

MINISTRY OF HEALTH

PHAST PROMOTION IN TANZANIA

**Report on Hygiene Education and Promotion with particular emphasis
on Home Delivery and Early Childhood Health and Cholera Control**

**A Workshop Conducted at Msalabani Centre - Bagamoyo Pwani
From 09th - 21st 1998**

**Prepared by:-
Environmental Sanitation Unit
Ministry of Health
DAR ES SALAAM**

(In collaboration with WHO - WES Unit)

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ABBREVIATIONS AND THEIR MEANING:-

H/O	Health Officer
DMCHCo	District Maternal and Child Coordinator
DCBHCCo	District Community Based Health Care Coordinator
DVCCo	Disease Vector Control Coordinator
KYAA	Kinondoni Youth Artist Association
IECCo	Information Education Communication Coordinator
C/CHO	Clinical Community Health Officer
PHAST	Participatory Hygiene and Sanitation Transformation
PROWESS	Promotion of Role of Women in Water and Environmental Sanitation Services
SARAR	Self-esteem, Associative strength, Resourcefulness, Action Planning and Responsibility
CDD	Control of Diarrhoea Diseases
ToT	Trainer of Trainers
VIDP	Visualization in Participatory programming/ Planning
RRA	Rapid Rural Appraisal
WES	
RECAP	
HESAWA	
RIPPS	

Executive summary

The Training of Trainers (ToT's) course on Participatory Hygiene and Sanitation Transformation (PHAST) on Early Child Care and Cholera Control and Prevention took place at Msalabani Centre in Bagamoyo - Pwani region, from 9th - 21st November 1998.

16 participants representing the three Districts of Dar es salaam City. Ilala had 4 representatives, while Kinondoni and Temeke, each had 6 representatives. The group comprised of the Health Officers, Public Health Nurses, Nursing Officers, Artists and other Health related cadres. Facilitators came from the Ministry of Health, City Commission, and WHO Offices.

The main objective of the course was to improve participants knowledge and skills to develop, implement and manage Community-Based Hygiene Education and promotion with emphasis to Early Child Care and Cholera Control in their respective areas.

The methodology which used was; short presentations by facilitators, group discussions, using tools, plenary sessions and field visit and presentations.

Participants were oriented with various participatory tools during the classroom and field visits which based on problem identification, analysis, planning for solutions, selecting options, planning for improved facilities and hygiene behavior changes.

Field application of the tools revealed that the tools can easily be used by community members to identify their problems, analyze them and plan for realistic solutions.

Furthermore the participants developed Action Plans by Districts / Wards for implementation when they go back to their respective area.

The two weeks PHAST, Training of Trainers (TOTs) course was very successful and useful as elaborated by class based and field visit findings / outputs and the participants final evaluation.

Thus, participatory training on hygiene promotion should be carried out in the communities to disseminate skills and knowledge to promote improved behaviors and sanitation facilities.

INTRODUCTION:-

The Training of the Trainers (TOT's) course on Participatory Hygiene and Sanitation Transformation (PHAST) on Maternal and Early Childhood practices and Cholera Control and Prevention took place at Msalabani - Bagamoyo from 9th - 20th November 1998. The course drew participants from the three Districts of Dar es salaam City; i.e. Ilala, Kinondoni and Temeke. A total of 16 participants attended the course as shown in List of participants.

The course was organized and conducted jointly by the Ministry of Health through the support of WHO. The main objective of the course was to improve participants knowledge and skills to develop, implement and manage Community-Based Hygiene Education and Promotion in their respective areas.

The facilitators and resource persons were from the Ministry of Health, City Commission, and WHO Offices.

The methodology was by short presentations by facilitators, group discussions, using tools, plenary sessions and field visit and presentations. The tools which were used during the classroom and field visits were for problem identification, analysis, planning for solutions, selecting options, planning for improved facilities and hygiene behaviors changes. Also, tools for monitoring and evaluation were used.

Finally the participants developed action by districts and presented them at the Plenary. Also daily and final course evaluations were done.

COURSE PROCEEDINGS

Day 1: 9/11/98

REGISTRATION

The day started at 9.00 am by registration of the participant. This was then followed by Sr.E Rweyunga introduced Dr. Kim Karenga, the DMO of Bagamoyo District who then welcomed the participants to Bagamoyo. Then followed an official opening. In his speech Dr. Kim pointed out that Cholera spread is among the biggest problems of health in Tanzania.

Cholera is spread because of poor sanitation system, also most of community members in Bagamoyo belief that cholera is due to God wish. He also pointed out that Bagamoyo it-self has been able to eradicate cholera but still few cases do exist, this mainly is due to Business men from nearby district.

ADMINISTRATION AND CLIMATE SETTING

At 9.30 am, Sr., E. Rweyunga addressed the Administrative Issues of the Workshop which were followed by Climate Setting. Every participant was asked to pick a picture which was cut in half, then look for a partner with the other half to make a full picture of an animal.

This was followed by an exercise where participants were asked to:

- a) relate the behavior of their animal to health whether bad or good
- b) introduce his/her partner to participants. The introduction was based on:
 1. Name and age
 2. Sex and tribe
 3. Work place
 4. Profession
 5. Position
 6. Marital status
 7. Hobbies
 8. Likes
 9. Dislikes

EXPECTATIONS

The following were Participants EXPECTATIONS

- 1) Most of the participants expected to gain Knowledge, Skills and new approach to “PHAST”
- 2) To change life style in Bagamoyo
- 3) To know each other well and to exchange ideas.

DISLIKES:

1. Interactions
2. Drinking during class hours
3. Smoking during class hours
4. Hypocrisy
5. To waste time for nothing
6. Biases
7. Not following time schedules

GROUP NORMS:

The Facilitator then summarized the above as norms of the Workshop:

1. Punctuality
2. Active participation
3. No drinking or smoking in class
4. To respect each other ideas
5. To keep time

RESPONSIBILITIES

The distribution of responsibilities were as follows

- | | |
|-----------------------------|--|
| Chair person: | Jacob Akim |
| Secretariat: | Alice Semaluku
Charles Range
Boniface Maleko |
| Welfare Officer: | Aziz Mkote |
| Time Keeper: | Ester Ngonyani |
| Reporter of the day: | Rotation - two participants each day |

COURSE OBJECTIVES:

1. To improve participants to develop, implement and manage community based Hygiene Education and promotion with particular emphasis on Early child care and cholera control.
2. To equip and sensitize participants with a range of participatory methods and tools for use in Hygiene Education and promotion, information gathering and data collection.
3. To enable participants to develop plans to incorporate or improve upon Hygiene promotion activities in their work situation.
4. To upgrade participants' knowledge concerning Key aspects of Hygiene Education and promotion.

LAND MARKS TO PARTICIPATORY APPROACHES IN WES IN TANZANIA

Participatory approaches currently being carried out or have been carried out in the country in addressing the problem of water and sanitation are:-

PROWESS stands for:-

Promotion of Role of Women in Water and Environmental Sanitation Services. Its goal has been to demonstrate how women can be involved in Water and Environmental Sanitation Programme, the benefits this will bring to women and their communities.

This participatory approach has been conducted in various parts of the country. i.e. Songea, Pwani and Iringa. However it collapsed some where due to lack of support of funds and material resources. This approach utilized *SARAR* tool \ techniques.

SARAR stands for:-

Self - esteem, Associative strength, Resourcefulness, Action Planning & Responsibility.

The approach was introduced in Tanzania in 1988, but it ended up in training of TOTs, therefore failed to reach the grass root level due to lack of funds.

PHAST stands for:-

Participatory, Hygiene and Sanitation Transformation

PHAST methodology is being introduced in Dar es Salaam under the DSM Health Cities Programme of Urban dwellers which aims at improving environment and health conditions by raising awareness and by mobilizing community participation through partnership with Municipal Agencies and Institutions. The Programme was initiated in 1995 and launched in 1996.

This approach originated from *SARAR* \ *PROWESS* methods and originally developed for CDD in 1993. Late adapted for Cholera control in Zimbabwe and Early Childhood Care and Home Delivery in Tanzania 1997 in Iringa

OTHER METHODOLOGIES INCLUDES:-

- *RRA*- Rapid Rural Appraisal
- Currently being used with *HESAWA*, *RIPPS* & WATER AID for water and sanitation.
- Animation
- Theatre method
- *VIPD* - Visualization in participatory programming \ Planning

Historically, *PROWESS* \ *SARAR* originated from *UNDP* \ *WORLD BANK* Headquarters and Regional Offices.

- It was introduced in the Eastern African Region and in Tanzania in 1988 to date.
- In 1989 a Regional EA workshop was conducted in Morogoro.
- In 1990 Regional EA Workshop at Kibwezi-Kenya. It led to starting of country initiatives and country offices.
- In 1990 Nomination of a National *PROWESS* Coordinator.
- National Training Workshop, Iringa 1991 and Morogoro 1992 and National strategy 1992.
- Regional \ District \ Ward level staff Training workshops. Singida \ Dodoma 1993, Ruvuma 1994 and Coast 1994 and 1995.
- Hygiene Promotion (*PHAST*) workshops:- National consultative workshops (Kibaha April 1997 and Hygiene education and Promotion for 15 Districts October \ November 1997 in Iringa.

NATIONAL HEALTH PLAN ON SANITATION AND HYGIENE PROMOTION

National Health Plan for 1998 - 1999, includes:-

- Conducting Situational analysis and environmental sanitation
- Advocacy and communication
- Facilitate TOTs training on *PHAST* Methodology, eg. in DSM, Mwanza and Kigoma
- Follow up and Monitoring
- Establish a network in District to district or even country to country

DAY 2: 10/11/98

STEP 1; PROBLEM IDENTIFICATION

Problem identification has two activities:-

- Unserialized posters
- Maji Marefu / Dr, Akili Sana / Nurse Tanaka

Activity 1: Unserialized posters

Purpose:- Help the group express important concerns and issues facing the community

What to do:-

- Group formulation (Three groups)
- Each group select four pictures among sixteen pictures and formulate a story which has a Beginning, Middle and an End .

Three groups were sorting the pictures and formulated the following stories:

Group 1:- Contamination of water

Group 2:- Women workload and alcoholism

Group 3:- Bad taboos and customs

Participants were divided in three groups for the purpose of problem identification by using pictures and formulating Stories relating the pictures which were four in number out of sixteen.

Outcome:

Group I: Revealed Water born Diseases as the problem

Group II: Revealed Women Workload while men drink alcohol

Group III: Pictures revealed youths involving themselves in love affair, culture and taboos.

Discussions:

Discussion was based on whether

- these stories are about events happening now in the community .
- What issues were raised could be considered to be the problem in the community?
- How could these problem be solved?
- What other (similar) problem does the community face?

Activity 2 (Prof. Maji Marefu):-

Purpose: To identify health problems in our community

Activity:

1. Participants were divided into three groups and provided with a pictures of a Traditional healer (Prof. Maji Marefu) and a Health Facility, where they had to indicate where do a sick person go and for what problem. To facilitate this exercise groups were provided with a picture of a Man(father), woman(mother), a child at school age and a child of 1 year old.

Outcome:

The following were outcome of the groups

Causes for going to Hospital or to Prof. Maji Marefu:

Person	Hospital	Pro. Maji Marefu
Father	<ul style="list-style-type: none"> • STDs • Diarrhoea diseases • Poor sanitation • Lack of education • Accident • Burns • Malaria • Chemical and poisons • Circumcission • Hydrocelectomy • Elephantiasis • TB/Leprosy • Wound / Septic 	<ul style="list-style-type: none"> • Bad norms and taboos • Elephantiasis • Hydrocele • Infertility • Impotence • Paralysis • Heper Zoster • Tuberculosis • Leprosy • Cerebral Malaria • Psychiatric cases • Continued eration of penis • Uncurable disease • Blindness
Mother	<ul style="list-style-type: none"> • Infertility • Pregnancy • STDs • Malaria • Anaemia • Cardiovascular diseases • Diarrhoea disease • Failure of Prof. Maji Marefu diseases • Chemical / poisoning • Accidents and burns • Cut wounds / septic wounds • TB, Diabetes • Helminthiasis • E.N.T. problems 	<ul style="list-style-type: none"> • Bad norms and taboos • Infertility • Child spacing • Chronic disease, e.g. Asthma, epilepsy • Psychiatric problems • Oedema • Unwanted pregnancy • Loss of libido • Paralysis • Circumcission • HIV complication
Child	<ul style="list-style-type: none"> • Immunization • Convulsions • Growth partens • Diarrhoea • Blindness • Fever • Burns • Kerosine poisoning • Ear, Nose foreign body • Anaemia 	<ul style="list-style-type: none"> • Ovulectomy 9 kimeleo) • Malnutrition • Whooping cough • All abdomalities <ul style="list-style-type: none"> • Hydrocephalus • Matege • Tamba • Growth failure • Mental retardation • Convulsion • Asthma • Blindness • Plastic teeth • Polio, measles • Anemia

Reasons for going to hospital or to Prof. Maji Marefu:-

Hospital	Maji Marefu
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<ul style="list-style-type: none"> Nearby Health facility Education Financial Availability of drugs medicine Religious 	<ul style="list-style-type: none"> Believes Ignorance Customs and taboos Poverty
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Discussions were based on:-

- When do mother, father, child go to Health Facility (Clinic) or to Prof. Maji Marefu?
- What are the reasons of going to Prof. Maji Marefu or Health Facility?

Common reasons revealed by all groups were:-

Person concerned	Prof. Maji Marefu	Health Facility
	Infertility	Delivery
	Child spacing	Infertility
Mothers	PV. bleeding	Diarrhoea
	Position and promotion	Malaria
	Family protection	Bilharzia
	Impotence	Common illness
	Business	Typhoid
Fathers	Employment	Cholera
	Long term illness	Medical examination
		Accidents(injuries)
	Convulsions	Growth monitoring
Child	Uvulectomy	Immunization
	Long term diseases	Accident / burns
	Abnormalities	

What is the motive behind which cause mother, father , child go to Clinic or to Prof. Maji Marefu?

Person concerned	Prof. Maji Marefu	Health Facility
Mothers	Believe	Proper and Accurate services
	Ignorance	
	Poverty	
	Long term illnesses	
	Love affair	
Fathers	Poor accessibility to Health facility	Common illness
	Culture \ taboos	Medical examination
	Poverty	Accidents and injury

Notes:-

- If the group describe symptoms (fever, abdominal ache) rather than naming specific diseases or condition , this is okay
- Don't suggest disease you know of and think the group has missed
- If participants hesitate to choose between health problem facilities and Prof. Maji Marefu traditional healers remind them that the type of health problem not the choice of the traditional healer is that important

This activity may show you that the group lacks health knowledge you will need to help the group find out for itself how the disease can be spread by the way people handle water, human waste etc.

STEP II - PROBLEM ANALYSIS

Activity 1:- Mapping water and sanitation in our community

The facilitator continued with the topic of problem analysis.

The purpose of activity 1:-

- Map the community water and sanitation conditions and show how they are linked
- Develop a common vision and understanding of community

- Housing
- Other buildings like schools, churches, etc.
- Farms, fields, forest, plantation, parks, and water sources.
- Sanitation facilities, waste disposal sites.

Activity 1: Mapping water and sanitation in our community

Purpose:-

- Map the community and sanitation conditions and show how they are linked
- Develop a common vision and understanding of community

What to do:-

Make a map of your community and include:-

- Important features and boundaries
- Roads, paths
- Houses and other buildings like schools, churches, mosques, market, etc.
- Farms, fields, forest, plantations, parks, etc
- Water sources
- Sanitation facilities like latrine
- Waste disposal sites

GROUP WORK:-

Participants were divided into 3 groups and were asked to draw an Imaginary map and name as follows:-

Group 1:

Mlingotini village - Having poor collection of waste disposal and diarrhoea diseases

Group 2:

Mwembenanga village- Having better water supply with minimum water borne diseases

Group 3:

Mtakuja village - Having poor water supply with problem of water borne diseases e.g. Cholera

DISCUSSION POINTS

Ask a group to describe:-

- The water sanitation arrangement
- What are the common or difficulties that they have

NOTE:

- This activity is very ... while, but it can be timely consuming
- Make allowance for this
- The community map will useful reference point during future steps

CONCLUSION:

The presentation from all groups revealed similar health related problems, e.g.

- Water borne diseases
- Diarrhoea diseases
- Inadequate latrine of about 80% - 90%
- Inadequate transport facilities
- Few Health facilities which lead most of the people seek health service from Pro. Maji Marefu

Day 3: 11/11/98

Activity: Three pile sorting

Purpose: Investigate the knowledge of the community on hygienic practice to reinforce sound hygienic practice. Also help community develop Analytical and Problem solving skills, and the ability of the community to reflect on the causes and effects of health problems.

What to do: Participants work out the task in their groups sorting the picture in three piles of good, bad and in - between practices

Outcome:

The observation from groups were as follows:-

Good behavior	In-between behavior	Bad behavior
Attending to the MCH Clinic for Health growth monitoring	Bathing naked outside	Resting in the dirty surrounding
Fetching clean water from the water tape	Washing the baby and leaving water around the surrounding	Drinking unsafe tape water with unclean hands
Hand washing with soap under flowing water before eating	Visiting of un sheded toilet	Disposing domestic refuse everywhere
Washing hands with soap under running water after visiting toilets	Washing clothes and leaving dirty water draining around the surroundings	Drinking water from the protected well with unclean hands
Cooking food in a clean environment	Fetching water from the river	Direct drinking of unsafe water from the river with unsafe hands
Covering cooked food and keeping it in a clean place		Defecating in the bush close to the water sources and swamps
Cleaning the toilet		Leaving food on the table uncovered
Sleeping with a baby in one bed		Drinking water bucket and contaminates the rest of the water through dropping water from the mouth
Breast feeding behavior to children		Communal washing of hands in one dish before eating
Disposing of dirty water in a pit		Eating raw unwashed fruits

		Cooking food in dirty environment
		Serving uncovered food in unclean environment
		Visiting of unsanitary toilet

Discussions:-

There are many more good , in-between and bad behavior being practiced in the community that contributes to Negative or Positive outcome on health. All these behavior may be identified during community discussions and provokes.

Activity 3 : (Pocket Chart).

Purpose ; To help the groups to collect, organize and analyze information on individual Sanitation Practice in the community.

What to do:-

Participants were requested to vote against sanitation facility they do prefers. Therefore looking at the chart they had to:

- Identify their own position in the column on the left hand side
- Place a token to indicate the option preferred individual option as indicated in the chart (this should be a secrete vote; therefore place the pocket chart where one cannot see each other).
- 9 people were selected and divided them into three groups, that were: Men, women, children.

Results:-

Two men out of three (2/3), defecate in the toilet while one man defecates in the bush. This also applied to women that two women out of three (2/3), defecate in the toilet while one woman defecates in the bush. For the children, two children out of three (2/3), defecate in the toilet while one child defecates in the source of water.

Most of the participants had an opinion that culture and taboos are among the environmental factors which influence people chose defecating in the bush or into the source of water.

examples:-

- Nature of activities / occupation
- Fearless
- Long distance from residence
- Squatter areas
- Street venders e.g. Machinga, street children, disabled
- Household overcrowding
- Lack of enough toilets

Discussion from the participants concerning the consequences of the above reasons towards environmental Health and disease:-

- Use of plastic bags for defecating purpose and disposing in the descriminate disposal e.g. open drainage, damps
- Food venders using damped magazines from the damps for rapping breads, fish, cooked potatoes, chips, chicken and sale
- Seasoning fishing - not having toilets nor boiling water

Additional correction from observation:

1. Gender balance - all gender should be added or included in the presentation of the codes
2. The visual should show draining of the toilet and soakage pit locally especially in squatter area
3. The visual aid about man defecating in the bush should be corrected - the hoe should be removed.

Conclusions:

After correction the visual aid will be used to provoke the community during field visit; but there may be more other reasons for environmental contamination in the community. So try to provoke them that they come out with more reasons.

This behavior will be changed by educating the community on the effects of such practices and the community will analyze themselves.

Activity 4:- Contamination Routes:-

The purpose of the topic was to help participants analyze on how diseases can be spread through environment.

There are many ways of contamination routes. Some few routes of contamination identified by participants are:

Route No. 1:

Foecal ➡ water ➡ mouth

Route No. 2:

Foecal ➡ Fly ➡ Food ➡ Hand ➡ Mouth

PLANNING FOR SOLUTION

Participants were introduced to various tools/Activities used to Plan for Solution
These are:

Activity 1: Blocking the routes

Purpose:-To identify the actions that can be taken to block the disease transmission route.

What to do:-

By using the Blocking the Rout tools, put against the transmission routes.
The group can also create its own blocks instead of the existing drawings

According to the previous presented disease transmission routs, the following were some of the disease transmission blocking routes:-

- Use of toilets
- Use of protected wells
- Proper water storage
- Use of boiled water
- Use of insecticide
- Covering of food
- Use hot cooked food
- Washing hands with soap and running water

Comments:

It was agreed that some pictures will have to be corrected e.g. picture showing cooking with hand hanging should appear as boiling water in a pot without a lid showing water bubbles, the picture showing hand with soap; should appear in a way of water flowing from a wall tap water.

LESSON LEARNED:-

PHAST methodology is a good technique that even illiterate people can share their ideas and identify their health problems.

Field Visit preparation:-

A guideline for preparation of the Field visit was given as follows:-

- Identify the purpose of the visit
- Identify group leaders
- Select tools to be used
- Distribute tasks among the participants as who will do what
- Ensure of time management

Format of the field visit report:

- Place visited
- Time of arrival
- People met
- Back ground information of the place visited

Tools to be used:-

- Findings of each tool used
- Ensure application of each tool by group members
- Community understanding
- Appropriateness of the pictures
- Limitation encountered
- When to use the tool
- Problem encountered
- Time management
- Participation of community members

After having given the above guidelines, three groups were formed. Each group was equipped with the following tools:-

Group I:

- Community Map

Group II:

- Unserialised posters
- Prof. Maji Marefu

DEMONSTRATION PRACTICES

Before going to field visit participants had to perform a demonstration on how they will practice the tools with the community.

The demonstration was based on how to enter the community, interaction with the community and ending the session meeting.

Comments from the demonstration:-

The participants were told to make clear introduction and the purpose of the visit to arrive at a mutual understanding with the community.

Also participants were urged not to tell community the meaning of the picture instead let them to identify the pictures.

FIRST FIELD VISIT (DAY 4) 12 /11/1998

GROUP1: MAGOMENI VILLAGE

Introduction:-

Magomeni village is in Mwambao Division in Bagamoyo district. It has a total of 13 000 population according to 1988 Census. It covers an area of about 6 000 sq. km.

At magomeni the group was assisted by the Village Chairman, Agricultural Officer and some co-opted members of the community.

Community Mapping

Activities:

The group had a task of drawing a real map of the Magomeni village with the community. The group was assisted by the Village Chairman, Agricultural Officer and some co-opted members of the community

The inclusive features were as follows:-

- Mosques, churches, schools, Health facilities
- Parks, plantations, forests
- Water sources- rivers, wells, storage tanks
- Boundaries
- Dumping places
- Roads, paths
- Housing, latrines

Problems:

The group participants faced the following problems in the village:-

1. The community do not have proper map
2. The responsible members of the community; i.e. Teachers and other experts did not respond well in assisting mapping issues
3. It took more than one hour for the group and community members to design the actual village map
4. Due to time factor, group members didn't manage to present the drawn map to the rest of the community member for approval.

Discussions:

1. Comments from other groups after the discussions were as follows:
2. Exclude Dunda village in the map
3. Include the number of the household having pit latrine and those who do not have.
4. Draw the map again and is should be enlarged.

Group II

PLACE VISITED;- MAGOMENI VILLAGE

PEOPLE MET:- Both group visited the same village and they met with the community members, village leaders, school teachers, Health personnel, agriculture officer, Ward leaders etc. The main occupation of the Magomeni community are farmers/peasants, businessmen and fishermen.

Purpose of the field visit

The main purpose of the visit was:-

- Practice applications of the learned participatory tools.
- Field testing of the tools with the community.

TOOLS USED

- Unserialised Posters.

Activity

The group introduced the tool to the community where community were requested to select 4 picture among 12 pictures given and make a story based on the selected pictures.

Outcome of the activity:

Group 1:

Community managed to select 4 pictures as follows :-

- 1st Poster showing a family living in a clean environment and working hard together
- 2nd showing women carrying water pots coming from a far place
- 3rd Poster showing a woman fetching water from a contaminated source of water
- 4th Poster showing community member gathering together in a circle.

STORY FORMULATED:-

In a certain village the community members were very keen in cleaning their environment, but their area was very dry so they didn't have enough water for domestic use, women has to go afar place to water.

One day they went to collect water at their usual place and find the source of water been contaminated by animals drinking, children bathing at the site they used to fetch water. When they came back they explained the problem to their husbands who in turn informed asked the leader of their village to organise a meeting with the community from a nearby village.

The meeting was organised and attended by members from nearby community and they agreed to protect the water source by educating the children not to bath or send the cattle to drink water at site where water for domestic use is fetched, they reminded each other that prevention is better than cure.

Discussions with the Community:

Question:-

- How can you relate this story to events in your community?

Reply:-

- We have a similar problem to the story

Question:-

- Why does it occur

Reply:-

- Using unboiled water
- Use of unprotected wells
- Use of dirty utensils in drawing water from the wells
- Lack of latrines for some families
- Some people defecate and bath in the river

Question:-

- What can be done to improve the situation?

Reply:-

- Wells should be protected
- To have one permanent / common bucket for drawing water from deep well

Question:-

- How will these be implemented?

Reply:-

The Chair person to conduct a meeting with all the community members where they can decide on :-

- What to do
- Who will do what
- Where this is to be done
- When is to be done
- Which indicators to be used in the evaluation of the implementation.

Limitations encountered:-

- Community attendance was small compared to the expected
- Group members were not able to know the community members by names, except for the Chair person and the Ward Executive Officer
- Timing for implementing the activity was not observed due to community activities and availability.

□ **Professor Maji Marefu**

The community separated the pictures in a way to read Child, Father, Mother, Hospital, and Maji Marefu.

Participants from the community members included: teachers, woman group, Influential people, e.g. Mzee Msago.

Proceedings:

The community were asked to identify the pictures presented before the facilitators. There after the community were asked about the poster / card on the reasons which lead the father, mother, child to visit the Hospital or Mganga wa jadi.

Results:

Person	Hospital	Maji Marefu
Father	<ul style="list-style-type: none">• Hydrocele• Cholera• Gonorrhoea• TB• Buba• Schistosomiasis	<ul style="list-style-type: none">• Pepo• Mikosi• Financial
Mother	<ul style="list-style-type: none">• Malaria• Stomach• Gonorrhoea• TB• Antenatal• FP• BP	<ul style="list-style-type: none">• Witch craft (mashetani)• Stomach (chango)• Leg• Love• Charms/ protection• Kupiga ramli• Kumkinga mtoto
Child	<ul style="list-style-type: none">• Clinic• Diarrhoea• Malaria	<ul style="list-style-type: none">• Protection -Charms• Asthma• Degedege

- Fever
- Scabies
- Measles
- Worms
- Weight measure
- Kimeo
- Diarrhoea
- Vomiting
- Measles
- Marasmus / Kwashiorkor

Discussions on diseases related to water:

The community showed concerned in the discussions and they mentioned some of the diseases related to water being Malaria, Cholera, Dysentery, and Diarrhoea.

Dirt environment was mentioned to be the result of developing Malaria , Scabies..

The following ways were mentioned by the community that are some solutions of overcoming the disease problems:

Hold meeting with the fellow community to set up action plan

Promised to join together and clean the environment

Those diseases which can be cured at hospital, which they call “ Magonjwa ya Mungu” such as Kikwamba, Pepo, Kupooza, and Zonga, to be send to hospital.

RECOMMENDATION

Motivate the community to participate fully in the meetings

To visit each area of the said community

Problems:

1. Members of the community didn't participate fully in the meetings (they came late)
2. The expected number of the community member was low; ie. 20 instead of 60
3. Community members were not happy with the time consumed during the activities
4. There was no specific room or place to conduct session, we did it under cashew nut trees

Finally, the influential old man within the group gave a story of "house protection and farm protection", that these can be done so that your house or farm would be safe. The influential old man also gave a story of Zansa (Cancer) which can not be cured.

Comments:

In making a story which gives a full meaning after introduction, the story should contain names and areas where the story belongs.

DAY 5 14/11/98

Activity 2: Selecting the barriers (Barrier matrix)

Purpose:

To analyze how effective the blocks are and how easy or difficult they would be to fait in place.

Materials:

- Barrier chart
- Groups transmission routes diagrams with blocks .
- Sticky tape, pins, etc .
- Pen and paper .

What to do: Draw a chart as shown below:-

	Easy to do	In-between to do	Hard to do
Very effective	Boiling of drinking water	Toilet construction	
In-Between			
Not very Effective			

All three groups attempted the activity and each one by using their own diagram of routes of transmission tried to block the transmission by using different types of blocks .

Each group member from different groups did their presentations and other participants asking questions .Then after long run discussions, those 3 groups come up with the following chart of blocks:-

NOTE:

If the group is unclear about the effectiveness of certain barriers do not correct it . Instead think of questions which may help to arrive to a decision .

BARRIER MATRIX:

	Easy to do	In-between to do	Hard to do
Very effective	<ul style="list-style-type: none"> • Boiling water • Covering of cooked food • Thorough cooking of food • Washing Hands with water and soap • Immediate disposal of children's excreta • Using latrine 		
In-Between	<ul style="list-style-type: none"> • Proper storage of water • Drying and proper storage of utensils and proper control of domestic animals 	<ul style="list-style-type: none"> • Application of insecticide • Proper disposal of refuse 	<ul style="list-style-type: none"> • Protection of water
Not very Effective			

Plenary discussion:

The facilitator asked the participants about the applicability of the practice, How easy to practice, Is it costly ?

The participants agreed that the practice is applicable .The reasons are as follows ;-

Boiling water:

Very effective / easy to do -because it kills disease germs and less cost .

Covering of cooked food:

Very effective /easy to do -because use it does not need any cost. Prevents contamination .

Through cooking of food:

Easy to do / very effective; because it does not need any cost and it kills diseases germs.

Washing hand with water and soap: Very effective /easy to do because when using soap and water it kills disease germs which is affordable by any one .

Immediate disposal of children faeces: Very effective /Easy to do because it cuts out the chance of contamination which can be afforded at any time .

Using latrines:

Very effective / Easy to do because it cuts out the chance of contamination and is affordable.

In-between in blocking the transmission not / easy to do because if the water is stored in a good way reduce the chance of causing diseases and it is easy to do.

Drying and proper storage of utensils and proper control of domestic animals: in between in effectiveness but easy to do because it reduces the chance of animal contaminating utensils.

Application of insecticide: In-between ineffectiveness / in-between to do- that can not necessary block the transmission and it is not applicable to all people.

Proper disposal of refuse: In-between ineffectiveness / in-between to do-because can cut the transmission but still there will be chance of contamination and it is not applicable to all groups of people.

Protection of water source: In-between / hard to do it can block the transmission route but it is not reliable and it is hard to do.

Then the facilitator asked the participants about the lesson learned from the above activity, and the response was that: they learned that there are effective and easy ways to do in order to block the transmission routes of diseases.

NOTE:

If the group is unclear about the effectiveness of certain barriers do not correct it. Instead think of questions which may help to arrive to a decision.

After the above session, an evaluation of day 5 was done and then Miss. Kamugisha gave a brief greetings from Dar es Salaam. the class ended at 6.35 p.m.

DAY 6:- 15/11/98**Activity 3:**

Session on Gender analysis : by Senkoro

The purpose of the topic:-

- To raise awareness and understanding of which household and the community tasks are done by women and which are done by men
- To identify whether any change in task allocated will be desirable and possible.

Materials:-

- Tool for Gender R.A (task picture)
- Pen and paper
- Pictures of a woman, man and a couple

What to do:-

- Participants were told to stand up and make a circle making sure that there was a Gender balance.
- The facilitator went through the participants giving them new names by whispering to them. These new names were: Cat, cow and goat.
- The participants were then told to shut their eyes and start producing a sound of an animal whispered to each individual. While doing so, each was told to move around looking for a similar sound.

This activity formulated the participants' into three groups of Nyau, mee and moo.

In the newly formulated groups, participants were told to go with the picture mentioned above and discuss on who normally does which task. After reaching the consensus, the group puts the task drawing under the drawings of woman, man or couple.

Out come:

All the groups made their presentation on how tasks are distributed among men, women and both men and women. The following were observed from the group presentations.

MEN	WOMEN	MEN & WOMEN
Building latrine	Cooking food	Escorting children
Playing "bao"	Washing children	Watering garden
Fishing	Washing clothes	Digging
Roofing	Fetching water	
	Local brewing of alcohol	
	Washing utensils	
	Pounding	

After the presentation followed the discussion which lead to adding and rearranging some activities resulting 3 tasks being left for men and 10 tasks being left for women and 3 tasks for both men women; thus making 6 tasks for men and 13 tasks for women.

The tasks are shown below:-

MEN	WOMEN	MEN & WOMEN
	Cooking food	Escorting children
Playing "bao"	Washing children	Watering garden
Fishing	Washing clothes	Digging
Roofing	Fetching water	
	Local brewing of alcohol	
	Washing utensils	
	Pounding	
	Driving	
	Building latrine	
	Farming	

Plenary Discussion:-**Question:**

The facilitator then asked weather a lot of responsibilities has any effect on the implementation preventing diarrhoea diseases.

Answer:

Women who have a lot of tasks at the end of the day they get tired and may not have enough time to implement tasks for prevention of diarrhoea disease.

Due to lack of enough water, women may not be able to fetch enough water for a day and stay without water for a certain period of time.

Because the distribution of tasks is kept in mind of many member, the absence of the responsible person, the family may become exposed to diarrhoea infections.

Question:- Can we share responsibility?

Answer:- Yes. The advantage of sharing the responsibility is that the workload will be minimized and this will the community to attend for other tasks like prevention of diarrhoea diseases.

Tasks which can be shared by the couple are:-

- a) Those meant for women
- Cooking

- washing clothes
- Washing children
- Fetching water

b) Those meant for men

- Driving
- Building latrine

Lesson learnt:-

1. There are tasks which can be shared to minimize workload for women
2. Women has a lot of tasks to perform hindering them from attending disease control activities.

Question:- Did you like this tool?

Answer:- Yes

Question:- How will this tool help us in planning?

Answer:- The tool shows that it is important to involve both men and women in planning of the Diarrhoea disease control programmes

Note:- The group should work on their own and discuss their findings. They can draw and add other tasks and they should be provided with blank papers for this purpose.

Discussion points:-

- Who does what tasks?
- The workload of men and women
- How is the difference in workload affect tasks for overcoming diarrhoea disease prevention
- Advantages and disadvantages of changing the task distribution
- The potential for changing the tasks done by men or women
- Are there any role which could be changed or modified in order to improve sanitation and hygiene?
- What have you learnt during this activity?
- What do you like?
- What didn't you like about this activity?

Activity 4:

Gender Resource analysis:-

Purpose:- To raise awareness and understanding of household and community resources are distributed and controlled between men and women.

What to do:-

In your group discuss who owns what resources in the household and in the community in your region. Out come:

The group work was followed by short presentation and the following were the results of who own what between man and woman in a household.

Person	MAN	WOMAN	BOTH MAN & WOMAN
Items	Farm	Chicken	Car
	Bicycle	Utensils	Business
	Land		House
			Cow
			Agricultural products

Analysis revealed that man owns the most expensive items while a woman owns the list expensive items.

Question:-

How can this affect the spread of diarrhoea diseases?

Answer:-

The woman since she don't have the authority of most of valuable items, she may not be able to perform her duties on prevention of diarrhoea disease due to lack of money to buy the needed resources for implementing the task.

Question:-

Relate the task of woman and resources she owns.

Answer:-

Woman has the responsibility of performing many tasks while she owns very few and list expensive items. This may lead to failure of the other tasks.

Question:-

What do you suggest to help women

Answer:-

Women should be empowered with the ability to own the resources at household level which are valuable.

Question:-

How are you going to convince the community to change their behavior?

Answer:-

Don't tell them to change, but let them discuss the issue and come to the solution by themselves

Question:-

How can you relate with yesterday's session?

Answer:-

When discussing of broakage transmission, the problem was lack of resources for implementation of diarrhoea disease control tasks; e.g. Boiling of water. Some women don't boil water because they don't have money to buy kerosine / charcol for boiling water.

DEALING WITH RESISTANCE TO CHANGE

This is a conventional method which has been or currently used to change peoples, behavior. Enabling factors for controlling of diarrhea diseases to be equiped with are as follows:-

- Posters
- Group discussions
- Songs and role plays
- Meeting
- Radios
- By laws

The assumption made regarding the conventional methods in use are:-

- They behave in giving Universal Hygiene message
- That the people will automatically do what you tell them
- Felt that when people know about health risks they take action

Reasons to why conventional method failed:-

- Community members are not aware of the problems you are telling them
- Negligence
- Political interference
- Time limit for many Hygienic programmes
- Poor approach - telling them their problems
- Not using influential people
- Methods are not evaluated for effectiveness

CONTINUM RADER

7. I see the problem and I am interested in learning

6. I am ready to try some action

5. I am willing to demonstrate

4. There is a problem but I am afraid of changing for fear of loss

3. There may be a problem, but it is not my responsibility

2. There may be a problem but have my doubts

1. THERE IS NO PROBLEM

2.

Then followed time for discussion, the facilitator asked participants to give examples of some of the stages on Continuum Rader.

Examples:-

Stage 4, Health Officer being afraid of closing a Hotel in fear of Diwani, fearing to lose their jobs.

Stage 3, NGOs or Government installing water pumps to community wells but when the pumps run out of order; community members don't want to take trouble of repairing them waiting for the Government to repair them because they feel that it, is not their responsibility .

Bellow are solutions for some of the stages:-

Stage 4. Awareness raising to leaders so that they became aware on what is going on so that they can help (assist0 in implementation.

Stage 5. To continue assisting him to perform the intended tasks (reinforce)

Stage 1. Involvement of the community members in problem identification by using unserialized posters.

STEP 4: SELECTING OPTIONS

Two activities are involved with this step

Activity 1: Sanitation ladder

Purpose:- To help participants to:-

- Describe the community sanitation situation
- Identify an option or option for improving sanitation
- Discover that improvement can be made step by step

Participants were told to go back to their respective groups and were given some pictures and asked to arrange them , starting with the worst at the bottom and the best on top.

Presentation:-

Nyau group and Mee group had the same arrangement except the Moo group who had a difference with others for the picture number 3. After a long discussion all groups agreed to follow Nyau and Mee groups' arrangement as shown below:-

8. Quality latrine with tapes just outside for washing
7. V.I.P latrine but with no washing facilities
6. V.I.P latrine but without vent pipe and door (Clothe material door)
5. Temporary latrine with walls made of grasses
4. A man defecating in a hole dug just for that purpose of that time
3. A man who has already defecated in the bush and covered faeces with leaves
2. A man who has already defecated in the bush
1. A man defecating just outside a house

Discussions:-

Questions:- On looking at our ladder, What stage is our community at present time?

Answer:- All the groups agreed that our community is at stage 5, using temporary latrines with walls made from grass materials.

Question:- Where do you want (suggest) your community to be after one year [What stage] ?

Answer:- All the groups agreed to help their community to reach stage 6 by the end of the year 1999.

Question:- What are the advantages and difficulties expected to be met in moving from stage 5 to stage 6?

Answer:- All the groups agreed to summarize their answers as follows:-

ADVANTAGE	DIFFICULTIES
<ul style="list-style-type: none"> • Reduce the transmission of diarrhoea diseases like cholera, Typhoid, etc, • Reduce flies and Cockroaches • Reduce of foul smelling • Protection during rainy seasons • Government will save the money which would be used for treatment of diseases 	<ul style="list-style-type: none"> • Space limiting • It is costly • Resistance of the community members • Environmental and geographical features:- <ul style="list-style-type: none"> • High water table • Loose land (sandy) • Economical status of the community

Question:- In case of space limit what do you do (houses built near each other living no space to build latrines)

Answer:- Community be involved in deciding on what to do for tackling this problem

Question:- For areas where there is no road to enable cars for emptying septic tanks to pass, what can we do?

Answer:- DSSD has introduced such services of emptying cesspits to areas where cars can reach. It is called MAPET which stands for Manual, Pit latrine Emptying Technology.

The disadvantage of this system is that, You must have a space to dig a hole where you will empty the tank used not very far from where you have just emptied.

POINTS FOR DISCUSSIONS

The group discussions based on:

- The similarities and differences in the way the option have been arranged as steps
- The similarities and differences in terms of where the groups have placed the community now and in future
- The option they have been identified as best for the community

- The advantage of each option
- The difficulties or obstacles that would make moving up the ladder
- How their discussion were reached
- What information the group think it might be needed to be able to compare options more effectively
- Encourage the group to agree on one sanitation ladder
- Explain to the group that the next activity will help them to develop a plan to get from where they are now to the situation they would like to move to in future
- Facilitate a discussion with a group on they have learned during this activity, What they have liked and What they like about the activity

NOTES:-

- Before beginning of this activity it would be helpful to have the information on:-
- The design principles of different sanitation options
- The effectiveness of different options
- The maintenance and on-going servicing requirement of each type of options
- The cost of different sanitation options
- The cost (Time & money) of operation and maintenance
- The subsidier available
- The durability of the structure and the sustainability of each system

Day 7: 16/11/1998

Activity 2; Choosing Improved Hygiene Behaviors

Purposes; To held the group identify hygiene behaviors that

- > wants to change
- > wants to encourage and reinforce
- > wants to introduce in the community.

What to do:

After a short presentation by the facilitator, participants were instructed to choose from the three pile sorting activity; 3 hygiene behaviors that they agree as being health and which you would like to encourage and 3 hygiene behaviors that you agree as unhealthy and which you would like to discourage. Also give reasons why you have chosen them.

Outcome:

After working in their groups the following were the results from both groups

Generally the Selection made was;

< The most three good behaviors

- a) Washing hands with soap on running water before eating
- b) Use of toilets
- c) Boiling of water

Reasons for the selection made

- Block the route of disease transmission
- Prevent contamination
- Killing of organisms responsible for disease transmission.

< 3 most bad behaviors

- a) Defecating close to water sources
- b) Indiscriminately disposal of reuses
- c) Communal hand washing.

Reasons for the selection

- Cause direct contamination to water sources
- Cause breeding of flies
- leads to contamination

Plenary Discussion:

During the plenary a discussion was held on how the community will be influenced to accept and practice good hygiene behaviors and stop the bad behaviors.

The response was that since we are dealing with behavior of an individual, education pertaining to health should be given to all community members through participatory learning (PHAST)

The community should themselves identify the problem, analyse the causes of the problem, Plan for solution, plan for implementation of changes and monitoring of the changes. This will bring about sustainable changes.

Day 8: 17/11/1998

SETTING OBJECTIVES AND INDICATORS

A short explanation was given on the purpose of the activity. This was followed by a lecture discussion of what is an objective and an indicator.

In brief an objective was defined as ; a statement of proposed change over a fixed period of time.

An Indicator, a sign that something is happening or taking place. This help to measure changes in a given situation.

Also a discussion was held on the characteristics of objective. That it should be SMART elaborated as;

-
- Specific
- Measurable
- Realistic
- Attainable
- Time bound

+ Characteristic of Indicators

- VALID - It should measure what it is supposed to measure
- RELIABLE - Verifiable to provide some - collorate of measures given by different people
- RELEVANT - Collorate with project objectives.
- SENSITIVITY - sensitive to changes
- COST EFFECTIVE - Time and money and cost
- TIMELY - Possible to collect data

Example of an objective;- Every household of Magomeni village will have a latrine for use by the end of 1998. Therefore the indicator was identified as follows;

- Presence of latrine
- smell
- Presence of path to the toilet
- presence of flies

What to do:-

Working in their group participants wrote the objectives and indicators from selected Option . The objectives was as follows:

Option	Objectives	Indicator
Washing hands with running water and soap before eating and after visiting a toilet.	At least 70% of Msalabani village to adopt behavior on washing hands with soap and water period of 1 year	Presence of Washing hands facilities outside and within the toilet
Boiling drinking water	40% of the Msalabani house hold practicing boiling of drinking water.	Presence of boiling facilities Water storage container
Improved toilet	70% of Msalabani village household to have improved latrine within 1 year	presence of improved latrine Decreasing of temporary toilets.

STEP 5 : PLANNING FOR NEW FACILITIES AND BEHAVIOUR CHANGE

Activity: Story with a Gap

Purpose: Identify what need to be done to move from a now situation to a future situation

What to do:

Participants were instructed to refer the previous activity of sanitation Ladder and write down the step or activities needed in order to move from the now situation to the feature situation. this was done in group work.

Outcome:

After group work presentation the following activity were identified for moving from step 5(now situation of a traditional latrine to step 6(future situation of an improved latrine).

- site selection
- identification of manpower
- identification of materials
- securing of funds
- procuring of building materials
- measuring of building site and size
- cement block making
- digging of pit
- Pit lining up with blocks
- fixing of the pre-cast concrete slab
- construction of super structure
- pilling, roofing
- making of pit hole cover
- making of door curtain

GUIDELINES FOR WORKPLAN PREPARATION

One of the Course objective was to enable participants prepare work plans on hygiene promotion activities for implementation in their respective areas. With this activity participants were introduced to general guidelines for work plan preparation. The following were the main key points to be included in their work plan:

1. Background, giving the information about the area covered, main activities carried out category of personnel involved in implementing these activities
2. Main water and sanitation and hygiene activities undertaken by the department and the category of personnel involved in implementing these activities

3. Problem statement, outlining the main water and sanitation problems . Also the high risk hygiene behaviors and how they are linked with the mentioned problems
4. Objective statement. This include Broad and specific objectives of the plan to be implemented.
5. Strategy statement for achieving the stated objectives.
6. Activities for carrying out the plan
7. Plan for monitoring and evaluation
8. Budgeting /costing for various items in the plan.
The developed work plans are attached

SELECTING OF TOOLS FOR CHOLERA CONTROL AND PREVENTION.

The main purpose of this activity was to review the available tools and relate them to Early child care practices and cholera control and prevention and adopt/modify/add pictures which reflect Dar Es salaam situation.

Participants had an opportunity to review one tool after the other and the pictures which were not understood/or need to be added, the artist was instructed to draw them to depict the intended message.

Major comments were:

- Add a picture of shallow well along their river
- Add a shallow well situated at the rear side of the dwelling house
- Add a shallow well near the latrine
- A picture showing household allowing foul water/waste water indiscriminately.
- Add a picture showing a street vendor selling cold water, juices and sugar can
- Add a picture of petty business around school compound.
- Modify a picture of an improved pit latrine to have a pit cover inside
- Draw a picture of a person defecating near the house
- A picture of house which discharge water or night soil to the river
- A shallow well situated far from the dwelling house
- A group of people attending a ngoma or local ceremony eating pilau in one plate
- A group of people attending a ngoma play or local ceremony washing hands in one container
- A house without a latrine
- A mama Ntilie selling food in dirty environment without covering.
- Add a picture of a built pit latrine.

Day 9: 17/11/98

Activity 2; Task allocation

Purpose; To help the group identify who will do what and when for carrying out the steps in the plan.

What to do:-

Working in their groups participants were instructed to decide on the steps or activity identified in activity one step 5 on who should carry out each of these steps and set a time frame.

Outcome; The activity was well done by participants with consideration of the impact of men and women and personal qualities and skills needed of the persons selected to coordinate the activities.

Day 10:18/11/98

Second Field visits

The second field visit was conducted at Magomeni village - Bagamoyo same village used for the first field visits.

The main purpose of this second field visit was to practice the tools and pretest the developed cholera tools. The tools tested were mapping, Three pile sorting, selecting hygiene behaviors, contamination routes, Gender role analysis, pocket chart, sanitation ladder and story with a gap.

Before going to the second field visit participants again made a demonstration on how they will go about applying the tools with the community. Participants were requested to share the weakness and strength to observed during the demonstration. some weakness were observed and suggestions were provided to avoid such weakness .i.e. mixing of language - Swahili and English, superiority complex, mentioning their problems etc.

Results of the second field visit.

Generally the tools were well understood by the community depicting hygiene related behaviors and conditions existing in their environment. This was evidenced by a live discussions with the community on the problems identified related to water and sanitation like diarrhoea, cholera, typhoid etc. community speak out the problem of cholera and diarrhoea, giving the causes and suggestions for solutions.

Throughout the field visit process, the following were revealed by the community members of Magomeni village.

- The majority don't have latrine.
- The type of latrine existing is of traditional type
- The community living around Ruvu river has no latrine instead they defecate openly near the river
- Every house hold has a shallow well near the house
- Existing sources of water ie. wells are not maintained
- Community members have no habits of boiling drinking water.
- People still wash hands in a communal container
- Children eat fruit before their washed
- bathing in the water sources
- Drinking water direct from the sources

At the end of the field process community expressed their appreciation that they benefited more from the activity and they would like to continue with the group for the next days.

However some of the pictures were not clearly understood and therefore a slight modification was done.

STEP 6: PLANNING FOR MONITORING

With this activity participants were instructed to use the previous made chart for objective and indicators to add 3 more column for how to measure, when to measure and by whom. One group was selected to work on behalf of the others and present before them. This was due to the time constraints. After plenary discussion the following were the Monitoring matrix.

Option	Objectives	Indicator	How to Measure	When	By whom
Washing hands with running water and soap before eating and after visiting a toilet	At least 70% of Msalabani village to wash hands with soap in a period of 1 year	Presence of Washing hands facilities outside and within the toilet	Counting	Every month	H/worker, Street leaders WEO, Ward task force
Boiling drinking	40% of the Msalabani	Presence of	Observation	Every month	WEO

water	house hold practicing boiling of drinking water				
Improved toilet	70% of Msalabani village household to have improved latrine within a year	Presence of improved latrine Decreasing of temporary toilets	Counting	Every month	H/workers Street leader WEO

Day 12: 20/11/98

STEP 7:

Participatory Evaluation:

The step is carried out after the community has implemented its plan. participatory evaluation should involve as many people as possible; i.e. Community members, CHW, Officials and perhaps representative from neighboring community.

During the evaluation, the group will identify:

- How much has been done in the community
- How much of the plan still need to be done
- What has been successfully
- Problems / difficulties encountered
- Any correction action that is needed

Your role is to help the group

- Work out what it has wants to do to evaluate its progress
- Work out how it wants to involves wider selection of community members
- Work out how to make evaluation event enjoyable.

Activity:- Checking our progress

Option 1:- Monitoring Chart

Purpose:- To see if the goal have been met

Material:- Monitoring Chart of step 6: Activity 1

Option 2:- Community map

Purpose:- To see if community under gone any physical change

Material:- Community map drawn during Step 2: Activity 1

What to do:-

- Compare the goal with what has been achieved
- What has been successful

Any problem encountered:-

Sort the problems into:-

- Problems the community can deal with by it self
- Problems the community can't solve by it self
- Problems the community do not fully understand

Now: For the problems it can deal with:-

- What action they will take
- How will they get more information
- When will they do this
- Whose responsibility will it be
- How will they get outside help to overcome these problems

COMMUNICATING HYGIENE MESSAGES AND PRESENTATION TECHNIQUES.

Communicating Hygiene Messages.

Participants were introduced to communication skills for hygiene messages. Communication being the transfer of information/ideas from one person to another which include ideas, emotions, knowledge and skills has got factors/components that influences the success of communication process.

These are:-

- The Source (sender), the message, the channel, the receiver and there must be a feedback

Participants were also introduced to criteria for selecting methods which are;

- The learning objectives
- Characteristics of audiences eg. ownership of TV or radio.
- Characteristics of methodology.
- Availability of funds or materials.

The messages from the sender to the audience should Reach the **Senses**, **Gain Attention**, **Message Understood**, must be accepted to **bring Changes** and should have change in behaviours for **improving health**.

Presentation techniques

Participants were introduced to various presentation techniques when communicating hygiene messages through a talk.

Preparations for presentation include; brainstorming of the subject, structuring and selecting the main points and using illustrations. Opening statement should capture the audience. The closing statement should be conclusive.

The presenter should use simple words, use expression in voice, build in pause, speak up and clearly. The body - language which the presenter is required to portray is; should look at the audience, smile, beware of distracting mannerisms and be natural.

EVALUATION OF THE COURSE

i) Evaluation

Evaluation of participants was done using a semi - structured questionnaire.

Participants general comments were that the training was of great important to them and the methodology is useful in promotion of sanitation and hygiene practices for improving people's health.

However following the importance of the PHAST training they suggested that, more training on PHAST should be conducted for other personnel to benefit from the methodology.

DAY 13: 21 /11 1998

Closing of the Course

The Guest of Honor, Mr. A.Y. Kahesa - Principal Health Officer (A) - MOH officiated the closing.

Amongst others, who attended the closing ceremony were; The District Medical Officer of Bagamoyo - Dr. Kim, and other invitees.

The closing ceremony included activities such as;

- Demonstration of the tools
- Drama
- Closing remarks by the course coordinator
- Participants closing speech - however participants requested for certificates
- Giving tools to participants and certificates
- Official closing speech by guest of honor - Attached
- Lunch and soft drinks

Conclusion:

The two weeks PHAST, Training of Trainers course was very successful and useful. The participants had an opportunity to share information and experience on hygiene promotion through application of participatory tools.

Field application of the tools revealed that the tools can easily be used by community members to identify their problems, analyze them and plan for realistic solutions. Furthermore, the communities could mention the causes and prevention measures of some identified priority diseases, like malaria, diarrhoea intestinal worms and anemia. And further the community requested this approach to be introduced in the entire community of Magomeni village in Bagamoyo district. (See attached letter from the community).

Thus, participatory training on hygiene promotion should be carried out in the community to disseminate skills & knowledge to promote improved behaviors and sanitation facilities.

Recommendations.

The trained personnel should start introducing PHAST in the community in Dar es salaam.

There is a need to have more trained personnel on PHAST at ward levels in Dar es Salaam.

PARTICIPATORY HYGIENE PROMOTION TRAINING WORKSHOP: BAGAMOYO 9th - 22nd NOVEMBER 1998.

Time Table

DATE	DAY	TIME	SESSION TITTLE	FACILITATOR/ RESOURCE PEI
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DATE	DAY	TIME	SESSION TITLE	FACILITATOR/ RESOURCE PEI
9/11/98	Monday	08.30 - 09.00	Registration	Mrs. E. Rweyunga
		09.00 -10.00	Welcome and Administrative issues	Mrs. E. Rweyunga
		10.00 - 10.30	Climate Setting/Participatory introduction	Mrs. E. Rweyunga
		10.30 - 11.00	Tea Break	All
		11.00 - 12.00	Official opening	DMO/DPLO/DEL
		12.00 - 12.45	Expect and Fears/Likes & Dislikes	Mrs. E. Rweyunga
		12.45 - 1.00	Objective of the Workshop and Programme	Mrs. E. Rweyunga
		1.00 - 2.00	LUNCH	All
		2.00 - 2.30	National Health Plan	MOH - Honest
		2.30 - 3.15	Land Marks to Participatory Approaches in WES in (TZ)	WHO - Senkoro/Rweyung
		3.15 - 4.00	PROBLEM IDENTIFICATION • Unserialised Posters	Honest A
		4.00 - 4.30	TEA BREAK	All
		4.30 - 5.15	• Dr. Akili Sana (Nurse Tanaka)	Kamugisha
10/11/98	Tuesday	08.30 - 09.00	Recap & Administrative Issues	Chairperson/Repo secretary
		09.00 - 10.30	PROBLEM ANALYSIS • Mapping	Honest
		10.30 - 11.00	TEA BREAK	All
		11.00 - 11.30	• Mapping continue	All
		11.30 - 1.00	• Three pile sorting	Mrs. E. Rweyunga
		1.00 - 2.00	LUNCH	All
		2.00 - 3.30	• Pocket charts	Mrs. E. Rweyunga
		3.30 - 4.00	• Contamination Route	Honest/Senkoro
		4.00 - 4.30	TEA BREAK	ALL
		4.30 - 5.15	• Contamination	Honest A

DATE	DAY	TIME	SESSION TITLE	FACILITATOR/ RESOURCE PE
			route continue	
11/11/98	Wednesday	08.30 - 09.00	Recap	Reporteur
		09.00 - 10.30	PLANNING FOR SOLUTIONS • Blocking the Routes • Barrier Matrix	Honest A
		10.30 - 11.00	TEA BREAK	All
		11.00 - 1.00	• Gender Role/Resource Analysis	Rweyunga/senkor
		1.00 - 2.00	LUNCH	All
		2.00 - 4.00	SELECTING OPTIONS • Dealing with Resistance to change • Sanitation Ladder	Honest A.
		4.00 - 4.30	TEA BREAK	All
		4.30 - 5.15	Preparation for Field Visit	Facilitators
12/11/98	Thursday	08.30 - 09.00	Recap	Rapporteur
		09.00 - 10.30	• Hygiene Behaviors	Kamugisha
		10.30 - 11.00	TEA BREAK	All
		11.00 - 1.00	• Field Visit	M. Swai
		1.00 - 2.00	LUNCH	All
		2.00 - 5.15	Field Visit	All
13/11/98	Friday	08.30 - 09.00	RECAP	Rapporteur
		09.00 - 10.30	Field Work Presentation	Group Rapporteur
		10.30 - 11.00	TEA BREAK	All
		11.00 - 1.00	Field work presentation	Group Rapporteur
		1.00 - 2.00	LUNCH	All

LIST OF PARTICIPANTS

#	NAME	DESIGNATION	PLACE
1.	Honest Anicetus	H/Officer - Facilitator	Ministry of Health
2.	Eugenia Rweyunga	Private H. Services DMCHCo Facilitator	Ilala
3.	Mkotte Aziz Juma	H/Officer	Ilala
4.	Mrindoko Mohamed	H/Officer	Ilala
5.	Martina Muyega	DCBHCCo	Ilala

6.	Jacob ACM	DVCC (Disease/Vector)	Ilala
7.	Charles Range	DCBHC	Kinondoni
8.	Boniface Maleko	DVCC	Kinondoni
9.	Abdalah. Hemed	H/Officer	Kinondoni
10.	Theophar Nguyeje	KYAA (Artist)	Kinondoni
11.	Ester J. Ngonyani	H/Asst	Kinondoni
12.	Hilder Nyirembe	IECCo	Kinondoni
13.	Juhudi Nyambuka	H/Asst	Temeke
14.	Fatuma M.Seif	H/Asst	Temeke
15.	Alice Semaluku	I ECCo	Temeke
16.	Salome Chuwa	DCBHC	Temeke
17.	Aidan S. Ainea	H/Officer	Temeke
18.	Meena John	H/Officer	Temeke
19.	Hawa Senkoro	H/Officer	WHO
20.	Joyce Nganzo	H/O - DCCO	Bagamoyo
21.	Martha P. Machumu	Treasurer / Accountant	Ministry of Health
22.	Winfrida Kamgishe	City H/O	Dar Es Salaam
23.	Edward Karim Nzigilwa	Clinical/Community HO Documentation	Bagamoyo

PARTICIPANTS BACK GROUND

NAME: Aziz Juma Mkofe
ADDRESS: Box 9084 Dar Es Saalam
TITTLE: Health officer
DEPARTMENT: Health Unit
OFFICE: Ilala Zone

RESPONSIBILITIES:

- Control of Communicable diseases
- Monitoring Environment and Water Sanitation
- Inspection of premises
- Supervision of Solid and Liquid Waste Management activities
- Health education to the community
- Immunization
- Meat inspection
- Food and water sampling
- Public health prosecutor

NAME: Mrindoko Mohamed Mrindoko
ADDRESS: Box 9084 Dar es Salaam
TITTLE: Health Officer
DEPARTMENT: Health Department
OFFICE: Ilala Zone

RESPONSIBILITIES:

Control Communicable diseases
Health Educator
Inspection of premises
Public prosecutor
Sampling Officer
Environmental Inspector

NAME: Ester J. Ngonyani

ADDRESS:?

TITTLE: Health Assistant

DEPARTMENT: Health department

OFFICE: City Commission Kinondoni

RESPONSIBILITIES:

- Inspection of premises
- Control of Heath Hazards
- Control of Communicable diseases
- Supervision of excreta and refuse disposal
- Health education
- Water sampling and treatment
- Public prosecutor
- Ward taskforce secretary

NAME: Fatuma M. Seif

ADDRESS: Box 45232 Dar Es salaam

TITTLE: Health Assistant

DEPARTMENT: Health department

OFFICE: City Commission Temeke

RESPONSIBILITIES:

- Inspection of premises
- Control of Heath Hazards
- Control of Communicable diseases
- Supervision of excreta and refuse disposal
- Health education
- Water sampling and treatment
- Public prosecutor
- Ward taskforce secretary

NAME: Juhudi K. Nyambuka

ADDRESS: Box 45232 Dar Es salaam

TITTLE: Health Assistant

DEPARTMENT: Health department

OFFICE: City Commission Temeke

RESPONSIBILITIES:

- Inspection of premises
- Control of Health Hazards

- Control of Communicable diseases
- Supervision of excreta and refuse disposal
- Health education
- Water sampling and treatment
- Public prosecution
- Ward taskforce secretary

NAME: Abdullah S. Hemed
ADDRESS: Box 9084 Dar Es salaam
TITTLE: Health Officer
DEPARTMENT: Health Unit
OFFICE: City Commission Kinondoni

RESPONSIBILITIES:

- Inspection of premises
- Control of Heath Hazards
- Control of Communicable diseases
- Supervision of excreta and refuse disposal
- Health education
- Water sampling and treatment
- Public prosecutor
- Ward taskforce secretary

NAME: Meena John Woindumi
ADDRESS: Box 45232 Dar Es salaam
TITTLE: Health Officer
DEPARTMENT: Health Unit
OFFICE: City Commission Temeke

RESPONSIBILITIES:

- Inspection of premises
- Control of food quality
- Control of Communicable diseases
- Supervision of solid waste and liquid waste management
- Health Educator
- Sampling Officer
- Public prosecutor
- Ward taskforce secretary

NAME: Jacob M. ACKIM
ADDRESS: Box 31902 Dar Es Salaam
TITTLE: Health Officer
DEPARTMENT: Health Unit

OFFICE: Ilala

RESPONSIBILITIES: