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# Training of community volunteers on Hygiene Improvement Frame work (HIF), Konshisha LGA

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By First Step Action for  
Children Initiative (FIRST)

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## Introduction

The importance of hygiene practices at household and community level cannot be over emphasized. This is because several field studies have demonstrated that key behavioral decisions are made at household level. Again, it is reported that increase access to sanitation and better hygiene practices have significant positive impact on the health of the general population.

It is based on the above situation that the organization worked in collaboration with BERWASSA and UNICEF to train volunteers on hygiene promotion in 60 communities, of Konshisha LGA, Benue State Nigeria on Hygiene Improvement Frame work (HIF) at household and community level. The purpose is to increase their capacity to provide a comprehensive approach on preventing water and sanitation related illnesses and death amongst the general population especially women and children. The intervention is simple, low cost, which exists to prevent diarrhoea and to improve child survival. It also brings sustainable improvement at scale in 5 key hygiene domains.

The framework is a holistic programming framework where all aspects of hygiene are promoted including improvement to water supply services. It emphasizes the program design begins at the community instead of the office. The process starts with data collection, to find out what target communities need, want, and do. Also it elaborated on the integration of diarrhea prevention into health development programs at community and household level. The frame work addresses, promoting health behaviours; increasing access to WASH facilities and creation of an enabling environment to ensure wide-scale application and sustainability. The framework will also help to fast tract the attainment of MDG and World summit on sustainable development of increasing access to safe sanitation by 2015.

## Objectives

- To create awareness on the importance and the benefits of hygiene promotion in all WASH activities.

- To introduce volunteers to hygiene improvement frame work and develop their skills on methodologies of house to house promotion that will lead to attitudinal change and practices of hygiene.
- To deepen volunteers understanding on the roles and responsibilities of hygiene promoters and hygiene promotion activities and approaches.
- To develop a base line data on hygiene practices in 60 communities that will serve as a guide to measure impact, determine the key behavior and messages and provide evidence for scale up.

## Intervention

**Dates-** detailed attached in the appendix

Summary of participants is also attached in the appendix

## Community engagement

Sanitation and hygiene improvement practices in the community require political will and support in order to create enabling environment for the project. Based on that community engagement meeting became necessary to intimate leaders on the need to support the initiative and begin to take action. During community engagement political leader such as traditional and opinion leaders that include women, youth groups, tax collectors, WASHCOM leadership, and strategic promoters in all the intervening communities were met. The community leaders and members especially strategic promoters were motivated and given an active role of mobilizing community members for action on hygiene related issues.



In all the communities, at the initial stage, the organization conducted survey on KAPB, water facility, transect and household check list. The purpose is to have base line information that will provide standard against which future measurement can be compared. The result of the assessment provide data for discussion during training as a reference point for all risk practices that are specific to each community, this has guided specific plan for each interventions. And has also helped the hygiene promoter to check and report changes in behavior of the target audience.

The survey revealed that on the attitude almost all the people interviewed erroneously thought that drinking water could not contain human excreta/faeces. Most agreed that is not possible that drinking water could contain human excreta. And that they could see germs with their eyes especially if it was on their hands. Apparently most of the respondents believe that 'germs' are 'dirt' and thus when they didn't see any dirt on their hands, they thought their hands were germ free. Again, almost all the respondents expressed disgust over finding faeces in their compound and none of them thought dumping refuse in the backyard was a wrong thing to do. They showed feeling of disgust over drinking "pond" water and all of them said it was not good for drinking.

As regard open defecation, most of the communities practice open defecation. Even those that have reached open defecation free status. In most communities only a very few had traditional latrines. The attributed this to the inability of the local government to do a follow up after the triggering. The entire household visited did not have hand washing facilities; only very few practice hand washing with soap and water at critical times and most of the household practice one container system. Most transport their drinking water in open basins and most threw their children's' feaces in the nearby bushes. And the entire community use traditional hand dug well as their water source that are seasonal. They depend mainly on water sources from the river or stream, which in most cases women and children trekked some distance away from the community to fetch water. The discussions revealed that during fetching water in the stream, they take their baths nearby and open defecation occurs nearby as well. Most household visited covered their drinking water.

In general about 50% of the respondent recorded disgust for risk practices and less than half of the respondent feel concern and very few feel in different on those risk practices.

The report of the survey for each community was reported in a community meeting and action plan was developed to address the issues. Community members volunteered themselves in each community to follow up and ensure those risk practices are addressed.

The result of the community engagement also revealed that community leaders in all the intervening communities have made their commitment to support the project and they have clear understanding on issues of hygiene in their communities. Based on that, they participated fully in ensuring that the training of hygiene promoters was well coordinated with full participation. Community participation was very encouraging in most communities. Community leaders monitored and supervised all the trainings to ensure all VHPs were in attendance and were fully participating. They also made sure they provided the training venues.

### **Comments during community engagement**

Mr Chado Labar (community leader) from Jovkundan community said that this activity is timely to help reduce illness and death, caused by water and sanitation, which they were not aware. He said he will take it upon himself to see that the volunteers worked to ensure the community reaches improved sanitation.

Pastor Godwin Kusana in Mbaakpun community said he just realized that they are responsible for most of the illnesses and death in the community, which we pay a high cost to treat and that is why most community members are poor.

### **Training of Volunteer Hygiene Promoters**

The organization trained 1200 (730 males,470 females) VHP in 60 communities. As a result they have increased understanding and skills on routine house to house hygiene promotion in their various communities. This showed clearly in the practical demonstration of the modules especially as they checked the risk assessment forms correctly.



Ankpine Community

To make their work easy, they were paired during the training to begin action right from the beginning

In all the communities VHP began taking action on hand washing by washing their hands with soap and water before taking their snacks during the training,



### **Comments during the training**

Aku community- a woman commented that the training has revealed a lot of things about hygiene. She said that before now they did all the bad hygiene practices due to ignorance but now they were enlightened they would try not to do it again and stressed that they have started washing their hands with soap and water needs a constant reminding to make them continue with the practice.

During the training some responses also recorded, were as follows:

“Dirt does not kill a black man”; they were asked if there was a difference between a black and a white man and why dirt only kills a white man? This was discussed extensively and at the end it was resolved they stopped eating human feces and dirt in the community. They that dirt does not only kill but can make important people avoid their compounds.



Some said “we do not defecate in the latrine because of fear of contracting women disease” ( i.e. gonorrhoea and syphilis).

Most of the community members complained that they do not use latrine and prefer to defecate in the open. This is because of the smell and flies all over the latrine. An elderly woman in Mbaawanya community explained during training in her community that she sprinkles ashes in her toilet and sweeps it twice a day to avoid flies and smell. She emphasized that the whole compound loves her for that act and emulated her.

### **Follow up**

In order to track progress, a follow up was conducted. The follow up revealed that most of the volunteers have started taking actions by making visits to their clusters and filling risk assessment forms. Misconception clarified was corrected and visits were also made with the staff to some households to supervise the work. It was also revealed that, communities have stated taking action by clearing weeds on walk footways and market places. Again during the follow-up visits, the staff also took time to further discuss hygiene issues with the VHPs, particularly where the communities had challenges on the hygiene domains.

Monthly ‘house- to –house’ visits were conducted by community volunteers. The first intervening communities have completed the first month service provision and have started providing services for the second month. During the visits, also they have had discussions in relation to hygiene practices. This action needs to be sustained by ensuring continuous follow up.

Several mentoring and coaching activities were conducted by the organization on Sundays, one –on-one coaching to ensure quality service. This has actually improved VHP performance.



We also discovered that women groups in Ipiagher community have started enlightening campaign during meetings on hygiene practices especially food hygiene. This has increased the ability to sustain hygiene practices in the households.

### **Strength of the activity**

One of the strength of the activity is that most literate community members who were volunteers are enthusiastic and willing to tackle responsibilities on HP. They showed strong characters that are able to influence others in the community.

Community participation was very encouraging. This was shown by the community taking action to monitor training activities of the VHPs and to also ensure action was taken by beginning to clear community foot paths and market places.

### **Methodology**

- The organization tried as much as possible to use a participatory learning methodologies (to include role play, drama, group discussion and plenary sessions) as well as practicals

on routine house to house hygiene promotion. This was done as they went through the modules step by step and also practice at the household level.

- The training was facilitated in vernacular combine with simple English to enable participants who were mostly less literate to comprehend and actively participate.
- Discussions and experience on key hygiene practices at a personal and household level by the volunteers were shared during the sessions.
- Participants were involved in a practical demonstration of how to use the risk assessment and summary tools at the household level
- Field surveys were conducted with community members, and the outcome shared at a plenary sessions with community members in attendance.
- Songs and stories around hygiene domains were used during the training to capture attention and to also make them remember hygiene domains.
- IEC materials were used to discuss and explain issues on hygiene that reflected practices in the communities,

### Success stories:

During a follow up, community members and VHP were seen taking action by clearing foot paths and market squares that were bushy.



In Mbaa-mina community, messages of hygiene domain are now being integrated into their “adult Literacy Classes”. The same community has also taken action and has cleared the community’s major path ways.

A community member in Mbaaze community supported the VHP with transparent files to keep their IEC materials.

## Challenges

Some challenges encountered during the activity are as follows:

- Community mobilizations by LGA personnel were poorly done and affected early commencement and full participation. Most information was passed through wrong channels and only invited those they wanted. We recommend that communities be mobilized a week before the intervention and be reminded one day before intervention and that the information should be passed in writing to the WASHCOM chairman and community leaders.
- Non-challant attitudes of most WASHCOM members in most communities and as a result, there was poor mobilization for community engagement. More channels of communication in the communities should be explored such as through community leaders, women groups, churches etc in order to have a better reach instead of depending on WASHCOM members only. Although towards the end of the work the organization embarked on community mobilization themselves, which gave a better result.
- Market days, burials and political campaign rallies interrupted full participation of the community during engagement and also interrupted time of commencement of the training. This affected full participation and adequate delivery of content of the training. The organization made out time for such communities who had lost time by making visits on Sundays to complement what they had lost. If notices of meetings were given a week before such communities would be avoided.

- One day is not enough for a meaningful survey. This is because of inability of the community members to translate the survey tool to the local language as well as them having poor survey skills. Again the settlement pattern of the Tiv tribe is sparse, which makes it difficult to easily reach households within one day of the activity. There is need to extend the period of the survey to 2 days to train Survey Assistants on how to administer the survey tools.
- Risk Assessment tools that were supposed to be administered at the initial stage which will enable teams to come out with a base line data and the tools to be administered monthly until a household reach low risk were not budgeted for. Therefore the organization used their personal funds to print 18,000 copies. This stock will last for 3 months. There is need to by BERWASSA/UNICEF to either print copies to make them uniform or provide funds for it. This is because it is capital intensive.
- Low literacy level of most female VHP. This affected interpretation of the household check list. However, they were paired with a literate VHP to complement their efforts.
- Low involvement and participation of females in all the process as most of them were engaged in soya beans harvest and could not attend community engagement meetings. There is need to continue talking of the importance of women participation in all the meetings. This is because culturally in a Tiv culture, women are responsible for keeping environment clean and they are most at risk of sanitation and water related illnesses and death, if we must succeed
- There was ineffective communication during facilitation that might affect behavior change and practices. There is need to develop a hand book or training manual that is activity based to guide facilitators and promote active participation of participants. The manual should be exposed to the principles of participatory development, which will provide step by step guide for participatory approach.
- There are no standard indicators and guidelines to help monitor and evaluate HIF activities systematically and effectively. This indicator will help to track changes especially international targets like the MDGs goals. The intervention will not be able to measure and document targets set.

## Lessons learnt

- To complement the work of strategic hygiene promoters, health workers need to be trained on participatory discussions related to hygiene in their normal program at health center talks. This will help to sustain the intervention
- A community theater group needs to create a play, which will be performed weekly. Some will be broadcast in radio stations. This will help to sustain hygiene practices and behavior change.
- Continuous engagement with opinion and traditional leaders to ensure they are fully engaged and support house to house and community hygiene promotion will go a long way in sustaining the intervention.
- The need to provide adequate resources to support follow up, monitoring and supervision of the intervention. This will increase sustainability of the interventions.
- The need to increase women knowledge, participation and involvement in all the process of HIF if we need to succeed in hygiene practices on house to house promotion is also important.
- There is the need to provide primary school children and teachers with hygiene education as an added entry point, for changing family and community hygiene behavior as a whole.
- Involving community members in planning and implementing HIF will go a long way in sustaining the intervention.

## Conclusion

Hygiene improvement framework is a proven cost effective method used to combat diarrhea related illnesses and diseases that affect young children's health. The training activity on HIF has helped community members to be aware of the benefits and the need to practice hygiene at household and community level. It has also increased the capacity of VHPs to function on their role of promoting house to house hygiene promotion. The follow up shows that VHPs

shave began action in most households in the community of intervention. Hand washing in some households, when visited has improved significantly. Most have begun practicing hand washing with soap and water, have dug latrines and are using them etc. To ensure change of behavior and practice, there is the need to closely monitor and supervise these households in order to address and fix problems during program intervention as well as to sustain it.