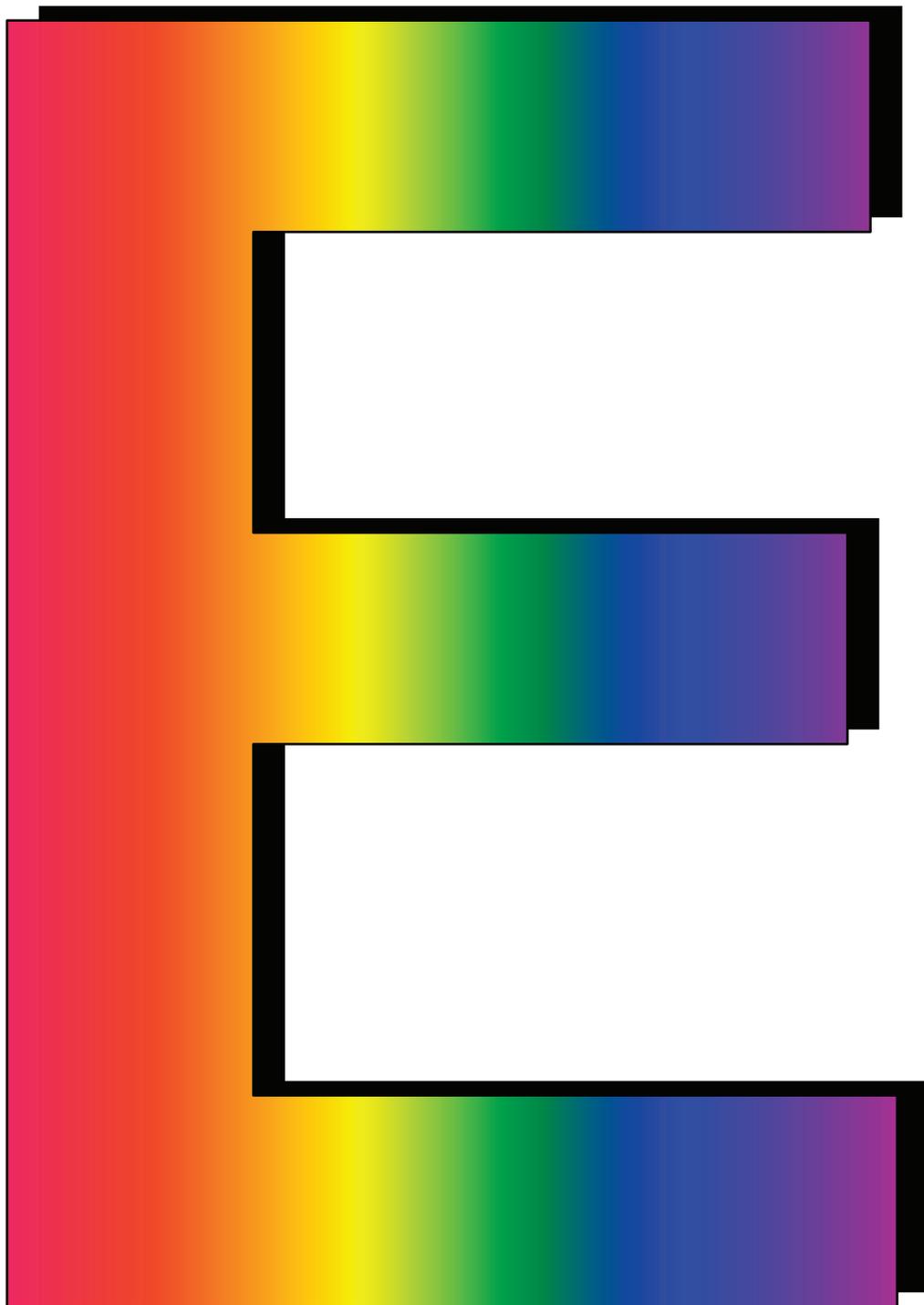




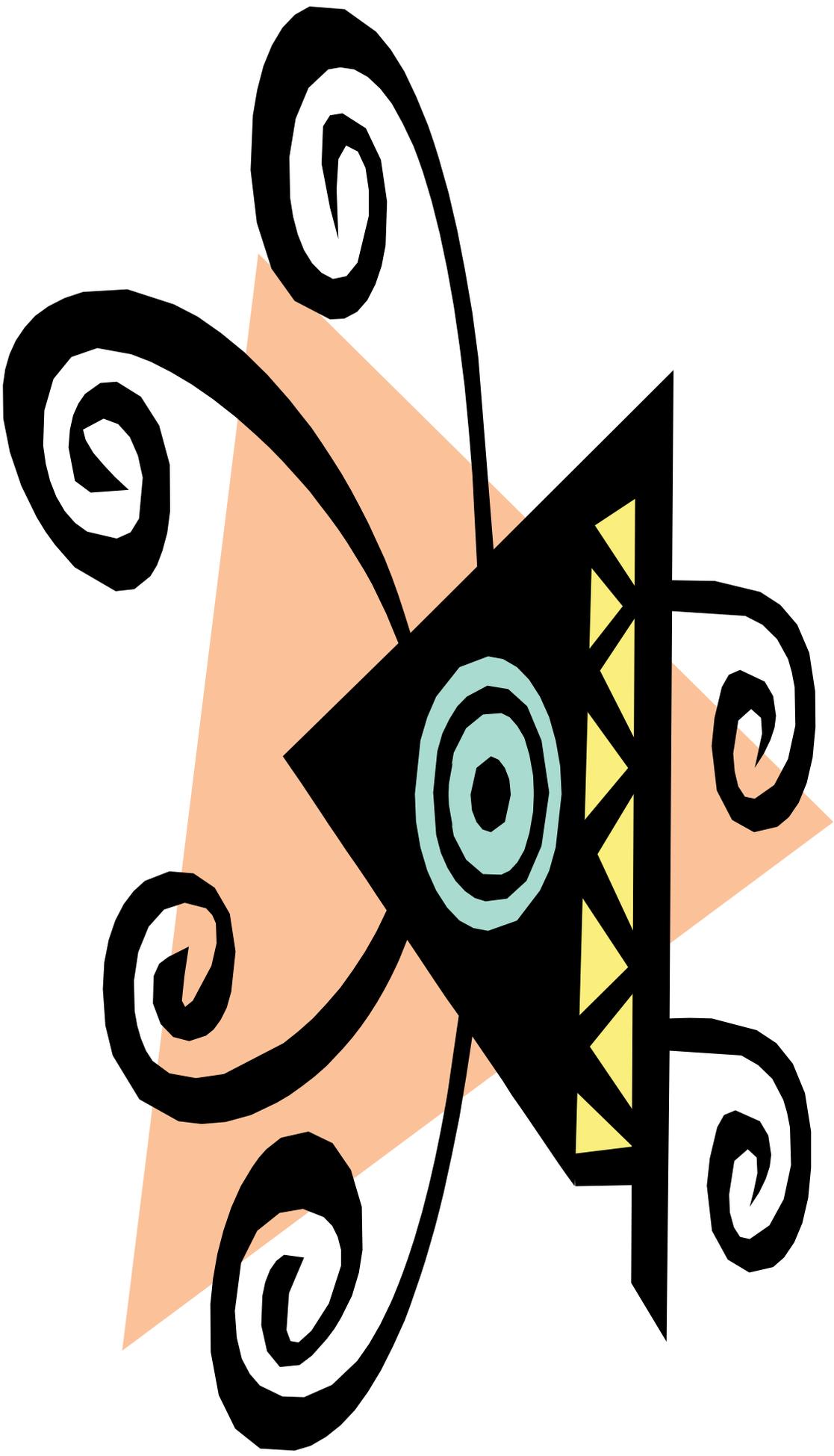




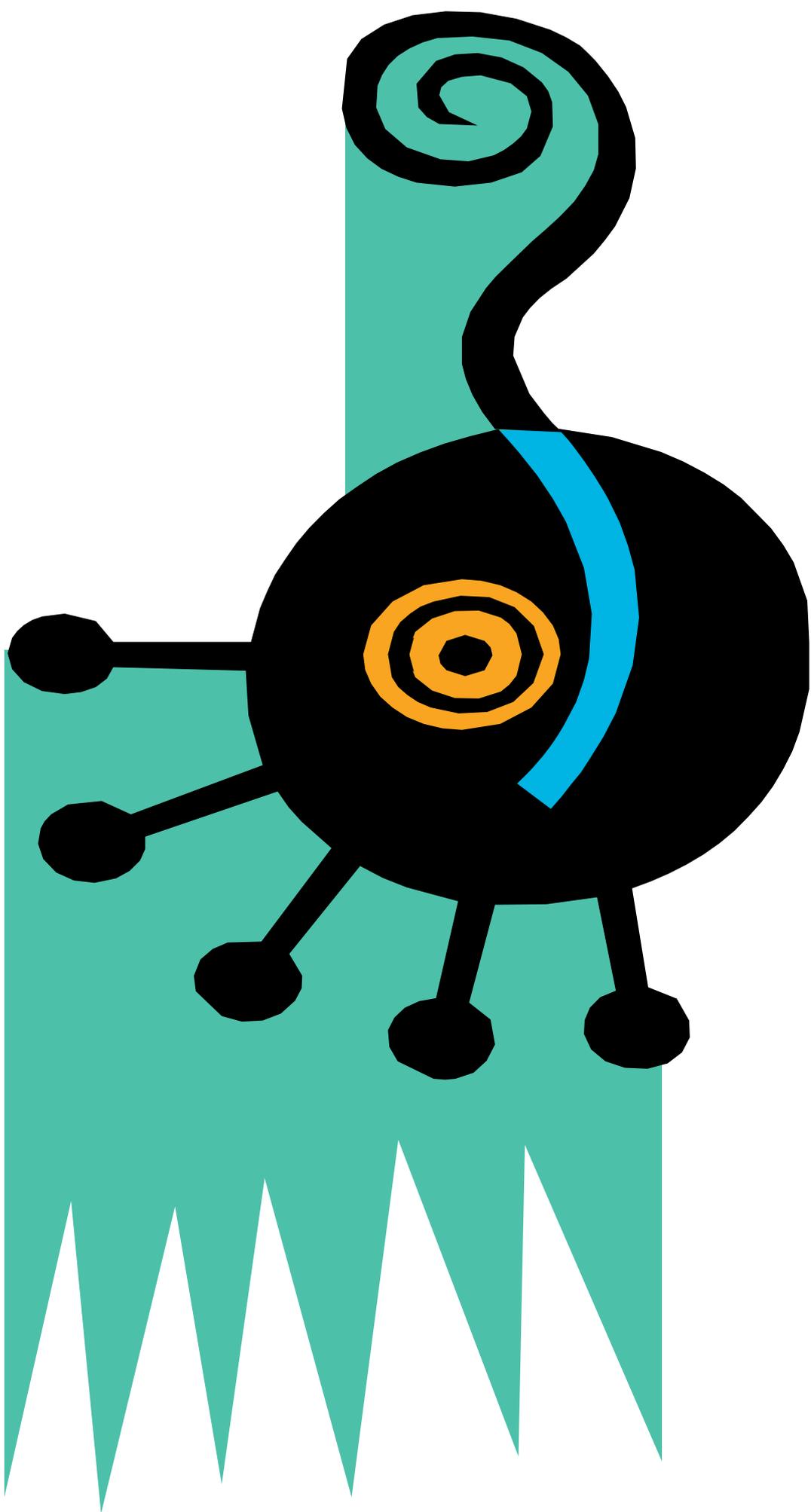




PARASITES



GERMS



HYGIENE AWARENESS EVALUATION FORM

NAME:	WORKSHOP NAME:
DATE:	VENUE:

Please evaluate the following on a scale of 1 (Poor), 5(Intermediary) to 10(Excellent)

What is your overall evaluation of the workshop?									
1	2	3	4	5	6	7	8	9	10

How will you evaluate the extent to which you have met your objectives?									
1	2	3	4	5	6	7	8	9	10

How would you evaluate the effectiveness of the facilitator/s?									
1	2	3	4	5	6	7	8	9	10

What is your overall evaluation of the written material?									
1	2	3	4	5	6	7	8	9	10

What is your overall evaluation of the role-plays, exercises and training aids used?									
1	2	3	4	5	6	7	8	9	10

<p style="text-align: center;">What session of the workshop was of greatest benefit to you and why?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">What session would you like to be improved upon? (How and why?)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">Please provide suggestions to ensure future efficiency and impact of this workshop</p> <p>.....</p> <p>.....</p> <p>.....</p>

DISEASE TRANSMISSION CARDS

Ask the participants to obtain pictures from magazines, etc, that illustrate disease transmission.

DIARRHOEA

Transmitted...

- Mainly through poor hygiene.
- Ingestion of faecal contaminated food and water.
- Inadequately cooked food.
- Food that stood too long without proper refrigeration or cooking. (especially meats, poultry and fish)

BILHARZIA

Transmitted...

- From faeces or urine to the skin. Worm eggs in human faeces or urine have to reach water where they hatch and enter snails. In the snail they develop as free swimming 'cercariae' which penetrate the skin when people come into contact with infected water.
- Mainly through poor hygiene.
- Contact (bare skin) with faecal contaminated water.

TYPHOID

Transmitted...

- Mainly through poor hygiene.
- Ingestion of faecal contaminated food and water.
- Inadequately cooked food.

WORMS

Transmitted...

- Tape Worm
From faeces to animals to humans. Worm eggs in human faeces are ingested by a cow or pig where they develop into infective cysts in the animal's muscles.
- Round Worm
From faeces to the mouth. Worm eggs in human faeces have to reach soil to develop into an infective stage before being ingested through raw food, dirty hands and playing with things that have been in contact with infected soil. Animals eating human faeces pass on the eggs in their own faeces.
- Hook Worm
From faeces to skin (especially feet). Worm eggs in the faeces have to reach moist soil where they hatch into larvae that enter the skin of people's feet.
- Guinea Worm
From skin to mouth. The worm discharges larvae from a wound in a person's leg while in water. These larvae are swallowed by tiny water fleas and people are infected when they drink the contaminated water.
- Ring Worm
From skin to skin. Through direct skin contact and through sharing of clothes, bedding and towels.

--

CHOLERA
Transmitted... <ul style="list-style-type: none">▪ Mainly through poor hygiene.▪ Ingestion of faecal contaminated food and water.▪ Inadequately cooked food.▪ The bacteria <i>Vibrio cholerae</i> is responsible for this disease.

DYSENTERY

Transmitted...

- Mainly through poor hygiene.
- Ingestion of faecal contaminated food and water.
- Poor sanitary conditions.

MALARIA

Transmitted...

- Mosquitoes carrying the parasite.

EYE INFECTIONS

Transmitted...

- Mainly through poor hygiene.
- Ingestion and contact with faecal contaminated food and water.
- Ingestion of undercooked meat.
- Direct contact with patients carrying the disease.
- Touching the eyes when having a running nose.

SKIN DISEASES

Transmitted...

- Mainly through poor hygiene.
- Ingestion of faecal contaminated food and water.
- Contact with faecal contaminated soil.
- Direct contact with patients carrying the diseases.
- Sharing clothes, bedding, towels used by infected people.

DISEASE PREVENTION CARDS

Ask the participants to obtain pictures from magazines, etc that illustrates disease prevention.

DIARRHOEA

Prevention:

- **Avoid using water from sewerage systems.**
- **Avoid leakage / spilling of excreta and urine in water and soil used for food produce.**
- **Cook water and food well before consuming.**
- **If possible refrigerate food.**

BILHARZIA

Prevention:

- **Kill parasites and snails (water snails)**
- **Use a sufficient toilet system (if possible)**
- **Cook water well before consuming.**

TYPHOID

Prevention:

- **Avoid using water from sewerage systems.**
- **Avoid leakage/spilling of excreta and urine in water and soil used for food produce.**
- **Cook water and food well before consuming.**

WORMS

Prevention:

- **Wear shoes in wet, hot areas.**
- **Keep stray dogs away.**
- **Prevent contact with cattle excreta.**

CHOLERA

Prevention:

- **Wash hands well after visiting the toilet.**
- **Prevent contact with excreta and urine.**
- **Cook water and food well before consuming.**

DYSENTERY

Prevention:

- **Avoid using water from sewerage systems.**
- **Avoid leakage/spilling of excreta and urine in water and soil used for food produce.**
- **Cook water and food well before consuming.**
- **If possible refrigerate food.**

MALARIA

Prevention:

- **Prevent water from forming standing pools.**
- **Use screens before windows and doors.**
- **Mosquito nets can be used to sleep under.**
- **Wear long sleeve trousers at dusk and dawn.**

EYE INFECTIONS

Prevention:

- Wash hands frequently and avoid contact with eyes.
- Cook water and food well before consuming.

SKIN DISEASES

Prevention:

- **Avoid contact with infected people.**
- **Avoid leakage/spilling of excreta and urine in water and soil used for food produce.**
- **Cook water and food well before consuming.**
- **Avoid contact with contaminated water and soil.**