



Amhara National Regional State  
Health Bureau

Training in  
**Community-led Total Behavior Change  
in Hygiene and Sanitation**  
(The Amhara Experience in Line with the Health Extension Program)

# Facilitator's Guide

January 2009

**Supported by:**



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# Preface

In Ethiopia, sanitation and hygiene are receiving recently the attention they deserve. With the introduction of the Health Extension Program—Ethiopia's primary health care strategy—sanitation and hygiene were identified as essential components of primary health care and were given their own institutional home within the Ministry of Health (MOH). To ensure universal access to sanitation and hygiene by 2012, the National Hygiene and Sanitation Strategy was designed by the Federal Ministry of Health (FMOH).

The Bureau of Health of Amhara Regional State, with the support of the Water and Sanitation Program-Africa (WSP-AF) and USAID's Hygiene Improvement Project (USAID/HIP), has embarked on a brand new approach to implement the new National Hygiene and Sanitation Strategy and address the appalling hygiene and sanitation situation of over 20 million inhabitants of the Amhara Region. This is called the Program to Support at-Scale Implementation of the National Hygiene & Sanitation Strategy through "Learning by Doing" in the Amhara Region. The approach begins by bringing together the "Whole System in a Room" (WSR) to commit to achieving universal access to hygiene and sanitation for all and develop a common action agenda for reaching our goals. WSR has become shorthand for total sector commitment to change, a battle cry for total behavior change for hygiene and sanitation. Both the WSR and learning by doing underscore the vital importance of increased partnership and coordination among a host of actors to achieve the ambitious goal of Total Sanitation and Hygiene Behavior Change.

This community approach functions on the principles of harmonization, alignment, and integration with the government's Health Extension Program; within the framework of the Memorandum of Understanding (MOU) signed among the FMOH, Federal Ministry of Water Resources, and Federal Ministry of Education; and at the regional level among the bureaus of Health, Water, and Education as an historic milestone to launch a nationwide water, sanitation, and hygiene (WASH) movement to achieve the relevant targets of the Millennium Development Goals.

The learning by doing approach is a hybrid of innovative and tried and true methods, bringing together the SCALE systems approach (Whole System in the Room), network theory, community-led total sanitation, participatory hygiene and sanitation transformation (PHAST), sanitation marketing, the hygiene improvement framework, and good solid social mobilization and management. But its real uniqueness lies not only in combining best practices in hygiene and sanitation improvement, but in embedding them within the national, regional, and woreda programs and processes. The learning by doing program is gaining a national reputation as one of the best practices in hygiene and sanitation, and in this spirit is offered as a model for scale up in other regions of the country.

It is with this vision and missionary zeal that the Amhara Region undertook the challenge of producing a Resource Book during 2008, the International Year of

Sanitation. The book offers the basic tenets of the learning by doing approach, starting with the Whole System in the Room multi-stakeholder meeting, the conduct of Woreda WASH ignition training and conferences, data collection for action, and Ignition for Change! It is intended for use by all who would like to understand and undertake the Whole System in a Room approach to reaching Total Behavior Change in Hygiene and Sanitation in their own communities. This Training Guide is a supplement to the Resource Book meant to train facilitators who will be engaged in Kebele and Gott ignition and action.

With this Training Guide and the Resource Book the Woreda WASH Team can help people change unsafe behaviors and bring about a cultural transformation in basic hygiene and sanitation by putting an end to open defecation, having people wash their hands at critical times, and protecting drinking water from source to mouth. The Training Guide outlines the behavior change approaches, doable and achievable steps, which have been identified and tested on the ground through a learning-by-doing experience. These steps can be customized to fit different circumstances and tailored to community settings with diverse cultures. In so doing we learn, and the learning by doing continues. The application of collective knowledge and wisdom for the good of mankind makes the planet earth a better and healthier place to live in. The Tree of Knowledge is only to rest in the shades thereof, but the Tree of Life is to eat the fruits there from and live an abundant life. The value of this book is not in the number of people who merely read it, but the number of lives saved as a result of applying the principles, approaches and steps therein. Let us all tend and keep the precious lives of our children and our families and make good hygiene and sanitation behavior an inheritance to the next generation.

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# 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 Facilitators Guide is designed to assist the woredas to build local capacity to change hygiene and sanitation behaviors at the household and community levels, and is part of a woreda's preparation to ignite Community-Led Total Behavior Change in Hygiene and Sanitation. The pathway to total behavior change is described in detail in the Woreda Resource Book, whereas the HEWs Handbook focuses more on ignition and follow-up action at kebele and gott levels. The overall strategy to achieve universal practice of safe feces disposal and hand washing is embedded in the Government of Ethiopia's Health Extension Program.

The basic training design considers a woreda 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 'competencies' or skills to create 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 hand washing technologies like latrines and tippy taps.

The training also builds capacity to collect essential information (data) for assessment, monitoring, and decision-making. In addition to training personnel with direct responsibility for household hygiene and sanitation improvement, this training is designed for woreda level supervisors and leaders who supervise and support HEWs and DAs to 'do their part' to ignite **Community-Led Total Behavior Change in Hygiene and Sanitation**. This training, therefore, is one of the most important interventions to establish a strong foundation at the woreda level for sustained WASH programming 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.

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

Each unit of the overall training program 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 also have PowerPoint presentations and a video burned into a CD attached to the manual to help facilitators carry out the workshop.

## PLANNING AND PREPARATION FOR THE TRAINING

The Woreda Resource Book describes the steps required to prepare training, who to invite and budget requirements. Important preconditions for a successful training are as follows:

### Skilled Facilitators

Facilitation skills are essential in this training process. It is therefore recommended that the woreda health office who is leading the program must make sure that facilitators either from woreda or zone are experienced and have gone through a full cycle of training and practical application in a woreda themselves (certified trainers by the Region); if not other more experienced facilitators should be invited.

### Adequate Venues

The woreda should make sure that there are at least two adequate rooms available for the training.

### Field Visits to Practice Skills

In order to practice new skills and approaches, the training design includes four field visits to practice:

- 1) data collection, 2) data presentation to communities and feedback, 3) community ignition, and 4) household assessment and negotiation of improved practice (MIKIKIR).

Sites should be as close as possible to the training venue to avoid excessive time spent in travel. Transportation arrangements should be made in advance. (*Walking distance, public transport, woreda or NGO vehicles*).

### Equipment

A computer with a DVD player, a LCD projector and a screen (or white wall) are ideal supplies to project PowerPoint presentations, and show movies. If these are not available, the training guide provides simple alternatives; making photocopies of the presentation and skipping the film show.

### Materials

Make sure that enough copies of the handbook that will serve as trainees' source book also are prepared for all trainees, extra worksheets, flip chart and flip chart stand with adequate and assorted color markers, cards, Amharic PowerPoint presentation, etc.

# Sample Training Program

Designed for accommodating a woreda-wide training for health extension workers, DAs and select others outlined in the capacity-building section of the Woreda Resource Guide. This design assumes a large group of around 50-70 to be split into two groups for more focused and interactive training. Both groups start together and then split after introductory sessions. This design can be modified to meet woreda-specific context.

## Ordering of Two-Group Training

Group One (35 – 40 people)	Group Two (35-40 people)
UNIT 1 (held for both groups simultaneously) 70 – 80 people	
UNIT 2	UNIT 6
UNIT 3	UNIT 7
UNIT 4	UNIT 8
UNIT 5	UNIT 2
UNIT 6	UNIT 3
UNIT 7	UNIT 4
UNIT 8	UNIT 5

## Sample Daily Program/Agenda – Group One

### Day 1

Time	Unit/Activity Number	Activity
8:30 a.m.	--	Registration
9:30 a.m.	1.1	Facilitators and participants introductions
10:15 a.m.	1.2	Expectations and fears
10:35 a.m.	1.3	Review of workshop objectives
10:50 a.m.	1.4	Introduction / setting the context/ behavior change strategy and 3 key behaviors
11:35 a.m.		Break
11:50 a.m.	1.5	The pathway to total behavior change
12:35 p.m.		Split the group into two
12:40 p.m.	2.1A	What influences behaviors?
1:05 p.m.		Lunch
2:05 p.m.	2.1B	What influences behavior change?
3:05 p.m.	2.2	What's so hard about hand washing?
4:20 p.m.		Break
4:35 p.m.	2.3	What influences behaviors—Reducing barriers to hand washing through enabling technologies
5:20 p.m.		Wrap-up Day 1

**Day 2**

Time	Unit/Activity	Activity
8:30 a.m.	3.1	Community-led total sanitation general introduction to approach and tools
9:00 a.m.	3.2	Community mobilization for total sanitation
10:00 a.m.		Break
10:15 a.m.	3.3	Presentation on community-led total behavior change
11:30 p.m.		Lunch
12:30 p.m.	3.4	Steps to mobilizing communities
1:00 p.m.	3.5	Styles, attitudes and behaviors of professionals in participatory facilitation
2:30 p.m.	3.6	Preparation for field practice, introduction to the tools for community ignition
4:00 p.m.		Break
4:15 p.m.	3.7	Preparation for field visit
4:45 p.m.		Close of Day 2

**Day 3**

Time	Unit/Activity	Activity
8:30 a.m.	3.8	Field visit
12:30 p.m.		LUNCH
1:30 p.m.	3.9	Report from ignition field report and in depth reflection on practical experience
3:00 p.m.		Break
3:15 p.m.	4.1 A	Changing behavior through small doable actions
3:40 p.m.	4.1 B	Identifying small doable actions to promote hygiene and sanitation behavior change
4:25 p.m.	4.2	Negotiating improved practices in the home
4:40 p.m.	4.3	Negotiating improved practices – the home visit and MIKIKIR (PART ONE)
5:30 or 6 p.m.		Close of Day 3 (depending on flow of Activity 4.3)

**Day 4**

Time	Unit/Activity	Activity
8:30 a.m.	4.3	Negotiating improved practices – the home visit and MIKIKIR (PART TWO) – Role play and field preparation
9:30 a.m.	4.4	Field visit
1:30 p.m.		Lunch
2:30 p.m.	4.5	Debrief from field visit
3:30 p.m.	4.6	Integrating new approaches into your job
4:00 p.m.		Break
4:15 p.m.	5.1	Introduction to steps to mobilizing communities in total behavior change in hygiene and sanitation
4:45 p.m.	5.2	How to organize and facilitate a kebele stakeholder meeting
5:15 p.m.	5.3	Preparation for gott ignition and action
5:45 p.m.		Close of day 4

**Day 5**

Time	Unit/Activity	Activity
8:30 a.m.	6.1	Why Focus on Schools?
8:55 a.m.	6.2	What is required to make a school WASH-friendly?
10:15 a.m.		Break
10:30 a.m.	6.3	How can you ignite schools to commit to school-led behavior change?
12:00 p.m.		Lunch
1:00 p.m.	7.1	The importance of data collection, types of data collecting methods and tools used for data collection
1:30 p.m.	7.2	Introducing the components of the survey
3:30 p.m.		Close of day 5

**Day 6**

Time	Unit/Activity	Activity
8:30 a.m.	7.3	Introduction to data collection formats
9:30 a.m.	7.4	Organization for data collection and kebele feedback
10 a.m.		Break
10:15 a.m.	7.5	How many households fulfil all indicators of environmental sanitation
11:45 a.m.		Lunch
12:45 p.m.	7.6	Data collection in one kebele
4:45 p.m.		Close of Day 6

**Day 7**

Time	Unit/Activity	Activity
8:30 a.m.	7.7	Feedback meeting on data collection and introduction of summary formats to be completed
9:30 a.m.	7.8	Presentation of data analysis
10:30 a.m.		BREAK
10:45 a.m.	7.9	Presentation of summary tables, graphs and maps by group
12:15 p.m.		Lunch
1:15 p.m.		Continue presentation of summary tables, graphs and maps by group
2:45 p.m.		BREAK
3:00 p.m.	7.10	Preparing presentation for the kebele feedback meeting
5:00 p.m.		Close of Day 7

**Day 8**

Time	Unit/Activity	Activity
8:30 a.m.	7.11	feedback meeting at the kebele level
10:30 a.m.		Break
10:45 a.m.	7.12	Feedback on kebele meeting, group discussion
11:15 a.m.	7.13	Presentation and discussion on the ideas of regular reporting
11:45 a.m.	7.14	Strengths, weaknesses, opportunities and threats analysis for data collection
12:45 p.m.		Lunch
1:45 p.m.	7.15	Prepare work plan for data collection at kebele level by considering the SWOT analysis
3:15 p.m.		Break
3:30 p.m.		Continue preparing work plan for data collection at kebele level by considering the SWOT analysis
4:00 p.m.	8.1	Panel discussion of both groups
5:00 p.m.	8.2	Wrap up and closing ceremony
5:30 p.m.		Close of day 8

UNIT

## 1

# Introduction to the Training and the Community-Led Total Behavior Change Program

Unit 1	Activity Name	Time	Materials/Prep (see details by activity)
Activity 1.1	Facilitators and Participants Introduction	45 minutes	Flip Chart, introduction instructions
Activity 1.2	Expectations and Fears	20 minutes	Rectangular Cards
Activity 1.3	Review of Workshop Objectives	15 minutes	Training Objectives (in HEW Handbook)
Activity 1.4	Introduction/Setting the Context – the Amhara Regional Behavior Change Strategy	45 minutes	None
Activity 1.5	The Pathway to Total Behavior Change – How Do We Get There?	45 minutes	A4 Paper, markers
<b>Total Time</b>	<b>170 minutes (2 hours, 50 minutes)</b>		

## OVERALL UNIT OBJECTIVES

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

1. To identify all participants and facilitators by name, position, locale, and background
2. To establish rapport with participants
3. To initiate the process of 'destigmatizing' talking about feces, about shit!
4. To develop a common understanding of the pathway to reach Total Behavior Change on Hygiene and Sanitation in a Woreda

## ACTIVITY 1.1

## FACILITATORS AND PARTICIPANTS INTRODUCTION

**MATERIALS** ✓ Flip chart with introduction instructions

**TIME** 45 minutes

**PROCEDURE**

**Ask** participants to go around and say:

- Their name
- Their post/title
- Where they come from

*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 talk 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-up on ignition and action!

## ACTIVITY 1.2

## EXPECTATIONS AND FEARS

## PREPARATION

Distribute TWO rectangular cards to each participant.

## MATERIALS

✓ Rectangular cards (size), TWO per participant.

## TIME

20 minutes

## PROCEDURE

**Ask** them to write ONE EXPECTATION and ONE FEAR they have in attending a training workshop.

- Give everyone just five minutes to write.
- Collect the **EXPECTATIONS** and **FEAR** cards from each participant and fix them on the wall.
- Tell them that they will make the summary and present to the plenary

Move swiftly through this session.

## ACTIVITY 1.3

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

## PREPARATION

None

## MATERIALS

✓ Training objectives, available in HEW Handbook, p. 6

## 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 training part focusing on **behavior change**, 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
- Understand the stepped approach or pathway of the community led total behavior change program and how it relates to the overall behavior change strategy
- 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.

At the end of the training part focusing on **data collection and analysis**, 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

- Organize data collection and conduct a kebele feedback meeting to present the findings and develop action plan
- Analyze 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

## ACTIVITY 1.4

## INTRODUCTION/SETTING THE CONTEXT – THE BEHAVIOR CHANGE STRATEGY

### PREPARATION

Facilitator - familiarize yourself with the Regional Behavior Change Strategy (found in soft copy in the Resource CD attached) and the Pathway to Achieving Total Behavior Change in Hygiene and Sanitation.

Prepare 2 flip charts 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. Seven Strategic Components of the Regional Behavior Change Strategy

- 1: Multi-level advocacy (region, zone, woreda, kebele, gott)
- 2: Strengthening Household Outreach
- 3: Igniting Community-Based Approaches to Change
- 4: Media and Communication Support
- 5: Increasing Availability and Affordability of Hygiene and Sanitation Products through Private Sector Initiative
- 6: School Hygiene and Sanitation
- 7: Demonstration Latrines, Hand Washing Stations, and other Hygiene-Related Products

### 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.

**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 ensure 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.

- Hand washing 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.**

Now, turn to flip charts 2 and review... use the details below as you describe the components of the BC Strategy:

## 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

- Strategic Component 1:** **Multi-level advocacy** (region, zone, woreda, kebele, gott)
- Forge common ground and consensus to attend to the problem of H&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 jerry cans, 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).

**Review** the components in the strategy, referring them to the handout in their handbooks.

Taking turns, let participants read 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 mobilization (ignition) 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. You are also responsible for training community health promoters and natural leaders on ‘negotiate’ improved practice and simple sanitation technologies

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 goal of 100% total behavior change in hygiene and sanitation.

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

- 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.**

## ACTIVITY 1.5

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

**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??

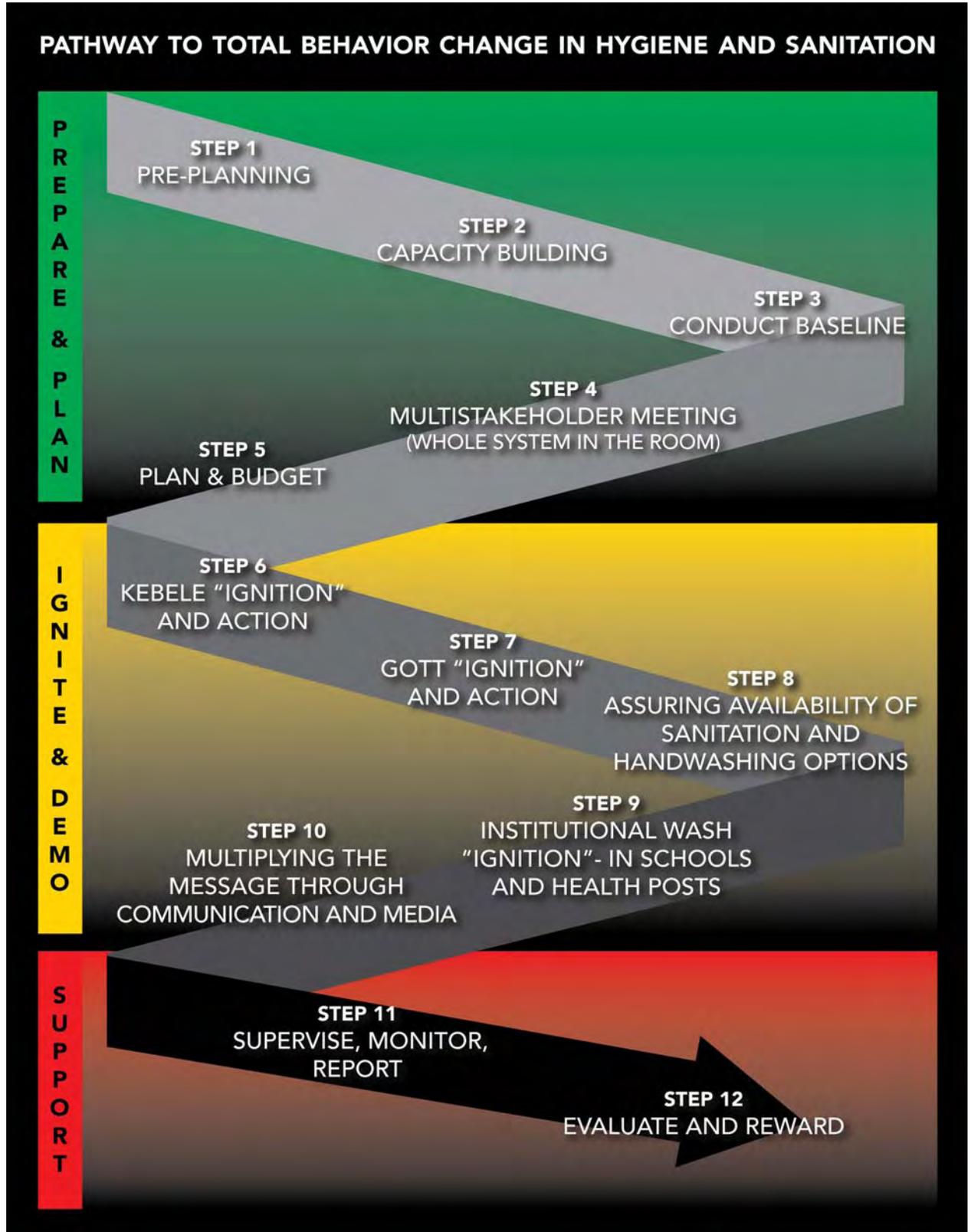
**Process the responses**

and confirm that we are at the capacity building stage, that we are ensuring 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!

**Encourage** comments/reflection based on their experience  
If participants ask questions try to involve participants to react before you do.

Figure 1 - Pathway to Community-Led Total Behavior Change in Hygiene and Sanitation



## Pathway to Community-Led Total Behavior Change in Hygiene and Sanitation: A Step-by-Step Description

1. **Pre-planning and organization:** For an effective Community-Led Total Behavior Change in Hygiene and Sanitation program in a woreda the first and most important aspect is to reach consensus at woreda level with all political leaders and stakeholders that the problem exists and all agree to mitigate it. Once consensus is established the second most important undertaking is to organize the woreda in such a way that there is a responsible body in place to follow through all plans and strategies to make total behavior change a reality in the woreda. One such viable organization is the establishment of 'Woreda WASH Technical Team (WWTT)'.
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 innovative and effective skills in facilitating H&S behavior change, 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 woreda political leaders, kebele political 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:** Effective woreda-wide Community-Led Total Behavior Change in Hygiene and Sanitation is possible if the program is actively promoted in all kebeles in a woreda and all gotts in a kebele. This is also possible if the kebele is organized and establishes a responsible body that would follow program and strategies at kebele level—the kebele Ignition team (KIT) and train volunteers at gott level—the Volunteer Community Health promoters (VCHP). The trainees and the newly organized kebele level team involve the communities to identify the existing problems of clean and safe water, sanitation and hygiene, identify doable 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.

8. **Construction of demonstration latrines and hand washing stations ensure 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 artisans 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:**  
Make a communication strategy that supports the goal of total behavior change in hygiene and sanitation. This means that 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 goals, 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, gotts, kebeles and woredas and give appropriate and functional prizes including certificate or diploma or electronics and other appropriate prizes 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.

**This is the point where the training ‘splits’ into two groups—behavior change and data collection...**



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	HEW Handbook p. 17, handouts
Activity 2.1 B	What Influences Behavior Change? Is making people aware enough to change their behavior?	1 hour	9 large sheets of paper, flip charts, masking tape, presentation materials, speaker notes
Activity 2.2	What's so Hard about hand washing? Hand washing as an example for changing Behaviors in the Home.	75 minutes	Soap and water, bucket and pitcher  HEW Handbook Worksheet # 1 (p.21)
Activity 2.3	What Influences Behaviors – Reducing Barriers to Hand Washing Through Enabling Technologies and Equipment	45 minutes	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
<b>Total Time</b>	<b>200 minutes (3 hours, 20 minutes)</b>		

### 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' namely:

- Defecating in a properly constructed and maintained latrine
- Hand washing with soap or other cleansing agent at 4 critical moments (after defecation, after cleaning baby's bottom or performing other cleaning, before preparing or touching food and before eating)
- Keeping water safe at all times (during fetching from source, transporting to the home, storing inside homes and drawing water for drinking)

## OVERALL UNIT OBJECTIVES

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

1. To distinguish between knowledge, awareness and behavior
2. To identify factors other than knowledge that influence behaviors
3. To debate and demonstrate how those factors influence hand washing, feces management and water management practices
4. 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.

### ACTIVITY 2.1A

### WHAT INFLUENCES BEHAVIORS?

#### PREPARATION

None

#### MATERIALS

✓ HEW Handbook, Unit 2, p.19

#### 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 a while ago, we said that to achieve total behavior change, we need to see 100% practice of the three key behaviors:

- Hand washing 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 Iskista.. 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?
- Should it be a right moment such as wedding, baptism?
- 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 Info Sheet #1 on page 15 of HEW Handbook) and match the answers with general categories of factors... You will refer to this later  
As you review, say... okay, so you need some supplies, some music

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

**Briefly conclude**

As we can see 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.

## 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 training. 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 training.

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
- ✓ Flip charts 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 to help us understand our audiences. It is always important to understand the knowledge, attitude and practice levels of our targets. What level of knowledge, what motivates their behavior, what are the barriers etc. What is at hand ..a knowledge deficit or practice deficit?

So to do this in the training, we're going to undertake some audience research—involving all of the trainees as research participants. The research topic is BRUSHING OUR TEETH... good dental hygiene.

**Ask**

- How many of the trainees have some kind of lessons learned in school about the importance of oral hygiene-tooth brushing?
- 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 flip chart

*After a general brainstorm for just a few minutes*

**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, 2, 3. 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?

**Note to facilitators:**

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

**Say** 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. Now you know the knowledge level of your targets whatever it may be.

For the second layer of flip charts, 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 (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.

**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** **Do you think that knowledge is the factor that changes our behavior? If not, what are some other things that affect our behaviors?**

### Ask those 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 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?

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 HAND WASHING BEHAVIORS...**

You have by now noticed that 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 nonperformance 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.

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 this training 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 DOABLE 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 25 of their Handbook.

**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.

## Info Sheet #1

## 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 latrine construction or hand washing device preparation include the siting, sizing, digging, safety measures, control of smell, in the case of latrine construction and making water saving device out of locally available materials for hand washing.

**Access:** encompasses the *existence* of services and products, such as the availability of safe water supply services, space and materials for latrine construction, 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.

**Actual Consequences:** what actually happens after performing a particular behavior or not performing that particular behavior. What are the health consequences of not washing hands at four critical moments or washing hands at four critical moments. What are the health, comfort, dignity advantages of using latrines or not using latrines?

**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 think 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 such as health, economic, social and other benefits of using latrine by all the family members; the importance of keeping and using safe water and hand washing at critical times; feces can't always be 'seen' on your hands but may be present; clear looking water can still carry microbes (make you sick); *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. building a latrine; using wastes generated in the household as a useful product; *etc.*

**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.

## ACTIVITY 2.2

## WHAT'S SO HARD ABOUT HAND WASHING? HAND WASHING AS AN EXAMPLE FOR CHANGING WASH BEHAVIORS IN THE HOME

**PREPARATION** None

**MATERIALS**

- ✓ Bucket and pitcher
- ✓ Soap and water (of known volume, so water can later be measured in it)
- ✓ HEW Handbook Worksheet #1, 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.

**Ask** **Why do we wash our hands?**

**Facilitator** **After brainstorming on this topic summarize and fill gaps.**

Proper Hand washing Helps to prevent fecal-oral disease transmission ... stops us from eating our own feces and feeding it to our families... and reduces Acute Respiratory infection such as:

- Diarrhea
- Pneumonia
- Worm infections such as Ascariasis

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

## Step 1

### HOW MUCH WATER WILL THAT TAKE??

Have a bucket and pitcher on hand.

*Facilitator* 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

#### Note to facilitators:

Base subsequent discussion on solid knowledge of the subject by: asking questions, reflection by trainees and filling gaps by facilitator when ever necessary

#### Highlight the steps:

1. Wet your hands with water
  2. Lather your hands with soap, ash or other cleansing agent.
  3. Rub the palms, in between fingers, under nails, and the back of your hands vigorously.
  4. Keep your finger nails always short for an easy cleaning because nails hide germs.
  5. Reach as high as your wrists.
  6. Rinse your hands well with running water (pour from a jog or tap)
  7. Dry them in the air to avoid recontamination on a dirty towel or dirty clothing.
- It is the soap or ash that lifts the germs.
  - Pour water over the hands carries the germs away.
  - The combined action makes them 'clean'.
  - We are 'reducing' contamination, not sterilizing or getting rid of ALL the germs.

**Direct** participants to the correct hand washing instruction on page 19, and to worksheet #1 on page 21.

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

**Write** down this number on a flip chart.

**Tell the group**

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

**Say** We've just reviewed the technique for correct hand washing, found on page 19 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

**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 (1)	Number of family members doing this (2)	Total number of times a day (1x2)
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	2 (mother and daughter)	8
Before eating	2 plus washing before breastfeeding	4 (one baby will be BF, the other is fed)	8 plus 4 BF (12)
<b>TOTAL</b>			<b>46</b>

**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.

**Discuss the impact of this on a family. What would make it hard for a family to wash 40-60 times a day?**

**Two more trips to the well!!! That might keep a young girl out of school.**

**Say** **Our responsibility** as HEW and community agents is to help people see that it is possible to make changes .... To help **NEGOTIATE WITH THEM**

## ACTIVITY 2.3

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

## PREPARATION

Practice making one or two types of functional tippy taps

## MATERIALS

- ✓ Handout on How to Make a Tippy Tap (in Sourcebook)
- ✓ Plastic jugs
- ✓ 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

## 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 23 and 24.

**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 23 and 24 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.

**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 hand washing 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 Tap', and 'How to Wash Hands' 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 comments.**

**Show the list** of products and supplies on page 23 of the HEW Handbook.

- For people to change in all three behavior 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 day's 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 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**

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

**Validate**

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



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 the approach and tools	30 minutes	Glass, bottled water, feces in a plate, or contained space
Activity 3.2	Community Mobilization for Total Sanitation	60 minutes	Activity Worksheet #3 (p. 34)
Activity 3.3	Presentation on Community-Led Total Behavior Change	80 minutes	PowerPoint presentation and projector, if available
Activity 3.4	Steps to Mobilizing Communities	30 minutes	Summary of sequential steps in the ignition process
Activity 3.5	Styles attitudes and behaviors of professionals in participatory facilitation	90 Minutes	Flip charts and info box: the key attitudes and behavior in participatory facilitation
Activity 3.6	Preparation for Field Practice, Introduction to the tools for community ignition	90 minutes	HEW Handbook, Tools and Worksheets. Glass of water, saw dust
Activity 3.7	Preparation for field visit	30 minutes	Worksheets and Tools, Guides, pp. 29-35, p. 43
Activity 3.8	Field Practice to ignite communities	4 hours ½ day (min)	Worksheets and tools in Unit 3 of HEW Handbook, flip chart, colored cards, scissors, masking tape, marking pen, water bottles, camera if available, colored powder, locally available materials, as needed
Activity 3.9	Report from ignition field visit and in depth reflection on practical experience	90 minutes	Report form
<b>Total Time</b>	<b>740 minutes (maximum) / 12 hours, 20 minutes</b>		

## OVERALL UNIT OBJECTIVES

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

1. Follow the steps to successfully reach an ignition moment with communities
2. Gain the self confidence to openly talk about “shit and feces” and to act as a facilitator in communities through real life practice
3. Be able to critically reflect on their own style and attitude towards genuine participatory facilitation and interaction with community
4. Apply all the pertinent tools used for community-led total behavior change in hygiene and sanitation
5. Validate the power of this community-led approach to mobilize for total behavior change

### ACTIVITY 3.1

## COMMUNITY-LED TOTAL SANITATION—GENERAL INTRODUCTION TO THE APPROACH

**PREPARATION** None

**MATERIALS**

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

**TIME** 60 minutes

### PROCEDURE

**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 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 INTRODUCTION 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.

### ACTIVITY 3.2

## COMMUNITY MOBILIZATION FOR TOTAL SANITATION

### PREPARATION

None

### MATERIALS

- ✓ Activity Worksheet #2 (p. 29 of the HEW Handbook)
- ✓ Awakening video and video equipment, if available

### TIME

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 29 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 \_\_\_\_\_

- 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** 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, although in a slightly different order that we'll show you soon, 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 focused. 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 through a 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.**  
 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 BEHAVIOR CHANGE**

**PREPARATION**            None

**MATERIALS**            ✓ PowerPoint presentation  
                                 ✓ Computer and LCD projector, if available

**TIME**                      80 Minutes

#### **PROCEDURE**

**PROCEED WITH THE POWERPOINT PRESENTATION ON COMMUNITY-LED TOTAL BEHAVIOR CHANGE**

**If no PowerPoint presentation is possible, give a lecture based on handouts in the Participant Sourcebook.**

## 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

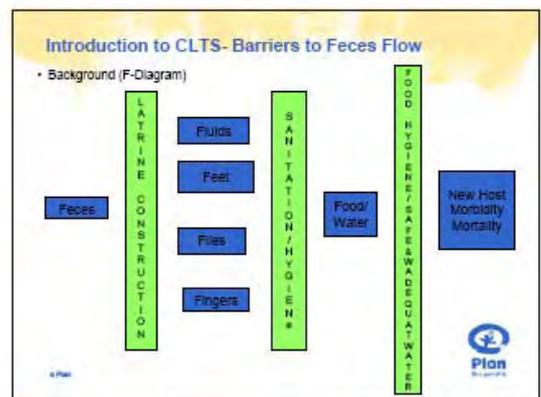
...Among other actors...

**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



### 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.



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### 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).

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### 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

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### 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

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### 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

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### 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

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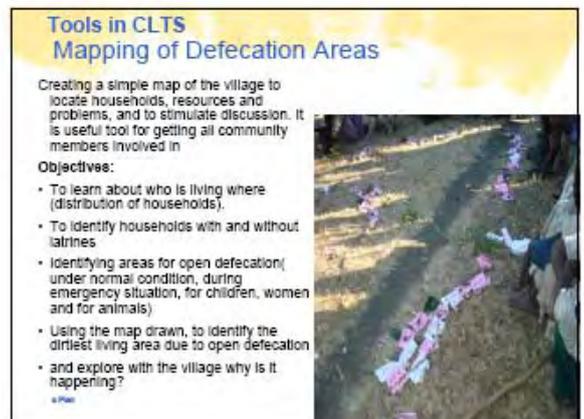
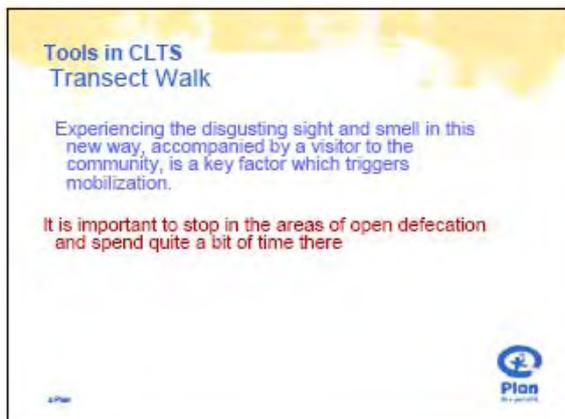


### Tools in CLTS Transect Walk

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.
- Plan



**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 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 BEHAVIOR CHANGE IN HYGIENE AND SANITATION****PREPARATION**

None

**MATERIALS**

✓ Summary of Sequential Steps in the Ignition Process

**TIME**

30 minutes

**PROCEDURE****Review**

the steps to mobilize communities in Community-Led Total Behavior Change in Hygiene and Sanitation. Highlight that the order of the steps is like we saw in the video and slideshow.

## Worksheet #2

## SUMMARY OF SEQUENTIAL STEPS IN THE IGNITION PROCESS APPLIED IN THE VILLAGES BY THE FIELD FACILITATORS (HEWS, DAS, KITS)

1. **Introduction Meeting:** 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:

- a) 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?"
- b) Village mapping – where do people shit in open air and latrines, where are water points, who lives where?
- c) Shit Calculation – amount of excreta and fecal-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.

**ACTIVITY 3.5****STYLES, ATTITUDES AND BEHAVIOR OF PROFESSIONALS IN PARTICIPATORY FACILITATION****PREPARATION**

None

**MATERIALS**

- ✓ Flip charts
- ✓ Info box: the key attitudes and behavior in participatory facilitations

**TIME**

90 Minutes

**PROCEDURE**

Spilt the group into 4. The task of the group is to role play the key behaviors/attitudes mentioned in the box below – two groups do the ‘right behaviors’, or the ‘do’s’; the other two groups the more typical but wrong behaviors, or ‘don’ts’: one. For both the ‘do’s’ and ‘don’ts’, one group should be assigned to act or role play without words and the other group with words. The observing groups need to record the actually observed behaviors imitated during the role play, and bring up their observations in the discussions.

## BASICS: THE KEY ATTITUDES AND BEHAVIOUR

DO	DONT
Facilitate their own appraisal and analysis of local sanitation profile	Educate, lecture or tell people what to do.
Let people realise for themselves through their own analysis	Tell people what is good and bad.
Facilitate to trigger self-mobilisation	Push for, or demand action
Stand back, leave it to local leaders	Be in charge
Be cool and allow conversation between insiders– approaching the triggering moment	Interrupt when charged up community members start shaming their own people for open defecation practices or other hygiene behaviour
Take a neutral stand and allow heated discussion for and against OD between them. Remember these are right indications and symptoms of approaching triggering moment.	Discourage members of the community from arguing amongst themselves or shaming each other, or quickly conclude that the 'shaming' element between community members should be avoided as culturally insensitive
Appreciate those who take a lead and engage themselves	Overlook natural emerging natural leaders
Always encourage women and the poorer sections of the community to participate	Overlook women, children and others who often get left out
Appreciate community members' offers to help poorer members	Overlook people who come forward to help
Let people innovate simple latrines	Promote particular latrine designs.
Trigger local action, encourage self-help	Offer hardware subsidy
Be bold yet cautious	Be too humble or too polite. Don't try to convince too politely
Listen attentively to everything	Interrupt

Say                    We have just learned that for doing CLTS right, we need to do unlearn how to do things 'wrong'.

End with a round of self reflection asking every participant to record on a piece of paper with 'take home messages' the most common behaviors she/he needs to change in order to become an effective CLTS facilitator.

## Activity 3.6

**PREPARATION FOR FIELD PRACTICE, INTRODUCTION TO THE TOOLS FOR COMMUNITY IGNITION AND PRACTICE BEFORE GOING TO THE FIELD****PREPARATION**

Familiarize yourself again with CLTS through review of the PowerPoint presentation and the description of the 5 tools that follow.

**MATERIALS**

Have all the required materials to practice the CLTS tools ready

- ✓ Glass of water
- ✓ Saw dust (colored) for community mapping

**TIME**

90 minutes

**PROCEDURE**

**Part 1:** First, review the steps of the 5 tools, making reference to what they've seen in the PowerPoint, the Awakening video, and the feces calculation and glass of water exercise earlier in this unit.

**Part 2:** In form of a role play go through all the tools for community ignition with the participants again as a 'dry run' at the training venue. Participants need to volunteer as community members, one as a recorder and you will act as a community facilitator to imitate a 'real' community setting.



## TOOL #1 Organizing the Walk of Shame

- Choose a convenient day where you can get the participation of men, women, children of a village (gott)
- Arrive in the appointed place early and select a convenient place for your audience to sit.
- Once every body arrives tell them why you want to see them.
- After agreeing with the objectives of the shame walk ask them to guide you through their village
- Use this opportunity to discuss sanitation and hygiene issues.

### Transect walk/Shame Walk

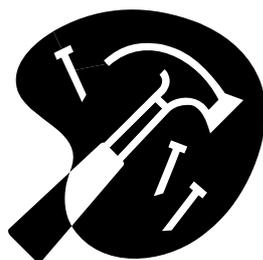
The walk through in the village is the most important tool in Community-Led Total Sanitation. The shame walk, as the name implies, is a crisscrossing walk across the community, LED BY THE COMMUNITY with a view of observing, asking questions, and listening as conditions arise during the walk. In the process of walking through backyards, open defecation sites, water sources, garbage and dung in backyards, children faces covered with flies etc. and other unhygienic practices are observed and discussed. Each time these bad practices are encountered, do not be 'polite'! Point it out! Loudly! Ask why? Whose is this? Where is the latrine? Where do the animals stay? Etc.

Be on the look out for:

open feces, dried and fresh  
flies, particularly on children  
standing water  
un-penned animals

Stop in areas where it smells and is full of flies. Let people feel, see, smell the problem.

Each time these questions are asked people will start to be ashamed and disgusted with their community, and particular houses where open defecation was observed will be even more ashamed. Experiencing the disgusting sight and smell in this new way, accompanied by a visitor to the community, is a key factor which triggers mobilization.



## TOOL #2 - Mapping (Social Map)

Maps and diagrams are essential part of any planning activity. Maps are especially important in rural development work where planning, implementation and monitoring activities are to be participatory. In recent times mapping has become an entry point in communities in creating self esteem and understanding. Village maps showing the lay out of the village, the infrastructure and the houses are used to map the household status of health sanitation, wealth, education and other socio-economic factors, which is why it is called social map.

### Purpose

To collectively learn about

- Who is living where (distribution of households).
- Households with and without latrines
- Areas for open defecation( under normal condition, during emergency situation, for children and for animals)
- Which families use which areas for defecation
- Where women go, and what happens during emergency defecation at night or during high incidence of diarrhea

### Organizing the Mapping Exercise

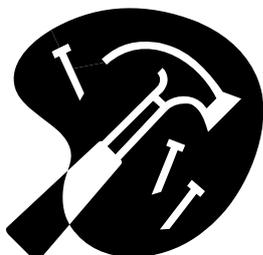
Mapping is the continuation of the shame walk.

After going around the village conducting the shame walk settle in an open preferably shady area (their shengo spot if any) and facilitate mapping the village/gott

- Ask them to help you understand fully by drawing the map of the village and the important social benchmarks and the houses of those who are present and those that are not here.
- To do the mapping, ask them to bring rope, corn cobs, leaves, ash, etc.
- Guide them on how they start making boundaries, locate their church, water points, roads, paths, defecation sites etc.
- Help them locate their own house in reference to roads, churches etc.
- Once they finished locating their houses ask them to identify those with latrines and with out and prepare them for feces calculation.
- Ask where men, women and children defecate
- Note water points, schools, other important landmarks

*This tool was already practiced by the group, so only provide a brief explanation/ review, and no role play is needed...*

***Highlight here that they will not use the WORKSHEET or do such a mathematical calculation... they will just work through with villagers the amount of feces they produce.***



### TOOL #3 - Shit Calculation

#### Purpose

- Calculating the amount of feces produced can help to illustrate the magnitude of the sanitation problem. To visualize the mountain made of feces.
- Encourage the community to announce the amount of shit produced together.

The fact that villagers identified those with and without latrines, it would be easy for the facilitator to then calculate with the community how much feces is being deposited by those who use the open field for defecation.

This exercise is very powerful to create shame, disgust and fear among the villagers and should therefore be conducted carefully and slowly—no rush. Each moment has to be used to create shame, exaggeration, disgust, fear from disease, etc. while at the same time nurturing a sense of possibility for the future, for change, for things to be different.

After you registered and calculated the number of people (adult and children) that have no latrine and use the open field, villagers are asked:

- How many times a person defecates a day (take the average)
- What volume of feces does a person defecate at a time and calculate per week, month and year. (100 gm is a good average volume). Use the following worksheet to calculate amount of feces deposited in the village/gott by those with out latrine.

Each time they are asked how much feces, how many times per day they will find it amusing at first but as you build up the discussion they start to be shocked and ashamed.

**↳ The most important question after this is: Where does it all go??**



## TOOL #4 - Feces Flow Diagram

The climax of all these exercises mounts as you discuss what has happened to the mountain of feces deposited in the village. They will obviously mention

- Decomposition,
- Eaten by animals, chicken, donkeys, dogs
- Washed away by flood
- Blown by wind when dry
- Stepped up by humans and animals and transported to the house
- Eaten by flies, etc.

Facilitator: each time they mention a destination ask them if some how it reaches them. For example when dry and blown by wind would it reach them. It will:

- Enter the mouth and the nostrils when breathing
- Cover their clothing,
- May reach the uncovered food or water, etc.

Ask and rationalize with them with flies, animals, flood etc. so that they feel the fact that they have been eating feces so long as it is deposited in the open.

You must pry for more information and each time a where about is mentioned try to see if they could also tell its effect. For example they may say that it is washed by flood. What health effect is there because a water body is polluted by human shit.

This will help to create disgust especially if they realize that they are and have been drinking feces/shit. (Follow the detailed steps prepared in Amharic.)

*The group already experienced this exercise, so at this point, highlight how it is used in Ignition!*



## TOOL #5 - Glass of Water Exercise

This exercise is the climax of the whole issue of shame walk, social mapping, feces calculation and flow diagram. In the flow diagram the villagers might have understood the possibility of feces entering their water, their food, the mouth or nose by wind. This exercise will show them the invisibility of the feces entering their water. To do this exercise, follow the following sequences.

- Ask a glass of water (preferably the water they are using, protected water source or unprotected).
- Ask somebody to drink the water. One would come and drink it with no hesitation.
- Take a hair from your head and show it to the villagers. 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 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.

### Purpose

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

**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.

Break into groups of 6. Have each group prepare for just 5 minutes, and then role play one of the tools with the 'community'. The community will be the rest of their group.

### Instruct the participants

to watch the role plays attentively.

After the role play is complete, the audience will offer constructive feedback, offering at least 2 comments on what was done well, and two comments on things that could be improved.

The group itself will then 'self-critique', offering at least one additional comment of something that was done well, and one comment of things that could be improved.

## Activity 3.7

## PREPARATION FOR FIELD VISIT

## PREPARATION

Agree with woreda leaders, kebele administration and HEWs beforehand on the gotts to be selected for field practice (ideally close to the training venue)

## MATERIALS

✓ Worksheets and Tools, Guides pp. 33-37 in the HEW Handbook

## TIME

30 minutes

## PROCEDURE

Say

**Now that we have an understanding and a bit of practice, we'll now go out and practice in a real situation.**

- Explain the field exercise and its importance.
- Divide the group into four (approximately 7 in a group).
- Ask the group to elect
  - i. a facilitator
  - ii. co-facilitator
  - iii. a secretary
  - iv. a crisis manger
  - v. child facilitator
- Assign groups to go to the preselected 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

### 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?

### Activity 3.8

## Field Practice

### PREPARATION

Agree with woreda leaders, kebele administration and HEWs beforehand on the gotts to be selected for field practice (ideally close to the training venue)

### MATERIALS

- ✓ All Worksheets and Tools in Unit 3 of HEW Manual
- ✓ Flip chart
- ✓ Colored cards
- ✓ Scissors
- ✓ Masking tape
- ✓ Marker pens
- ✓ Water bottles for testing water purity
- ✓ Camera (if available)
- ✓ Colored powders with adequate amount of yellow powder (for marking defecation areas) if not locally available
- ✓ In case of non-availability of some of these items locally available materials like ash, saw dust, rice husk, dried cow dung, leaves, grass, etc. can be used

### 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 3.9

## REPORT FROM IGNITION FIELD VISIT AND INDEPTH REFLECTION ON PRACTICAL EXPERIENCE

## PREPARATION

As a trainer try to move around to the different ignition sites of the groups and make notes of observations and recommendations for improvement

## MATERIALS

✓ Report form

## TIME

90 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 and stimulate discussions.

## Ask

What was different about this approach?

What do you like about it?

What are your apprehensions or concerns?

What has worked and what not?

What would you do differently?

How was the triggering point? Can it best be described as:

- Matchbox in a gas station?
- Promising flames?
- Scattered sparks?
- Damp matchbox?

Have you managed to facilitate a clear agreement on follow-up actions?

Congratulate and celebrate!

BREAK





## Negotiating Improved WASH Practices

Unit 4	Activity Name	Time	Materials/Prep (see details by activity)
Activity 4.1 A	Changing Behavior Through Small Doable Actions	25 minutes	A4 Paper or index cards, flip charts, MIKIKIR Job Aid for Negotiating Improved Practices
Activity 4.1 B	Identifying Small Doable Actions to Promote Hygiene and Sanitation Behavior Change	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	3 hours	HEW Manual Worksheet p.13, Handouts pp. 26-32 MIKIKIR Job Aid for Negotiating Improved Practices
Activity 4.4	Field Visit	4 hours	MIKIKIR Job Aid for Negotiating Improved Practices, WASH Motivator Form, Guidelines for Visit
Activity 4.5	Debrief from Field Visit	1 hour	None
Activity 4.6	Integrating New Approaches into Your Job	30 minutes	Notebook worksheet
<b>Total Time</b>	<b>535 minutes (maximum) / 8 hours, 55 minutes</b>		

### OBJECTIVES:

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

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

## ACTIVITY 4.1A

## CHANGING BEHAVIOR THROUGH SMALL DOABLE ACTIONS

## PREPARATION

Write behaviors on A4 papers or index cards

- Construct your water flush toilet with ceramic walls and marble floor
- Extend running water pipe near to latrine for hand washing
- Change your underwear every day after shower
- Iron your clothes, etc.

Prepare flip chart that says Small Doable Actions

- Feasible, effective, and a stepping stone to even more effective practices

Prepare a second flip chart 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
- ✓ Flip charts
- ✓ 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.

**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 16 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:

- Construct your water flush toilet with ceramic walls and marble floor
- Extend running water pipe near to latrine for hand washing
- Change your under wear every day after shower
- Iron your cloths, etc.

These are good and ideal conditions but are they ‘doable’? Asking people to perform things which are beyond their means, knowledge, experience, etc. is prohibitive and unwise. Start small and easy and build up when circumstances permit.

### Make it fun.

**Say** ready to begin?

### Conclude that often

before you can go to medical school, you have to first graduate from primary school; before asking people to take shower every day you must make sure if people have water to drink; before asking people to construct a flush toilet people must first know how to construct and use traditional latrines.

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 consistently 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

**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 DOABLE ACTIONS TO PROMOTE HYGIENE AND SANITATION BEHAVIOR CHANGE

**PREPARATION** None

**MATERIALS** ✓ Worksheet #4 in Participant Sourcebook, p. 41

**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.

'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*

**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** Flip chart with three key behaviors

**MATERIALS** ✓ Flip chart

**TIME** 15 minutes

**PROCEDURE**

**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 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 flip chart 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

- ✓ HEW Handbook Worksheet p.52, Handouts pp.41-56
- ✓ MIKIKIR Job Aid for Negotiating Improved Practices

### TIME

2 - 3 hours

### PROCEDURE

**Say**                    **we're using the phrase a lot.... Total behavior change. How do you actually support total behavior 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 PHAST 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*        *Exercise A is optional, depending upon the experience of the group.*

Ask for a pair of volunteers. Ask the partners to decide who are 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?

**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, we might think rather that 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.

## B) Using the MIKIKIR Card to Motivate Change (40 Minutes)

**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.

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

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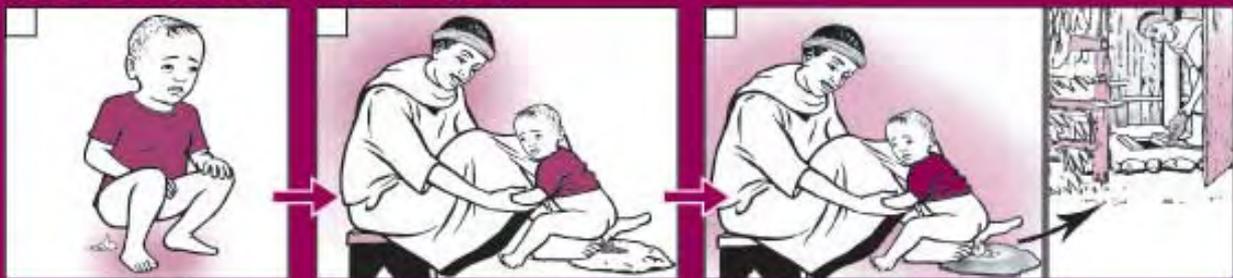
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  - ወደተሻለው ባህሪ ለመለወጥ ቤተሰብ ምን ችግር ይገጥመዋል?
  - ነገሩን ባህሪ ለመለወጥ በገበያ ወይም በሌላ ምክንያት የሚቃወም የቤተሰብ አባል ካለ ተወያዩ።
3. በአያንዳንዱ ርዕሰ ከተወያያችሁበት ባህሪያት ውስጥ በተላላ ሊተገበሯቸው የተስማማችሁባቸውን አንድ፣ ሁለት ወይም ሦስት ባህሪያትን ይከብቧቸው።
4. እነዚህን ባህሪያት ተለውጠው ወይም ተሻሽለው ማየት እንደሚችሉ የቀን ቀጠር ይውሰዱ።
5. በመጨረሻም የምክክር ካርዱን በቤታችሁ ውስጥ ከቤተሰብ ካርድ ውስጥ እንዲያስተምሩት ወይም ገድገዳ ላይ እንዲለጥፉት ሰጥተው ተሰናብተው ይሂዱ።

**“ሜዳ ላይ በመጻዳትና ንፅህና በጉደለው ልምድ የሚመጡ በሽታዎችን መከላከል የኛ ኃላፊነት ነው!”**

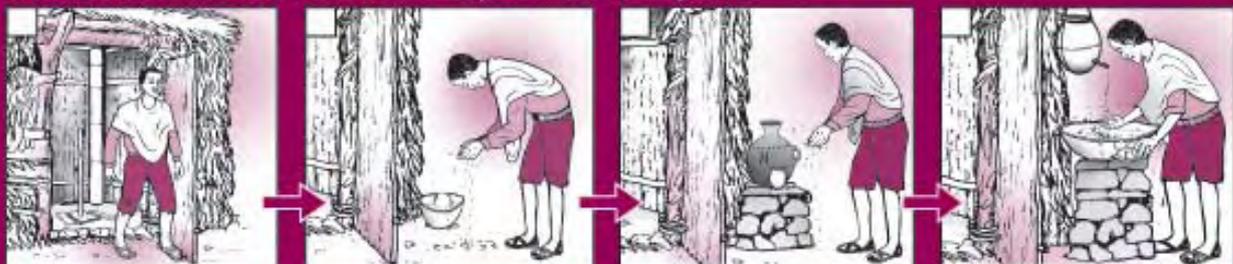
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## ለ. የልጆችን አይነ ምድር በጥንቃቄ ማስወገድ

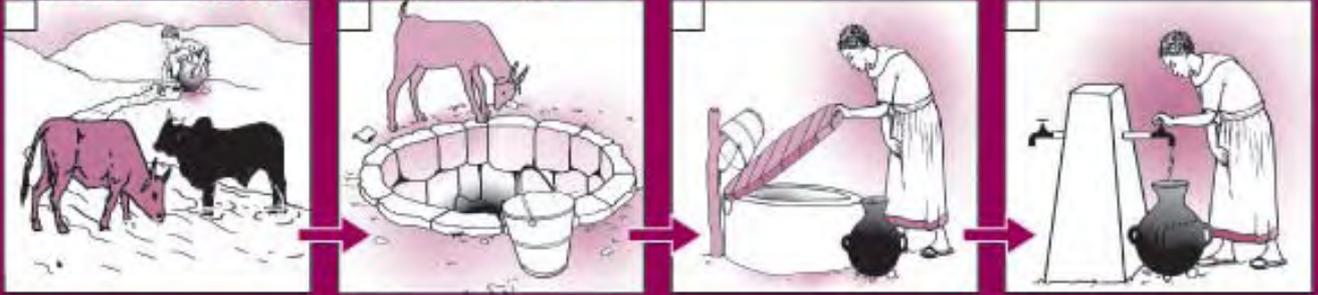


## ሐ. ከተጻዳን በኋላ እጃችንን በሳሙና ወይም በአመድ መታጠብ

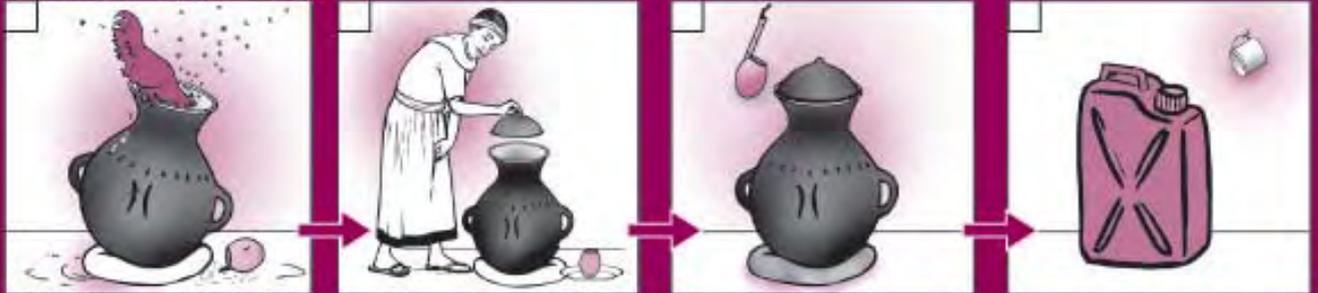





መ. የውሃ መገኛ ቦታዎችን ንፅህና መጠበቅ



ሠ. የውሃ ንፅህና አጠባበቅ



ረ. የቤት እና የአካባቢ ንፅህና አጠባበቅ



ሰ. የፊት ንፅህና



አስፈላጊ የእጅ መታጠቢያ ጊዜያት



### C) Organizing a Good Discussion on Problems (10 minutes, plus 45 minute exercise below)

#### 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 mnemonic 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 intention. 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.)
  - 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 (45 minutes)

##### Role play in pairs

One of the pair is the WASH promoter, the other is the householder. Use the GALIDRAA 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?

We call this ‘negotiation’ MIKIKIR. See page 46.

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.

#### ACTIVITY 4.4

#### FIELD PRACTICE

##### PREPARATION

Agree with woreda leaders, kebele administration and HEWs beforehand on the gotts to be selected for field practice (ideally close to the training venue and the ones already identified for Ignition practice).

##### MATERIALS

- ✓ MIKIKIR Job Aide for Negotiating Improved Practices
- ✓ WASH Motivator Form
- ✓ Guidelines for Visit

##### TIME

4 Hours

##### PROCEDURE

Practice introductions and use of WASH tool to identify small doable actions and to negotiate change MIKIKIR using the guidelines in Unit 4.

## Remember the GALIDRAA Steps:

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

- How was it, trying out this new job aide... Using the MIKIKIR Job Aide for Negotiating Improved Practices as a tool??
  - Did it feel like a questionnaire, using the tool... or was there interactive conversation?
  - Were you able to identify small doables??
- Did you feel like you were able to negotiate households to try small doable actions??
- How was the receptiveness of the community?
- Any barriers to cooperation?
- Did it feel different than previous home visits, before you had the MIKIKIR card and the concepts of small doable actions and negotiating improved practice? How?

## Worksheet #3

## GUIDELINES (CRITERIA) FOR CONDUCTING THE HOME VISIT

**This Can Be Used to Self-Assess or Constructively Review Peers**

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<b>Greeting</b>	<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>
<b>Identify purpose</b>	<p>Be clear          Be motivating          Suggest partnership, problem-solving</p>
<b>Ask/Assess/Observe</b>	<p>Use the WASH form          Ask questions?          Listen</p>
<b>Identify Options for Small Doable Actions</b>	<p>Find practices that are risky, changeable, appropriate to the context</p>
<b>MIKIRIR</b>	<p>Negotiate          Problem solve          Have them try/model the behavior          Ask about reservations, doubts          Try to resolve          Get commitment to try until next visit</p>
<b>Set next appointment</b>	

**ACTIVITY 4.5****BACK FROM FIELD: DEBRIEF****PREPARATION** None**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** None**MATERIALS** ✓ Notebook,  
✓ Worksheet**TIME** 30 minutes**PROCEDURE**

**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.



# UNIT 5 How to Plan, Prepare, and Implement CLTBCHS at Kebele and Gott Levels

.....

Unit 5	Activity Name	Time	Materials/Prep (see details by activity)
Activity 5.1	Introduction to Steps to Mobilizing Communities in Total Behavior Change in Hygiene and Sanitation	30 minutes	Refer to the HEW Handbook and the summary of Sequential Steps of the pathway to CLTBHS
Activity 5.2	How to Organize and Facilitate a Kebele Stakeholder Meeting	30 minutes	Refer to the HEW Handbook and the summary of Sequential Steps of the pathway to CLTBHS
Activity 5.3	Preparation for Gott Ignition and Action	30 minutes	Refer to the HEW Handbook and the summary of Sequential Steps of the pathway to CLTBHS
<b>Total</b>	<b>90 minutes</b>		

## OBJECTIVES

### Activity 5.1

### INTRODUCTION TO STEPS TO MOBILIZING COMMUNITIES IN TOTAL BEHAVIOR CHANGE IN HYGIENE AND SANITATION

#### PREPARATION

None

#### MATERIALS

- ✓ Refer to the HEW handbook and the summary of Sequential Steps of the pathway to CLTBHS

Write each of the following steps on a flip chart paper – one paper per step

- Organize and facilitate a kebele stakeholder meeting
- Create an organization at kebele level – the Kebele Action Team
- Plan and carry out kebele ignition
- Plan and carry out gott ignition
- Identify and train volunteers from each gott (village), and
- Establish community and household activities that motivate and mobilize, such as :
  - ‘coffee for health club’
  - community conversation
  - sanitation clean-up campaigns
  - household MIKIKIR dialogue

Post them on the wall, but mix up the order

**TIME** 30 minutes

## PROCEDURE

This session spells out the steps for kebele and gott level actors to create a sustained behavior change in Hygiene and Sanitation following closely the guidance provided in the resource book.

**Say** By the end of this training, all the Health Extension Workers and Development Agents in the woreda are now trained in basic behavior change approaches, data collection and management. In addition, the Kebele Managers and Administrators, school directors, community stakeholders and elders will be exposed in a one day woreda-wide multi-stakeholders meeting and will be motivated to show their commitment for total behavior change in hygiene and sanitation. They will also be given a banner that they will proudly display in kebeles to serve as reminder of their commitment.

What we will be discussing now is what you the Health Extension Workers, Development Agents, the kebele Administrators and others who have committed to change this shameful act of unsanitary living have to do after you go back to your kebeles

Once again the 'bottom line' is to end open defecation and to support clean and sanitized communities. Therefore, everyone must practice three key behaviors:

- Safely dispose of child and adult feces
- Wash hands with water and soap or ash at four critical times
- Safely manage household drinking water from water source to mouth

This session therefore focuses on the step by step process for kebele and gott-level action. To lay the foundation for sustained and total behavior change, the kebele must follow certain steps. You will play a role in all these steps, but you play a more active role in some than others. We'll make your role clear as we move through this unit.

Divide the group into their work groups of 6 people. Have the groups read each of the steps, and tell them their task will be to put the steps in the right order. They will have 10 minutes for this task.

Ask ONE group to come to the front of the room, and put the BIG SHEETS in the correct order.

Ask the WHOLE group to critique. Discuss until the group is settled on the sequence.

**Have a representative repeat the sequence out loud.**

- Organize and facilitate a kebele stakeholder meeting
- Create an organization at kebele level – the Kebele Action Team
- Plan and carry out kebele ignition
- Plan and carry out gott ignition
- Identify and train volunteers from each gott (village),

- Establish community and household activities that motivate and mobilize, such as
  - ‘coffee for health club’
  - community conversation
  - sanitation clean-up campaigns
  - household MIKIKIR (dialogue) to negotiate ‘small doable actions’ which move householders toward improved hygiene and sanitation practice.

**These activities keep the process of change always on motion.** As has been learnt from successful initiatives in other countries, a behavior change program cannot be a one time campaign but a continuous process of interaction with communities and facilitators. Moreover, creating these conditions will help the health extension workers achieve their targets effectively and efficient, and are the cornerstones of a sustainable community-led total behavior change in sanitation and hygiene program in the gotts of all Kebeles in a woreda.

Now we will review each of the steps in more detail.

### Activity 5.2

## HOW TO ORGANIZE AND FACILITATE A KEBELE STAKEHOLDER MEETING

### PREPARATION

Familiarize yourself with step 6 of the Woreda Resource Book

### MATERIALS

- ✓ Refer to the HEW handbook and the summary of Sequential Steps of the pathway to CLTBHS

### TIME

30 minutes

### PROCEDURE

**Read out the title of the step:**

**‘Kebele Organizes and Facilitates a Kebele Stakeholder Meeting’**

Following the main flow and structure of the Woreda resource book you can now ask the participants in a question and answer style on:

1. The purpose of such a meeting
2. Who will lead it and why
3. Who will be invited

The text below is an excerpt of the Woreda Resource Book and will help the facilitators to fill in responses not given by the participants:

**Purpose**

1. To inform the kebele stakeholders (religious leaders, elders, community based organizations, school teachers, women and youth groups and other stakeholders)
2. To organize the kebele so that there is a responsible body from the kebele other than government workers who will follow and support the change process—the Kebele Ignition Team (KIT)
3. To select volunteers from each gott to serve as Volunteer Community Health Promoters (VCHP)
4. To design a time line for gott ignition

**Who Leads?**

The kebele administrator takes the lead to inform the kebele stakeholders about the need to change conditions of poor sanitation and hygiene.

**Why?**

He calls for a meeting and reiterates the responsibility given to him by government to expedite the roles and responsibilities of the health extension workers (HEWs) in the Kebele—to reach universal access of hygiene and sanitation coverage, and assure the even more ambitious goal of universal practice of the key behaviors.

**Kebele Responsibility on HEWs**

- Plan, control, supervise, evaluate and coordinate the activities of the HEWs
- Mobilize and coordinate activities of the HEWs with other governmental and non-governmental organizations active in the kebeles
- Participate in selecting and training of Volunteer Community Health Promoters and see to it that they are working together with HEWs.

**Who Participates?** Kebele cabinet, and kebele stakeholders (Including HEW and DA)

**Agenda for discussion during the meeting**

- Kebele responsibility towards the HEW's mission
- The gravity of the commitment made during the Woreda WSR meeting and the meaning of the banner—to end open defecation, and reach 100% latrine use, hand washing, and sanitized communities
- Review the HEW's plan for a sustainable change in hygiene and sanitation
  - Organize
  - Train
  - Ignite
  - Establish a sustainable, community-led empowerment system at gott level

The **Health Extension Worker**, with the support of the kebele administration, should also be prepared to lead the over all program to catalyze a change in their woredas. Main points the HEWs should prepare and discuss with the Kebele representatives at the meeting are the following:

**HEW's Program Plan for Sustainable Change Hygiene and Sanitation**

- Establishing a Kebele H&S Ignition Team (KIT)
- Selecting and training volunteers or natural leaders from each gott as per the guidance given by the Regional Health Bureau Head in his instruction booklet prepared for HEWs
- Designing timelines to start up gott level ignition
- Agreeing on the processes at gott level

During the kebele meeting all the issues which are pertinent to start a sustainable behavior change in hygiene and sanitation program throughout the kebeles are thoroughly discussed and agreement reached on the above issues.

**(The process of establishing KIT, selection of VCHP, their roles, etc. is found in Unit 5 of the HEW Handbook, starting on page 57.)**

## Activity 5.3

## PREPARATION FOR GOTT IGNITION AND ACTION

## PREPARATION

Review Step 7 of the Woreda resource book

## MATERIALS

- ✓ Refer to the HEW handbook and the summary of Sequential Steps of the pathway to CLTBHS

## TIME

30 minutes

## PROCEDURE

## Say

Gott **“ignition”** requires skills to facilitate behavior change and skills to supervise and support the process. That is why we have gone through all these important learning activities during the last few days.

**This very moment of gott ignition is at the heart of the Community-Led Total Behavior Change in Hygiene and Sanitation program** and guides HEWs, the VCHPs, the Kebele Administrators and Managers on specific behavior change approaches at community/gott and household levels.

**That is why gott ignition has to be very well planed and prepared for!**

Following the main flow and structure of the Woreda Resource Book you can now ask the participants in a question and answer style.

The text below is an excerpt of the Woreda Resource Book and will help the facilitators to fill in responses not given by the participants:

## Who Leads?

HEWs and DAs together with Kebele administrator & Kebele Ignition Team

## Why?

They will take the lead in establishing a Community/Gott- Led Total Behavior Change for Hygiene and Sanitation in the gotts. They will plan the process with the gott and sub-gott leaders and identify a date and time for the ignition.

## Starting the Process

HEWs, DAs, and members of the Kebele Ignition Team visit the gott to be ignited.

- Discuss the kebele-wide program with elders, natural leaders, and other government representatives.
- Select a convenient day and make appointments for all gott people to participate in the ignition process. Careful preparations are always useful to help ensure that the participants in the ignition meeting are truly representative of the wider community. It might so happen that the only people that come to these sorts of meetings are poor or only women and children or people from one particular pocket of the neighborhood.

## Say

You have all practiced the Community Ignition Tools...

The transect walk, mapping, the feces flow diagram, the shit calculation, and lastly the glass of water exercise.

Now that you've put the tools in context, and learned how to organize for the ignition, take just 5 minutes with your neighbor to discuss any expectations or fears about igniting communities.

**Break into pairs and discuss for 5 minutes.**

**Bring the group back together as one, and ask for a sample of fears and expectations.**

**After each response, ask, 'Did others have a similar comment?'**

**Use the tip sheet that follows to help allay fears and build skills.**

## Info Sheet #1

## TIPS FOR SKILLFUL FACILITATION DURING GOTT IGNITION MEETING

- Introduce yourself and the team members as a learning team (studying hygiene behavior and reasons for open defecation practice) and not as sanitation agents promoting toilet construction with or without subsidy.
- Make it absolutely clear to the community that you are not there to ask anyone to stop OD or change their present hygiene behavior practices. Make it very clear that you are no way associated with providing subsidy or prescription of toilets.
- During the process of ignition (especially when people ask for household subsidy to construct toilets) humbly request them not to misunderstand you as sanitation agents trying to sell toilets or convince them to change their age old habits. They must feel free to continue open defecation if they like to. In extreme cases you could show them some of the unused latrines provided freely by other agencies in the past. Remind them that you understand that they decisively discarded use of latrines and wanted to continue open defecation and you didn't want to intervene in their local decision at all. They were free to continue OD. You just wanted to understand the reasons for the community decision to continue OD. That's all you wanted to learn from them.
- At the end of ignition exercise if you still don't notice any growing tempo amongst the community to fight OD collectively, ask them if you could take a picture of them or report in your study the name of their village where people are decisively eating each others shit and are willing to continue that. That's fine and unique. Why should they change their age old practice? They might say that they would stop OD soon. Tell them to feel free to continue OD and not to misunderstand you or get influenced.
- Encourage and empower them to decide for themselves what was good or bad rather than get influenced by outsiders even if they provide free cash or materials. Local people are the best judges for their village context.
- In most cases you will find immediate resistance from the community. Ask them to raise hands who would defecate in the open the next morning. If none raise hands, ask what they would do instead. Some might say that they would need time to construct simple pit latrines. Some might say that they would carry a shovel when they went out and would dig a small hole on the ground and would cover it with soil after defecation. Ask if every one would do that? What would be the immediate impact if all did that from tomorrow? Encourage and clap on their explanation.
- Ask everyone to clap every time anyone mentions any initiative to stop OD. Clap heavily and encourage others. It might so happen that some more people join the early initiators and raise hands. Clap them all. Ask if anyone else would do anything differently.
- Most likely someone would emerge from the crowd and declare that he/she would see the construction of a simple pit latrine. Ask when he or she would construct that. Ask if anyone would be interested to come and see the construction of simple pit latrine. Clap thunderously and encourage.

- Invite all those who took courageous decisions to initiate early action to come forward. Now ask them if you could take a group photo of the small group who wanted to stop OD and start immediate action? Request them to raise their hands and take a snap. After that seek their permission for another picture/photograph of the entire community covering the larger group who wanted to continue OD and a small group (who were separated from the large group) who wanted to stop it. A big tension and confusion might begin at this stage. Don't intervene; let them settle it themselves.
- At this stage you might find some one from the local community who was close to a local political party or power or associated with Govt./NGO subsidy/ material distribution program acting as 'gate keeper' and trying to block/stop community from being self-mobilized. Such persons generally have vested interest who might control local community and allure them with free materials and goodies. Handle them carefully. Take them away and keep them busy with serious discussions. Tell them how knowledgeable he/she was and how much his/her information would help you understanding the sanitation profile and the local practice deeply. Offer him/her tea, cigarettes at place away from the triggering venue and listen and take note of whatever the person says.
- One of the easiest ways could be to locate a community very close to such 'challenging' villages which was not contaminated with subsidy and trigger CLTS there first. Once that one becomes ODF, it would be easier to trigger in the more challenging village then.
- Please feel free to innovate many other ways using your own best judgments. This not very difficult.

*Source: Handbook on Community-Led Total Sanitation, Kamal Kar and Robert Chambers, 2008*



# UNIT 6 School WASH

Unit 6	Activity Title	Time	Materials/Prep (see details by activity)
Activity 6.1	Why Focus on Schools?	25 minutes	
Activity 6.2	What is required to make a school WASH-friendly?	50 minutes	Flip chart paper, markers, tape, sheets of A4 paper, cut in half
Activity 6.3	How can you ignite schools to commit to school-led behavior change	50 minutes	Paper, pencil
<b>Total time</b>	<b>2 hours, 5 minutes</b>		

## OBJECTIVES

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

1. Describe the various components of a WASH-friendly school
2. Link with teachers and principals to commit to making each school in the woreda a WASH-friendly school
3. Mobilize teachers, parents and pupils to improve their physical school yard to meet 'WASH-friendly' criteria
4. Identify school clubs that are receptive to incorporating WASH-friendly activities into their school club and support integration of school club activities into club routine

### ACTIVITY 6.1

#### WHY FOCUS ON SCHOOLS?

#### PREPARATION

None

#### MATERIALS

Story, below

#### TIME

25 minutes

#### PROCEDURE

*Start by telling the group that you are going to tell them a story. But the story doesn't have an ending, they will have to answer some questions, solve some problems, and make up their own ending.*

Fekerte was 11 years old and in 5<sup>th</sup> grade. She loved school, and walked 30 minutes each day with her cousins and younger brother to the schoolyard in the kebele center. Sometimes she'd have to walk alone, because her father wouldn't let her leave for school until her morning chores were completed. During dry season, the spring dried up, so she'd have to rise early to make the long walk to the bore hole by the church. On those occasions, she'd rush to school, arriving out of breath and thirsty.

When she was late for school, the head teacher would be very cross. Sometimes punishments were given, like cleaning the schoolyard during break, or staying after to clean the chalk boards. But it was all worth it. She especially liked studying about physical science, understanding the way things in nature work, why it rains, how plants grow.

One day, all of a sudden, Fekerte stopped going to school. The first few days, everyone thought she must be ill and inquired about her health. Her little brother was quiet, but said that their father had decided she would no longer be attending school, that it wasn't safe or proper for his daughter.

**Ask** Why do you think Fekerte stopped going to school?  
Can you think of other reasons?  
How common is Fekerte's situation?

### Get the group talking

The point is not to come up with one correct answer, rather to have the HEW and other participants thinking about the life of school children, or the school and home environment.

### Now, continue with the story...

This school was regularly visited by the Miriam, the local health extension worker. Miriam had a little brother in the school, a star pupil, and she'd often stop by to chat with the teachers and walk home with her brother Takele and his friends. The teacher knew that Miriam lived not far from the little girl Fekerte's compound, and after two weeks without seeing Fekerte, asked the Health Extension Worker if little Fekerte had fallen ill, or if there were troubles in the household. Miriam promised to inquire.

She stopped by the house of Fekerte, and saw little Fekerte strong and preparing the evening meal. 'Hello little one. Is your mother around for me to speak with?' The two women greeted each other and started talking privately outside the house.

Miriam, the health extension worker started, 'Fekerte is missed at school. She was a promising student. We are concerned for her health, for your family. Is something keeping Fekerte from class?' The mother shook her head. Fekerte is quite well. She has reached her womanhood. School is no longer a place for her. My husband will not allow it anymore.

**Ask** Why do you think Miriam stopped going to school?

### Engage the group

**Say** **Think back** to when you were in primary school...to fifth grade.....

**Ask** How did you get to school?  
How far did you travel?  
When you arrived at school thirsty, was there water to drink?  
When you had to relieve yourself, where did you go?  
How would the lack of latrines and adequate water affect school attendance of girls??  
Is the same true for boys?

**Conclude** Part of our commitment to community-led total behavior change requires making schools free of open defecation as well. Think back to our regional behavior change strategy. One of the components of the strategy is School Hygiene and Sanitation.

School children need a healthy learning environment. They are quick learners, respond to peer influence, and can make a positive impact on sanitation and hygiene conditions in the home. Finally, safe, convenient, private facilities have been shown to boost school enrollment and attendance of adolescent girls coping with adolescence and menstruation.

So it is important to improve sanitation and hygiene in schools to make a more WASH-friendly learning environment, and also because students bring their new learning and new practices home to their communities and their homes.

The process of igniting school children and teachers to carry out a behavior change program in their community follows the same process that is used to ignite the gotts. Many of the same tools for igniting communities to change behaviors can be used in schools.

## ACTIVITY 6.2

### WHAT IS REQUIRED FOR A SCHOOL TO BE WASH-FRIENDLY?

#### PREPARATION

Put four pieces of flip chart together on the wall, making a big rectangle. **Draw** a “school compound” on several pieces of flip chart paper. Draw the classrooms, but not much else. Leave room outside the compound walls for people to fill in the outside as well as the inside.

**Write** WASH-Friendly School to label the picture

#### MATERIALS

- ✓ Flip chart paper, markers, tape
- ✓ Sheets of A4 paper, cut in half

#### TIME

50 minutes

#### PROCEDURE

**Say** Before we review HOW to ignite schools and make them more WASH-Friendly, let's together construct WHAT is needed to make a school WASH-friendly.

What do we mean by this term, WASH-friendly school??

**Draw** a “school compound” on the flip chart. Leave room outside the compound walls for people to fill in the outside as well as the inside.

**Divide participants into groups of 6.**

**Invite** each group to list what they consider to be the elements of a WASH-friendly school. They will want to discuss the elements first and make an informal list. Then put one element on each sheet of paper. They can draw a picture or write the words.

**Explain** that they will be putting the elements up onto the big school compound, so that together they will create their vision of a WASH-friendly school.

**Remind** them of the need to attend to the 'hardware' and the 'software/promotion'. They have 20 minutes to work.

Bring the groups together, but have groups still cluster together.

**Invite** groups one at a time to paste up (with masking tape) one element of a WASH friendly school.

**After each item, ask** the groups,  
 Do you agree?  
 Did your group also have this element?  
 Is there any detail you'd like to add?

#### Refer to the list below

After the group has exhausted their answers, review ALL the elements of a WASH-Friendly school. If possible, include as a handout 'Suggested Components of a WASH Friendly School'.

You might conclude this activity by asking: Do we see Fekerte in this picture now? If we had all these elements in place, could Fekerte still be studying?

### Suggested Components of a WASH-Friendly School

- Latrines for girls and boys, with washable slabs, doors or curtains for privacy
- Presence of hand washing stations near the latrines
- Continuous presence of soap or soap substitute like ash (parents can help with this)
- School rules for latrine use and maintenance and hand washing with soap after use
- Treated drinking water in adequate supply for school community
- School-wide system for operations and maintenance for any drinking water treatment
- Sanitation system that includes children
- Teachers trained in WASH basics
- WASH curricular materials and promotional material for three key practices available
- WASH and three key practices integrated into the school curriculum
- WASH and three key practices integrated into the school
- WASH activities linking school and community.

## ACTIVITY 6.3

## HOW CAN YOU IGNITE SCHOOLS TO COMMIT TO SCHOOL-LED TOTAL BEHAVIOR CHANGE IN HYGIENE AND SANITATION AND BECOME A WASH-FRIENDLY SCHOOL?

**PREPARATION**

None

**MATERIALS**

Participants need paper and pen/pencil for writing

**TIME**

50 minutes

**PROCEDURE****Say**

The process of igniting school children and teachers to carry out a behavior change program in their community follows the same process that is used to ignite the gotts. Many of the same tools for igniting communities to change behaviors can be used in schools.

The complete process for School, Health Center, and other Institutional Ignition is described in the Woreda Resource Book.

Overall, the Woreda Education Desk leads the process, with the Woreda WASH Team, the Woreda Health Office, HEWs, Development Agents, PTAs and school club leaders all playing a part.

Typically, the immediate school environment is an open defecation pit, which may serve as a catalyst for change, as students are led through an awareness and ignition process. Many of the 'ignition tools' used to mobilize communities are quite effective in mobilizing schools.

What is YOUR role? If you are not ALREADY in coordination with the principal and teachers within the gotts your serve, this is an important relationship to establish.

**Highlight the benefits of WASH-friendly schools:**

- Improve the learning capacity of children
- Instill lifelong positive habits in children
- Lower absenteeism from illnesses related to poor WASH conditions
- Increase and prolong girls' school attendance
- Contribute to the development of the community where the school is located

**Ask**

anything else?

**Break**

into the same small groups of 6.

Take 10 minutes to discuss possible activities linking school and community.

Then individually, take a sheet of paper, and write 5 actions you can take in the next 6 months to encourage school WASH. You have another 15 minutes to write your 6 month plan.

After 15 minutes, bring the group back together.

Sample answers from 3 participants.

Ask the group for other ideas.

Conclude by reviewing the possible activities for HEW, DA and other workshop participants in promoting school WASH.

## WASH Activities Encouraging School WASH and Linking School and Community

Possibilities:

1. Meet with principals and school committees.
2. Advocate for leading a school ignition activity, using the Ignition Tools. Lead the ignition exercises, mapping, flow diagram, shit calculation, glass of water.
3. Advocate use of school curricular supplements prepared by the Bureau of Education. Encourage use of school activity club worksheets.
4. Facilitate school environmental health clubs and non-health clubs to
  - Integrate key messages into existing youth clubs, and where none are organized, organize clubs in schools
  - Fairs with WASH-themed booths and demonstrations
  - Performances by students for community on WASH themes (musical, theatrical, other traditions)
5. Strengthen existing parent associations.
  - Encourage building and maintenance of hand washing stations, safe water management.
6. Explore partnerships with providers of WASH hardware or funding for latrine construction and water treatment

## Handout #1

**SUGGESTED COMPONENTS OF A WASH-FRIENDLY SCHOOL**

- Latrines for girls and boys, with washable slabs, doors or curtains for privacy
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8. Strengthen existing parent associations
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10. Explore partnerships with providers of WASH hardware or funding for latrine construction and water treatment



UNIT  
**7**

# Data Collection and Analysis

Unit 5	Activity Title	Time	Materials/Prep (see details by activity)
Activity 7.1	The Importance of Data Collection, Types of Data Collecting Methods and Tools Used for Data Collection	30 minutes	Flip chart, markers
Activity 7.2	Introducing the Components of the Survey	2 hours	Flip chart, marker
Activity 7.3	Introduction to Data Collection Formats	1 hour	Data collection formats
Activity 7.4	Organization of the Next Day for Data Collection and Kebele Feedback	30 minutes	Flip chart, markers
Activity 7.5	How Many Households Fulfill All Indicators of Environmental Sanitation	90 minutes	Flip chart, markers
Activity 7.6	Data Collection in One Kebele	4 hours	Data collection formats
Activity 7.7	Feedback Meeting on Data Collection	1 hour	Flip chart, markers, written summary formats
Activity 7.8	Presentation of Data Analysis	1 hour	Flip chart, markers
Activity 7.9	Presentation of Summary Tables, Graphs and Maps by Group	2 hours	Summary table preparation
Activity 7.10	Preparing Presentation for the Kebele Feedback Meeting	2 hours	Flip chart, markers
Activity 7.11	Feedback Meeting at the Kebele Level	2 hours	Flip chart, markers
Activity 7.12	Feedback on Kebele Meeting, Group Discussion	30 minutes	none
Activity 7.13	The Ideas of Regular Reporting	30 minutes	Flip chart, markers
Activity 7.14	Strengths, Weaknesses, Opportunities and Threats Analysis for Data Collection	1 hour	Flip chart, markers
Activity 7.15	Considering the SWOT Analysis	2 hours	Flip chart, markers
<b>Total Time</b>	<b>1620 minutes / 27 hrs</b>		

## OBJECTIVES

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

1. Explain the importance of data collection, types of data collection methods and tools used for data collection
2. 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 or each indicator
3. Use formats in order to make the assessment of existing conditions of the kebele community
4. Organize data collection and conduct a kebele feedback meeting to present the findings and develop an action plan
5. Analyse collected data (using maps, tables, charts, percentage calculation etc.)
6. Conduct SWOT analysis and develop an action plan to organize data collection at kebele level

### ACTIVITY 7.1

#### 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.

### ACTIVITY 7.2

#### INTRODUCING THE COMPONENTS OF THE SURVEY

##### 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 7.3****INTRODUCTION TO DATA COLLECTION FORMATS**

**MATERIALS** ✓ Data collection formats

**TIME** 60 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 7.4****ORGANIZATION OF THE NEXT DAY FOR DATA COLLECTION AND KEBELE FEEDBACK**

**MATERIALS** ✓ Flip chart  
✓ Marker

**TIME** 30 minutes

**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 gott leaders prior to data collection.

**Identify** who are key informants for the kebele feedback meetings.

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

## ACTIVITY 7.5

## HOW MANY HOUSEHOLDS FULFILL 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?

**ACTIVITY 7.6****DATA COLLECTION IN ONE KEBELE / FIELD PRACTICE**

**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 gott is drawn up.

**ACTIVITY 7.7****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 the field?

**Ask** for feedback 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.

**ACTIVITY 7.8****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 7.9****PREPARATION OF SUMMARY TABLES, GRAPHS AND MAPS BY GROUP****PREPARATION**

- ✓ Summary table preparation

**TIME**

2 hours

**PROCEDURE**

**Assign** each group to prepare their gott 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 gotts.

**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 emphasize differences among gotts to stimulate competition).

## ACTIVITY 7.10

## PREPARING PRESENTATION FOR THE KEBELE FEEDBACK MEETING

## MATERIALS

- ✓ Flip chart
- ✓ Marker

## TIME

2 hours

## PROCEDURE

- Tell** each group to incorporate comments and present during feedback 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 7.11

## FEEDBACK MEETING AT THE KEBELE LEVEL

## MATERIALS

- ✓ Flip charts
- ✓ Markers

## TIME

2 hours

## PROCEDURE

Chairman should **introduce the participants** and objectives of the meeting.

Each presenter should **present the findings** by using tables and graphs.

Chairman **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 people.

Chairman should **conclude the meeting** after some discussion (come up together with an action plan).

**ACTIVITY 7.12****FEEDBACK ON KEBELE MEETING, GROUP DISCUSSION****MATERIALS** None**TIME** 30 minutes**PROCEDURE****Ask** them what went well, what could be improved next time?**ACTIVITY 7.13****PRESENTATION AND DISCUSSION ON THE IDEAS OF REGULAR REPORTING****MATERIALS** ✓ Flip charts  
✓ Markers**TIME** 30 minutes**PROCEDURE****Present** the organigram 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 7.14****STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS ANALYSIS FOR DATA COLLECTION AT THE KEBELE LEVEL****MATERIALS** ✓ Flip charts  
✓ Markers**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 7.15****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 gott having 20-30 households , 1 CHP (if present and 1 Limat Buden leader)
- Take** the data collection to be completed within 3 weeks and prepare a schedule on what should be done in each week and who is responsible for that purpose.





# Summing Up the Essence of the Training and Closing

Unit 6	Activity Title	Time	Materials/Prep (see details by activity)
Activity 8.1	Panel discussion of both groups and key take home messages	2 hours	Flip chart, marker
Activity 8.2	Wrap up and closing ceremony	30 minutes	Flip chart, marker
<b>Total time</b>	<b>2 hours, 30 minutes</b>		

## ACTIVITY 8.1

### PANEL DISCUSSION OF BOTH GROUPS AND KEY 'TAKE HOME MESSAGES'

#### MATERIALS

- ✓ Flip charts
- ✓ Markers

#### TIME

2 hours

#### PROCEDURE

**Assign** data collection teams to present summary reports.

**Assign** behavior change group to present role play on the use of PRA tools and walk of shame.

## ACTIVITY 8.2

### 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.

Encourage the political leaders to talk about next steps to move ahead with the CLTBHCHS program in the woreda.

## Resources and Further Reading

Available through the Amhara WASH Regional Resource Center at the Amhara National Regional State Bureau of Health, Bahir Dar

### Companion Resources Supporting the Woreda Resource Book

1. Training for Community-led Total Behavior Change in Hygiene and Sanitation, Facilitator's Guide, Amhara National Regional State Bureau of Health, WSP-AF and USAID/HIP, 2008.
2. Community-led Total Behavior Change in Hygiene and Sanitation, Handbook for Health Extension Workers and Other Resource Persons, Amhara National Regional State Bureau of Health, WSP-AF and USAID/HIP, 2008.

### Other useful and related resources

1. Amhara Behavior Change Strategy to Achieve at Scale Hygiene and Sanitation Improvement, Amhara National Regional State, Bureau of Health, WSP-AF and USAID/HIP, 2007.
2. Mapping the Context, Water Quality, Sanitation and Hygiene (WASH), Resources and Gaps in the Amhara Region, Survey Findings and Analysis, DRAFT, prepared for the Whole System in the Room Multi-Stakeholder Meeting, Amhara National Regional State Bureau of Health, WSP-AF and USAID/HIP, 2006.
3. National Hygiene and Sanitation Strategy for Ethiopia, Federal Democratic Republic of Ethiopia, Ministry of Health 2005.
4. National Protocol for Hygiene and On-site Sanitation, Federal Democratic Republic of Ethiopia, Ministry of Health, 2006.
5. Needs assessment to achieve Universal Access to Hygiene and Sanitation by 2012, Federal Democratic Republic of Ethiopia, Ministries of Health, Water Resources, Education and Urban Development, European Water Initiative, 2007 and WSP-AF.
6. Compendium of Technology Options (Federal Ministry of Health, under development with assistance from WSP-AF).
7. Regional Memorandum of Understanding between Amhara Bureaus of Health, Education and Water Resources, 2007.
8. Toolkit for At Scale Hygiene and Sanitation Improvement in Amhara Region, including detailed guidance on organizing a Whole System in the Room Workshop, Amhara National Regional State Bureau of Health, WSP-AF and USAID/HIP, 2006.
9. Handbook on Community-Led Total Sanitation, Kamal Kar and Robert Chambers, 2008

