Manual on Promotion of Hygiene and Sanitation in Ger Areas, Mongolia

This manual is prepared with financial support of the World Bank-Netherlands Water Partnership

Prepared by
Community-led Infrastructure Development Project
Project Management Unit of the Second Ulaanbaatar Services Improvement
City of Ulaanbaatar

In consultation with:
Ministry of Health, Ministry of Construction and Urban Development,
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With Support from:
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MESSAGE FROM THE CITY MAYOR OF ULAANBAATAR

Let me express my sincere congratulations to the many people who have labored to make this set of manuals on promoting hygiene and sanitation for Ger areas in Ulaanbaatar City a reality. I had the opportunity to observe the actual conduct of the community dialogue at Bayankhoshou as part of the process of developing these manuals. I am truly impressed by the process undertaken to empower the people to look into their own situations and their own hygiene and sanitation practice. In fact, the process has induced them to analyze the causes and factors affecting their own behaviors and define appropriate course of action required to improve their condition. This community-based process of demand-creation is what we need to make our people, especially those living in the Ger areas, active partners of development.

I therefore highly recommend to community development workers from all sectors and to the different community-based organizations the adoption and use of these documents (the Hygiene and Sanitation Situation Report and Manuals) in their efforts to upgrade and improve the living environment of our people in the Ger areas – especially those concerning hygiene and sanitation. These manuals are your tools for empowering our community to ensure and promote better access and practices of good hygiene and improved sanitation.

Finally, I would like to thank the Project Management Unit of the Second Ulaanbaatar Services Improvement Project (PMU USIP2) and the Japan Social Development Fund (JSDF) supported Community-Led Infrastructure Project as well as the World Bank-Netherlands Water Partnership, for envisioning and supporting this very innovative methodology of engaging the community in the pursuit of their own development. Truly, this demand-creation methodology is what the City of Ulaanbaatar needs to effectively respond to the emerging issues on hygiene and sanitation affecting the City – especially in the Ger areas.

The City of Ulaanbaatar is your partner in this noble development endeavor.

Mr. Batbayar
Mayor,
City of Ulaanbaatar,
Mongolia
PREFACE

The issue of improved hygiene and sanitation especially in the Ger areas in Ulaanbaatar City is an emerging problem affecting the population. It is especially so far the poor families, which have no access to the centralized water and sewerage service system. The population growth, resulting from in-migration in Ulaanbaatar has resulted in the urbanization of poverty, generally concentrated in the Ger areas. This further deteriorated the hygiene and sanitation situation affecting the health of the population, especially children. The morbidity pattern reveals high rate of water-borne and poor environment related diseases, such as, diarrhea and hepatitis A, particularly among children.

The City authorities of Ulaanbaatar in their effort to upgrade the living environment in the Ger areas have continuously searched for strategies and programmes that can help improve the hygiene and sanitation practices. Various bilateral and multilateral agencies, in collaboration with national and local governments have tested different approaches to address the problem. Lessons learned indicate that the community-based demand-creation strategy appears to be most promising and appropriate especially in the Ger areas of the City.

These set of manuals on “Hygiene and Sanitation in Ger Areas in Ulaanbaatar”, is a product of various consultative meetings and workshops with different stakeholders on hygiene and sanitation at the national, district, and community levels. Individual consultations were done among bilateral and multilateral organizations, national and local government offices, and non-governmental organizations involved in the promotion of hygiene and sanitation. A national consultative workshop was conducted followed by a district consultation meeting to define the situation and identify the courses of action.

The outputs and recommendations of the first two consultative workshops then presented to the community for validation. The community dialogue helped to further validate and clarifying the situation of hygiene and sanitation in Ulaanbaatar – especially in the Ger areas, as well as test the methodology for community-based demand creation.

These manuals aim at guiding and helping field workers in planning and implementing the promotion of the desirable hygiene practices and improved low-cost sanitation as components of the Community-Led Infrastructure Project (CLIP) under the JSDF as part of the USIP2. The community-based participatory methodology for demand creation would help the City of Ulaanbaatar in its efforts to upgrade and improve the living conditions of the poor people living in the Ger areas. These manuals on Hygiene and Sanitation in Ger areas in Ulaanbaatar have five complementary components and should be read and used together. These are:

- The Hygiene and Sanitation Situation Report for Ger Areas, Mongolia – defines the current situation on hygiene and sanitation of the Ger areas in Ulaanbaatar, as well as in Mongolia as a whole.
- The Manual on Promotion of Hygiene and Sanitation in Ger Areas, Mongolia – is a guidebook for workers in undertaking the community-based demand creation methodology. It provides the step-by-step process that can guide workers in influencing the behavior and decision of families and communities to adopt desirable hygienic practices and improved sanitation.
- The Manual on Low Cost Sanitation Technologies for Ger Areas, Mongolia – provides various latrine options in building sanitary latrine based on the needs (demand) and capability of the families and the communities.
- The Community Dialogue Tool Kit for Ger Areas, Mongolia – is a set of illustrated materials to be used by the workers to undertake the community-based demand creation methodology on hygiene and sanitation.
Specifically, this Manual on Promotion of Hygiene and Sanitation in Ger-Areas in Mongolia describes the step-by-step process for participatory bottom up planning and implementation of the promotion of hygiene and sanitation project. It starts with finding out what people know and practice and build on the people’s belief and experiences. It focuses on empowering people to enable them to be active partners of development and not mere passive recipient of goods and services. It promotes democratic governance whereby people, government, and civil society act as partners of development.

The set of manuals on Hygiene and Sanitation in Ger Areas in Ulaanbaatar is just the initiation of the many efforts in promoting community participatory process that will empower people. We hope that the users of these manuals will help the PMU-USIP2 to further improve the methodology. Your experiences and lessons learned would be very useful in further improving this methodology. In fact, we would appreciate receiving suggestions on how we can further improve the methodology as well as the content and design of these manuals.

The Project Management Unit of the Second Ulaanbaatar Services Improvement Project (PMU USIP2) recommends the adoption and use of these manuals to all community-based organizations (CBOs) and community development workers of all sectors in their pursuit and efforts to improve the hygiene and sanitation practices of the families and communities. The lessons learned in implementing this project can give valuable inputs in the formulation of national policies and programs on hygiene and sanitation especially for secondary cities and aimag centers.
ACKNOWLEDGEMENTS

This set of manuals on Hygiene and Sanitation in Ger areas in Ulaanbaatar is a product of series of consultations with various stakeholders at national, sub-national, and community levels. The development of the Situation Report and manuals is part of the over-all efforts of the City of Ulaanbaatar to upgrade and improve the hygiene and sanitation situation in the Ger areas under the Community-led Infrastructure Project (CLIP) with funding support from the Japan Social Development Fund.

Specifically the development of the Hygiene and Sanitation Situation Report and manuals is supported through the World Bank-Netherlands Water Partnership (BNWP). We also would like to thank our team of consultants from the World Bank (Santanu Lahiri, Henry Briones and Ishbaljir Battulga) who provided us with technical support and guidance throughout the conceptualization and preparation of these manuals.

The Project Management Unit (PMU) of Second Ulaanbaatar Service Improvement Program (USIP2) of the City of Ulaanbaatar would like to thank the various multilateral and bilateral agencies and organizations, the different technical agencies of the national and local government units, and the community-residents of Bayankhousou, for their active participation and valuable inputs in the preparation of these manuals.

We would like to acknowledge the participation and inputs of various international agencies and organizations (UNICEF, WHO, French Action Fam, Red Cross, SEURECA, ICT Sain Consulting LLC). We also acknowledge the national government agencies (Public Health Institute and School of Public Health of the Ministry of Education, Department of Environmental Health of the Ministry of Health, Bureau of Inspection Monitoring and Standards, Ministry of City Urban Development, Ulaanbaatar City Planning and Policy Department) for their valuable inputs – especially in facilitating the national consultative workshop and reviewing the draft of the manuals.

Our thanks also go to Pete Kolsky, Eduardo A. Perez, Wouter Vandersypen, and Takuyo Kamata for their technical inputs in reviewing the manuals and their administrative support in mobilizing funds from the BNWP to support the development and publication of these manuals.

Bharat Dahiya initiated and designed the Study titled, Mongolia: Low Cost Sanitation for the Urban Poor with twin objectives: (i) to support the implementation of the Japan Social Development Fund Grant Project, Community-led Infrastructure Development for the Urban Poor in Ulaanbaatar, and (ii) to facilitate the provision of technical assistance on low cost sanitation to the Government of Mongolia and the Municipality of Ulaanbaatar, in order to inform policy dialogue on this important urban poverty and environment related issue. Bharat Dahiya has been the Project Coordinator of the JSDF Project. Hubert Jenny (before leaving the World Bank) was the erstwhile Task Team Leader of the JSDF Project. The present Task Team Leader of this project is Takuyo Kamata. PMU USIP2 acknowledges the guidance of all the above-mentioned World Bank personnel for their support in the preparation of this report.

Photographs are taken by Henry Briones, Santanu Lahiri and Chimbayar.

Henry Briones, Santanu Lahiri and Ishbaljir Battulja, World Bank Consultants were the key facilitators for the Hygiene and Sanitation National Consultation Workshop organized in 31st October, 2005.

Santanu Lahiri and Henry Briones prepared this report with overall guidance from Eduardo A. Perez and Pete Kolsky of World Bank in consultation with PMU USIP2.
We also thank the Mayor of Ulaanbaatar City, Mr. Batbayar, for his encouraging support, visit to the community during the consultation with families, and endorsing this methodology for the promotion of hygiene and sanitation in the Ger areas of the City.

Finally, the many people and organizations who had contributed in the conceptualization, design, and preparation of these manuals and whose names we are not able to mention – the Program Management Unit of USIP2 extends sincere thanks to all of you.

Ms. Badamkhorloo
Director
Project Management Unit
Second Ulaanbaatar Service Improvement Project
ULAANBAATAR CITY, MONGOLIA
GLOSSARY

Hygiene: Hygiene is defined as the practice of desirable personal behaviors, e.g., hand-washing with soap before eating and after using toilet, taking regular bath, and maintaining body cleanliness, that will promote good health and prevent sickness.

Hygiene Promotion: Hygiene Promotion refers to planned interventions that will encourage and influence individuals to adopt and practice desirable hygiene behaviors aimed at reducing disease transmission, prevent diseases and promote good health, e.g., washing hands before eating and after using of toilet, using sanitary latrine, etc.

Sanitation: Sanitation refers to the physical means of collecting and disposing of excreta and community liquid waste in a hygienic way. In the consultative process in Mongolia, sanitation is described simply as “the proper means of collecting and disposing of excreta and the community liquid waste in a hygienic way so as not to endanger the health of individuals and the community as a whole community level.

Millennium Development Goals: At the Millennium Summit in September 2000 the 189 states of the United Nations reaffirmed their commitment to working toward a world of peace and security for all – a world in which sustaining development and eliminating poverty would have the highest priority. The Millennium Declaration was signed by 147 heads of state and passed unanimously by the members of the UN General Assembly. The eight Millennium Development Goals are established, comprise 18 targets and 48 indicators. Where possible, the targets are given as quantified, time-bound values for specific indicators.

Demand-creation: The process that triggers and brings out the desires of users and customers of services and goods with willingness-to-pay. It is a process that identifies the “drives” that will make the families and communities adopt the desirable hygiene practices and improved latrine.

PHAST: PHAST stands for Participatory Hygiene and Sanitation Transformation developed jointly by World Health Organisation and UNDP/World Bank Water and Sanitation Program (now known as Water and Sanitation Program under Energy and Water Department of the World Bank. PHAST is a participatory techniques illustrated with drawings and sketches used for sanitation and hygiene behavior change for prevention of diarrheal disease.

Community dialogue: An approach with a set of planned activities and exercises that will stimulate community awareness on the importance and benefits of good sanitation and improved hygiene, decision-making and cost-sharing about a particular development activity. The approach also provides the families and communities to assess the level of knowledge and current practices on hygiene and sanitation as well as gender and poverty sensitive, which would be valuable inputs to developing appropriate communication messages.

Factors affecting behavior: These are determinants of behavior that influence individual, family, and community to behave and act the way they do. There are three major determinants, namely: motivation, knowledge and skills, and system’s support. Absence of anyone of these will affect the behavior of a person.

Stages of influencing behavior: These are set of activities designed to influence behavior of a person. It starts with creating awareness that will develop interest to adopt certain practices. It continues to guide a person in decision making by providing informed choices and finally provides support to the action. The message design maybe be developed on the basis of etic (outsider’s) and emic (insider’s) views on improved hygiene practices by converging the existing ‘driving factors or behaviors’ of the local people.

Social marketing: It is a promotional strategy that packages the product to be sold in such an attractive manner based on what the consumer’s believe and think as benefits to be gained in buying such product. It uses various communication media to reach the intended consumers. The communication-packaged clearly describes the benefits (economic or other benefits) to be gained and that will make a person decide to buy.
**Community development worker:** The local paid-staff of the khoro or district who are responsible in ensuring that the families and communities will have better access to basic social services. In each khoro, there is one Community Development worker and one Social Worker who are working under the office of the Khoro Governor.

**Community based organization:** These are organizations organized by the community themselves to help facilitate access to programs and services as well as implement activities that will improve the living conditions of the families. These organizations, though fully managed by the families in the community, are usually initiated by external NGOs and INGOs. These organizations are not profit oriented and focus on humanitarian and developmental activities for the benefit of the society.

**Technological sanitation options:** Technically feasible, culturally acceptable and financially affordable models of sanitary latrines for proper collection and decomposition of human excreta.

**Sanitary latrine:** In Mongolia Sanitary Latrine is described as pit latrine with proper ventilation and no smell.
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INTRODUCTION

Poverty reduction strategy is traditionally viewed along economic development. The development of basic social service sector is generally not considered as a major component of the strategy for “poverty-reduction”. Social service sector development is viewed as investment without financial returns – investment in hygiene and sanitation is always considered as welfare and not investment for economic development. In recent years, various development activities revealed that development in basic social service sector, with bottom-up approach and with community confidence-building measures, reduces the hygiene and health-risk and therefore creates an enabling environment for poverty reduction. Hence there is a need to invest in the promotion of hygiene and sanitation to develop capacity of people in order for them to be active producers of goods and services.

Improved hygiene and sanitation is important to ensure and promote good health. Good health is important in developing the capability of people to become productive members of society. Improved practices on hygiene and sanitation will not only reduce health-risks but will also result to “opportunity cost gained” both for the family and the society. Globally, the concern on improving hygiene and sanitation – especially hand washing before eating and after using toilet and sanitary disposal of excreta – are viewed as efforts in reducing health risks and thereby reduce morbidity and mortality. A target to reduce by half the world’s population without adequate access to sanitation in 2015 is defined in the Millennium Development Goals of the United Nations.

In any development investment, along improvement of the living environment of the community, the promotion of hygiene and sanitation is menial and sometime over-looked. More investments are focused on big infrastructures such as centralized water and sewage system. However, the poor and the poorest among the poor do not have an easy access to these services and often pay more if they would like to avail of improved services.

The practice of good hygiene and improved sanitation is generally behavioral and affects the family and community – especially among the poor Ger areas in Ulaanbaatar. Investment on the promotion of hygiene and sanitation should focus in influencing the behavior of the individual and the family to adopt desirable practices. The method and strategy for promotion should be able to empower the family to act on their problems and be able to influence the decision of local government to invest on hygiene and sanitation.

Approaching hygiene and sanitation at the family and community level requires investment in creating awareness among the family and community, developing interests, guiding them into decisions, and supporting them in their action. While influencing behavior takes longer time, it is in the long run more effective since it will influence scaling-up and sustainability.

To improve the living condition in poor Ger areas, it is therefore important to engage the families and communities in a participatory process that will empower them to act on their own needs. Community-based hygiene promotion will be used as an entry-point for promoting improved sanitation.

The challenge to you, as field workers, is how to influence the individual and the family to adopt the desirable hygienic practices as well as the sanitary disposal of excreta. The decision to adopt such desirable practices can be influenced by many factors e.g., priorities of the families to use scarce resources, beliefs and cultural practices, availability of options, access to needed resources, affordability of options, etc. Likewise, the decision to buy and invest in any goods and services is largely influenced by the perceived benefits to be gained in adopting specific practice.

As field workers, you should be able to make the community appreciate the benefits of practicing good hygiene and having improved sanitation. The short term benefits of good hygiene and sanitation may include the following: hands and body are clean looking and smell good, comfort, privacy in disposing excreta, clean environment, etc. While the long term benefits may be
This Manual on Promotion of Hygiene and Sanitation in Ger Areas in Mongolia will equip you with adequate substantive information on importance of hygiene and sanitation, the routes of faecal-oral transmission that are high health-risks, and simple actions to block the routes of transmission as well as the benefits to be gained. The manual also provides information in understanding behavior of individual and community. It also provides conceptual framework in understanding the behavior of people and how to influence behaviors. It describes the stages of influencing behaviors as well as the factors affecting behavior. It also provides ideas on social marketing sanitation that is complementary to the PHAST methodology.

The Manual provides you with the key steps that will guide you in preparing the community for the process of demand-creation using the methodology on participatory hygiene and sanitation transformation (PHAST). Good preparation of the community is your key in mobilizing the active participation of your target families.

The step-by-step process of conducting the community dialogue aimed at creating demand and adoption of improved practice on hygiene and sanitation is also discussed. Each exercise/activity will generate important information that will guide you in influencing decision of the families to adopt desirable hygiene practices and improved sanitation. Further, the information generated will also be valuable in designing communication messages.

This Manual is a component of the set of manuals on Hygiene and Sanitation in Ger Areas in the City of Ulaanbaatar, Mongolia. This was developed to guide you in managing and handling participatory process for demand-creation on hygiene and sanitation. The manual was developed through consultative process at various levels of governance and with the community. This Manual will guide the field workers, community facilitators and implementers in doing the step-by-step process aimed at influencing behavior that will guide the community to action along the hygiene and sanitation concerns.

This “Manual” comes with a ‘Manual on Low Cost Sanitation for Ger Areas, Mongolia” and “Community Dialogue Tool Kit“ for conducting the community dialogue and detailed discussion on improved sanitation services. Both “manuals” and “tool-kit” contains the different illustrated materials that will be used during the community dialogue and follow-up activities for the preparation of detailed implementation action plan on improved hygiene and sanitation services. The process and content of the community dialogue and the use of these “manuals” and “tool-kit” are designed to create awareness and interest as well as influence positive behavior and action among the intended participants and beneficiaries. The set of manuals also included the Hygiene and Sanitation Situation Report for Ger Areas in Ulaanbaatar.

As field workers and all other users of these set of materials (community field workers, facilitators, planners and implementers), you must study each activity and the step-by-step process in the manual before doing the activities in the community. Studying the processes and activities as well as the different steps will help you to be better prepared when you work in the community. The manual is prepared in a simple step-by-step activity so that you can easily follow each step in each activity/exercise.

This is your Manual.
**IMPORTANCE OF HYGIENE AND SANITATION**

Dictionary defines hygiene as “science of health in preservation of health and the prevention of disease” and “it is practice of measures designed to attain and preserve health”. However hygiene can be better understood if described in terms of observable and measurable behaviors of people that are high health-risks for acquiring and transmitting diseases.

Hygiene as described during the consultation meetings with various stakeholders and the community dialogue is described as “the practice of desirable behaviors that promote good health and prevent sickness”. The key to good health is the practice of good hygiene. The simple habit of “hand washing with soap before eating and after using toilet” will prevent sickness and promote good health.

Dictionary defines sanitation as “the provision of means whereby health is protected especially the arrangements for the safe disposal of sewage (excreta)”. The consultation with community and various stakeholders described sanitation as “the proper means of collecting and disposing excreta and community liquid waste in a hygienic way so as not to endanger the health of the family and community as a whole”.

Adoption of good hygiene practices and improved sanitation are affected by the behaviors of individual, family, and the community. The promotion of good hygiene and sanitation must look on the behaviors of people and not only to parachute “hardware”. Promotional strategy must consider “why people behave the way they do”. Demand creation, as contrast with supply-orientation, is the viable key for promotion of good hygiene and improved sanitation. Demand-creation must based on and consider how and what people think as benefits for practicing good hygiene and improved sanitation.

Anthropologists described two distinct approaches in designing communication messages for promotion of good hygiene and improved sanitation.

<table>
<thead>
<tr>
<th><strong>Insider’s View (also known as Emic)</strong></th>
<th><strong>Outsider’s View (also known as Etic)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>What local people themselves see and think</td>
<td>The perception of outsiders, such as scientist’s, doctor’s, or health staff’s</td>
</tr>
<tr>
<td>Motivating factors are directly related to life in the community, e.g.</td>
<td>Focus on Health – factors usually related to the prevention of disease, e.g.</td>
</tr>
<tr>
<td><strong>Thoughts on hand washing</strong></td>
<td><strong>Thoughts on hand washing</strong></td>
</tr>
<tr>
<td>“If I wash my hands more often it means that I have to carry more buckets of water from the well”</td>
<td>“If people don’t wash their hands more often they will get sick”</td>
</tr>
<tr>
<td>“Clean hands smell nice – if my hands are smelly I feel embarrassed”</td>
<td>“Hands are a link in the fecal-oral transmission route and the key to breaking that is by frequent hand-washing with soap”</td>
</tr>
<tr>
<td>“I can’t afford soap, so I like to wash my hands with slices of lime”</td>
<td>“The germs on people’s hands can make them sick”</td>
</tr>
</tbody>
</table>

**Figure 1: The Emic - Etic View**
As community worker, it is important for you to understand the behavior of people and “why they act and behave the way they do”. Your local hygiene and sanitation team members must look from “within the eye-of-the-people” for better positioning of your messages. The general mistake of worker is to “tell people reasons” rather than “listen to people’s reasons”. The “Figure 1: Emic-Etic View” is a good description of the “Dos and Don’ts” for promoting the practice of good hygiene and improved sanitation. It describes the contrasting approach between “demand-creation vs. supply-driven” perspective.

Good promotional strategy builds on what the people think and believe. As community field workers, you should first listen and understand the reasons “why people act and behave the way they do”. It is therefore important for you to first listen before talking and prescribing. There are various ways of listening to people – the PHAST methodology as adopted in this manual is one of the quick but effective process of knowing and understanding what people think and believe.

While it is important to understand “what people think and believe”, as field workers, it is also important for you to know the technical importance of practicing proper hygiene and improved sanitation for disease transmission and prevention. The “Figure 2: F-Diagram on Routes of Faecal-Oral Contamination” above describes how “faecal-oral” contamination is transmitted. The F-Diagram shows how people catch water-borne diseases such as diarrhea, cholera, etc. The diagram depicts the various routes “from the unsafe disposal of faeces to environment then to new

![F-Diagram on Routes of Faecal-Oral Contamination](image-url)
“host”. For example, dirty hands touch water container – water container contaminated – child drink water – then child at-risk of having diarrhea.

In terms of morbidity (sickness) in Mongolia that may be attributed to poor hygiene and sanitation includes: 10,000 cases of diarrhea every year with 60% to 70% of these occurring in Ulaanbaatar; dysentery is the second most prevalent disease; Hepatitis A in Ulaanbaatar is estimated as seven times higher than the international average. These diseases maybe attributed to unsanitary conditions due to open defecation or unsanitary latrines and with open-discharged of waste water (grey water) and unhygienic practices especially in the Ger-Areas.

It may be good for you to know that globally, the lack of access to water, sanitation, and hygiene is attributed as the causes for the 1.6 million deaths per year due to diarrhea – especially among children. It is estimated that there are more deaths due to diarrhea than tuberculosis (TB) or malaria. Children dying due to diarrhea are four times higher than deaths due to HIV/AIDS. There are reasons to believe that diarrhea is basically due to sanitation and hygiene rather than poor access to water. Studies have shown that the impact of hygiene and sanitation to diarrhea is higher than access to water; the number of people who do not have access to proper hygiene and sanitation is double than those who do not have access to safe water, and; sanitation prevents other diseases which are not affected by water, e.g., intestinal worms.

Understanding the routes of faecal-oral transmission will guide you in helping the community to understand the importance of improving hygiene and sanitation at home and the community. The aim of promoting improved hygiene and sanitation is to effectively block the transmission-routes of contamination. The focus is to help people see and understand the routes of faecal-oral contamination and guide them with simple doable options in blocking these routes.

Many factors affect the adoption and practice of good personal hygiene and improved sanitation. Supplying of safe drinking water, though it is safe at supply end, but it is important to see how it is being collected, transported and stored at consumer level. In the Ger areas, access (availability and affordability) to water is difficult and the average water consumption is about 8 – 10 liters per capita/day as compared with families living in apartments (average of 240 - 450 liters per capita/day). This situation somehow will affect the options you will have in terms of desirable hygiene and sanitation behaviors that you will promote. However, as community field workers, you should first listen and understand the behavior of your audience and build on what people think and believe rather than “telling reasons/benefits”.

APPROACHES IN INFLUENCING BEHAVIOR: DEMAND CREATION

The practice of good hygiene and sanitation behaviors depends on the perception of the individual person or family. A simple definition of behavior is “what a person does”. Behavior is observable and measurable – example is washing hand with soap after using toilet or having contact with excreta. You can observe and count if a person practices the desired behavior of hand washing with soap before eating or after using toilet.

As a field worker, you should understand “why a person acts the way she/he does”. It is important to understand the reasons for such behavior. Many factors affect how one person or family will behave or act. These factors are called “determinants of behavior”. These determinants are the “drives” that make the person behave the way she/he does. These are inter-linked and reinforced each other. These include:

- **Motivation** or reason (or drives) for doing or not doing the desired behavior (this answers the question “why won’t I do it”) that influences how a person prioritize his actions.
- **Knowledge and skills** required to do the desired behavior (this answers the question “why can’t I do it” or “do I know how to do it”).
- **System’s support** available that will enable the person to do or not do the desired behavior (this answer the question “why shouldn’t I do it” or “do I have the means to do it”). In some instances these include external support provided to the family and community.

![Figure 3: Determinant’s of Behavior](image)

Example, a person does not know that “not washing hands with soap after using toilet” is a route for faecal-oral contamination. This lack of knowledge will influence her/his motivation “to wash” or “not wash hands”. However, even if a person knows the importance of hand-washing with soap but not have soap and poor access to water, she/he will be constrained to practice the desired behavior of hand washing with soap.

Another example: The family knows the benefits of having sanitary latrine and is motivated to build latrine. However, if the family does not know the technology for building latrine – then the family may not be able to build one. On the other hand, the family may know the benefits and has the technical knowledge to build sanitary latrine – but if the required materials are not available and affordable then the family may likewise not be able to build one. You may think of other examples
happening in your community – this will help you better understand “why people behave the way they do”.

Listening and understanding people’s perception is your first task before even planning to develop your set of messages that will influence the behavior and practices of your audience on hygiene and sanitation. There are two opportunities in the designed set of activities in this Manual that can help you understand your audience. The first opportunity is during the community preparation. In doing “Activity 2”, you will be able to gather information about your community. This includes asking key informants on what the community thinks about hygiene and sanitation. The information generated can be used as inputs during the conduct of the community dialogue. The second opportunity is during the conduct of the community dialogue. The interactive exercises during the community dialogue will generate adequate information on what the community thinks about sanitation. Make sure that the information you generate will be documented and used as inputs in designing your communication messages.

As field workers, you should understand that influencing behavior does not happen in “one-shot” interaction with a person. It follows certain stages of development, i.e., creating awareness, developing interest, guiding into decision, and supporting in action. This is like a ladder and it is important that you know where the people are for better positioning of communication messages, approaches, and tools. We usually say “what a person does not know – he/she will not ask for it or do it”.

After listening to what people think and believe and understanding their behavior, as community worker, your role would be to:

- provide adequate information for people to be **aware** of the importance of practicing proper hygiene and having improved sanitation and identify their good practices as well as health-risk practices.
- develop in them the **interest** and **desire** to improve their practices.
guide them in making decision with “informed choices”.

support them in their action.

Generally when we talk of promotion of hygiene and sanitation, the focus would be on the routes of disease transmission and how these routes can be blocked. Below are some health-risks practices / routes that you may want to consider.

- Open defecation (faeces) in public and domestic environment (safe and sanitary disposal of faeces by having improved latrine)
- Not hand washing with soap (hand washing with soap every after use of toilet and before preparing food or eating with hands)
- Contaminating water (making sure that sources of water and/or water container at home are clean and safe from contamination)
- Fly control (make sure that food are well covered so that flies can not lay egg on the food)
- Food hygiene (proper and sanitary handling of food so that bacterial pathogens can not multiply)

This Manual on Promotion of Hygiene and Sanitation provides you with the community-based participatory hygiene and sanitation transformation (PHAST) technology in promoting and influencing behavior on adoption of proper hygiene and improved sanitation. The step-by-step process as presented in the manual is designed according to the stages of influencing behavior.

The PHAST methodology was deemed appropriate given the current situation in the Ger areas in Ulaanbaatar. The process and tools had been tested and validated with the community and found to be acceptable and doable in the Ger areas. The PHAST methodology will provide you the opportunity to better understand your community through interaction with the families. The participatory process in itself is designed to be consultative that provides you the opportunity to listen and understand what the families think and believe. This is consistent with the principles on building on “Insider’s perspective” rather than becoming very prescriptive.

The results and findings in undertaking the community dialogue (using the PHAST) will yield valuable information on the current hygiene and sanitation situation and practices among the families in the target Ger-Areas that can be used as inputs in designing City-wide promotional strategies.

Other Approaches in Promoting Hygiene and Sanitation

There are other approaches in influencing desirable behaviors on hygiene and sanitation. Among the most recent one is the “social marketing” of sanitation. In social marketing sanitation, there are four major areas of concerns (the 4-Ps in social marketing) that need to be understood by the community workers: product, price, place, and promotion.

**Product:** The design of the latrines to be promoted must correspond to what people want and not solely on the standard technical specifications defined by technicians. Building on what the people want is more likely to succeed than forcing them to adopt product, which they do not see the exchange benefits. This is the reason why the “Manual on Low Cost sanitation for Ger areas, Mongolia” was developed as accompanying guide for field workers.

**Price:** This is the price that people need to pay for the exchange of the benefits-gained in adopting improved sanitation. This is very challenging given the fact that generally the poor people have other set of priorities in spending their meager income. The price of the product should therefore be affordable especially to the poorest among the poor and the perceived benefits-gained should be higher.
**Place:** The products to be sold should be easily accessible to the intended customers, for example, if the product is pre-fabricated parts of the latrine (flat-form of VIP), this should easily be accessible and available. It is important that when the families decided to buy, the product is available and easily accessible. Further, in terms of place or location, the product to be marketed (sanitation technology) should be appropriate to the location. In the case of the Ger areas of Ulaanbaatar, there are several soil classifications that need to be considered in recommending appropriate technology for sanitation. (Please refer to the “Manual on Low Cost Sanitation for Ger Areas, Mongolia”).

**Promotion:** This focuses on the design and medium for communicating the messages to the intended consumers. There are many ways of communicating: the use of mass media, e.g., radio, TV, print; word of mouth through inter-personal communication; the setting of model latrine-market in strategic place in the community, e.g., French Action Faim efforts in modeling VIP latrine at the Family Health Clinic and UNICEF VIP model latrines in strategic location at the Ger areas, and; testimonies of individual or families who have positively benefited in adopting improved sanitation.

In social marketing sanitation, the design of the messages should consider the way people think or perceive benefits to be gained for improved sanitation. Analysis of the people’s perceptions should be done prior to the design of the messages. For example, during the initial community dialogue (done during the development of these manuals), the families participating in the dialogue mentioned the following benefits of improved sanitation: comfort, cleanliness, improved environment, health, prevention of disease, etc. What people think and believe will be the “driving-forces” that will influence decision.

Social marketing sanitation should be viewed as complementary component of the total efforts in promoting hygiene and sanitation in the Ger areas in Ulaanbaatar. The findings and results of the community dialogue should be used as inputs in designing the messages and selecting the medium for communication. The outputs of the community dialogue should also be used in determining the appropriate sanitation technology (product) to be marketed.

The social marketing of sanitation should be the responsibility of the local and national government. It should build on the lessons learned and experiences gained during the initial implementation of this project in selected Ger areas. The product development and marketing should be undertaken in collaboration with the private sector. The findings and outputs during the conduct of the community dialogues (using the PHAST) should be documented and used as inputs in designing the product-technology and the marketing messages.

There are many other options and approaches in promoting desirable hygienic practices and improved sanitation. Table_: Hygiene Options: At a Glance provides you with various options and describes the advantages and limitations of each option. The hygiene options are various approaches to reach people to improve their knowledge, attitude and practices related to better hygiene practices. However, simultaneously it is important to select the substances – the key messages that need to be communicated. The community themselves are in a best position for identifying the key messages. It is always better to focus on key messages for behavioral change that are easy to change and have greater impact on community.
Table 1: Hygiene Promotion Options: At-A-Glance

<table>
<thead>
<tr>
<th>Option</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPTION 1:</strong></td>
<td>Provides education opportunities (especially for women in remote areas)</td>
<td>Does not usually lead to improved hygiene behavior (knowing is not necessarily doing)</td>
</tr>
<tr>
<td>Hygiene Education</td>
<td>It is very easy to monitor knowledge (before and after)</td>
<td>Risks alienating local people because of the “I know more than you do” assumptions of educators/trainers</td>
</tr>
<tr>
<td></td>
<td>One set of lessons or lectures can be used for an entire area</td>
<td>Often does not monitor behavior, so results are unknown</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Requires a lot of materials and usually based on the perception that good health is a motivator for behavior change</td>
</tr>
<tr>
<td><strong>OPTION 2:</strong></td>
<td>Can reach wide audiences with minimal expenditures (per-capita costs of each person reached are minimal)</td>
<td>May only reach selected audiences (i.e. only better-off households will own a television or radio)</td>
</tr>
<tr>
<td>Mass Media Campaign</td>
<td>Can focus on a few key messages (i.e. not too much information for people to grasp)</td>
<td>Not very effective for long-term behavior change</td>
</tr>
<tr>
<td></td>
<td>Short &amp; quick; requires minimal follow-up</td>
<td>Not usually able to monitor behavior change</td>
</tr>
<tr>
<td></td>
<td>Can be very timely (i.e. just before the rainy season about cholera)</td>
<td>Requires a lot of pre-testing</td>
</tr>
<tr>
<td></td>
<td>Does not need a high number of personnel</td>
<td>Tends to be centrally produced and therefore may not be appropriate for the diverse ethnic/linguistic groups of Lao PDR</td>
</tr>
<tr>
<td><strong>OPTION 3a:</strong></td>
<td>Can reach a large number of families through the children</td>
<td>Focus is on increasing knowledge (and therefore does not necessarily lead to improved hygiene behavior)</td>
</tr>
<tr>
<td>School Sanitation – Educational Approach</td>
<td>When children tell their families what they’ve learned at school it isn’t as intimidating as when a stranger comes to “educate” the adults</td>
<td>Depends on the teacher: an enthusiastic person will carry it out but not every teacher is enthusiastic</td>
</tr>
<tr>
<td></td>
<td>Could potentially reach an entire generation</td>
<td>Requires monitoring of teachers which may exceed human resource capacities</td>
</tr>
<tr>
<td></td>
<td>Monitoring of knowledge is simple</td>
<td>Requires a lot of materials (books, posters, pamphlets, quizzes etc.)</td>
</tr>
<tr>
<td></td>
<td>Makes good use of existing institutions for a hygiene education forum</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teachers hold a high position of respect in villages in Lao PDR</td>
<td></td>
</tr>
<tr>
<td><strong>OPTION 3b:</strong></td>
<td>A flexible method which is suited to each specific schools’ needs (to better reach the children of that particular school)</td>
<td>Success of the program depends on the teacher and support set-up</td>
</tr>
<tr>
<td>School Sanitation – Promotional Approach</td>
<td>Focus is on motivating behavior change</td>
<td>Requires time to assess each school’s situation and modify the program accordingly</td>
</tr>
<tr>
<td></td>
<td>Monitoring systems are put in place as part of the program – indicators are developed by the students and teachers together</td>
<td>Takes time and committed staff to find the real motivating factors for change in teachers’, students’ and communities’ behavior</td>
</tr>
<tr>
<td></td>
<td>Motivation to change focuses on the feelings of the target audience (rather than health)</td>
<td>May require considerable communication between community and school; school and private sector; school and different local government departments</td>
</tr>
<tr>
<td></td>
<td>Students, teachers and community all monitor thereby reducing the burden on teachers alone</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Requires minimum equipment/ materials</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can create healthy habits in the long term</td>
<td></td>
</tr>
<tr>
<td><strong>Advantages</strong></td>
<td><strong>Disadvantages</strong></td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td><strong>OPTION 4a: Participatory Hygiene Promotion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Based on local beliefs and knowledge</td>
<td>- Requires time (many visits) by program staff</td>
<td></td>
</tr>
<tr>
<td>- Builds on what people see as their own needs and their own priorities for behavior change</td>
<td>- Usually requires teams of program staff to go to each location regularly, and therefore requires a lot of human resources</td>
<td></td>
</tr>
<tr>
<td>- Success of program is success of local people: high level of community ownership</td>
<td>- May not show quick results</td>
<td></td>
</tr>
<tr>
<td>- Very relevant to the village situation</td>
<td>- Reaches only small concentrated audiences (for example one village at a time)</td>
<td></td>
</tr>
<tr>
<td>- Can monitor behavior change</td>
<td></td>
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</tr>
</tbody>
</table>
PREPARATORY WORK – PREPARING THE COMMUNITY

The community-based participatory methodology for the promotion of hygiene and sanitation requires pro-active inter-actions with the family and the community. As a field worker, you should be able to generate good working relationship with the individual, family, community leaders, and other organizations working in the same community. The set of activities that you must carry out to develop better understanding of the community’s perception and belief are spelled-out in this manual. Read and study each activity and the step-by-steps procedures before undertaking the community dialogue.

In community development it is very critical and important for worker to properly enter the community. One wrong step at the beginning of the community work will yield a negative influence on the future activities. The first impression of the community regarding the worker and the set of activities to be undertaken will have a lasting influence in the future.

Good community preparation is very important. The proper setting of community expectations vis-à-vis the objective of the project must be set and clearly understood. Any wrong expectations at the beginning will have negative effects in the implementation of the project. Further, good community preparation will facilitate the mobilization of the community’s active participation.

Overall objective: After doing these set of activities, you should be able to prepare the community and establish good working relationship for the conduct of the community dialogue on hygiene and sanitation.

Specific objectives: Specifically, you should be able to:

- Know the pulse of the community
- Prepare list of community leaders (by khesigs)
- Prepare simple community profile (using the recommended matrix)
- Organize / divide the community (using existing maps) for the conduct of the series of cluster dialogues
  - Make list of families per cluster
  - Identify possible leader per cluster
- Organize / orient the field team (team of facilitators)
- Select and prepare venue for each cluster dialogue
- Notify / invite families and community leaders for the conduct of the community dialogue
- Prepare all the materials and tools for the conduct of the community dialogue

Activities: To attain these set of objectives, listed below are the set of activities that you will need to undertake with your field team:

- Entering the community:
  - Courtesy call to the official leaders (khoro governor / head of khural)
  - Orient officials on your objectives, activities, and expected outputs
- Preparation of community profile (using recommended format) – collection of secondary data from various sources and ocular observation of the community
- Dividing families in the community (khesigs) into manageable learning groups using existing maps
- Identifying / preparing venue per cluster learning group (in consultation with the khesig leaders) and select cluster leaders
- Organizing and orienting the field team
- Notifying / following-up of participants per cluster learning group
Preparing all materials and tools you will use for the conduct of community learning activities.

Expected output/s:
- Officials clarified and working relationship established
- Community profile developed
- List of families per learning group
- Team organized and confident to carry out the community dialogue
- Participants well-informed (result to high rate of participation)
- All materials and tools ready

Time allotment: 2 weeks (prior to the conduct of first community dialogue)
Activity 1: Entering a community

Entering a community is similar to entering a home/house. As a community field worker, you should knock at the door and introduce yourself to the head of the household before entering the house. In working with the community, similarly you and your field team need to formally introduce yourselves to the community leaders (khoro governor) and explain the purpose and objectives of working with the community. This will promote good working relationship as well as minimize any mis-understanding and mis-communications in the future.

Objective: After the activity, you and your field team would be able to establish good working relationship with existing formal leaders.

Step 1: Request for an official visit / meeting with the existing leaders of the community (khoro governor / head of khural)
- Your field team may need an official letter of introduction from the PMU and the CBO’s office

Step 2: Pay an official visit / courtesy call to the office of the khoro governor

Step 3: Orient the governor on what the field team will do in the community and the kind of support you would need to make your community dialogue successful.

Step 4: Request the Khoro Governor to introduce your field team to the different khesig leaders
- If possible, the staff of the Khoro Governor will accompany the members of your field team during ocular site visit of the targeted areas.

Note: It would be better if the PMU or CBOs have previous understanding and/or agreement with the community leaders (khoro governor / head of khural) that defines the working relationship the field team will have with local officials and community leaders. As envisioned, a Memorandum of Understanding among various actors should be prepared to guide the workers in implementing the activities.
Activity 2: Knowing your community

As field worker, it is always important for you to know and understand the community before undertaking any inter-active work with the families and community members. Knowing the pulse of the community will help you to plan the activity accordingly. It is therefore recommended that you and your field team do the following steps listed below.

Objective: After this activity, you and your field team will have a better understanding of the pulse of the community including topography, physical lay-out, demography, existing leaders, and community’s perception on hygiene and sanitation.

Step 1: Conduct an ocular site visit and observation

- During site visit you should try to see and feel how the community looks like: is it clean; are children clean; what kind of toilet facilities available; where are the sources of water; where people throw garbage, etc.

<table>
<thead>
<tr>
<th>Sample Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. is the surroundings of the community generally clean / or are there garbage file on the street</td>
</tr>
<tr>
<td>2. are there animals (stray -dogs) roaming around and scattering uncollected garbage</td>
</tr>
<tr>
<td>3. are children clean or dirty</td>
</tr>
<tr>
<td>4. are the place children playing clean</td>
</tr>
<tr>
<td>5. where do people get water</td>
</tr>
<tr>
<td>6. do khashaas have latrine or not – if yes, generally what kind of latrine</td>
</tr>
<tr>
<td>7. where do people dispose use-water</td>
</tr>
<tr>
<td>8. do children wash hands after going to toilet</td>
</tr>
</tbody>
</table>

Ask Key Informants on:

People’s perception on:
- benefits of practicing good hygiene
- benefits of having improved latrine

Reasons why people:
- not practicing hand washing with soap
- not having sanitary latrine

Note: if you think of other high-risks behaviors please add this to the list.

Step 2: Prepare simple community profile using existing secondary data or key informants

Collect secondary data /ask key informants

<table>
<thead>
<tr>
<th>SUGGESTED FORMAT FOR COMMUNITY PROFILE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khoro: _______________________________</td>
</tr>
<tr>
<td>District: ____________________________</td>
</tr>
<tr>
<td>Total Pop. ____________________________</td>
</tr>
<tr>
<td>? Male: ______________________________</td>
</tr>
<tr>
<td>? Female: ____________________________</td>
</tr>
<tr>
<td>? Children &lt;18: _____________________</td>
</tr>
<tr>
<td>Total HHs: __________________________</td>
</tr>
<tr>
<td>? Poor: ______________________________</td>
</tr>
<tr>
<td>? Very poor: _________________________</td>
</tr>
<tr>
<td>? Single-headed woman: ______________</td>
</tr>
</tbody>
</table>

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Step 3: Identify / select leaders (informal / formal) per cluster of families (for every 10-15 cluster there may be one leader that you can tap)

You can do these in several ways:
- Consultation with the Khoroo Governor or Khesig leader
- Use of key informants – ask informally that if you will do community learning activity on H/S who is the ideal person that people will like to lead them
Activity 3: Organizing / mobilizing your community

Once you are familiar with the community, you can now divide the families into manageable size of learning groups for the conduct of the community dialogue. Ideally 20 families per learning group will be easily manageable. It is recommended that during learning session, about 2-3 small groups can be organized for comparative perspective and sharing of ideas.

Objective. After doing this activity, the community will be ready and prepared for the conduct of the participatory learning session on promotion of hygiene and sanitation

Step 1: Divide community into groups of 15-20 families per learning group
  - Use as much as possible natural and/or existing groupings or clustering of families. In some instances, CBOs working in the area may have already this kind of groupings
  - Request the khesig leader to help in dividing the community
  - Use existing map (ask the social worker or community organizer of the khoroo for copy of existing map)

Step 2: Prepare list of families/households covered per learning group
  - Request your khesig leader to assist you in dividing the family into learning groups
  - Ask khesig leader if they have existing list
  - Use existing list, if available, in dividing/grouping the families

Step 4: Identify / select / orient leader per learning group
  - Request the khesig leader to identify leader per cluster based on the list of families/households to be covered per learning group.
  - Orient the selected cluster leaders on the task/s they are expected to do:
    - Importance of the community dialogue
    - Process and activity during community dialogue
    - Tasks / responsibilities of cluster leader
      - Inviting / notifying participants
      - Following-up participants
      - Etc.
Activity 4: Selecting and preparing the venue

Having a good conducive venue will help your field team succeed in the conduct of community dialogue. It is important to have adequate space and well-heated (especially during winter) or ventilated (during summer) place to conduct the community dialogue. The venue should be closer to the residence of the participants – as much as possible in a centrally located place in the community. This will facilitate higher rate of participation.

The venue should be able to accommodate about 20 persons with ample room to move around especially during the visualization exercises. In most cases, each khoroo may have a kindergarten school or primary school. This school may have a gym or big conference room where you can conduct your community dialogue sessions.

Objective: After this activity, your field team would be able to select (in consultation with local leaders) the appropriate venue suitable for the conduct of the community dialogue and accessible to the participants.

Step 1: Ask the khoroo/khesig leaders for possible venue – among the possible areas are:
   - Kindergarten school
   - Primary school
   - Public Gym

Step 2: Do an ocular visit / inspection of the venue

Step 3: Check for the following: lighting, heating/ventilation, chairs, and tables.
   - For 20 participants, you may need about 6 meters by 8 meters size of room.
Activity 5: Inviting / notifying participants

The success of the community dialogue depends on how many families (out of the targeted families) will come and participate. It is therefore important that your field team should spend time in making sure that target participants are well-informed and will come. Your field team may send an official invitation to each target family. Giving an official invitation will make the family feel that their participation is important. The invitation can be done in two ways: first, send official letter of invitation; second, is through personal visit/invitation that can be done by the khesig or community leaders.

Objective: After this activity, your field team will have the list of confirmed participants for the conduct of community dialogue (learning activity)

Option 1: Sending invitation letter:

Step 1: Prepare letter (prototype)

Step 2: Prepare the list of target participants/families

Step 3: Request khesig/cluster leader to distribute invitation

Step 4: Request khesig/cluster leader to follow-up participants (day before the scheduled learning activity)

Option 2: Personal visit by khesig/cluster leader

Step 1: Prepare list of target participants/families to personally informer participants

Step 2: Request khesig/cluster leader to personally visit and invite the target participants

Step 3: Follow-up participants (day before the schedule learning activity)

- May be done by selected community leaders (based on the master list of invited participants)
- Remember – the community dialogue activity will compete with other priority concerns of the participants – hence follow-up is very important

Letter of Invitation

Who: ________________________________
What: ________________________________
Where: ________________________________
When (Date) ________________________________
(Time) ________________________________
Why: ________________________________
What to bring ________________________________

Signed: (Governor & worker)
Activity 6: Organizing / orienting field team:

Conducting community dialogue requires a well-oriented team and coordinated efforts. Before doing the community preparation and the community dialogue, it is important that your field team is properly organized, well-oriented, and trained on the exercises to be done during the community dialogue. It might be useful to tap some community residents, e.g., retired teacher, retired nurse, etc., to be members of your team and who will help you in handling the actual community dialogue.

Objective: After this activity, you will be able to:
- organize and prepare your field team to conduct the community dialogue.
- Identify and orient the members of the field team who will assist you during the community dialogue.

Step 1: Identify some retired government workers or existing CBO workers in the community (Khoroo level)
- You will need at least 3-4 persons per learning group to help in handling the community dialogue.
- Ask the Governor for possible members of your team.
- If possible, request the Governor to help you in talking with the identified person.

Step 2: Orient the field team on the objective, activities, and process in conducting the actual community dialogue
- Use the different manuals in orienting the team members.
- Ask the team members to read and later discuss each step as describe in the manuals.

Step 3: Assign tasks/responsibilities for each team member
- Facilitator per activity / exercise
- Recorder per activity / exercise
- In-charge of materials / tools and supplies
- In-charge of maintaining order during the dialogue

Note: While doing the community dialogue, children and young people may come because they are curious and interested to know what is happening – please allow them to join and participate during the dialogue if they are interested.
Activity 7: Preparing your materials and tools

Before the conduct of the community dialogue, all the materials and tools need to be prepared. Making a checklist of the materials/tools will help your field team organize the things needed. It is a difficult situation if the session is already on-going and suddenly you found out that some materials/tools are not available.

Objective: After this activity, your field team will be able to prepare all the supplies, materials, and tools needed to effectively conduct the community dialogue.

Step 1: Prepare the list of all materials/tools required based on each activity/exercise.

Step 2: Pack the materials and learning tools as described in the set of activities.

Step 3: Orient the field team on what/when/how these materials will be used during the exercises.

Note: This Manual comes with three additional set of materials:
- Situation Report: This document will provide you information on the present situation on hygiene and sanitation in Mongolia – specifically in the Ger areas of Ulaanbaatar.
- Community Dialogue Tool Kit: This contains all the illustrated materials that will be used for each exercise. For each exercise, there is a list of illustrated materials.
- Manual on Low Cost sanitation for Ger areas, Mongolia: This manual contains the technical aspects of sanitation per options. This will be the reference material for the detailed discussion on technical sanitation options.
CONDUCT OF COMMUNITY DIALOGUE

After conducting all the community preparation activities, your field team is now ready and prepared to conduct the community dialogue on hygiene and sanitation. Below are the set of activities that your field team must do during the conduct of the community dialogue. For each activity, the step-by-step procedures are described below. Read and study each activity and the step-by-step procedures before undertaking the activities in the community. The step-by-step procedures will guide your field team in making the community dialogue effective and successful in influencing desirable behaviors for improve hygiene and sanitation.

Give the members of your field team copy of the manuals and asked them to read and study each steps in each activity to develop their confidence. It is also important for the team to discuss each activity and the step-by-step procedures to have a common understanding. Remember, better preparation will yield good results.

Over-all objective: After the conducting the half-day community dialogue, the community should be able to have adequate awareness on the importance of hygiene and sanitation, develop interest in improving their situation, make informed decision, and consequently act to improved hygiene and sanitation situation in the family and community.

Specific objectives: Specifically, the community should be able to:

- be familiar with each other and call each other by name (nickname)
- divide themselves into two learning groups (average of 8-10 persons per group)
- visualize the physical setting of their own community
- define and/or describe who are the poor and the poorest in the community.
- visualize “who does what” at home
- visualize “who owns what resources” at home.
- Visualize “who controls what resources” at home
- visualize “who decides” and “how decision is made” in the community for doing community actions.
- visualize good and bad hygiene practices.
- visualize how faecal-oral contamination is transmitted.
- visualize how to block faecal-oral contamination.
- describe and prioritize the problems and concerns affecting the community – especially on hygiene and sanitation
- map-out where each household stands in the sanitation ladder and define where they would like to move upward on the ladder
- describe the benefits gained in having improved hygiene and sanitation practice
- describe various financial options and mechanisms in generating resources to support the community action in improving hygiene and sanitation.

Activities: To attain this set of objectives, the following activities will be undertaken during the community dialogue:

Preparatory:
- Getting to know each other
- Dividing participants into learning groups

Ger mapping exercise
Exercise on analysis of tasks/roles in the households
Exercise on analysis of “who owns resources” in the households
Exercise on analysis of “who controls/decides for resources” households
Exercise on “who decides and how decision is made” in the community
Exercise on visualizing the routes of faecal-oral contamination
Exercise on visualizing the how to block routes of faecal-oral contamination
Brainstorming discussion on problems affecting community and prioritizing problems
Presentation and discussion on sanitation ladder for informed-choice
Brainstorming and discussion on “benefits of having improved sanitation and hygiene”
Brainstorming discussion on various financial options

Materials / tools: Refer to your “Community Dialogue Tool Kit” and the “Manual on Low Cost Sanitation for Ger areas, Mongolia”.

Expected output/s:

- Community will be aware of the importance of good hygiene and improved sanitation in blocking routes of faecal-oral contamination
- Community will be aware of their own situation and developed interest to improve their situation
- Community will have clear decision and direction on how to improve hygiene and sanitation at the family and community level

Time allotment: 3 – 4 hours per learning group
Activity 1: Getting to know each other

It is important for every participant in the learning group to know each other and can call each other by name. Even if the participants live in the same area, some of them come from different countryside and may not really know each other. Knowing each other will help you build a friendly atmosphere among your participants. This is also an opportunity that will give chance for everybody to speak.

Objective: After the session, the participants would be able to call each other by name (nickname)

Step 1: Give each participant an Identification Card – with nickname written.

Step 2: Ask each participant to introduce herself/himself (give each participant 15 - 20 seconds):
- Name
- From which countryside she/he come from
- Length of stay in the community
- Nickname
Activity 2: Divide participants into small groups (8-10 person per group)

The expected number of participants per learning session is about 15-20 persons. Divide the group into smaller groups of about 8-10 person per group. Smaller group is more manageable and will encourage active participation. Having two groups will allow the field team to generate comparative perspective and opinion.

Objective: After the session, the participants would be able to divide themselves into two groups (average of 8-10 persons per group)

Step 1: Ask participants to count 1 – 2. All 1s will stay together and all 2s will stay together

Step 2: Prepare list of participants per learning group & post on the wall

Step 3: Assign / designate a place in the session room for each small learning group

Step 4: Assign team of facilitators for each group

Note: If you have more participants, you can divide them into more groups – but this would need additional set of illustrated materials, much bigger space for each group to move and do the activities, and additional facilitators.
Activty 3: Ger Mapping

This activity will help the participants to visualize their own community. It will provide each participant an opportunity to see how the community looks like. It is important that you understand how the participants described their own community and also see how the community looks like. This will help you in planning for your communication campaign and other activities. For example, if you see that the “water kiosk” is very far from where the families live – then it is an indication that to promote good hygiene practices, e.g. hand washing with soap, you should also find a way to make water accessible.

Objective: After this exercise, the participants would be able to visualize the physical setting of their own community

Materials: marking-pen different colors, flip-chart (4 pieces link together), masking-tape, guide-legend (Ger, landmarks, school, water kiosks, toilet, etc)

Step 1: Distribute the materials to each group

Step 2: Give each group 20 minutes to draw their community

Step 3: Post the drawing on the wall for good viewing of all participants

Step 4: Ask the other group to view and comment (5 minutes per group) on the work of the other group.

Step 5: Synthesize the meaning of the activity and learning of the participants
   • Ask participants what they have learned on the activity
   • Ask participants to describe how the community looks like
Activity 4: Identification of the poorest of the poor (Definition of poor)

This activity will provide your field team the opportunity to validate the definition and description of the poor and the poorest in the community. Quite often, there is a difference in the definition of the poor and poorest as defined officially vis-à-vis the way the community perceive it. This exercise will help in future targeting for project beneficiaries. Remember, the poorest among the poor are usually left behind in development efforts. Knowing who are the poorest will guide the field team and the implementers in targeting – especially in identifying who needs support.

There are two (2) options to conduct this exercise. The “Option-1” is brainstorming – by asking the participants directly and writing responses on the flip chart. The “Option-2” is VIPP (visualization in participatory process) – by requesting each participant to write responses in “cut-colored-paper” and posting responses on the wall or flip chart. In Option 2, it will be easy to move responses from one flip chart to the other.

Objective: After the exercise, the participants would be able to define and/or describe who are the poor and the poorest in the community.

Materials: Flip chart, cut-colored paper, marking pens, masking tape.

Option 1: Brainstorming:

Materials: marking-pens, sticky-tape, flip-chart

Step 1: Post flip chart on the wall

Step 2: Ask participants to describe who are the poor and the poorest in the community (write all the answers on the flip-chart - remember there are no wrong and correct answers)

Step 3: Build consensus on description of who are the poor and who are the poorest
   - Again post 2 flip-charts (one for poor and one for the poorest)
   - Ask participants to again list description of the poor and the very poor

Step 4: Synthesize / summarize community answers:
   - focus on importance of knowing the situation of each family – especially for development projects
   - generally the poorest and most disadvantaged group are usually left or set-aside in development process because they can’t actively participate and become bystanders
   - by identifying them, you as facilitator can exert effort to bring them into the mainstream of development
   - ask the participants “what they can do to make the poorest be benefited in the project”
   - ask the participants how the poorest can actively participate
   - document output
Option 2: VIPP: (visualization in participatory process)

Materials: cut-colored-paper, marking-pens, sticky-tape, flip-chart

Step 1: Distribute cut-colored paper to each participant (2-3 pieces each)
Step 2: Ask participants to describe who are the poor and write answers on the cut-colored-paper (write all the answers on the flip chart - remember there are no wrong and correct answers)

Step 3: Collect and post all answers on the flip chart or wall

Step 3: Build consensus on description of who are poor and who are the poorest
  Again post 2 flip chart (one for poor and one for the poorest)
  Ask participants to again list description of the poor and the very poor (by transferring cut-colored-paper)

Step 4: Synthesize / summarize community responses. (same as option 1)
Activity 5: Gender Analysis of Tasks & Roles

This activity will provide the field team a picture of “who does what” at home. This is important to know. This will guide the field team on “whom to address or target” in promoting hygiene and sanitation. Usually, the person “who does what” will be best target for influencing behaviour on hygiene and sanitation. For example, if the grandmother is the one cooking, then she should be the target for promoting “hand washing with soap before preparing food”.

Objective: After the exercise, the participants would be able to visualize “who does what” at home.

Materials: Illustrated materials: Check the “Community Dialogue Tool Kit (grandfather, grandmother, father, mother, boy-child, girl-child, different tasks/roles)

Time allocation: 20 – 25 minutes

Step 1: Show each illustration to the group and ask them to identify what is shown on the drawing. Start with the players/actors – then followed by the different tasks/roles. The participants should be able to have the same interpretation for each illustration.

Step 2: Place the illustration of the different players/actors on the floor horizontally.

Step 3: Give all tasks/roles illustrations to the group and ask them to place these tasks/roles on the corresponding player (who does what) – give group 15-20 minutes to complete. In case one task is performed by two players ask them to write task on colored-cut paper and place to player. In case there are additional tasks/roles play without illustration – write on the cut-colored-paper and place to player.

Step 4: Ask each group to see and comment on the output of the other group.


Step 6: If possible leave the group output on the floor. Document the outputs – one of the team members should be able to document the group output. This can be used in planning the social marketing messages and target audience.

Note: Understanding “who does what at home” will help the field team in positioning the communication messages and strategies. This will guide the workers in doing audience segmentation and targeting.
Activity 6: Owner of resources in the household

This activity will provide your field team a picture of “who owns what” resources at home. This is important to know because later this will guide you on “whom to address or target” for planning the promotion of hygiene and sanitation. Usually, the one who owns/uses resources at home is the person who can influence decision of those who controls/decides for resources. Knowing who owns/uses resources will guide you in audience segmentation for effective positioning of messages.

Objective: After the exercise, the participants would be able to visualize “who owns what resources” at home.

Materials: Illustrated materials: Refer to the Community Dialogue Tool Kit

Time allocation: 20 - 25 minutes

Step 1: Show each illustrated material to the group one-by-one and ask participants to describe each illustration. Participants must have the same interpretation for each illustration.

Step 2: Place the different “owners of resources” on the floor horizontally – north to south.

Step 3: Give the illustrated resources on the different resources to the group.

Step 4: Ask them to place the resources vertically (east to west) on each designated owner/user.

Step 5: Ask each group to see and comment on the output of the other group.

Step 6: Synthesize / summarize output
   - Focus on importance of understanding “who owns what” and why
   - Generally the owner of resources corresponds to the user
   - Document output
Activity 7: Control of Resources in the households

This activity will provide your field team with a picture of “who controls / decides for what resources” at home. While you may approach the “owner/user of resources” for promoting hygiene and sanitation, you must also know “who controls / decides” for the use or buying of these resources. Hence in promoting hygiene and sanitation, your field team must know who plays what roles in deciding to buy and use resources at home. The promotional messages to decision-maker will be different to that of the user/owner. Usually, messages to both target audiences must reinforce and complement each other.

For example, if the mother owns/uses the washing machine – the message to woman should focus on making her work easy; but since the man decides for resources – the message to husband is different – maybe it will focus on “if he buys washing machine for his wife then his wife will have more time for children or his clothes will always be clean”.

Objective: After the exercise, the participants would be able to visualize “who controls (makes decision for buying/selling) resources” at home.

Materials: Illustrated materials: Refer to Community Dialogue Tool Kit

Time allocation: 20 - 25 minutes

Step 1: Give the same set of illustrated materials (resources) to the group

Step 2: Ask them to again place the illustrated materials on resources vertically on each player (this time on the opposite side (if “who owns what” is east to west – then “who controls/decides” will be west to east)

Step 3: Ask each group to see and comment on the output of the other group

Step 4: Synthesize / summarize output
   - Focus on importance of understanding “who controls what” and why
   - Sometimes the user/owner is not the decision maker for buying/selling resources – this has implication in audience segmentation for better positioning of your promotional messages and strategies.
   - Document output
Activity 8: Decision making in the community

This activity will visualize who decides in the community for community level development activities. Your field team must understand the dynamics on how decision is done in the community and who influences this decision. This will later guide your field team on how to approach and whom to approach in the community in promoting community level actions on hygiene and sanitation. Knowing “who decides on what concerns” will help you in facilitating decision-making process for various hygiene and sanitation concerns.

Objective: After the exercise, the participants would be able to visualize “who decides” and “how decision is made” in the community for doing community actions.

Materials: Illustrated materials: Refer to Community Dialogue Tool Kit

Time allocation: 15 - 20 minutes

Step 1: Show each illustrated material to the group to identify the actors as depicted in the illustration. The participants must have the same interpretation.

Step 2: Place the illustration of the “decision-makers” horizontally on the floor.

Step 3: Give participants cut-colored-paper and marking-pens and ask them to write what kind/type of family and community actions is/are decided upon by each decision maker.

- If participants can’t start, give some clues on “type of actions decided upon” – if possible, related to H/S but this may limit the imagination of the group
- however, if it is open-ended – you may not have sample of decisions/actions related to H/S

Step 4: Ask participants to place responses vertically on each decision maker.

Step 5: Ask other group to see and comment on the output of the other group

Step 6: Synthesize / summarize output

- Focus on importance of understanding “who decides what” for community level actions. The exercise will show if there are decisions/actions that the community initiated on their own. Likewise, it will visualize who are the most influential person / group in the community.

Document output
Activity 9: Hygiene Awareness and Assessment

This activity will visualize the level of hygiene awareness among the participants. It will show if the participants are able to distinguish between good hygiene practices and poor practices. However, this activity may not be able to demonstrate individual practices because this will be done in-group and “group consensus” may not always be true to every individual. In this activity, it is important for the participants to know “why a specific behaviour is place on happy or sad face”. This process will create better awareness and will slowly influence decision to adopt good hygiene practices.

Objective: After the activity, the participants would be able to visualize good and bad hygiene practices and behaviors.

Materials: Illustrated materials (illustration materials – happy / sad face, and the different practices/behaviours), cut-colored-paper, marking pen: Refer to Community Dialogue Tool Kit.

Time allocation: 15 - 20 minutes

Step 1: Show each illustrated material to the group to identify and have the same interpretation.

Step 2: Place the illustration of the “happy / sad face” horizontally (north to south) on the floor. (happy face for good practice / sad face for bad practice)

Step 3: Give participants the illustrated good and bad hygiene practices.

Step 3: Ask them to place these on the corresponding face vertically. 
- Ask participants if there are other practices in the family and community
- If there are additional practices not illustrated, ask participants to write on cut-colored-paper and then place on corresponding face.

Step 4: Ask other group to see and comment on the output of the other group.

Step 5: Synthesize / summarize output
- Focus on importance of good hygienic practices. May also ask the group why bad practices are being practice – what are the possible reasons.
- Document output.
Activity 10: Identification of community’s perception on the routes of transmission of faecal-oral contamination

This activity will help the participants visualize the routes of transmission of faecal-oral contamination. Understanding of these routes will help promote the practice of good hygiene and improved sanitation. This activity will also help your field team to assess the level of awareness and understanding of the participants on the importance of good hygiene and improved sanitation. If the participants are not able to make the F-Diagram, it shows that their level of understanding is still lacking.

In this case, your field team should help the participants to complete the visualization of the F-Diagram. This can be done by asking “leading questions” that will help the participants put together the F-Diagram.

Objective: After the exercise, the participants would be able to visualize the routes of faecal-oral contamination

Materials: Illustrated materials: Refer to Community Dialogue Tool Kit

Time allocation: 15 - 20 minutes

Step 1: Show each illustrated material (F – diagram) to the group to identify and have the same interpretation.

Step 2: Give participants the illustrated materials and let them discuss among themselves.

Step 3: Ask the participants to arrange the illustrated materials that will show the faecal-oral routes of contamination

   NOTE: In case the participants or a group can not put together the F-Diagram, ask “leading-questions”.

Step 3: Ask the other group to see and comment on the output.

Step 5: Synthesize / summarize output
   - Focus on importance of understanding the faecal-oral route of transmission in terms of disease prevention and reducing health-risks
   - Ask the community what kind/type of diseases related to faecal-oral contamination that affects the community – especially the children.
   - Document output.
Activity 11. Local blocking methods of faecal-oral contamination

This activity will help the participants visualize the different methods (practices) for effectively blocking (stopping) the transmission of faecal-oral contamination. It is important for your field team to properly guide the participants in identifying effective “blockers” for each route of transmission. It is likewise important for the participants to learn the health-risks of not blocking the different routes. This exercise will initiate the community discussions on the type of actions needed to improved hygiene and sanitation in the family and the community.

Objective: After the activity, the participants would be able to visualize how to block faecal-oral contamination.

Materials: Illustrated materials: Refer to Community Dialogue Tool Kit

Time allocation: 15 - 20 minutes

Step 1: Show each illustrated material (blocking methods) to the group to identify and have the same interpretation.

Step 2: Give the illustrated materials to the group

Step 3: Ask the participants to put the “blockers” on top of each faecal-oral route.

NOTE: If the participants can not properly place the “blocker” – you may ask “leading-questions” to help them properly place the blockers

Step 4: Ask other group to see and comment on the output.

Step 5: Synthesize / summarize output
- Make sure that the participants are able to understand and appreciate the importance of doing action to block the faecal-oral transmission route.
- Ask participants if they are willing to act to block the routes and what they would need to do these actions.
- Document output.
Activity 12: Prioritising problems in the community

By now you have started to influence the perspective/mind of the participants on the various concerns related to hygiene and sanitation. You can now ask the community to think of the problems affecting their respective family and the community. You may do this with an “open-ended” question but there is a risk for hygiene and sanitation not to standout or come out during the discussion. However if you focus only on hygiene and sanitation, it may limit the imagination of the participants. Your field team should be able to balance between the “open-ended” questions and asking “leading-questions”.

In case the participants will not raise the concerns for hygiene and sanitation, your field team should start asking “leading-questions” e.g., what about concerns for proper hygiene – is there a problem OR what about concerns on sanitation – is there a problem. You may also ask questions related to what they have learned in previous exercises in Activity 9, 10, and 11.

Objective: After the activity, the participants would be able to describe and prioritise on the problems and concerns affecting the community – especially on hygiene and sanitation

Materials: cut-colored-paper, marking pen, masking-tape

Time allocation: 10 - 15 minutes

Step 1: Distribute cut-colored-paper to participants

Step 2: Ask participants to write the problems affecting their family and community (if possible facilitate that hygiene/sanitation will come out or will be included)

Step 3: Post the responses on the wall or flip-chart (or you may place this on the floor)

Step 3: After posting, ask each participant to select which is the priority problem

Two ways of prioritising:
- By open voting (participants will only vote once)
- By putting “dot” on the problem (participants will only put one dot)

Step 4: Synthesize / summarize output
- Highlights the problems prioritised and ask the participants if they are interested and willing to address these problems.
- Ask participants what kind of resources (human, material) are readily available at the household and community level in addressing these problems.
- The field team may categorize the problems as follows:
  - can easily be done by the community
  - can be done with minimum support from government
  - can be done only with support of external institutions
- Document output.
Activity 13: Sanitation ladder and informed choices

The good practices of hygiene and sanitation is by now on the mind of the participants. In this activity, your field team will offer to the participants “informed choices” on sanitation — especially latrine. The community should understand the advantages and disadvantages of each option to help and guide them in making an “informed choice”. At the end of the activity, your field team should be able to assess the current level of sanitation and identify the families who would like to improve sanitation (latrine).

Objective: After this exercise, the participants would be able to have an “informed choice” for deciding on what type of latrine they would like to have.

Materials: Illustrated materials: Refer to “Community Dialogue Tool Kit” and the “Manual on Low Cost Sanitation for Ger Areas, Mongolia”.

Time allocation: 15 - 20 minutes

Step 1: Show participants each illustration of the sanitation ladder to have the same perspective on each option

Step 2: Ask the participants to help arrange each option like a ladder (stair) in ascending manner with best option on the top of the ladder. As this ladder is made, your field team should explain the advantages and disadvantages of each option.

Step 3: Ask participants to identify which of the options they have now at home. You can do this in two ways:
- Open voting
- Use of markers that participants will personally place on the option.

Step 4: Again, ask participants “how many of them would like to improve latrine”. This can be done in two ways:
- Open voting
- Use of markers that participants will personally place on the option.

Step 4: Synthesize / summarize output
- Find out the current situation – specifically on the type of latrine
- Find out if many of the participants would like to improve latrine
- Find out what are the constraints that may affect their decision.
- Find out what resources (human, material) are available in the family and the community
- Ask what they would need in order to improve their latrine
  - list all responses on the flip chart and categorize these responses into three: motivation, knowledge/skills, and system's support (financing, technical know-how, etc.)
- Document output.
Activity 14: Detailed discussion on sanitation options

Now the participants have already understood and appreciated the advantages and disadvantages of the different options in the sanitation ladder. As they have expressed their desire to improve sanitation, your field team may now give them detailed information on the various options, e.g., design, materials, cost, etc. In discussing the detailed options on sanitation, you may need to tap local carpenter/mason in the community to help describe the design and specification/bill of materials – based on the recommendations listed in the “Manual on Low Cost sanitation for Ger areas, Mongolia”.

Objective: After the activity, the participants would be able to decide which option to adopt based on their own situation, financial capability, and needs.

Materials: Detailed description of each option in the sanitation ladder (Refer to the “Manual on Low Cost Sanitation Technologies for Ger Areas, Mongolia”)

Time allocation: 15 - 20 minutes

Step 1: Present and discuss with participants each option in the ladder (design, materials, cost, etc.)

Step 2: After discussion, place each option on the wall or on the floor – make sure that these are visible and readable

Step 3: Ask participants who are interested in adopting which option. This can be done in two ways:
- Open voting
- Using dot

Step 4: Synthesise / summarize:
- Now you have created demand for latrine, it is now timely for you to ask the community to prepare action plan. However, you may need to complete the conduct of community dialogue to cover the whole khesig/khoroo before the community plan can be developed.
- At this time, ask participants to choose 1-2 persons who can represent them for the community level planning exercise. These persons may also be trained on the various sanitation options – and will act as resource person in the community.
- Document output
Activity 15: Benefits of having / practicing good hygiene and sanitation

After completing activities 1-14, your field team may now want to test if the community now understand and is slowly appreciating the importance of practicing good hygiene and having improved sanitation. This activity will help you to pulse if the participants had acquired substantive information, developed interest to improve their hygiene and sanitation practices, ready to make decision, and finally do action. The information generated in this exercise will guide you in designing continuing promotional messages and strategies.

Objective: After the exercise, your field team should be able to assess if the participants now appreciate the importance of good hygiene and sanitation and are willing to do something to improve their situation.

Materials: cut-colored-paper, marking pens

Step 1: Give participants the cut-colored papers and marking pens

Step 2: Ask each participant to write what kind of benefits she/he will get from practicing good hygiene and having good sanitation.

Step 3: Ask participants to post on the wall (or place on the floor) their responses.

Step 4: Put together related responses.

Step 5: Ask participants to select which of the benefits listed are the most important. Give each participant one (1) marker and let her/him place this on what she/he thinks as the most important benefit.

Step 6: Synthesize / summarize outputs.
- Focus on the most salient and important benefits – especially those affecting child growth and development.
- Link the benefits into the action needed to be done by participants, e.g., improving sanitation at home, improving hygiene practices, etc.
- Document output.
Activity 16: Micro-Credit Financing Options

During the series of consultations at the national down to the community levels, the micro-financing options seemed to be very sensitive matter that requires a lot of study and analysis. Your field team now has the opportunity to clarify and validate with the community the concerns on micro-credit financing. There are few schemes for micro-credit financing recommended during the series of consultations. Among these are:

- giving direct loan to families who will construct or improve existing latrine;
- output-based micro-credit linked with appropriate rewards system, e.g., rewards for families and community who has accomplished good sanitation practices;
- combination of the above schemes.

At this time it may be good to ask the participants “on how they intend to finance the improvement of sanitation and hygiene in their respective families. It is also good to link the improvement of hygiene and sanitation with the other component of the Community-Led Infrastructure Project (CLIP) – especially for community level actions, e.g., establishing solid-waste, constructing water-kiosk, building pathways, etc.

Objective: After this activity, your field team will be able to validate and generate various financing options from the participants related to the improvement of sanitation and hygiene at the family and community level.

Materials: Flip-chart, marking pens

Step 1: Ask the participants how they intend to finance the cost of improvement of hygiene and sanitation at the family and the community.

Step 2: Write responses on the flip chart (two flip-chart: one for family level and one for community level activities)

Step 3: Present and discuss the concept of micro-credit financing (as mentioned above)

- ask the participants” opinion on which of these mechanism will work well in their community.

Step 4: After discussing/listing various financing schemes, ask the participants to vote which of these will be most effective, will work well in the community, and will be beneficial to all –especially to the poorest among the poor.

Step 5: Synthesize / summarize:

- inform the community that you will endorse their responses and recommendations to the group who will develop and implement the financing schemes.
- document the output.

Note: In doing this exercise, your field team must not make any promises or commitment on financing schemes. Make sure that the participants fully understood that you are simply generating ideas and these ideas will be presented to the decision-maker for discussion and decision. Assure the participants that their recommendations will be presented to the decision makers.
PREPARATION OF COMMUNITY PLAN

Now the field team is ready to go into the next steps of community action. All the information the field team generated will be valuable inputs in preparing the community action plan for improving the hygiene and sanitation. Remember, the community (all your participants) expects that after all those community dialogues and learning activities, concrete observable and measurable actions would be done in the family and the community. It is therefore necessary that the field team go into the next step – Community planning: Below are some steps that the field team may do in preparing in helping the community prepare action plan with maximum participation of the people.

Objective: After this activity, the field team would be able to guide the community in preparing their community action plan (at least for one year) on improving hygiene and sanitation practices in the family and the community.

Step 1: Organize your community planning team
   Identify / select the members of the community planning team during the community dialogue (learning activities)

Step 2: Organize a one-day community-based participatory planning activity
   Inputs to the planning activities are all the outputs during the conduct of community dialogue.

Step 3: Summarize the identified / recommended action to take and prepare the project plan document.
   Use recommended “plan format” in documenting the action plan. Usually any project plan will include the following:
   - Problem Statement (will include cause-effect analysis)
   - Objective
   - Strategy
   - Detailed activity plan and budget
   - Schedule for implementation

Step 4: Present / submit the project plan to the PMU (with official endorsement from the Khoro Governor)
IMPLEMENTATION, MONITORING AND EVALUATION

As a community worker, the community expects from the field team to guide and help them in implementing, monitoring, and evaluating the implementation of the planned activities and projects. The field team will need to develop a mechanism for community based monitoring and information system. The system should be participatory and have a strong “horizontal-loop” for instituting timely and appropriate response mechanism. It should be community-based such that the community in further improving their actions can use experiences and lessons learned. There are many models for a participatory community-based monitoring system. One of the models being implemented in Mongolia is the “color-my-Ger-blue” that UNICEF develops with the different Aimag Districts covered under the Convergent Basic Social Services – Family Empowerment Strategy. The field team may want to coordinate with UNICEF on this matter.
REFERENCES

2. WSP, BNWP and World Bank. The Hand Washing Handbook
7. WSP. The Case of Marketing Sanitation. August 2004
Following five documents have been prepared under Low Cost Sanitation Project funded by JSDF.

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