



Amhara National Regional State
Health Bureau

Training Manual
Preparing for Community-Led
Total Behavior Change
in Hygiene and Sanitation
(Facilitators Guide)

in line with the Health Extension Program



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FINAL DRAFT VERSION FOR COMMENT

Before you begin....

INTRODUCTION

Sanitation and hygiene are a palpable problem in the Amhara Region. According to the National Universal Access Plan Needs Assessment Report, – latrine coverage is very low (12.44%); available latrines are neither sealed nor clean; the majority of residents prefer open air defecation (82%) to the privacy of a proper latrine. Clearly, the situation in Amhara Region illustrates the vital need for the governments’ recent declaration of the Universal Access Plan for 100% sanitation by 2012. This means every person in Amhara region must have access and use a safe, sealed, clean latrine, to reap the health and economic benefits of total sanitation and hygiene practice, and enjoy the privacy and dignity of open defecation free and hygiene communities.

Amhara has demonstrated great commitment and leadership by pioneering an approach to achieving universal access, and for the past two years has been “learning by doing” to develop their approach to Community-led Total Behavior Change in Hygiene and Sanitation.

OVERVIEW AND ORGANIZATION OF TRAINING

This guide is designed to assist the districts to build local capacity to change hygiene and sanitation behaviors at the household and community levels, as part of a woreda’s preparation to ignite community-led total behavior change. The pathway to total behavior change is described in detail in the Woreda Resource Book, and follow-up kebele and gott action further described in the guide Footsteps on the Pathway to Total Behavior Change. The overall strategy to achieve universal practice of safe feces disposal and handwashing is constructed within the Government of Ethiopia’s Health Extension Programme, and considers the roles, responsibilities, procedures and structures of various actors and institutions.

The pathway describes commitment, advocacy and capacity building at the regional and district levels, followed by commitment, advocacy and capacity building at the kebele level, including the identification and training of a new cadre of community volunteers who have demonstrated a particular commitment to ending the practice of open defecation and achieving 100% latrine use and consistent handwashing. The newly recruited volunteers will also receive training, often from the HEWs and DAs who will replicate the training program in kebeles in the woredas, to equip the new cadre of community volunteers with the set of skills needed for total behavior change.

The basic training design considers a district effort to train all personnel with responsibilities to reach out into households and communities, specifically health extension workers (HEWs), development agents (DAs), and their NGO counterpart equivalents who are stationed in the kebeles. These personnel require a set of ‘competencies’ or skills to mobilize a commitment to change, harness that commitment into decisive and strategic action; negotiate with householders to improve hygiene and sanitation behaviors; and support households with the installation of sanitation and handwashing technologies like latrines and tippy taps.

The training also builds capacity to collect essential information (data) for assessment, monitoring, and decision-making.



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In addition to personnel with direct responsibility for household hygiene and sanitation improvement, this training is designed for district level supervisors and leaders who supervise and support HEWs and DAs, so they can 'do their part' to ignite **Community-led Total Behavior Change in Hygiene and Sanitation**. This stage of development therefore, is the process of establishing a base at the woreda level so that a sustained WASH program can be established in rural areas.

The two training tasks (behavior change and data collection) are combined for logistic convenience and efficiency, to train the entire cadre in an 8 day period.

It is possible to hold two separate training sessions with a maximum of 40 participants each, if for some reason it is not possible to bring everyone together at the same time. Be aware that this doubles the time commitment of trainers; although training time for participants remains the same.

Each topic has its own objective, participatory analysis of the problem, group work, lectures, role play, demonstration and field practice, all based on the latest literature and participant input. For some units, we have added "Facilitators Notes" outlining important points about the topic and original source documents for additional background. Facilitators should use these notes to help them carry out lectures and facilitate discussion for each topic; however, they should not 'teach' the additional content to workshop participants.

Some topics have also Power Point presentations and a video burned into a CD attached to the manual to help facilitators carry out the workshop.



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PLANNING AND PREPATION

The Woreda Resource Book describes the steps required to prepare for the training, who to invite, budget requirements.

Who leads?	Woreda Health Office, Woreda WASH Team
Who supports?	Woreda Sector Offices
Who are the Resource Persons?	Woreda Support Group (WSG), Regional/Zonal Skills Facilitators, NGO partners (assistance on demand).
Process and tasks	<p>Once the Woreda Health Office reaches consensus with the Woreda cabinet that hygiene and sanitation are key issues for the Woreda, the next task is to train health and development resource persons in the Woreda to ensure they have the skills to carry out essential tasks. The following preparatory activities need to be carried out:</p> <ol style="list-style-type: none"> 1. Determine a date and place when and where training is going to be held. 2. Communicate and request support/resources from regions or zones. 3. Prepare venue, stationary, refreshment, allowances. 4. Prepare handouts, working sheets, demonstration/exercise materials. 5. Prepare training program and topics and send out to participants with the invitation letter: <ul style="list-style-type: none"> • Skills development for Total Community Led Behavior Change for Hygiene and Sanitation. • Data collection analysis and management for planning. • Construction of simple and functional demonstration traditional pit latrines built from locally available materials and with local skills. • Construction of adjacent hand washing stands with appropriate locally available water containers (calabash, clay pot etc.), and ash.



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<p>Who will conduct the training?</p>	<p>A minimum of 4 trainers are required to conduct the training, two leading the behavior change training and two leading the data collection training. Extra support facilitators allow for more attention and feedback during small group work and field visits. At least 2 experienced “assistants” should be available (in addition to the trainer/facilitators) for the field visits of the behavior change training, so one can accompany each of the 4 groups.</p> <p>The Woreda Health Office is encouraged to request the support of regional or zonal facilitators or Woreda Support Groups (OUTSOURCING) to conduct the training, or use this Resource Book and the referred manuals that go along with it to conduct the training themselves. To build local capacity, it is important to involve resources from zones whenever available, so that Woreda facilitators can strengthen their own skills in the areas of data collection and behavior change. Then they may more competently replicate trainings at a future date and support (supervise) HEWs and other community staff when they attempt to carry out data or behavior change activities.</p> <p>Regional or zonal facilitators will take a training-of-trainers approach to ensure that Woreda capacity in facilitation is strengthened, as well as help train the first cadre of participants using seasoned facilitators who have demonstrated competencies in the key skills areas.</p>																		
<p>Who will be trained?</p>	<table border="1" data-bbox="480 1144 1366 1518"> <thead> <tr> <th>Participants Category</th> <th>No. of participants</th> </tr> </thead> <tbody> <tr> <td>Health Extension Workers</td> <td>2 per Kebele</td> </tr> <tr> <td>Development Agents (natural resources)</td> <td>1 per Kebele</td> </tr> <tr> <td>Woreda supervisors</td> <td>1 each from agriculture & RD, health, water, education</td> </tr> <tr> <td>Woreda WASH Team (where available)</td> <td>6</td> </tr> <tr> <td>NGOs engaged in WASH operating in the Woreda</td> <td>All available</td> </tr> <tr> <td>Cluster health center</td> <td>1 per health center</td> </tr> <tr> <td>Community Facilitation Teams (where available)</td> <td>3</td> </tr> <tr> <td>Total*</td> <td>80</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <i>Total participants depend on the number of Kebeles in the Woreda. This example is estimated for a 20 Kebele/Woreda session.</i> <p>GROUP COMPOSITION</p> <p>A group of 80 or so participants is too large to handle as one group, so the recommended design is to organize the participants into two mixed groups. Dispersing various participant ‘types’ among the two groups is idea, mixing HEWs, DAs, supervisors, Woreda officials.</p>	Participants Category	No. of participants	Health Extension Workers	2 per Kebele	Development Agents (natural resources)	1 per Kebele	Woreda supervisors	1 each from agriculture & RD, health, water, education	Woreda WASH Team (where available)	6	NGOs engaged in WASH operating in the Woreda	All available	Cluster health center	1 per health center	Community Facilitation Teams (where available)	3	Total*	80
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	<p>After the initial opening sessions together (introduction, objectives, context), the groups are divided in two. Two agendas are included, assuming two trainings will be running concurrently, lasting for a total of 8 intensive days!</p> <p>It is possible to hold two separate training sessions with a maximum of 40 participants each, if for some reason it is not possible to bring everyone together at the same time. In that case, the Group One agenda should be used.</p>																		
<p>What resources do you need?</p>	<table border="1" data-bbox="480 600 1246 896"> <thead> <tr> <th>Description</th> <th>Cost Estimates *</th> </tr> </thead> <tbody> <tr> <td>Venue</td> <td>Approximately birr 800</td> </tr> <tr> <td>Refreshments</td> <td>Approximately birr 3,200</td> </tr> <tr> <td>Allowances</td> <td>Approximately birr 32,000</td> </tr> <tr> <td>Transport</td> <td>Approximately birr 800</td> </tr> <tr> <td>Technical Assistance</td> <td>Approximately birr 1,400</td> </tr> <tr> <td>Stationary</td> <td>Approximately birr 700</td> </tr> <tr> <td>IEC materials/kits/handouts</td> <td>Approximately birr 1,100</td> </tr> <tr> <td>Total Estimated Birr</td> <td>41,000</td> </tr> </tbody> </table> <p><i>* Based on a 20 Kebele/Woreda participation</i></p>	Description	Cost Estimates *	Venue	Approximately birr 800	Refreshments	Approximately birr 3,200	Allowances	Approximately birr 32,000	Transport	Approximately birr 800	Technical Assistance	Approximately birr 1,400	Stationary	Approximately birr 700	IEC materials/kits/handouts	Approximately birr 1,100	Total Estimated Birr	41,000
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FIELD VISITS TO PRACTICE SKILLS

In order to practice new skills and approaches, the training design includes three field visits, one to practice data collection, one to practice community ignition, and one to practice household assessment and negotiation of improved practice.

Two practice sites (gotts) should be identified and visited in advance. Woreda organizers should find formal and informal leadership, explain the purpose of the training and field visit, and agree on the day and time of the visit. If possible, identification of open defecation sites is helpful. No further preparation is required, and the leaders should be instructed that NO actions should be taken to clean up or improve for visitors.

Sites should be close as possible to the training venue, to avoid excessive time spent in travel. Transportation arrangements should be made in advance, walking, public transport, Woreda or NGO vehicles.

EQUIPMENT

In order to project PowerPoint presentations and view a video, availability of a computer with a DVD player, an LCD projector and a screen (or white wall) are ideal supplies. If these are not available, the training guide provides simple alternatives; making photocopies of the presentation and skipping the video.

MATERIALS

In addition to this Training Manual, a Participants Source Book with worksheets and additional material, a Powerpoint presentation, and a CLTS video are available as part of the training kit.



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AGENDA – GROUP ONE (both groups start together and split after introductory sessions)**Day 1**

Time	Unit/Activity Number	Activity
8:30 a.m.	--	Registration
9:30 a.m.	1.1	Facilitator's and Participant's Introductions
10:15 a.m.	1.2	Introduction / Setting the Context
11:00 a.m.		Break
11:15 a.m.	1.3	The Pathway to Total Behavior Change
12:00 p.m.	1.4	Review of Workshop Objectives
12:15 p.m.		Split into two groups
12:20 p.m.	1.5	Expectations and Fears
12:40 p.m.	2.1A	What influences behaviors?
1:00 p.m.		LUNCH
2:00 p.m.	2.1 B	What influences behavior change?
3:00 p.m.	2.2	What's so hard about hand washing?
4:15 p.m.		Break
4:30 p.m.	2.3	Enabling Technologies: How Supplies Influence Behavior
5:15 p.m.		Wrap-up Day One

Day 2

Time	Unit/Activity Number	Activity
8:30 a.m.	3.1	Community-led Total Sanitation General Introduction to Approach and Tools
9:10 a.m.	3.2	Community Mobilization for Total Sanitation
10:00 a.m.	3.3	Presentation on CLTS
11:20 a.m.		Break
11:35 a.m.	3.4	Steps to Mobilizing CLTS
12:05 p.m.	3.5	Preparation for Field Visit
12:35 p.m.		LUNCH
1:35 p.m.	3.6	Field Visit
5:35 p.m.		Close of Day 2

Day 3

Time	Unit/Activity Number	Activity
8:30 a.m.		Preparation for Report Out
9:30 a.m.	3.7	Report Out from Field Practice
10:50 a.m.		BREAK
11:05 a.m.	4.1 A	Changing Behavior through Small Do-able Actions
11:30 a.m.	4.1 B	Identifying Small Do-able Actions
12:15 p.m.	4.2	Negotiating Improved Practices in the Home
12:30 p.m.		LUNCH
1:30 p.m.	4.3	Negotiating Improved Practices – The Home Visit
3:30 p.m.		BREAK
3:45 p.m.		Negotiating Behavior Change: MIKIKIR
4:45 p.m.		Preparation for Field Visit
5:15 p.m.		Close of Day 3



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Day 4

Time	Unit/Activity Number	Activity
8:30 a.m.	4.4	Field Visit
12:30 p.m.		LUNCH
1:30 p.m.	4.5	Debrief from Field Visit
2:30 p.m.	4.6	Integrating New Approaches into Your Job
3:00 p.m.		CLOSE OF DAY 4

Day 5

Time	Unit/Activity Number	Activity
8:30 a.m.	5.1	Data Collection / Collecting Methods
9:00 a.m.	5.2	Introducing the Components of the Survey
11:00 a.m.		BREAK
11:15 a.m.	5.3	Introduction to Data Collection Formats
12:45 p.m.		LUNCH
1:45 p.m.	5.4	Organization for Data Collection and Kebele Feedback
3:15 p.m.	5.5	How Many Households Fulfill All Indicators of Environmental Sanitation
4:45 p.m.		CLOSE OF DAY 5

Day 6

Time	Unit/Activity Number	Activity
8:30 a.m.	5.6	Data Collection in One Kebele
12:00 p.m.		LUNCH
1:00 p.m.	5.7	Feedback Meeting on Data Collection and Introduction of Summary Formats to be Completed
2:00 p.m.	5.8	Presentation of Data Analysis
3:00 p.m.		BREAK
3:15 p.m.	5.9	Preparation of Summary Tables, Graphs and Maps by Group
6:00 p.m.		CLOSE OF DAY 6

Day 7

Time	Unit/Activity Number	Activity
8:30 a.m.	5.10	Preparing presentation for the kebele feedback meeting
10:30 a.m.		BREAK
10:45 a.m.	5.11	Feedback Meeting at the Kebele Level
12:45 p.m.		LUNCH
1:45 p.m.	5.12	Feedback on Kebele Meeting, Group Discussion
2:15 p.m.	5.13	The Ideas of Regular Reporting
2:45 p.m.	5.14	Stages of Sanitation Protocol
3:15 p.m.		BREAK
3:30 p.m.	5.15	Strengths, Weaknesses, Opportunities and Threats Analysis
4:30 p.m.		CLOSE OF DAY 7



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Day 8

Time	Unit/Activity Number	Activity
8:30 a.m.	5.16	Considering the SWOT Analysis
10:30 a.m.		Break
10:45 a.m.	5.17	Panel Discussion of Both Groups
12:45 p.m.		LUNCH
1:45 p.m.	5.18	Wrap up and Closing Ceremony
2:15 p.m.		CLOSE OF TRAINING



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AGENDA – GROUP TWO (both groups start together and split after introductory sessions)**Day 1**

Time	Unit/Activity Number	Activity
8:30 a.m.	--	Registration
9:30 a.m.	1.1	Facilitator's and Participant's Introductions
10:15 a.m.	1.2	Introduction / Setting the Context
11:00 a.m.		Break
11:15 a.m.	1.3	The Pathway to Total Behavior Change
12:00 p.m.	1.4	Review of Workshop Objectives
12:15 p.m.	1.5	Split into two groups
12:20 p.m.		Expectations and Fears
12:40 p.m.	5.1	The Importance of Data Collection, Types of Data Collecting Methods and Tools Used for Data Collection
1:10 p.m.	5.2	Introducing the Components of the Survey
3:10 p.m.		BREAK
3:15 p.m.	5.3	Introduction to Data Collection Formats
4:45 p.m.		Close of Day One

Day 2

Time	Unit/Activity Number	Activity
8:30 a.m.	5.4	Organization for Data Collection and Kebele Feedback
10:00 a.m.	5.5	How Many Households Fulfil All Indicators of Environmental Sanitation
10:30 a.m.		BREAK
10:45 a.m.		Preparation for Data Collection in One Kebele
11:30 a.m.		LUNCH
12:30 p.m.	5.6	Data Collection in One Kebele
4:30 p.m.		Close of Day Two

Day 3

Time	Unit/Activity Number	Activity
8:30 a.m.	5.7	Feedback Meeting on Data Collection and Introduction of Summary Formats to be Completed
9:30 a.m.	5.8	Presentation of Data Analysis
10:30 a.m.		BREAK
10:45 a.m.	5.9	Preparation of Summary Tables, Graphs and Maps by Group
12:15 p.m.		Lunch
1:15 p.m.		Continue Preparation of Summary Tables, Graphs and Maps by Group
2:45 p.m.		BREAK
3:00 p.m.	5.10	Preparing presentation for the kebele feedback meeting
5:00 p.m.		Close of Day 3



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Day 4

Time	Unit/Activity Number	Activity
8:30 a.m.	5.11	Feedback Meeting at the Kebele Level
10:30 a.m.		BREAK
10:45 a.m.	5.12	Feedback on Kebele Meeting, Group Discussion
11:15 a.m.	5.13	The Ideas of Regular Reporting
11:45 a.m.	5.14	Stages of Sanitation Protocol
12:15 p.m.		LUNCH
1:15 p.m.	5.15	Strengths, Weaknesses, Opportunities and Threats Analysis
2:15 p.m.		BREAK
2:30 p.m.	5.16	Considering the SWOT Analysis
4:00 p.m.	5.17	Panel Discussion of Both Groups
5:30 p.m.		CLOSE OF DAY 4

Day 5

Time	Unit/Activity Number	Activity
8:30 a.m.	2.1 A	What influences behaviors?
8:50 a.m.	2.1 B	What influences behavior change?
9:50 a.m.		BREAK
10:05 a.m.	2.2	What's so hard about hand washing?
11:20 a.m.	2.3	Enabling Technologies: How Supplies Influence Behavior
12:35 p.m.		LUNCH
1:35 p.m.	3.1	Community-led Total Sanitation General Introduction to Approach and Tools
2:05 p.m.	3.2	Community Mobilization for Total Sanitation
2:35 p.m.		Break
2:50 p.m.	3.3	Presentation on CLTS
4:15 p.m.	3.4	Steps to Mobilizing CLTS
4:45 p.m.	3.5	Preparation for Field Visit
5:15 p.m.		CLOSE OF DAY 5

DAY 6

Time	Unit/Activity Number	Activity
8:30 a.m.	3.6	Field Visit
12:30 p.m.		LUNCH
1:30 p.m.		Prepare to Report Out from Field Visit
2:30 p.m.		Break
3:30 p.m.	3.7	Report Out from Field Visit
4:50 p.m.	4.1A	Changing Behavior through Small Do-able Actions
5:15 p.m.	4.1B	Identifying Small Do-able Actions
6:00 p.m.		CLOSE OF DAY 6



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DAY 7

Time	Unit/Activity Number	Activity
8:30 a.m.	4.2	Negotiating Improved Practices in the Home
8:45 a.m.	4.3	Negotiating Improved Practices – The Home Visit
10:45 a.m.		Break
11:00 a.m.		Negotiating Behavior Change: MIKIKIR
12:00 p.m.		Preparation for Field Visit
12:15 p.m.		LUNCH
1:15 p.m.	4.4	Field Visit
5:15 p.m.		CLOSE OF DAY 7

DAY 8

Time	Unit/Activity Number	Activity
8:30 a.m.	4.5	Debrief from Field Visit
9:30 a.m.	4.6	Integrating New Approaches into Your Job
10:00 a.m.		BREAK
10:30 a.m.		Wrap up and Closing Ceremony
11:00 a.m.		CLOSE OF TRAINING



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UNIT
1

Overview and Introductions

Unit 1	Activity Name	Time	Materials/Prep (see details by activity)
Activity 1.1	Facilitator's and Participant's Introduction	45 minutes	Flip Chart, introduction instructions
Activity 1.2	Introduction/Setting the Context	45 minutes	None
Activity 1.3	The Pathway to Total Behavior Change – How Do We Get There?	45 minutes	A4 Paper, Markers
Activity 1.4	Review of Workshop Objectives	15 minutes	Workshop Objectives (in Participant Sourcebook)
Activity 1.5	Expectations and Fears	20 minutes	Rectangular Cards
Total Time	150 minutes (2 hours, 30 minutes)		

OVERALL UNIT OBJECTIVES

- ✓ Identify all participants and facilitators by name, position, locale, and background
- ✓ Establish rapport with participants
- ✓ Initiate the process of 'destigmatizing' talking about feces, about shit!

ACTIVITY 1.1

FACILITATORS AND PARTICIPANTS INTRODUCTION

PREPARATION MATERIALS

- ✓ Flip chart with introduction instructions

TIME

45 minutes

PROCEDURE

Ask

participants go around and:

- State their Name
- Post title
- Where they come from



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While the group is introducing themselves.... Have each participant...

- Write** “secretly” on a piece of paper the last time they defecated or urinated in the fields. Remind them their answers are confidential... and encourage them to be honest!
- Collect** all the papers without identifying who wrote them, and have a few participants quickly post them on a wall... reading each one as they post...
- Debrief** on the frequency of open defecation (or not)
- Create** a fun atmosphere, one that invites self examination and sharing
- Explain** that we often are embarrassed ourselves to talk about shit, to use the word shit, and that in this workshop we’re going to start calling it what it is, and talking openly about it.
- Share** that we need to first talk openly about it to finally end open defecation.

Note to the facilitators: The first one hour spent with the participants is very important to:

- Establish rapport/relationship by interacting with participants
- Set the larger context and convey the regional commitment to total behavior change in hygiene and sanitation
- Convey the participatory nature of the workshop and that participation will have a role in the training and follow-on ignition and action!



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ACTIVITY 1.2

INTRODUCTION/SETTING THE CONTEXT

OBJECTIVES

1. To describe the Regional Behavior Change Strategy
2. To assess participants current approaches to hygiene and sanitation improvement
3. To illustrate the three key behaviors associated with Universal access and total behavior change

PREPARATION

✓ Facilitator - familiarize yourself with the Regional Behavior Change Strategy and the Pathway to Achieving Total Behavior Change in Hygiene and Sanitation (found in Facilitators Notes at end of unit).

✓ Prepare 2 flipcharts with the following text:

1. Key Behaviors for Total Behavior Change

- Hand washing with Soap or Cleaning Agent
- Safe disposal of feces
- Safe handling and treatment of Household Drinking Water

2. Strategic Components of the Regional Behavior Change Strategy

- Multi-level advocacy
- Strengthening Household Outreach
- Igniting Community-based Approaches to Change
- Media support
- Increasing the Availability and Affordability of Hygiene and Sanitation Products through Private Commercial and NGO Sector Initiatives
- School hygiene and Sanitation
- Demonstration Latrines and Hand washing Stations

MATERIALS

None

TIME

45 minutes

PROCEDURE

Explain

The National Hygiene and Sanitation Strategy and Regional Plan are all committed to the goal of universal access to sanitation by 2012. The Amhara Region has accepted this challenge, and extensive work has been done to develop a pathway and a specific behavior change strategy for achieving the goal. The strategy involves work of stakeholders at regional, zonal, woreda, gott and finally household levels.



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Say Let's first look at the behavior change strategy, and then the pathway to achieving total behavior change in hygiene and sanitation, to better understand our place in a much larger sanitation and hygiene movement!!

Continue explaining

The Hygiene and Sanitation Strategy and Regional Plan are all committed to the goal of universal access to sanitation by 2012

Ambitious a goal as this is, numbers are not enough ... not enough to insure people USE those latrines, and not enough to ensure we see the desired improvements in education, health, and economic condition.

Hygiene and Sanitation improvement depend not only on the hardware, on latrine and water posts, but they depend on the consistent and correct practice of key hygiene behaviors.

- Handwashing with Soap or Cleaning Agent
- Safe disposal of feces
- Safe handling and treatment of Household Drinking Water

Emphasize **That's what this workshop will focus on... how to promote consistent and correct practice of H&S behaviors**

Note and share

In this training, we use the words 'behaviors' and 'practices' interchangeably, without distinction. Our goal is to support the 'consistent and correct practice of three key behaviors'.

Lead the group in a general discussion about current hygiene and sanitation practice and promotion.

Limit the discussion to about 15 minutes.

The purpose is to get participants talking, thinking about current practice, and their current approaches to hygiene and sanitation improvement. You are still in a large plenary, so guide participants to give brief answers. Be certain to take a wide sampling of responses from men and women, participants in different positions and roles, etc.

Ask and probe

- What is the coverage of water and sanitation in your area?
- Do people have hand washing facilities near latrines?
- What type of methods are you currently using for hygiene promotion?
- Are you currently focusing on behaviors, or more on "coverage"?
- Have you been addressing them in an integrated manner, or separately?

Record responses on flip chart and review later

Refer participants to flipchart and handout



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The Regional Behavior Change Strategy has seven major components:

- Strategic Component 1: Multi-level advocacy** (region, Zone, woreda, kebele, Gott)
- Forge common ground and consensus to attend to the problem of IH&S. with officials, CBOs, etc
- Strategic Component 2: Strengthening Household Outreach**
- Strengthen home visit
 - Introduce the art of negotiation -MIKIKIR.
 - Promote behavior change through small doable actions
- Strategic Component 3 Igniting Community-based Approaches to Change**
- Mobilize community commitment to total behavior change
 - Create an action agenda for the community
 - Promote behavior change through community level activities like coffee clubs, children's patrols, and peer pressure
- Strategic Component 4: Media and Communication Support**
- Disseminate reliable information through multi level communication program.
 - Reinforce HEW effort through the radio messages, radio dramas, news prints (pamphlets) etc.
- Strategic Component 5: Increasing Availability and Affordability of Hygiene and Sanitation Products through Private Sector Initiative**
- Encourage industries to open outlets in rural communities
 - Support small artisans to locally produce 'enabling technologies' like sanitation platforms
 - Encourage private sector to be interested to bring products such as Jerricans, potties, soap, chlorine (wuha agar) etc.
- Strategic Component 6: School Hygiene and Sanitation**
Recognize that children are:
- Future generations and changing the behavior of children is changing a generation.
 - Inherently open to learn new things.
 - can be used as change agents in their own households and communities at large.
- Strategic Component 7: Demonstration Latrines, Hand Washing Stations, and other Hygiene-related products**
- Demonstrate how local skill and materials can be used to construct an approved traditional latrine
 - Introduce hand washing station made from local materials
 - Introduce local detergents such as ash (amed or indod).



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Review the components in the strategy, referring them to the handout in their books (notes for facilitator follow below).

Taking turns, have participants the TITLE only of each of the components

After they read the name of the COMPONENT TITLE, you as facilitator should **explain the details of the COMPONENT**, referring to the summary sheet.

Facilitator move swiftly through this session

Emphasize: Community **mobilization and household visits are essential for TOTAL BEHAVIOR CHANGE. The Regional Behavior Change Strategy identifies the critical role of COMMUNITY MOBILIZATION AND HOME VISITS in achieving the ambitious goals of hygiene and Sanitation Improvement.**

Say: Each workshop participant is here because you have a particular role in achieving the goal.

Have the participants call out their titles, or ask.. where are the...???

- *Health Extension Workers*
- *Development Agents*
- *Woreda administrator*
- *Woreda health desk*
- *Woreda WASH team*
- *Others (mention others in attendance)*

And each of you has a specific role within the behavior change strategy, primarily around community and household visits.

If you are a health extension worker or development agent, your job is to actually visit the gotts, identify natural leaders, mobilize the community to commit to ending open defecation and total behavior change, and finally to visit households one at a time and help “negotiate” improved practice of the three key behaviors.

YOUR role as zonal or NGO sanitarian, health promoter, IEC specialist is to support HEW and other home visitors.

In this workshop, we’ll focus on some new approaches to hygiene and sanitation behavior change, and practice how you might incorporate these skills into your current work.

You’ll also learn how to collect data to help make decisions, and help monitor progress towards our goals of 100% total behavior change in hygiene and sanitation.

YOUR role as zonal or NGO sanitarian, health promoter, IEC specialist is to support HEW and other home visitors.



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Assure the group that there will be plenty of time during the workshop to explore what there role is in the behavior change strategy.

Ask if there are any questions at this point.



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ACTIVITY 1.3

THE PATHWAY TO TOTAL BEHAVIOR CHANGE -- HOW DO WE GET THERE?

OBJECTIVES

1. Review and discuss the Regional Pathway to Community-led Total Behavior Change in Hygiene and Sanitation

PREPARATION

- ✓ Facilitator, familiarize yourself with the Graphic Pathway to Community-led Total Behavior Change and the explanation of the steps.
- ✓ Write each step on one whole sheet of paper

MATERIALS

- ✓ A4 paper
- ✓ Markers

TIME

45 Minutes

PROCEDURE

Say As with any journey, we need to have a route charted out. To get from a remote gott in Awi and arrive in Addis, you need to know your route. To achieve a goal, you need to have a route, a pathway with the steps to reach your destination, to reach your goal.

The same is true for achieving 100% Total Behavior Change. Let's review the pathway to achieve total sanitation. Refer participants to page 11 in their manual.

Pathways for 100% Improved Hygiene and Sanitation

Review the steps in the pathway (notes below).

Taking turns, have participants read the steps on the pathway.

After they read the name of the step, you as facilitator should explain the details of the step, referring to the summary sheet.

Have the readers stand in line, holding up the step they just read. Participants keep standing until all the steps are discussed.

Ask participants Where are we now??

Process the responses and confirm that we are at the capacity building stage, that we are assuring that all actors have the skills and commitment to travel the path ahead...

- To conduct the baseline
- To organize or participate in the Whole System in the Room Multi-stakeholder meeting
- To enter kebeles and gotts, identify leaders, and ignite them for change!
- To conduct household visits, work with media, work with schools!



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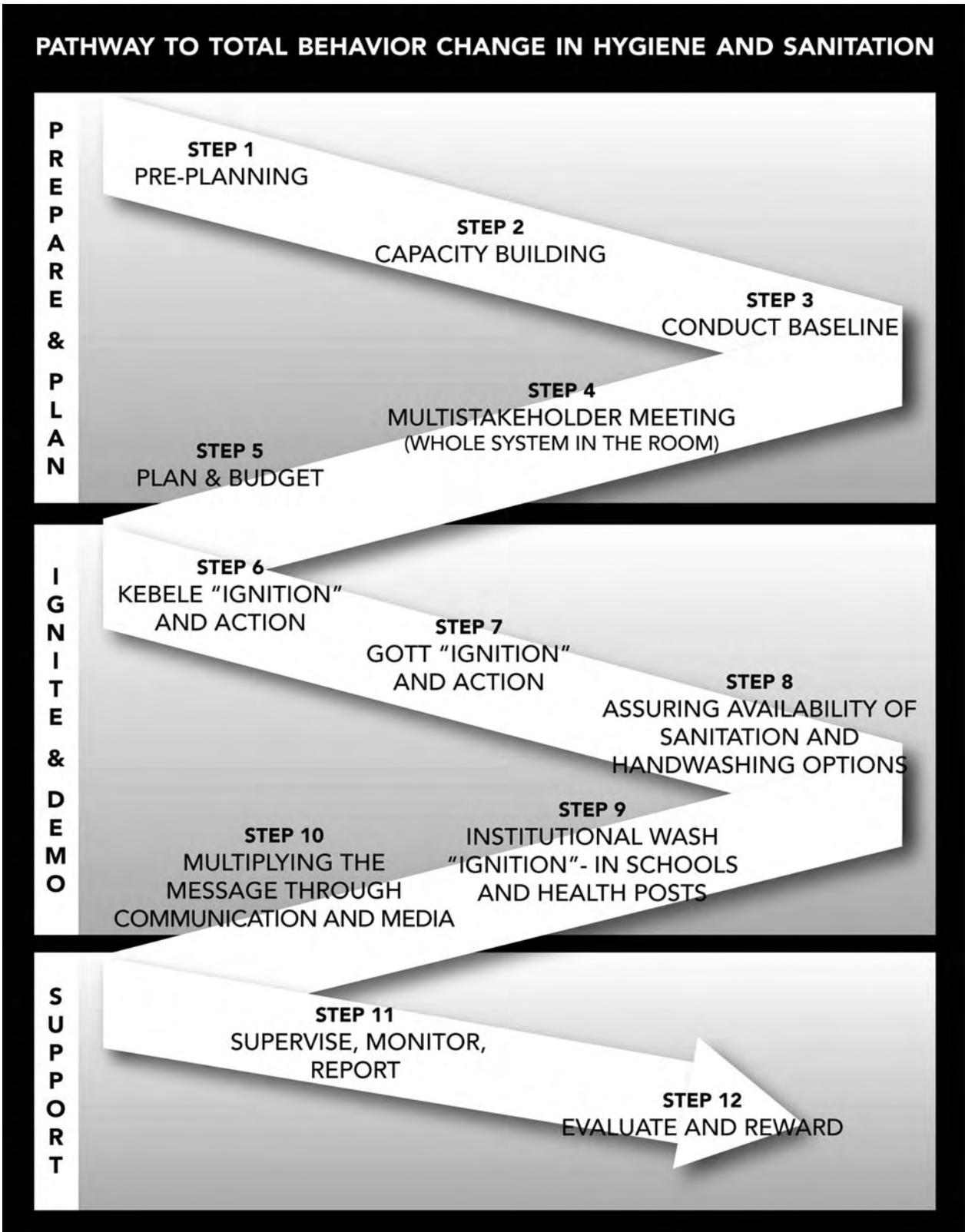
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Encourage comments/reflection based on their experience

If participants ask questions try to involve participants to react before you do.



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Handout

Pathway: Step-by-Step Approaches

1. **Pre-planning and Organization:** Establish Woreda WASH Technical Team (WWTT) in all woredas and Kebele Ignition Teams (KIT), and train volunteer community health promoters (VCHP) in each kebele where at scale program is introduced.
 2. **Capacity Building/training:** Identify the human resources in the woreda that are essentially WASH actors and who would be supporting the Health Extension Workers and train them in appropriate latrine technology, behavior change approaches and familiarize them with the behavior tools that need to be effectively used at community level.
 3. **Conduct the Baseline Assessment/Situational Analysis:** Conduct a rapid situational analysis/baseline on WASH in the woreda to be used for advocacy purposes and to serve as baseline for future monitoring. In addition the data will be used for evidence based advocacy and action planning on WASH in the woreda.
 4. **Organize and host the Whole System in the Room/Multi-Stakeholder Meeting/ Advocacy and consensus building:** Conduct a multi-stakeholder meeting known as the whole system in the room (WSR) at woreda level so that stakeholders such as the kebele leaders, CBO, FBOs, associations, NGOs the private sector and others will be informed, a common ground formed and a joint action agenda designed for each kebele.
 5. **Planning and Budgeting**
Availability of WASH budget is crucial for success in woredas. The budget is needed for:
 - Situational analysis (paper, pen, ink)
 - Travel allowance (WSR, distant Kebeles etc)
 - Construct Water Supply Systems
 - Construct demonstration latrines
 - Construct demonstration hand washing stands
 - Construct Water Facilities in Institutions
 - Construct hand washing facilities in institutions
 - Construct sanitation facilities in institutions
- 6/7. **Kebele and Gott Ignition and Action:** Use Community-led Total Behavior Change to involve the communities to identify the existing problems of clean and safe water, sanitation and hygiene, identify do-able actions to improve their hygiene and sanitation situation, and engage the community and the households through the establishment of community based organizations such as “Coffee for Health club” and “Community Conversation” programs to try and work through for a hygienic and sanitary living and working environment.

Recruit and train community volunteers: Community/Gott volunteers especially those from the religious organizations, respected and trusted kebele citizens, women and youths can be recruited to promote sanitation and hygiene in their communities and households. These volunteers can also exemplify hygienic living by setting and example and “practicing what they preach” in their own homes by construction and using a latrine and hand washing station and protecting their household water. In addition, they can **support the Health Extension Workers in follow up, reporting and organizing the gotts for WASH.**



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- 8. Construction of demonstration latrines and hand washing stations**
Assure affordability and availability of hygiene and sanitation options:
- Build demonstration latrines in kebeles with participation of the local community members so that simplicity of technology is comprehended and artesian from the kebeles are also trained to assist motivated households in the construction of their latrines.
- As possible, work with local artisans to assure the affordability and availability of sanitation and hand washing products and services, such as economical sanitation platforms made from local materials or local molds; hand washing stations. Etc.
- 9. Institutional WASH/Engage school children and teachers as change agents:**
 Establish new WASH club or strengthen or streamline existing school clubs and develop a capacity development program where school children are trained in hygiene and sanitation and enhance their involvement as change agents in their respective households and communities.
- 10. Multiply the Message through Media and Communication/Use Competition:**
 Community members should receive supportive ‘messages’ everywhere they go. Banners announce community commitment. School children do theater, dance and song on market day. Priests speak of it at church. Local radio announces progress towards reaching total behavior change, and play a radio drama about convincing the father to build a latrine. The local food store advertises soap for hand washing, and hands out instructions on how to make a tippy tap.
- Create competition between households, schools, kebeles and woredas and give appropriate and functional prizes including certificate or diploma or electronics and other appropriate prize for fulfillment of standard hygiene and sanitation requirements.
- 11. Supervise, monitor and report:** Incorporate WASH indicators into established system of supervision, monitoring and reporting. Make it part of everyone’s job to support total behavior change. Teach “supportive supervision” techniques to guide improved practice.
- 12. Evaluate and value.** Share successes throughout the community. Again, use healthy competition with other gotts to increase community commitment to total behavior change. Make banners in public places for all to see.



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ACTIVITY 1.4

WHY ARE WE HERE? HOW WILL WE BE DIFFERENT WHEN WE LEAVE? REVIEW OF WORKSHOP OBJECTIVES

OBJECTIVES

1. To review the objectives of the workshop
2. To discuss what will be achieved during the 8 days spent together
3. To celebrate the challenge ahead

PREPARATION

None

MATERIALS

- ✓ Workshop objectives, available in participant source book

TIME

15 minutes

PROCEDURE

Ask participants to turn to the page in their materials listing the workshop objectives. Go around the room, have each participant read an objective, and clarify if needed.

At the end of the workshop, participants will be able to:

- Appreciate the importance of SAFE EXCRETA DISPOSAL AND HAND WASHING for health and well-being of the community
- Explain why a focus on behaviors leads to more effective hygiene and sanitation improvement
- Name at least 5 factors other than knowledge/ awareness that influence practice of H&S behaviors
- Lead a series of exercises which lead to mobilizing a community to commit to ending open defecation and to practice total behavior change in hygiene and sanitation
- Identify factors, barriers, and facilitators of current and ideal practice (what makes it hard and what makes it easier to perform the key practices)
- Conduct HOME VISITS as a way to change behaviors. Negotiate with householders to try 'small do-able actions', feasible and effective behaviors based on THEIR current context
- Use the MIKIKIR Job Aide to assess current household practice and negotiate behavior change.
- Build a tippy tap (a water saving hand washing device)
- Relate these 'new' skills and approaches to THEIR current professional approach.

In addition, through the DATA WORKSHOP, participants will be able to:

- Explain the importance of data collection, types of data collection methods and tools used for data collection
- Understand and communicate the components of the survey on water, sanitation and hygiene (reaching households, public institutions, water points and schools) , indicators and conditions to be fulfilled for each indicator
- Use formats in order to make the assessment of existing conditions of the kebele community



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- Organize data collection and conduct a kebele feedback meeting to present the findings and develop action plan
- Analyse collected data (using maps, tables , charts , percentage calculation etc)
- Conduct a SWOT analysis (assessing **S**trengths, **W**eakness, **O**pportunities and **T**hreats) and develop an action plan to organize data collection at kebele level

This is the point where the training ‘splits’ into two groups...

Explain The group will now be split into two smaller groups, take a break and then resume in smaller workshop groups.

BREAK 15 MINUTES



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ACTIVITY 1.5 EXPECTATIONS AND FEARS**OBJECTIVES**

PREPARATION ✓ Distribute ONE rectangular card to each participant.

MATERIALS ✓ Rectangular Cards (size), ONE per participant.

TIME 20 minutes

PROCEDURE

Ask them to write ONE FEELING they are having after hearing about the workshop, an expectation or a fear.

Give everyone just five minutes to write.

Go around, each person sharing their feeling.

Have the reader post their card on the wall, while the next person reads.

Move swiftly through this session.



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UNIT

2

FOCUSING ON BEHAVIORS

Unit 2	Activity Name	Time	Materials/Prep (see details by activity)
Activity 2.1 A	What Influences Behaviors? (Iskista)	20 minutes	Notebook Materials and Handout, p. 15
Activity 2.1 B	What Influences Behavior Change? (Toothbrushing)	60 minutes	9 large sheets of paper, Flip Charts, Masking Tape, Presentation Materials, Speaker notes
Activity 2.2	What's so Hard about Hand Washing? Changing Behaviors in the Home.	75 minutes	Soap and water, bucket and pitcher, worksheet (p.19)
Activity 2.3	What Influences Behaviors – Reducing Barriers to Hand Washing Through Enabling Technologies and Equipment	45 minutes	<ul style="list-style-type: none"> ✓ Handout on How to make a Tippy Tap ✓ Plastic bottles (Highland type) ✓ Other local vessels (optional) such as gourds, jerry cans, etc ✓ Straws, Bic pen 'casings', bamboo straws ✓ String for hanging ✓ Nails, candles, matches for poking holes in vessels
Total Time	300 minutes (3 hours, 20 minutes)		

Clarify for the Participants: In this training, we use the words 'behaviors' and 'practices' interchangeably, without distinction. Our goal is to support the 'consistent and correct practice of three key behaviors'.

OVERALL UNIT OBJECTIVES

- ✓ To distinguish between knowledge, awareness and behavior
- ✓ To identify factors other than knowledge that influence behaviors
- ✓ To debate and demonstrate how those factors influence hand washing, feces management and water management practices
- ✓ To describe the vital importance of designing promotion around the householders point of view, offering benefits important to households rather than to public health professionals.



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ACTIVITY 2.1A WHAT INFLUENCES BEHAVIORS?

PREPARATION None

MATERIALS ✓ Notebook Materials and Handout, pp. 15

TIME 20 minutes

PROCEDURE

Say We used to talk about 100% latrine COVERAGE... but that's not enough. We don't just want holes in the ground... we need every single family, young and old, to be USING THE LATRINE, and to wash their hands with soap or ash after visiting the latrine... Remember this morning, we said that to achieve total behavior change, we need to see 100% practice of the three key behaviors

- Handwashing with Soap or Cleaning Agent
- Safe disposal of feces
- Safe handling and treatment of Household Drinking Water

Say We think so much about sanitation and hygiene, but let's step away from that for a minute...

Let's say instead of committing to the sanitation revolution, I've instead dedicated my life to Iskista [*es-keiss-TA*] ... I think that everyone in the world should dance Iskista....

...but right now.. .not everyone dances ...

let's look at that behavior....

Ask: What do you think influences whether people dance Iskista or not??? ...

Write the responses on a flip chart... elicit a range of answers by asking:

- ✓ Do you need to be Ethiopian? (*no, but it helps*)...
- ✓ Music, do you need music?
- ✓ Do you need a dance floor?
- ✓ Do you need to know the motions, how to 'do' it?
- ✓ Do you need a partner or group to dance with?

Keep eliciting a range of factors

Place 'labels' next to the answers given by participants supplies, culture, etc.

Refer (yourself, not yet with the group) to the list of factors (see page 15 of Participant Sourcebook) and match the answers with general categories of factors... You will refer to this later



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As you review, say... okay, so you need some supplies, some music

Ethiopian	Culture
Partner or company	
Music	Supplies
Dance floor	Supplies
Occasion	Culture
The steps, the moves	Skills

Briefly conclude:

We can see that there are a number of factors that influence whether or not people dance...

Say Okay, now let's think about another behavior... still NOT focusing on hygiene and sanitation behaviors...

Now we'll examine the behavior of tooth brushing



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ACTIVITY 2.1B

WHAT INFLUENCES BEHAVIOR CHANGE? IS MAKING PEOPLE AWARE ENOUGH TO CHANGE THEIR BEHAVIOR?

PREPARATION

- ✓ This unit gets participants up on their feet and engaged in thinking about some of the concepts that are central to the workshop. Participants are asked to consider their own personal behaviors related to tooth brushing. The discussion provides an example to which facilitators and participants may refer throughout the workshop.
- ✓ Prepare three knowledge (#1-3) and three behavior statements (#4-6), using the exact wording in the box on the next pages. Hang these in three sets on the wall of the meeting room, as described in the box on the next page.

MATERIALS

- ✓ Nine large sheets of paper: three blank to serve as covers; three belief statements; three behavior statements
- ✓ Masking tape
- ✓ Flipcharts with presentation materials
- ✓ Speaker notes for this session

TIME 1 Hour

PROCEDURE

Write each of the six Knowledge and Behavior statements below, with the number of the statement, on a separate sheet of newsprint.

Tape them so that sheets can be removed one by one, to reveal the paper underneath. Post papers in three stacks around the room, in the following sequence:

Blank sheet on top, #1, #4 against wall

Blank sheet on top, #2, #5 against wall

Blank sheet on top, #3, #6 against wall

Say Okay, now let's think about another behavior...
BRUSHING OUR TEETH... good dental hygiene

In hygiene class at school, we all learned about the importance of hygiene, including dental hygiene... BRUSH YOUR TEETH AFTER EVERY MEAL.....



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Ask So if we wanted to promote regular TOOTH BRUSHING, what would you do??

Lead the group in a general brainstorm

DO NOT WRITE answers on a flipchart

After a general brainstorm for just a few minutes

Remind the participants that **before we decide how to address that goal, we're need to really understand our audience, to see what motivates their behavior, what the barriers and facilitators are...**

So to do this in the training, we're going to undertake some audience research—involving all of them as research participants!

Explain to the participants that for this exercise, they will each wear two hats: one of a health promotion planner and the other, a community member.

Ask participants to remove the blank sheet from the first set of newsprints and to read aloud belief statement #1. Ask them to read the statements and think about the statements.

Beliefs

1. I believe regular tooth brushing is a good idea for every one. It reduces cavities, keeps teeth healthy, and keeps your smile bright and breath clean

2. I believe regular tooth brushing is most important for people with a history of dental problems or those with bad breath.

3. I generally believe in the concept of regular tooth brushing, but I think someone who eats well and rinses regularly does not need to clean their teeth unless they have eaten something especially stringy or sticky.

Explain that the three posted statements represent beliefs that some people have about brushing teeth.

Ask each participant to stand near the statement that most closely matches his or her own personal belief about brushing teeth.

When participants have settled next to a statement, **ask:**

- What do you notice about the group?
- How many are in each group?
- How are the groups different from one another? Are they different by sex? Age? Ethnicity? Language group? One group smiles more than others? Others?



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To facilitators: Typically, most participants will cluster around statement #1. Generally there is little difference among the segments (sub-groups at each statement) in terms of demographic features (AGE, GENDER). The questions above should lead participants to this conclusion.

Tell participants: Notice that we can't really say that the groups are particularly different from one another. You have just divided yourselves into segments, or subgroups of the community, according to your stated beliefs, about tooth brushing.

For the second layer of flipcharts, ask a participant to remove the belief statement and read the behavior statement that was behind it.

Behaviors

4. I brush my teeth two or three times a day, after every meal

5. I brush regularly, four to seven times a week

6. My teeth get clean from rinsing, I am not a regular brusher at all.

Ask participants to reposition themselves according to what they actually do (i.e that is their own personal current tooth brushing behavior). Typically, many participants who were standing near statement # 1 will move to a statement #5 or #6.

Once they are settled next to a statement, **ask:**

- What just happened as people repositioned themselves?
- How many of you changed places?
- What can we conclude from this migration that just happened?

Facilitator: Participants usually note that what we know is not often what we do, that knowledge isn't the only thing that influences behavior.

When participants have settled next to a statement, **ask again:**

- What do you notice now about the groups?
- How many are in each group? How are the groups different from one another? Are they different by sex? Age? Ethnicity? Language group? One group smiles more than others? Other?

While participants are still standing in their groups, ask "How many of you changed places?"

Ask **So if knowledge the only factor that influences our behaviors, what are some other things that affect our behaviors?**

Ask of the people who brush regularly: What are good things that come from brushing regularly? What makes it hard to brush regularly? What makes it easier? Why do you think you've been able to overcome the barriers to brushing?

Ask of those who DO NOT brush regularly: What makes it hard to brush regularly? What would make it easier? Does your family who you live with have similar practices as you?



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There is usually overlap. A barrier as seen by one is not NECESSARILY what will influence if someone practices the behavior or not. Many people who practice the ideal behavior SEE/FEEL the same barriers as those who don't, but they've figured out how to overcome those barriers, or there is another 'positive' factor even stronger than the barrier.

Ask What other behaviors do we see a big gap between what we know and what we do??

Facilitator: some examples are smoking, eating 'right', exercise, being with our children, going to church/mosque, reading, doing good deeds for others... the list goes on!

SAY NOW LET'S THINK ABOUT THE BIG JOB AHEAD OF US, TO PROMOTE CORRECT SANITATION AND HANDWASHING BEHAVIORS...

Since what people do doesn't often reflect what they know or believe.

While general awareness and community mobilization is important", we have seen that it is not enough to change behaviors.

That's obvious to all of us when we think about our own actions, but sometimes when we are planning health promotion, we forget this basic tenet.

- This would remind us that just giving people information or raising awareness is generally not enough – even convincing them of a new belief may not move people to adopt a beneficial behavior.
- This activity points us toward the value of doing audience research. We learned a lot about the community by asking a few quick questions

CONCLUDE

Ask Now after going through these exercises what exactly do we mean by 'factors' influence behavior?" *Well, knowledge (or awareness) would be one factor.*

Include examples of the factors

Repeat The key ideal here, relevant to planning hygiene behavior change programs, is that you will want to identify a few key factors most influential in the performance, or non performance of a key behavior.

Usually the factors are a mix of skills, availability of products and services, positive consequences to performing the behavior, and cultural norms that support the practice.

In short, we say it is got to be fun, easy, and popular! Perhaps, an over simplification of behavior change theory but a helpful phrase to remember when planning hygiene and sanitation promotion activities.



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What is intended here is to make a point that we need to slow down the rush to tactics... like....” *We need awareness, social mobilization...etc”*

Too often, programmers and promoters decide what to DO, before looking more closely at the behavior they are promoting...

We need to examine the behaviors

- What are people currently doing?
- Why are they doing this?
- What most influences that behavior??

Then, looking across the community, what influences the performance or non-performance of a given behavior, of ISKISTA dancing, or TOOTH BRUSHING, or latrine use and hand washing?

So this is one concept we’ll be addressing in the workshop.... Slowing down the ‘rush to tactics... to carefully examine what influences that behavior...

Another concept we want to focus on in the workshop, is that **people can’t often go directly from their current practice to the ideal practice...**

- hand washing with soap at the 4 critical times,
- exclusive breastfeeding for 6 months,
- use of latrine by every one of the family, etc...

Some of us brush our teeth, but not AFTER EVERY MEAL.

Say, I don’t !

Sometimes we as professionals need to ‘back off;’ insisting on the ideal... and instead **focus on prioritizing a few SMALL DO ABLE ACTIONS, feasible and effective actions that will still have a public health impact. Instead of preaching, we need to negotiate these small doable actions.**

Then what influence behaviors ?

Ask participants to pull out the list of factors on page XX of their participant source book.

Review one by one...

Now let’s think back to Iskista, and to tooth brushing.... Do you now see availability of products, services, skills and social /Peer influence is as important or maybe more important than knowledge in influencing behaviors.

Ask the participants to comment and reflect



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SOME FACTORS THAT INFLUENCE THE CORRECT AND CONSISTENT PRACTICE OF BEHAVIORS

EXTERNAL FACTORS - those forces outside the individual that affect his or her performance of a behavior.

Skills: the set of abilities necessary to perform a particular behavior. Key skills for breastfeeding include: how to correctly position the infant to the breast; optimal feeding positions; when to introduce weaning foods; recipes for (how to prepare) adequate weaning foods.

Access: encompasses the *existence* of services and products, such as adolescent reproductive health services, condoms, vaccines, workplace ‘creches’, soap for hand washing, *etc*, their *availability* to an audience and an audience's comfort in accessing desired types of products or using a service.

Policy: laws and regulations that affect behaviors and access to products and services. Policies affecting various health themes include policies regulating distribution of products or delivery of services to minors without parental permission; hospital policies on breastfeeding (rooming in; set feeding “times”); international tariffs on bed nets.

Culture: the set of history, customs, lifestyles, values and practices within a self-defined group. May be associated with ethnicity or with lifestyle, as well, such as "gay" or "youth" culture.

Actual Consequences: what actually happens after performing a particular behavior. Mother-in-law complements you on fat, healthy baby; husband beats wife for child crying all night after receiving vaccines; health worker thanked by community for offering responsible youth services; guy who suggests condom use gets a lot of dates.

INTERNAL FACTORS - the forces inside an individual's head that affect how he or she thinks or feels about a behavior.

Perceived Social Norms: perception that people important to an individual think that s/he should do the behavior; norms have two parts: who matters most to the person on a particular issue, and what s/he perceives those people think s/he should do. E.g. what you think your mother-in-law wants you to feed your 3-month old son; what your priest and your mother thinks about you contracepting as a childless wife.

Perceived Consequences: what a person thinks will happen, either positive or negative, as a result of performing a behavior. *See actual consequences for examples*

Knowledge: basic information/ facts (some people consider skills a kind of knowledge, as well) expected child development and growth (what kids do at certain ages; what's a good weight); what a vaccine ‘does’; feces can't always be ‘seen’ on your hands but may be present; clear looking water can still carry microbes (make you sick); where to buy condoms; get mental health services, etc.

Attitudes: a wide-ranging category for what an individual thinks or feels about a variety of issues. This over-arching category would include self-efficacy, perceived risk and other attitudinal factors.

Self-efficacy: an individual's belief that he or she can do a particular behavior, e.g. a poor, malnourished mother exclusively breast feeding; building a latrine; talking to your wife about using condoms.

Perceived Risk: a person's perception of how vulnerable they feel (to getting diarrhea from drinking river water; to getting malaria from mosquitoes; to catching avian flu)

Intentions: what an individual plans or projects s/he will do in the future; commitment to a future act. Future intention to perform a behavior is highly associated with actually performing that behavior.



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ACTIVITY 2.2

WHAT'S SO HARD ABOUT HANDWASHING? CHANGING WASH BEHAVIORS IN THE HOME

PREPARATION MATERIALS

- ✓ Bucket and pitcher
- ✓ Soap and water (of known volume, so water can later be measured in it)
- ✓ Notebook worksheet, p. 19 *Facilitator: don't have your participants turn here YET.*

TIME

1 hour, 15 minutes

PROCEDURE

Say We're going to continue examining how these factors influence the practice (or not) of our three key behaviors.

Refer again to the flip chart with the three key practices posted

- Hand washing with Soap or Cleaning Agent
- Safe disposal of feces
- Safe handling and treatment of Household Drinking Water

Say Right now, we're going to focus on the behavior of hand washing consistently and correctly.
The ideal behavior we promote is hand washing at four critical times.

Ask Help me make a quick list of the 4 critical times

- After defecation
- After cleaning a baby's bottom
- Before preparing food/cooking
- Before eating

So as we did before, we'll look more closely at the behavior we want to promote, and we'll do this in a few stages.

Ask your group... Many of you are in villages all the time, we all live in villages or town. What do YOU think most influences whether or not people wash their hands at the critical times??

Spend just a minute or two getting responses.

Then **proceed** with the exercise



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Step 1:

HOW MUCH WATER WILL THAT TAKE??

Have a bucket and pitcher on hand

Facilitator, note... You DO NOT want to try to save water in this demonstration. You pour water over the volunteers hands, and use as much as reasonably possible. This contrasts later with the savings using the tippy tap.

Ask for 1 volunteer to demonstrate correct hand washing. Have the group coach them on 'correct hand washing', correcting the technique if needed. All the time, waste water should be caught in the bucket below.

Facilitator: Encourage the group to focus now on CORRECT technique

At the end of the wash, measure the water in the bucket.

Write down this number on a flipchart.

Tell the group

We just used XX liters of water for ONE correct hand washing...

Direct participants to the correct hand washing instruction on page 25, and to worksheet #1 on page 19.

Say We've just reviewed the technique for correct hand washing, found on page 25 of your sourcebook. WE won't review it again, but remember you have it here for reference.

Say Now turn to worksheet # 1, and we'll continue examining the behavior of hand washing.

Have them fill the amount of water used on their worksheets

Amount of water required to wash hands CORRECTLY _____ 500ml _____

Say **Now we're going to figure out how many times a day a family needs to wash their hands**

I'm going to ask you to think of a family of six,
and calculate how many times a day this means you'll wash...

Break into groups of three, and calculate how many times a day the family needs to wash
You have a worksheet in your notebooks.

Facilitator: Break the group into small groups of three. To save time, have them cluster in groups of three where they are sitting



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Step 2:

HOW MANY TIMES A DAY DOES A FAMILY NEED TO WASH?

With your team, calculate how many times a day one would have to wash, and then how many people in the family would need to do this each day...Fill in the answers on your worksheet.

Say there are no correct answers. Just make assumptions and proceed. For instance, a family of six probably has one or two infants under two. You decide, make decisions on all the undetermined possibilities, and proceed.

EXAMPLE

	Number of times a day/ each person	Number of family members doing this	Total number of times a day
After defecation	2	4 (babies and young children don't wash THEIR hands)	8
After cleaning a baby's bottom	8	1	8
Before preparing food/cooking	4	1 (mother and daughter)	2
Before eating	2 plus washing before breastfeeding	4 (one baby will be BF, the other is fed)	8 plus 4 BF
TOTAL			30

Facilitator: Groups often estimate a range of 25-60 washes. The example is just to make a point, so do not be concerned with precise number.

Say Now, multiply this number of washes a family must do per day...by the amount of water it takes to do a wash

TOTAL AMOUNT OF WATER FOR A FAMILY TO WASH CORRECTLY FOR ONE DAY

Ask What can we conclude?

First, it takes a lot of water for a family to wash!!

Thinking of the average water vessel for the region, estimate with the group how many extra trips to the well this would require EACH day, to follow the ideal recommendation of hand washing at 4 critical times.



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ACTIVITY 2.3

WHAT INFLUENCES BEHAVIORS - REDUCING BARRIERS TO HAND WASHING THROUGH ENABLING TECHNOLOGIES AND EQUIPMENT

OBJECTIVES

1. To analyze how access to 'hardware' and supplies can influence behaviors and can serve as enabling technologies
2. To demonstrate how to make a tippy tap, a simple water saving device

PREPARATION

- ✓ Practice making one or two types of functional tippy taps

MATERIALS

- ✓ Handout on How to make a Tippy Tap (in Source Book)
- ✓ Plastic jugs
- ✓ Other local vessels (optional) such as gourds, jerry cans, etc
- ✓ Straws, bic pen 'casings', bamboo straws
- ✓ String for handing
- ✓ Nails, candles, matches for poking holes in vessels

TIME

45 minutes

PROCEDURE

Say Because hand washing requires a lot of water, we know it is hard for families to wash when it means more trips to the well, more purchasing of water, more effort. One way we can influence improved WASH practices is to reduce some of the barriers to hand washing... to introduce a simple technology that saves water and makes hand washing easier.

Show participants the Tippy Tap handouts, on Page 21 and 23.

Make one tippy tap in front of the group. *You may find a knowledgeable participant who can demonstrate this to the group.*

Divide participants into groups of 4.

Note the handouts available to them on pages 21 and 23 of the participant sourcebook.

Assist them to make the tippy-tap with the materials provided (plastic bottle with lid or gourd, nail, candle, 3 lengths of string, soap).

Have them **fill the bottle** and **practice hand washing** with the tippy-tap.



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Measure the amount of water needed to wash hands consistently and correctly.

Compare this to the amount needed without the tippy tap.

Calculate NOW how much water a family needs to wash hands consistently and correctly.

Ask them to write the new amount by hand onto their worksheet.

Discuss the difference in people's lives.

Discuss other possible advantages to the tippy tap (able to WASH with just one person, don't need a second person to pour water; takes handwashing out of the 'domain' of the woman... now that it's a 'technology', men might maintain it.)

Discuss where it can be placed and any improvements to the design.

Ask participants if they currently promote tippy taps, and if they've seen any clever local materials used in the designs.

Remind participants of the flyers on "how to make a tippy taps", and "how to wash hands"r in the Participant SourceBook.

Conclude this activity.

Our last activity looked at the barriers many people face to one of the three key practices, and we learned how supplies and technologies can also influence behaviors by reducing the barriers to performing the behavior.

Ask participants what products or supplies are determining factors for:

1. Hand washing
2. Basic sanitation
3. Safe water chain

Record participants input on flip charts

Start with the participants input and comment.

Show the list of products and supplies on page 27.+

- For people to change in all three behaviors factors such as key knowledge and skills, products and supplies, readiness for change, peer pressure etc are all important.
- Products and supplies do have a critical role in the practice of our three behaviors.
- In order for households to wash hands with soap, there must be affordable soap available at all times near where people cook and defecate, not too expensive or a days walk in the market place.
- A mother will be motivated to start using POPO if she can find it at an affordable price, if she can use local materials, and/or if she sees it used by other mothers.

Many times people are influenced by peers and elders, motivated by affordable products that make their lives easier, and do things that resonate with a spirit of pride and modernization. We need to



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talk to households less about the health benefits of improved practices and more about benefits that matter to them. But we'll discuss these motivators more on Day 2 and 3.

Conclude the session.

We've spent the past few hours reviewing the many factors that influence the three key practices. We've illustrated that knowledge and awareness are not enough, we've reviewed a range of factors that influence our key behaviors, and we've noted that a behavior has to be FUN, EASY AND POPULAR! if it is to be regularly practiced.

Lastly, and most important, we saw how seeing things from the point of view of the household, not OUR point of view as health promoters, is critical to behavior change.

Today we focused on factors influencing behaviors... How we need to make behaviors fun, easy and popular. On day 3 of the training, we'll spend a lot more time talking about HOW to convince people to change hygiene and sanitation behaviors, how to promote the BENEFITS that they see, not just the health benefits of total behavior change in hygiene and sanitation.

Request a volunteer to provide a brief summary of Day One when we beginning the training session tomorrow.

Ask if there is any general feedback, criticism, complement about what's happened today.

Validate ANY and all responses; take note; adjust if appropriate.



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UNIT
3

Community-led Total Behavior Change: Igniting Communities for Change

Unit 3	Activity Name	Time	Materials/Prep (see details by activity)
Activity 3.1	Community-led Total Sanitation – General Introduction to Approaches and Tools	40 minutes	<ul style="list-style-type: none"> ✓ Feces Calculation worksheets ✓ Glass ✓ Bottled Water ✓ Feces in a cup, plate, or contained space
Activity 3.2	Community Mobilization for Total Sanitation	30 – 60 minutes	Activity Worksheet #3
Activity 3.3	Presentation on CLTS	80 minutes	PowerPoint presentation and projector, if available
Activity 3.4	Steps to Mobilizing Community-led Total Sanitation	30 minutes	Handout
Activity 3.5	Preparation for Field Visit	30 minutes	Worksheet
Activity 3.6	Field Visit	4 hours (240 minutes)	Worksheets and Tools, Guides, pp 29-35, p 43
Activity 3.7	Preparation of Report	1 hour	Guide found in Source Book, p 43
	Report Out from Ignition Field Visit	80 minutes	None
Total Time	585 minutes (maximum) / 9 hours, 45 minutes		

ACTIVITY 3.1 COMMUNITY-LED TOTAL SANITATION - GENERAL INTRODUCTION TO APPROACH AND TOOLS

OBJECTIVES

1. By the end of the unit, participants will be able to:
2. Follow the steps to successfully reach an ignition moment with communities
3. Apply all the pertinent tools used for community-led total behavior change in hygiene and sanitation
4. Validate the power of this community-led approach to mobilize for total behavior change



PREPARATION MATERIALS

- ✓ Feces Calculation worksheets
- ✓ Glass
- ✓ Bottled Water
- ✓ Feces in a cup, plate, or contained space

TIME 40 Minutes

PROCEDURE

[DAY 2]

Welcome everyone back.

Make any new introductions of newcomers.

Ask how everyone rested, if there are any general questions.

Ask the volunteer to give a 5 minute review of key points yesterday.

Supplement their summary as needed.

Turn back to the agenda, and review the day ahead.

General introduction to the day:

Say **Today, we're going to start at another place on the pathway.** Yesterday, we saw that a number of advocacy, planning and budgeting activities take place before we can do 'our' part in communities and households. We focused on the three key behaviors for hygiene and sanitation improvement, we learned about the components of the Regional Behavior Change Strategy, and explored together some of the factors that most influence the key behaviors.

Today, we are going to the Gott Ignition and Action Step. We're going to focus on an approach to start the process of Community-led Total Behavior Change.

First, we'll learn how to Ignite! communities to change, and then we'll practice it with each other and finally with nearby communities.

After this, we'll review some familiar ways to change behavior, and introduce some new ways.

If awareness campaigns aren't enough to change people's behavior, how can we support total behavior change?? This unit will teach you the steps, techniques and tools to mobilize communities to commit to total behavior change; and the following unit will introduce ways



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that health extension workers, development agents, community volunteers and others can work at the community and household levels to support behavior change.

So first, let's turn to techniques for mobilizing communities to commit to total behavior change.

Say, I'm thirsty... excuse me.
Pour a glass of water from a bottle.

Drink it down
Be dramatic ...

Say things like..."the blessing of fresh water. There's nothing like it."

Now:

- **Take a hair** from your head and show it to the participants. Ask them can they see it? They can't see it unless they are very close to you.
- **Use the hair to touch feces** with it and put it in the water
- Offer the glass to the group
- **Ask**, anyone care for a drink??
- Usually people are not willing **DON'T LET ANYONE DRINK THIS WATER**
- Ask why he/she refused to drink

No one wants to consume their own feces, and certainly not anyone else's!

Say **This is the underlying principle to the approach we are about to learn, Community-led Total Sanitation and Hygiene. That NO ONE wants to drink or eat their own feces, much less their neighbors. The techniques we are about to learn are part of the Ignition Step central to our Community-led Total Behavior Change.**

As outside facilitators, we help people to see that current practices result in eating our own shit! Even if our own practices are good, if EVERYONE in the gott is not disposing safely of feces, washing hands, handling food and water safely, none of us can avoid eating feces. We build on this, and as facilitators, help communities COMMIT to ending open defecation, to using latrines and washing hands.

Then together will newly trained volunteers, who emerge from this ignition process, we follow-up the commitment with support, community activities, and house-to-house visits.

But let's go slowly.

[THE INRODUCTION ABOVE IS THE 'SET UP' FOR THE FOLLOWING:}

During our introductions, we asked you to honestly tell us when the last time you defecated in the open was. Anyone who spends any time in villages knows how common a practice this is. When crossing fields, it's hard NOT to encounter feces.



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ACTIVITY 3.2 COMMUNITY MOBILIZATION FOR TOTAL SANITATION

PREPARATION

MATERIALS

✓ Activity Worksheet #3 (p. 34)

TIME

30 – 60 minutes

PROCEDURE

Say Just how much feces does a village generate? We're going to figure this out.

Turn to your worksheet on page 34 of the Participant Sourcebook.

Divide the participants into the same groups as made the tippy taps.

Explain that they can just assume that there are 6 people to a family, as before, and 40 families to a gott.

Take 10 minutes in groups to calculate the amount of feces generated in a gott.

Sample answers from the group work. Note that there can be variation in the answers, depending on some assumptions you bring to the assignment, and that's 'okay'.

Emphasize that it is the 'big picture' that matters in this exercise, the impression of the large volume of shit, imagining it a donkey cart, thinking about where it all goes!

Feces Calculation Worksheet

A. How many times a day do YOU defecate? _____

B. Volume of feces per evacuation (per shit) _____

C. Volume of feces per day $A \times B$ _____

D. Number of people per family _____

E. Volume of feces per family per day $C \times D$ _____

F. Volume of feces per family per month $(E \times 30)$ _____

G. And how many families in the village?? _____

TOTAL AMOUNT OF FECES GENERATED PER MONTH BY A GOTT $(F \times G)$ _____

Number of donkey carts produced by each gott per month _____



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Say *Let's think, Where does that feces go?*

Generate a brainstorm, following the flow of feces from fields and defecation spots..

Some probes: And when it rains?

Conclude: *That with open defecation, feces ends up in our rivers, our fields, our hands and feet, our drinking water...*

Say This exercise, together with the glass of water exercise, are the same ones we suggest you bring to gotts, to Ignite! a commitment to total behavior change. We say ignite! because when communities are led to realize that they are eating each others shit, there is usually a ground swell of commitment to stop the practice.

Ask if there is any one in the group that is trained and used Community-led Total Sanitation approaches or tools. Ask him/her to share their experiences.

Ask the group to BRIEFLY share other community-mobilization techniques for sanitation, hygiene or other health issues.

Facilitator, really control these responses to keep them brief and focuses. Work to extract significant elements of the mobilization approaches.

Say **How does Gott Ignition work?**

An outside facilitator, someone such as yourself, leads the community though as series of activities that helps them realize they are eating their own shit. By going through these exercises, people not only realize they are consuming feces, they also start 'feeling' some very strong emotions. They often feel:

Disgust
Shame
Pride and potential

You'll harness the emotions around open defecation to positive community action, to a commitment to change. Then, you help facilitate that change by supporting community activities and through house to house visits to negotiate improved practices.

SHOW "AWAKENING" (EQUIPMENT PERMITTING)

Running Time – 25 minutes

After the video, ask people first, what did they think?

Do you feel ready to Ignite Change?

You need to learn the steps, outlined in detail in your Pathway Guide.

You'll need to know how to use the Ignition Exercises, or Tools.



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You just practiced two of those tools, the shit calculation and glass of water.

Say Let's take a short break, and then come back to review the steps we just saw in the video.

✓ **BREAK FOR 20 MINUTES**

ACTIVITY 3.3

PRESENTATION ON COMMUNITY-LED TOTAL SANITATION

PREPARATION MATERIALS

- ✓ Power point presentation
- ✓ Computer and LCD projector, if available

TIME

80 Minutes

PROCEDURE

PROCEED WITH THE POWERPOINT PRESENTATION ON COMMUNITY LED TOTAL SANITATION

If no PowerPoint project is possible, give a lecture based on handouts in the participant sourcebook.



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Community Led Total Behavior Change for Hygiene and Sanitation

Community Led Total Behavior Change for Hygiene and Sanitation



COMMUNITY-LED TOTAL BEHAVIOR CHANGE IN HYGIENE AND SANITATION

Implementing a hybrid of ...

- Community-led Total Sanitation
- Strengthened Home Visits Negotiation of Improved Practices/MIKIKIR

embedded in a national and regional process...

- National Hygiene and Sanitation Strategy
- National Protocol for Implementation of ...

Built around Health Extension Programme, and carried out by HEWs

...Among other actors...



Igniting Communities to commit to total behavior change

- Applies all the techniques of Community-led Total Sanitation
- Developed by the Institute for Development Studies – Kamal Kar and Robert Chambers
- Applied widely by Plan International
- We thank them for these slides and for the refined tools and approaches they offer the Amhara effort



Outline of Presentation

- Introduction/Background
- Definition of CLTS
 - Community Led
 - Total Sanitation
- Elements of CLTS
- Guiding Principles
- Why CLTS
- Tools
- Steps in Facilitating CLTS

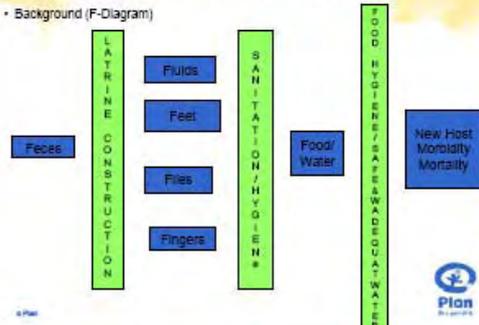


What happens to this man's shit??



Introduction to CLTS- Barriers to Feces Flow

• Background (F-Diagram)



Triggering Elements of CLTS Fear

The unpleasant emotional state consisting of psychological and psycho-physiological responses to a real external threat or danger, including agitation, alertness, tension, and mobilization of the alarm reaction.




Guiding Principles of CLTS

To do CLTS right, we had to do things "wrong"
(Robert Chambers)

- To facilitate not to dictate;
- Let people design toilets not rely on just the "engineers";
- Push less money or hardware; (Capacity building, follow-up motivating by reward, etc)
- Be culturally insensitive and do not use nice words about "shitting in the bush"; and
- Monitor the progress towards open defecation status (as opposed to other indicators).



Why CLTS?

Major shifts needed from the traditional sanitation approach to CLTS

Areas of major shift	Traditional Sanitation	CLTS approach
Toilet designs are those of	Out side engineers	Insiders and community engineers
Indicators of measurement of change	Number of toilets built	Number of open defecation-free (ODF) communities
Major inputs	Sanitary hardware, subsidies those are expensive	Software/ training and capacity building



Why CLTS?

Major shifts needed from the traditional sanitation approach to CLTS

Areas of major shift	Traditional Sanitation	CLTS approach
Outsider's attitude, motive and intention towards insiders	Helping, donating, philanthropic	Agents of triggering local empowerment and initiators of collective local action



Why CLTS?

Major shifts needed from the traditional sanitation approach to CLTS

Areas of major shift	Traditional Sanitation	CLTS approach
Outsider's role	Teaching, advising, prescribing and supplying hardware	Facilitating a process of change and empowerment
Major outcome	Increased number of latrines	ODF communities and no shit in the open



Why CLTS?

Major shifts needed from the traditional sanitation approach to CLTS

Areas of major shift	Traditional Sanitation	CLTS approach
Major emphasis given on	Toilet construction	Empowerment of people
Mode of learning	Verbal	Visual/by doing
Role of community	Passive recipient of ideas, technologies and subsidies	Active analysts and innovators





Tools in CLTS



Tools in CLTS Transect Walk

Walking with community members through the village from one side to the other, observing, asking questions, and listening.

Purpose

- To build rapport with the community
- To locate the areas of open defecation, and which families use which areas for defecation,
- To learn where women go, and what happens during emergency defecation at night or during high incidence of diarrhoea,
- To draw attention to the flies on the shit, and the chickens pecking and eating the shit.
- To visit all the different types of latrines along the way.




Tools in CLTS Transect Walk

Experiencing the disgusting sight and smell in this new way, accompanied by a visitor to the community, is a key factor which triggers mobilization.

It is important to stop in the areas of open defecation and spend quite a bit of time there



Tools in CLTS Mapping of Defecation Areas

Creating a simple map of the village to locate households, resources and problems, and to stimulate discussion. It is useful tool for getting all community members involved in

Objectives:

- To learn about who is living where (distribution of households).
- To identify households with and without latrines
- Identifying areas for open defecation(under normal condition, during emergency situation, for children, women and for animals)
- Using the map drawn, to identify the dirtiest living area due to open defecation
- and explore with the village why is it happening?




Tools in CLTS Shit calculation



Purpose

- Calculating the amount of feces produced (week, month and annually, etc.) can help to illustrate the magnitude of the sanitation problem.
- To visualize the mountain made of feces.
- Appreciate the families who produce more shit
- Encourage the community to announce the amount of shit produced together

Households can use their own methods and local measures for calculating how much they are adding to the problem.



Tools in CLTS Flow Diagram

Purpose

- To discuss the role of running water, chicken and birds, flies, people, cattle and other animals, wind, etc. in contaminating the surrounding air, food and drinking water.
- To contemplate the possible effects of having so much shit on the ground, mixed with their food and drinking water




Ask: Where does all the calculated shit go? (air pollution, food and water contamination, etc.)



Tools in CLTS Glass water exercise

Purpose

- To let the community to know, in a concrete way, that they are eating and drinking each other's shit.

Process

- Ask a glass of water (preferably use your own)
- Ask somebody to drink
- Mix with small amount of shit and again ask the same person to drink (usually they are not willing)
- Ask why he/she refused to drink
- Relate the calculated amount of shit and the flow diagram and ask them whether they were eating/drinking shit



Sequential process applied in the villages by the field facilitators

Introduction Meeting: Enter into village and explain purpose of visit

Conduct Transect Walk and Build rapport with the community (Locate Open defecation area and water point)

Arrange meetings with the village community in a suitable place (where large number of people can sit and work)

Explain objective to the community and create environment conducive to learning and sharing

Analyses of the situation: (Ignition PRA)

- Social (Defecation) mapping of the village
- Calculation of amount of excreta being added to the village by open defecation and its impact on different well-being groups, as well as on men, women and children
- Flow diagram of pollution caused by excreta and faecal-oral contamination links
- Glass of water exercise
- Problems of defecation of landless and the poor (Urban Set-up)
- Group discussions on possible effects due to open defecation. (health and economic)



Sequential process applied in the villages by the field facilitators

- At the end of the analysis, you could ask them who would go for open defecation tomorrow?
- Ask them to raise their hands. If no one raises hands, ask them what they would do instead.
- If ignition is successfully occurred support and let the community go for action planning (how and when to create ODF village, how to monitor the process and how to replicate CLTS to a wider area).




If the ignition is not successful...

- thank the villagers for sharing their experiences and large group presentation,
- say that you will record the village as one that chooses to continue to defecate in the open and eat their own shit..
- and commit to coming back to meet with them again if invited.



The Ignition is just the beginning

During the ignition process, look for natural and local leaders.

With the leaders, work with the group to get a commitment to end open defecation, to keep their hands clean, and their drinking water safe.

They agree to take action in their homes.

They plan and pledge to do other community activities



Identify and nurture natural leadership

- Develop a rapport with leaders,
- 'Recruit' them as a community volunteer, to make sure the community commitment to action bears fruit
- The process of total behavior change is reinforced with HEW and Volunteer Community Health Promoters' who
 - carry out household visits and
 - community activities such as:
 - coffee for health clubs,
 - community conversation, and
 - sanitation campaign programs.




Activity 3.4 Steps to Mobilizing Communities in Total Sanitation

PREPARATION

MATERIALS

- ✓ Summary of Sequential Steps in the Ignition Process

TIME

30 minutes

PROCEDURE

Review the steps to mobilize communities in Total Sanitation.

Summary of Sequential Steps in the Ignition Process

Applied in the villages by the “external” field facilitators (HEWs, DAs, KITs)

- 1. Introduction Meeting:** If the community is not yet known to you, visit and identify local leaders, formal and informal. Meet with leaders and explain the objectives of the meeting you hope to arrange. Identify most dirty and filthy areas in advance.

Agree on the time and place to meet. Get agreements that they will invite ALL the community to come. Schedule meetings at convenient times of the week and convenient times of the day. Absence of people from all categories might weaken the collective power of this triggering decision, so be certain to have elders, religious leaders, women, children, and all ‘classes’ or strata, including any ‘better off.’

- 2. Arrange meeting date with the village of community in a suitable place and convenient time** (where a large number of people can sit and work)
- 3. Explain the objective to the community and create an environment conducive to learning and sharing.** You can tell the community that you and your team are studying the sanitation profile of villages in the district. You are trying to find out the number of villages where people are practicing open defecation and know the effects of this practice.
- 4. Spend the next few hours with the villagers, analyzing their situation: (your goal is to facilitate awareness they are eating their own shit, and support ignition!)**

Carry out the following exercises (tools), in this order:

- Transect walk – start a ‘parade’ through the village. Start with a few important villagers, others will join. Ask, “is this the place where most people in your village shit?”
- Village mapping – where do people shit in open air and latrines, where are water points, who lives where?



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- c) Shit Calculation – amount of excreta and faecal-oral contamination links
- d) Glass of water exercise – to demonstrate we're eating our own shit, and our neighbors!
- e) Group discussions on effects of open defecation

At the end of the analysis, ask who would go for open defecation tomorrow? Ask them to raise their hands. If no one raises hands, ask them what they would do instead.

- If ignition is successful, support the community in action planning (how and when to create an open defecation free village, how to monitor the process).
- If the ignition is not successful you just thank the villagers for sharing their experiences and large group presentation, say that you will record the village as one that chooses to continue to defecate in the open and eat their own shit, and commit to coming back to meet with them again if invited.

Note the 'natural leaders' who emerge during the exercises. They will become part of the team of Community Volunteers who work with the Health Extension Workers and Kebele Ignition Teams to support TOTAL BEHAVIOR CHANGE.

- Develop a rapport with leaders,
- 'Recruit' them as a community volunteer, to make sure the community commitment to action bears fruit

The process of total behavior change is reinforced with HEW and Volunteer Community Health Promoters' who:

- carry out household visits and
- community activities such as:
 - coffee for health clubs,
 - community conversation, and
 - sanitation campaign programs.



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Activity 3.5 Preparation for Field Visit**PREPARATION
MATERIALS**

✓ Worksheets and Tools, Guides pp 29-35, p 43

TIME

30 minutes

PROCEDURE

Say: Now that we have an understanding and a bit of practice, we'll now go out and practice

- Explain the field exercise and its importance.
- Divide the group into four (approximately 7 in a group)
- Ask the group to elect a facilitator, a secretary, and a crisis manger.
- Assign groups to go to the pre selected community.
- Assign HEWs from the selected communities to be the guides.
- Distribute the field exercise protocol (prepared in Amharic) to each group facilitator and the secretary and discuss the content one by one so that they understood it perfectly.
- Tell them they will be given one hour after their return from the field to prepare their field experience and present it to the plenary. Their field guide provides an outline for these activities.

Before going to the field:

- Have groups meet, to identify to identify the facilitator, a secretary, and a crisis manger
- Let the groups 'self-manage' themselves
- Ask them to prepare
- Support any questions, then have a facilitator accompany each of the groups.

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HANDOUT

Community-led Total Sanitation/ Practice Community Ignition!**Group Formation**

Select lead facilitator

Select co-facilitator

Select Process recorder

Select environment setter (to take care of gate keepers)

Select 1-3 for children group

Golden rules during field work

Be good to people

Be good to people

Repeat 1 & 2

Outline of the Report from Field Exercise

Name of Community and village

Procedures (tools used) followed in each step

What went wrong?

What went right?

Challenges encountered

How was the triggering point?



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Activity 3.6 Field Visit**PREPARATION
MATERIALS**

Worksheets and Tools, Guides pp 29-35, p 43

TIME

4 hours

PROCEDURE**Say** Are you ready to Practice Community Ignition?!

We'll be using the tools and skills we learned during the last activity. This activity will take about four hours, and then we'll come back and each group will debrief the other participants on their experience.

ACTIVITY 3.7 REPORT OUT FROM IGNITION FIELD VISIT**PREPARATION
MATERIALS**

Worksheets and Tools, Guides pp 29-35, p 43

TIME

80 Minutes

PROCEDURE

Have each of the groups present for 15 minutes each.
Take a few minutes between each presentation for comments from the group.
Invite other participants from the other groups to offer suggestions, reflections

After all the presentations, sum up the experiences.

Ask the group:

- What was different about this approach?
- What do you like about it?
- What are your apprehensions or concerns?

Congratulate and celebrate!

BREAK

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UNIT

4

Negotiating Improved Practices

Unit 4	Activity Name	Time	Materials/Prep (see details by activity)
Activity 4.1 A	Changing Behavior Through Small Doable Actions	25 minutes	<ul style="list-style-type: none"> ✓ A4 Paper or Index Cards ✓ Flip charts ✓ MIKIKIR Job Aid for Negotiating Improved Practices
Activity 4.1 B	Ideal Behaviors	45 minutes	Worksheet in Participant Sourcebook, P. 46
Activity 4.2	Negotiating Improved Practices in the Home	15 minutes	Flip chart
Activity 4.3	Negotiating Improved Practices – The Home Visit and MIKIKIR	180 minutes	Notebook Worksheet p.13, Handouts pp45-51 MIKIKIR Job Aid for Negotiating Improved Practices
Activity 4.4	Field Visit	240 minutes	WASH Motivator Form, Guidelines for Visit
Activity 4.5	Debrief from Field Visit	60 minutes	None
Activity 4.6	Integrating New Approaches into Your Job	30 minutes	Notebook Worksheet
Total Time	535 minutes (maximum) / 8 hours, 55 minutes		

OBJECTIVES By the end of this unit, participants will be able to:

- ✓ Conduct HOME VISITS to negotiate improved hygiene and sanitation practices.
- ✓ Identify (together with householders) the ‘small do-able actions’ they are willing to try, feasible and effective behaviors based on THEIR current context
- ✓ Use the MIKIKIR job aide for negotiating improved practice
- ✓ Describe how the MIKIKIR approach facilitates a focus on behaviors
- ✓ Identify major barriers and motivators to the 3 key practices from the householders’ point of view



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ACTIVITY 4.1A CHANGING BEHAVIOR THROUGH SMALL DOABLE ACTIONS

PREPARATION

- ✓ Write behaviors on A4 papers or index cards
 - Carve a sculpture of a mother and two children in clay
 - Cook a five course meal for ferengi
 - Attend a medical school class on brain surgery
- ✓ Prepare flipchart that says Small Doable Actions
 - Feasible, effective, and a stepping stone to even more effective practice
- ✓ Prepare a second flipchart that says MIKIKIR
 - Assessing current practice
 - Identifying with the household a small doable action to try to improve
 - Working with them to identify and solve problems on the spot...
- ✓ Reflect on the tooth brushing exercise, and think about a confident, talkative participant who was NOT a regular tooth brusher, to use in the example for negotiating improved practice

MATERIALS

- ✓ A4 paper or index cards
- ✓ Flipcharts
- ✓ MIKIKIR Job Aid for Negotiating Improved Practices

TIME

25 minutes

PROCEDURE

Welcome everyone back!

Invite everyone to pull out their pathway to total sanitation

Ask them to find the gott ignition on the pathway

Say, now that you know how to mobilize a gott to commit to end open defecation, remember about the behavior change strategy, and your role in total behavior change.

Commitment is vital, but there is a lot of intensive work that follows in gotts, at the community and household level. And each of us has our role in supporting the community in ending open defecation.

Health extension workers, together with community volunteers, have the responsibility of house-to-house visits. Development agents interact with people in the community too.



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Continue, this unit will focus on some techniques to make our interactions with communities and households more effective, to focus on changing behaviors.

Ask the HEW, tell us a little bit about your work with households, about the sixteen packages and the family health card?

Include the DA, asking about the kinds of interactions they have with the community, and what are the objectives of their interactions.

Probe a bit, ask if households are sometimes reluctant or resistant to change? Why they think that is?

Lead a brain storm in plenary: What do you currently do to persuade families to “do the right thing”???

Brainstorm for about 5-10 minutes

Ask a participant “pick a card” from your pack of cards, and read it out loud:

Carve a sculpture of a mother and two children in clay
Cook a five course meal for ferengi
Attend a medical school class on brain surgery

Make it fun.

Say, ready to begin?

Conclude that often, before you can go to medical school, you have to first graduate primary. That before you can cook a banquet, you need to learn to make shiro.

We try to apply this concept to improving hygiene and sanitation practice. We assume that people can't always jump from what they are currently doing to the ideal practice.

Give the definition

Definition: Small do-able action is a behavior that, when practiced consistent and correctly, will lead to household and public health improvement. It is considered feasible by the household, from THEIR point of view, considering their current practice, their available resources, and their particular social context. Although the behavior falls short of an “ideal practice”, it is more likely to be adopted by a broader number of households because it is considered ‘feasible’ within the local context.

Say It's feasible – people FEEL they can DO it NOW, given existing resources in the house [they can make shiro, but not bake a wedding cake or a five course ferengi meal]

It's effective – it makes a difference to the household and the community

It's a building block, a stepping stone to the IDEAL practice



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Continue

How do you identify small doable actions?? The only way is to carefully examine current behaviors, resources, social pressures and beliefs... and make some decisions....

We assess where they are now.

We break down behaviors in to smaller ‘baby steps’, and identify small doable actions, things that are feasible. Effective, ‘fun, easy and popular’

Say: We’re going to break into groups and start to identify small doable actions for our key hygiene and sanitation behaviors.

ACTIVITY 4.1 B IDENTIFYING SMALL DO-ABLE ACTIONS TO PROMOTE HYGIENE AND SANITATION BEHAVIOR CHANGE

PREPARATION**MATERIALS**

✓ Worksheet in Participant Sourcebook, p. 46

TIME

45 minutes

PROCEDURE

Divide into groups of five.

Assign one behavior each (there are 4 behaviors, so some groups will do the same behavior)

IDEAL BEHAVIORS

- Dispose infant feces safely in a latrine
- Dispose of adult feces in a sanitary ventilated pit latrine with a ceramic slab platform and a vent pipe
- Wash hands with soap at 4 critical times
- Manage and protect water safety, from source to mouth

First consider the ‘ideal’ behavior

‘Break down’ the behavior into any component parts, note the various sub-behaviors

Consider ‘approximations’, existing practices related to the ideal behavior

Identify at least 3 “small doable actions” for each “ideal” behavior, specifically, a behavior that is feasible for the householder and still has a personal and public health impact, even if not ideal.

You have 30 minutes to work, and 5 minutes to report back to the group

Facilitator and assistants Be sure to circulate at beginning of this exercise; groups can often be challenged at the start. Usually, they only need encouragement and perhaps another example.



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“You are asked to run a marathon”... you can't do that.. YET.. what **could** you do NOW... walk a mile a day to town? Jog around the stadium slowly

As people report back

Have the group critique... are these small doable actions? What else would you add?
Does it meet the criteria?

Is it feasible? – People FEEL they can DO it NOW, given existing resources in the house

Is it effective? It makes a difference to the household and the community

Is it a building block? A stepping stone to the IDEAL practice

After the report back

Conclude if we want to see behavior change, we may need to ‘settle’ for small doable actions rather than starting with the ideal. Try to lead a thoughtful discussion out the implications of focusing on small doable actions...

Lead a short discussion As trained professionals, how do they ‘feel’ about promoting less than ideal practice? Does this ‘fit’ with what you are doing now?

ACTIVITY 4.2 NEGOTIATING IMPROVED PRACTICES IN THE HOME

PREPARATION ✓ Flipchart with three key behaviors

MATERIALS ✓ Flipchart

TIME 15 minutes

PROCEDURE

Facilitator say: Think back to the toothbrush exercise...

Ask someone who was not a regular brusher...

Do you think it would be hard for you to start brushing your teeth after every meal, starting right now and continuing your whole life??

Don't even wait for an answer...

How about if I asked if you could try brushing your teeth, just once a day, sometime in the evening after your evening meal? Would that make it easier??

And if I told you [throw in some benefit... a non-health benefit].. for instance ..., [if it's a single young man.. that his winning smile will win the hearts of ladies, or if a woman, that her



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radiant smile will get her a place at the front of the line or a better price when bargaining with the merchants...]

How would that be?

Continue... Now, if I told you that you don't have to brush, that using a chew stick is alright as well. Would that make it easier to clean your teeth once a day, in the evening??

We call this **negotiating improved practice, or MIKIKIR.**

- **Assessing current practice**
- **Identifying with the household a small doable action to try to improve**
- **Working with them to identify and solve problems on the spot...**
- **Offering benefits and reducing barriers**

Explain in the second unit, we looked at what influences behaviors, particularly the three key behaviors of hand washing with soap, safe water management, and safe feces disposal **(point to the flipchart with the three key behaviors).**

We identified some of the key factors influencing our behaviors – that knowledge does not always lead to improved practice, that people need affordable access to products to perform some of our key behaviors, that peers and elders have a lot of influence.

We concluded that addressing barriers and motivations are essential for total behavior change – all from the point of view of that particular household.

After we get commitment from a community through the CLTS ignition, your job is now to work with individual households to help negotiate improved practice.

All the other community activities will also be going on, the banners will be flying, the coffee will be roasting in the coffee ceremonies... **but YOU will be visiting households to negotiate improved practices, or MIKIKIR.**

ACTIVITY 4.3 NEGOTIATING IMPROVED PRACTICE -- THE HOME VISIT AND MIKIKIR

PREPARATION

MATERIALS

- ✓ Notebook Worksheet p.13, Handouts pp.26-32
- ✓ MIKIKIR Job Aid for Negotiating Improved Practices

TIME

2 - 3 hours

PROCEDURE



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Ask/Say: We're using the phrase a lot.... Total behaviour change. How do you actually support total behaviour change in households?

Facilitator: This session focuses on the home visit. It assumes that some "baseline" groundwork has been laid, priming the community for action and change. *Make a reference to the PHLAST guidelines that help to 'ready' a community for a focus on hygiene and sanitation promotion.*

Say This unit focuses on the home visit, and reviews:

How do you enter the home?
 How do you organize discussions?
 How do you assess risk, and identify promising practices to build on?
 How do you negotiate change?

A. **CHATTING TECHNIQUE FOR HOME VISIT** (20 minutes, optional):

FACILITATOR: *This exercise A is optional, depending upon the experience of the group.*

Ask for a pair of volunteers. Ask the partners to decide who is the WASH Promoter/ Home Visitor and who is the household(er). Then ask the WASH Promoter to knock on the door and try to get the attention and interest of the householder. Have them encourage the householder to improve their hygiene and sanitation practices... "PLAY!"

At the end of the play, discuss:

What technique was used by the WASH Promoter to get into the house and to get interest and attention?"

What worked best to gain the trust and interest of the householder?

What could be improved?

What worked best to assess the current practices, and identify risk?

What could be improved?

How did the promoter try to motivate the householder?

Key topic!.....

NEGOTIATING BEHAVIOR CHANGE: MIKIKIR

PROCEDURE

Explain In order to help change householder behavior, we suggest we may need to also change our OWN behavior. Rather than telling householders what to do, the GALIDRAA method suggests we are working with householders in partnership to help identify risk, prioritize one or two small doable actions, and work with the household to realize the change.



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We call this ‘negotiation’ MIKIKIR. See page 49.

One way to help negotiate improved practices is to understand the advantages and disadvantages the householder faces in practicing the new behavior. This should always be done from the point-of-view of the household, NOT the point-of-view of a sanitarian. Some examples of the advantages and disadvantages of WASH practices are found on page 55 of the training notebook. We’ll do an exercise in a short while that tries to see WASH practices from the household point-of-view.

USING THE MIKIKIR CARD TO MOTIVATE CHANGE

Distribute the MIKIKIR Job Aid for Negotiating Improved Practices

Go through the pictures asking participants what they see in each picture.

When one of the volunteers does not know what the picture is or has not got the right meaning ask *“Can anyone else suggest something (else)?”*

When they have gone through the pictures, ask *“Can you think of a way of showing a household’s current defecation practices on this form?” Let’s say they were practicing open defecation... What would you mark?*

Show them how to mark the form.

ORGANISING A GOOD DISCUSSION ON PROBLEMS (20 minutes)

Follow the GALIDRAA Method

SAY: The GALIDRAA Method can be used to guide a good household visit, which leads to household commitment to improve sanitation and hygiene practices. The method serves as an entry point to the household, and guides the negotiation process. It is a simple pneumonic used to help remember key steps to negotiate change.

- G-** **GREET** the household; ask about the family, its work, the farm, current events, etc. to put household members at ease. Tell the household where you come from and your intension. Ask permission to stay for a few minutes and discuss issues while they are working.
- A-** **ASK** about current hygiene and sanitation practices and other health issues. Show the pictures in the MIKIKIR card or start from an actual happening in the house to start a conversation.
- L-** **LISTEN** to what the women/men in the house say.
- I-** **IDENTIFY** potential problems from what is said by the women/men. (Barriers for change include unavailability of products, shortage of supplies, money, or knowledge.)



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- D-** **DISCUSS** and suggest with the women/men different options to overcome the barriers.
- R-** **RECOMMEND** and **NEGOTIATE** small doable actions. Present options and ask if they are willing to try a new practice to improve the situation and help them to select one, two, three, etc. that can be tried.
- A -** If the women/men **AGREE** to try one or more of the options, **A- ASK** them to repeat the agreed upon actions.
- A -** Make an **A-APPOINTMENT** for a follow-up visit.

EXERCISE:

Role play in pairs. One of the pair is the WASH promoter, the other is the householder. Use the ALIDRAA steps and the MIKIKIR Job Aid for Negotiating Improved Practices to identify the most critical problems and possible behaviors the householder must be willing to try. Take about 15 minutes.

After all the pairs have tried this role play invite **a pair to demonstrate in-front of the whole group.**

At the end of the play, discuss:

What technique was used by the WASH Promoter to get into the house and to get interest and attention?"

What worked best to assess the current practices, and identify risk?

What could be improved?

What worked best to identify the small doable action the household would try to change?

What could be improved?

If there is resistance by the householder, stop the action and ask "*What happened?*" And then ask "*What other approach might be used?*"

Continue this process of stop-start role-play until the group have identified the factors and strategies involved in getting into a home, creating some interest and trust, identifying feasible behavior(s) for change; and negotiating with the householder to make the changes happen?

Use the MIKIKIR Job Aid to help identify problems and negotiate solutions. See sheet of householders' perceived advantages and disadvantages to performing the various behaviours on page 55, and motivators of hand washing on the following page.



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ACTIVITY 4.4 FIELD VISIT**OBJECTIVE** ✓ Practice New Skills**PREPARATION MATERIALS**

MIKIKIR Job Aide for Negotiating Improved Practice, Guidelines for Visit

TIME 4 Hours**PROCEDURE**

Practice introductions, use of WASH tool to identify small do-able actions, negotiating change
MIKIKIR

Explain procedure

- Work in teams of 3 or 4 ... fan out, go to houses...
- Each team member should take the lead on one house
- Between each house visit, group should provide feedback on the visit
 - Use the criteria in the worksheet to specifically critique the visit
 - Was a small doable action (or two) identified?
 - Was it an appropriate choice? (was it risky, changeable? At the 'right' stage of change?)

Each group should be prepared to give a 10 minute 'report out' after the session. The report out will be conducted like a radio interview, with one interviewer interviewing a spokesperson(s).

Questions should include the following, but need not be limited to these questions, as long as you stay within the time allocation. (You may paraphrase the questions, of course, in true radio personality style.)



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GUIDELINES (CRITERIA) FOR CONDUCTING THE HOME VISIT*THIS CAN BE USED TO SELF-ASSESS OR CONSTRUCTIVELY REVIEW PEERS*

Greeting	<p>Identify yourself (be honest, and be motivating) <i>I'm from the Woreda Health Desk, and we've come to see how we can help reduce diarrhea in the household..)</i></p> <p>Build rapport Be mindful of tone... be open, friendly; Do not scold or 'preach' Consider gender, context (men shouldn't try to enter the home on first visit if the man of the house isn't present. Ask where he is, or if the mother in law might join...)</p>
Identify purpose	<p>Be clear Be motivating Suggest partnership, problem-solving</p>
Ask/Assess/Observe	<p>Use the WASH form Ask questions? Listen</p>
Identify Options for Small Doable Actions	<p>Find practices that are risky, changeable, appropriate to the context</p>
MIKIRIR	<p>Negotiate Problem solve Have them try/model the behaviour Ask about reservations, doubts Try to resolve Get commitment to try until next visit</p>
Set next appointment	

REMEMBER THE GALIDRAA STEPS:

- G- Greet the household
- A- Ask and observe current practice
- L - Listen to what householder says
- I - Identify the problems with them
- D -Discuss the problem and together come up with feasible options for improvement
- R -Recommend and negotiate small do-able actions
- A -Ask whether householder agrees with it, and have them repeat their agreement
- A -Appointment made with householder for follow-up



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ACTIVITY 4.5 BACK FROM FIELD: DEBRIEF**PREPARATION****MATERIALS** ✓ None**TIME** 1 hour**PROCEDURE****Debrief**

- Review skills, ask: How was it...
- Identifying small doables??
- Using the MIKIKIR Job Aid for Negotiating Improved Practices as a tool??
 - Did it feel like a questionnaire, using the tool... or was there interactive conversation?
- Negotiating?? (ask peers to comment on each other...)
- How was the receptiveness?
- Any barriers to cooperation?
- Did it feel different than previous visits? How?

ACTIVITY 4.6 INTEGRATING NEW APPROACHES INTO YOUR JOB**PREPARATION****MATERIALS** Notebook Worksheet**TIME** 30 minutes**PROCEDURE****Part 1:**

Say We hope you introduce these skills and approaches into your job, and share them with those you work with and supervise.

PLEASE TAKE A HALF HOUR TO ANSWER THE FOLLOWING QUESTIONS. Pair off with the person next to you, or in a small group of no more than four, and discuss the questions for just 15 minutes. Then INDIVIDUALLY ANSWER THE FOLLOWING QUESTIONS, TAKING JUST ANOTHER 15 MINUTES TO ANSWER.

WE WON'T SHARE THE ANSWERS NOW, BUT WILL SHARE SOME OF THE RESPONSES AT THE END OF THE TRAINING, WHEN WE ARE ALL TOGETHER.

Your worksheet is found on page 61 of your workbook.



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What behaviour change activities are you currently involved in?

Which of the workshop concepts and tools will be most helpful to you in your job?

Which opportunities do you see to integrate these concepts and tools into your work?

What barriers or resistance do you see to integrating community led behaviour change tools and approaches into your current job?



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UNIT

5

Data Collection and Analysis

Unit 5	Activity Title	Time	Materials/Prep (see details by activity)
Activity 5.1	The Importance of Data Collection, Types of Data Collecting Methods and Tools Used for Data Collection	30 minutes	Flip chart, marker
Activity 5.2	Introducing the Components of the Survey	120 minutes	Flip chart, marker
Activity 5.3	Introduction to Data Collection Formats	90 minutes	Data collection formats
Activity 5.4	Organization of the Next Day for Data Collection and Kebele Feedback	90 minutes	Flip chart, markers
Activity 5.5	How Many Households Fulfil All Indicators of Environmental Sanitation	90 minutes	Flip chart, markers
Activity 5.6	Data Collection in One Kebele	240 minutes	Data collection formats
Activity 5.7	Feedback Meeting on Data Collection	60 minutes	<ul style="list-style-type: none"> ✓ Flip chart ✓ Marker ✓ Written summary formats
Activity 5.8	Presentation of Data Analysis	60 minutes	Flip chart, markers
Activity 5.9	Presentation of Summary Tables, Graphs and Maps by Group	180 minutes	Summary table preparation
Activity 5.10	Preparing Presentation for the Kebele Feedback Meeting	120 minutes	Flip chart, markers
Activity 5.11	Feedback Meeting at the Kebele Level	120 minutes	Flip chart, markers
Activity 5.12	Feedback on Kebele Meeting, Group Discussion	30 minutes	none
Activity 5.13	The Ideas of Regular Reporting	30 minutes	Flip chart, markers



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Activity 5.14	Stages of Sanitation Protocol	30 minutes	Flip chart, markers
Activity 5.15	Strengths, Weaknesses, Opportunities and Threats Analysis for Data Collection	60 minutes	Flip chart, markers
Activity 5.16	Considering the SWOT Analysis	120 minutes	Flip chart, markers
Activity 5.17	Panel Discussion of Both Groups	120 minutes	Flip chart, markers
Activity 5.18	Wrap-up and Closing Ceremony	30 minutes	None
Total Time	1620 minutes / 27 hours		

OBJECTIVES By the end of this unit, the participants will be able to:

- ✓ Explain the importance of data collection, types of data collection methods and tools used for data collection
- ✓ Understand and communicate the components of the survey on water, sanitation and hygiene (HHs, public institutions, water points and school WASH), indicators and condition to be fulfilled for each indicator
- ✓ Use formats in order to make the assessment of existing conditions of the kebele community
- ✓ Organize data collection and conduct a kebele feed back meeting to present the findings and develop an action plan
- ✓ Analyse collected data (using maps, tables, charts, percentage calculation etc)
- ✓ Conduct SWOT analysis and develop an action plan to organize data collection at kebele level

ACTIVITY 5.1 THE IMPORTANCE OF DATA COLLECTION, TYPES OF DATA COLLECTING METHODS AND TOOLS USED FOR DATA COLLECTION

MATERIALS

- ✓ Flip chart
- ✓ Marker

TIME 30 minutes

PROCEDURE

Ask participants what is the importance of data collection? Ask them to describe the types of data collection methods and tools for data collection.



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ACTIVITY 5.2 INTRODUCING THE COMPONENTS OF THE SURVEY

OBJECTIVES 1. Introduce survey components (HHS, Institutions, Water and school WASH), the indicators and conditions to be fulfilled for each indicators

MATERIALS ✓ Flip chart
✓ Marker

TIME 120 minutes

PROCEDURE

Ask participants what are the conditions to be fulfilled for each indicator?

Go in to details on how to collect information on indicators i.e. mostly by observation

Explain how to obtain information on the more tricky indicators i.e. how to measure 1km (distance from HH to water source, single trip)

ACTIVITY 5.3 INTRODUCTION TO DATA COLLECTION FORMATS

TIME 90 minutes

PROCEDURE

Distribute the formats to the participants

Let the participants read the formats page by page for 5 minutes before discussion

Discuss with them if there is something unclear

ACTIVITY 5.4 ORGANIZATION OF THE NEXT DAY FOR DATA COLLECTION AND KEBELE FEEDBACK

MATERIALS ✓ Flip chart
✓ Marker

TIME 90 minutes



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PROCEDURE

Select one kebele to do data collection.

Divide the participants in to 4 groups

Assign 3 groups in 3 Gotts to collect Household data and 1 group to collect data of water points, schools and other institutions in the above 3 Gotts

Tell the 3 groups to prepare map of their Gott

Tell the groups to had contact with Got leaders prior to data collection

Identify who are key informants for the kebele feed back meetings

- HEWs/DAs working in the kebele should get in contact with Kebele administrators for the data collection and feed back meeting
- Tell the groups to call individuals for Kebele feedback meeting on a specified place, date and time

ACTIVITY 5.5**HOW MANY HOUSEHOLDS FULFIL ALL INDICATORS OF ENVIRONMENTAL SANITATION****MATERIALS**

- ✓ Flip charts
- ✓ Markers

TIME

90 minutes

PROCEDURE

Ask participants to assume that there are 100 HHs in a Gott and ask the participants to guess the sanitation coverage, hand washing facility coverage, latrine utilization coverage, hand washing facility utilization coverage, how many of them have access to protected water sources, how many of them get water from protected water sources?

Ask participants to guess how many protected water points in one Gott and in one Kebele.

Ask participants to guess how many schools in one Kebele. Do you think they will have separated latrines for girls and protected water points?



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ACTIVITY 5.6 DATA COLLECTION IN ONE KEBELE / FIELD VISIT**MATERIALS** ✓ Data collection formats**TIME** 4 hours**PROCEDURE****Clarify** that each participant is to be assigned to one house**Practice** introduction with HH(e.g. explain why data collection is taking place and ask permission for getting information)**Tell** the group leader to act as a supervisor with the following responsibilities: double-check that formats are filled correctly, make sure that team is back in time, organize geographical distribution of team for data collection, make sure a map of the got is drawn up**ACTIVITY 5.7 FEEDBACK MEETING ON DATA COLLECTION AND INTRODUCTION OF SUMMARY FORMATS TO BE COMPLETED****MATERIALS** ✓ Flip chart
✓ Marker
✓ Written summary formats**TIME** 1 hour**PROCEDURE****Ask** the participants what went well and what was difficult during data collection in he field?**Ask** feed backs on the data collection formats**Distribute** the summary formats**Explain** how to summarize the collected data using summary formats**Tell** them each participant should fill the summary form by themselves over night**USAID**
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ACTIVITY 5.8 PRESENTATION OF DATA ANALYSIS**MATERIALS** ✓ Flip chart

✓ Marker

TIME 1 hour**PROCEDURE****Present** how to do percentage calculation, make tables and charts to display data (the headings of tables and charts should include what, where and when).**ACTIVITY 5.9 PREPARATION OF SUMMARY TABLES, GRAPHS AND MAPS BY GROUP****PREPARATION** ✓ Summary table preparation**TIME** 3 hours**PROCEDURE****Assign** each group to prepare their Got summary and percentage calculation**Assign** groups to prepare summary tables by using flip charts (group should prepare latrine table, group 2 hand washing facility table, group 3 water supply table and group 4 water points, schools and other institutions tables)**Ask** each group to write their data on the prepared table**Graph preparation****Give** an example and assign everybody to prepare one graph individually by using numbers and percentages. Then check the graph of each person to see whether it is done correctly.**Assign** group 1 to do graphs on latrines, group 2 on hand washing facility, group 3 on water supply and group 4 on water points, schools and other institutions of the 3 Gots**Tell** them to use percentage and scales to prepare graphs**Ask** each group to present the data prepared in the form of tables and graphs**Comment** on the presentation (e.g. how to explain percentage and distance to community, how to introduce themselves, they should start with the positive but also emphasise differences among Gots to stimulate competition)**USAID**
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ACTIVITY 5.10 PREPARING PRESENTATION FOR THE KEBELE FEEDBACK MEETING**MATERIALS** ✓ Flip chart

✓ Marker

TIME 2 hours**PROCEDURE****Tell** each group to incorporate comments and present during feed back meeting in the form of table and graphs**Ask** participants to assign one chairman to lead the meeting (to introduce the objectives of the meeting, introduce the participants, open discussion and give conclusion) and another individual who keeps time**Ask** the participants to prepare the objectives of the meeting**Decide** the time frame for the kebele meeting**ACTIVITY 5.11 FEEDBACK MEETING AT THE KEBELE LEVEL****MATERIALS** ✓ Flip charts

✓ Markers

TIME 2 hours**PROCEDURE**Chairman should **introduce the participants** and objectives of the meetingEach presenter should **present the findings** by using tables and graphsChairman **opens the floor for discussion** by raising some questions like where the kebele is found in terms of water, sanitation and hygiene? Don't preach but try to get commitment from peopleChairman should **conclude the meeting** after some discussion (Come up together with an action plan)**ACTIVITY 5.12 FEEDBACK ON KEBELE MEETING, GROUP DISCUSSION****USAID**
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MATERIALS None

TIME 30 minutes

PROCEDURE

Ask them what went well, what could be improved next time?

ACTIVITY 5.13

PRESENTATION AND DISCUSSION ON THE IDEAS OF REGULAR REPORTING

MATERIALS ✓ Flip charts

✓ Markers

TIME 30 minutes

PROCEDURE

Present the organogram of regular reporting system

Present suggestions for doing data collection using CHP/ Lemat Budin leaders to report HHs that have latrines, HEWs etc

Begin open discussion

ACTIVITY 5.14

PRESENTATION OF THE STAGES OF SANITATION PROTOCOL

MATERIALS ✓ Flip charts

✓ Markers

TIME 30 minutes

PROCEDURE

Open discussion

ACTIVITY 5.15

STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS ANALYSIS FOR DATA COLLECTION AT THE KEBELE LEVEL

MATERIALS ✓ Flip charts



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TIME 60 minutes

PROCEDURE

Explain SWOT analysis to participants (SW is internal and OT is external), give examples to illustrate; state that the overall objectives of this SWOT analysis is to develop an action plan for data collection at Kebele level

Divide the participants in to 4 groups

Assign each group to do one of the SWOT analyses

Present by using flip charts and open discussion

OR

Let each participant brainstorm by writing SWOT on their exercise book

Allow one person from participants to come out and write on the flip chart by asking the participants

ACTIVITY 5.16 PREPARE WORK PLAN FOR DATA COLLECTION AT A KEBELE LEVEL BY CONSIDERING THE SWOT ANALYSIS

MATERIALS ✓ Flip charts

✓ Markers

TIME 2 hours

PROCEDURE

Divide the participants in to 2 groups and assign each group to do one of the following tasks:

Prepare data collection framework at the kebele level by taking one kebele having

- 3 DAs and 2 health extension workers
- 10 Gotts
- One Gotts having 20-30 households , 1 CHPs (if present and 1 Limat Buden leader

Take the data collection will be completed within 3 weeks and Prepare a schedule on what should be done in each week and whose is responsible for that purpose



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ACTIVITY 5.17 PANEL DISCUSSION OF BOTH GROUPS**MATERIALS** ✓ Flip charts

✓ Markers

TIME 2 hours**PROCEDURE****Assign** data collection teams to present summary reports**Assign** behaviour change group to present role play on the use of PRA tools and walk of shame**ACTIVITY 5.18** WRAP UP AND CLOSING CEREMONY**MATERIALS** None**TIME** 30 minutes**PROCEDURE****Invite** Zonal or Woreda administrators and Zonal health department heads for closing the training**USAID**
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HH Sanitation & Hygiene Data Collection Format 1.1

Region:.....

Zone: Woreda:.....

Kebele:.....

Household Sanitation & Hygiene page 1																			
General					1 Latrine hardware														
Got name	Serial No	Name of HH head	No of children < 5	Do you have a latrine?	Type of latrine					Technical condition: Does latrine have							Is it first latrine?		
					Traditional Pit Latrine			V I P	Other - specify	Hole cover	If concrete slab: slant toward hole	roof	wall	door	Depth from faeces to slab >50cm		Size of squat hole (cm by cm)	Y	N
					Wood slab	Mud slab	Concrete slab								Y	N			

Name of Data Reporter _____ Title of Reporter _____ Date of Reporting _____ Signature _____



School WASH Data Collection

Format 4.1

Region:.....

Zone: Woreda:.....

Kebele:.....

General										
Got	School name	Type of education programme			No of teachers	No of Students			No of class rooms	
		Primary (1-8)	Secondary (9-12)	Alternative basic education		No of Boys	No of Girls	Total No		

Water Supply																						
Available		If available: Type					If protected, are there faucets?		If yes, how many faucets are there?		Is it Functional		Seasonally dry		Sanitary Condition							
Y	N	HDW / hand pump	Protected Spring	Shallow Well	Deep Well	Unprotected Source	Y	N	functional	Non-functional	Y	N	Y	N	Diversion ditch clean		Standing water		Free from waste		Fenced	
															Y	N	Y	N	Y	N	Y	N

Handwashing Facility (HWF)						
HWFs available		If HWF available:			Soap / Ash and water available	
Y	N	Total no of faucets	No of functional faucets	Y	N	

Name of Data Reporter_____ Title of Reporter_____ Date of Reporting_____ Signature_____

School WASH Data Collection

Format 4.2

Region:.....

Zone: Woreda:.....

Kebele:.....

<i>Latrines type and maintenance</i>																								
Available		If available, type					Technical Condition										Sanitary Condition of latrine facilities							
Y	N	Traditional Latrine			VIP	Other – specify	Door		Roof		Walls		If concrete slab: slant towards hole		Hole cover		Current depth from faeces to slab >50cm		Free from waste		No offensive smell		>30m away from next water point	
		wood slab	mud slab	concrete slab			Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N

<i>Adequate latrine coverage</i>								
Total no of latrine facilities	Of which functional / used	No of functional squat holes	No of separate squat holes for girls	Girl / squat hole ratio	Of which functional / used	Girl / functional squat hole ratio	No of latrines for teachers only	Of which functional

<i>School Clubs</i>		
Serial No	Type and name of school club	WASH related activities carried out
1		
2		
3		
4		
5		

Name of Data Reporter _____ Title of Reporter _____ Date of Reporting _____ Signature _____

Lemat Budin / Got HH sanitation & Hygiene Summary

Format 1.1

<i>HH Sanitation and Hygiene Lemat budin / got reporting format – format for registration book – start each got with a new page</i>																								
Got Name:																								
Serial No	HH Name	No of HH members	1								2		3		4		5		6		7		8	
			Latrine		If yes: first latrine?		If yes: Type				Latrine use		HWF available		HWF used		Safe source of drinking water supply		Basic access to protected water		Safe storage of water		Water treatment practiced	
			Y	N	Y	N	Traditional Latrine			V I P	Other - specify	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y
wood slab			mud slab		concrete slab		Y	N	Y			N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N

1 Criteria for calling a latrine a latrine:

- the latrine should have a slab, hole cover, roof, walls, a door or similar to ensure privacy, at least 50 cm between slab and feces (use a stick to measure), the size of the squat hole should measure 20cm by 15cm.
- the latrine should be 6 meters away from kitchen, at the back of the dwelling and 30 meters away from the closest water point (including private wells)

2 Criteria for Latrine Use: There is

- A path to the latrine, paper or other evidence of anal cleansing, fresh urine on pit, no faeces around the compound

3 Criteria for Handwashing Facility:

- The HWF has a faucet that allows handwashing without assistance (i.e. free flow of water) and is next to latrine or on the path to the latrine

4 Criteria for Measuring the Use of Handwashing Facility:

- There is water in the HWF, there is soap, ash or another cleansing agent next to it, the ground is wet from recent handwashing

5 Criteria for a Protected Source of Drinking Water Supply:

- Safe sources of drinking water are protected sources such as hand dug wells (fitted with hand pump), protected springs and boreholes,

6 Criteria for Basic Access to protected water supply

- The protected source should be at a distance of less than 1km to the dwelling.

7 Criteria for Safe Storage of Water:

- Stored in container with a lid on it (either the container should have a narrow neck so that hands cannot be dipped into water or a separate dipper should be used to draw water)

8 Criteria for Water Treatment:

- Treatment of drinking water practiced either with a chemical substance (e.g. water guard, water purifier), boiling or other

Household Sanitation and Hygiene in Kebele Summary Table

Format 1.2

Region:.....

Zone: Woreda:.....

Kebele:.....

Kebele Household sanitation & hygiene summary table																			
Got name	No of HHs in got	Name of CHP	HHs with latrines		HHs using latrines		HHs with HWF		HHs using HWF		HHs using protected source for drinking water		HHs with basic access to protected water source		HHs practicing safe water storage		HHs practicing water treatment		
			No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	
Total in Kebele																			

Name of Data Reporter _____ Title of Reporter _____ Date of Reporting _____ Signature _____

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 2. Resource Book (may 2008) Community Led Total Behavior Change in Hygiene and Sanitation, a sstep-by-step approach to community ignition in H&S.
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