



Amhara Regional State
Bureau of Health

Preparing for Community-led Total Behavior Change in Hygiene and Sanitation

Participant Source Book

Supported by the
Water and Sanitation Programme/ World Bank
USAID/Hygiene Improvement Project (HIP)



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Workshop Objectives

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

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

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

- Explain the importance of data collection, types of data collection methods and tools used for data collection
- Understand and communicate the components of the survey on water, sanitation and hygiene (reaching households, public institutions, water points and schools) , indicators and conditions to be fulfilled for each indicator
- Use formats in order to make the assessment of existing conditions of the kebele community
- Organize data collection and conduct a kebele feedback meeting to present the findings and develop action plan
- Analyse collected data (using maps, tables , charts , percentage calculation etc)
- Conduct a SWOT analysis (assessing **S**trengths, **W**eakness, **O**pportunities and **T**hreats) and develop an action plan to organize data collection at kebele level

Workshop Agenda



COMMUNITY-LED TOTAL BEHAVIOR CHANGE FOCUSES ON **THREE KEY BEHAVIORS**

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

The Regional Behavior Change Strategy to achieve Universal Access and Total Behavior Change has seven major components:

- Strategic Component 1: Multi-level advocacy (region, Zone, woreda, kebele, Gott)**
- Forge common ground and consensus to attend to the problem of IH&S. with officials, CBOs, etc
- Strategic Component 2: Strengthening Household Outreach**
- Strengthen home visit
 - Introduce the art of negotiation -MIKIKIR.
 - Promote behavior change through small doable actions
- Strategic Component 3: Igniting Community-based Approaches to Change**
- Mobilize community commitment to total behavior change
 - Create an action agenda for the community
 - Promote behavior change through community level activities like coffee clubs, children's patrols, and peer pressure
- Strategic Component 4: Multiplying the Message through Media and Communication**
- Disseminate reliable information through a 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:
- ... the future generation, and changing the behavior of children is changing a generation.
 - ... inherently open to learn new things .
 - change agents in their own households and communities at large.

Strategic Component 7: Demonstration Latrines, Handwashing Stations, and other Hygiene-related products

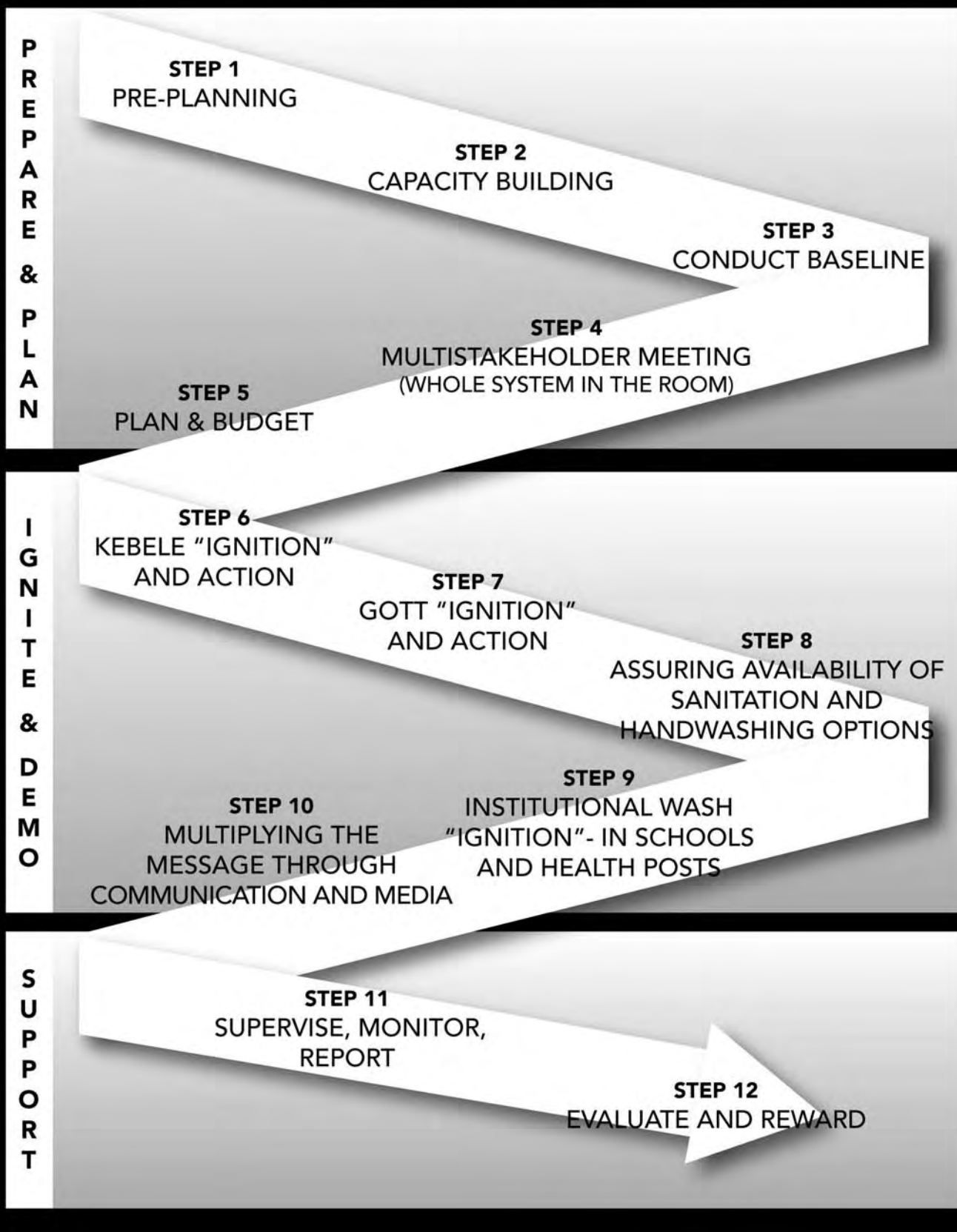
- Demonstrate how local skill and materials can be used to construct an approved traditional latrine
- Introduce hand washing station made from local materials
- Introduce local detergents such as ash (amed or indod).

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.

Each workshop participant is here because you have a particular role in achieving the goal, and each of you has a specific role within the behavior change strategy, primarily around community and household visits.

- *Woreda administrators*
- *Woreda health desk*
- *Health Extension Worker*
- *Development Agents*
- *Woreda WASH team*
- *Others*

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

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

8. Construction of demonstration latrines and hand washing stations

Assure affordability and availability of hygiene and sanitation options:

Build demonstration latrines in kebeles with participation of the local community members so that simplicity of technology is comprehended and 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 handwashing products and services, such as economical sanitation platforms made from local materials or local molds; handwashing 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 handwashing, and hands out instructions on how to make a tippy tap.

Create competition between households, schools, kebeles and woredas and give appropriate and functional prizes including certificate or diploma or electronics and other appropriate prize for fulfillment of standard hygiene and sanitation requirements.

11. Supervise, monitor and report: Incorporate WASH indicators into established system of supervision, monitoring and reporting. Make it part of everyone’s job to support total behavior change. Teach “supportive supervision” techniques to guide improved practice.

12. Evaluate and value. Share successes throughout the community. Again, use healthy competition with other gotts to increase community commitment to total behavior change. Make banners in public places for all to see.

Some Factors That Influence the Correct and Consistent Practice of Behaviors

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

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

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

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

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

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

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

Perceived Social Norms: perception that people important to an individual think that s/he should do the behavior; norms have two parts: who matters most to the person on a particular issue, and what s/he perceives those people think s/he should do. E.g. what you think your mother-in-law wants you to feed your 3-month old son; what your priest and your mother 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 child development and growth (what kids do at certain ages; what's a good weight); what a vaccine ‘does’; feces can't always be ‘seen’ on your hands but may be present; clear looking water can still carry microbes (make you sick); where to buy condoms; get mental health services, etc.

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

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

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

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

Making Handwashing Easier



HOW MUCH WATER WILL THAT TAKE??

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

Estimated amount of water to wash hands CORRECTLY (in ml) _____

HANDWASHING	Number of times a day/ each person	Number of family members doing this	Total number of times a day
After defecation			
After cleaning a baby's bottom			
Before preparing food/cooking			
Before eating			
TOTAL			

Estimated amount of water to wash hands CORRECTLY (in ml) _____

Multiply by number of washings _____

TOTAL AMOUNT OF WATER FOR A FAMILY

TO WASH CORRECTLY FOR ONE DAY _____

**BUILDING A HANDWASHING DEVICE
CAN HELP TO WASH HANDS
AT THE CRITICAL TIMES
EVEN WHEN WATER IS SCARCE**



follow the easy steps below

**TO MAKE A HANDWASHING DEVICE,
FIND AN AVAILABLE VESSEL**



.... AND A HOLLOW TUBE to make the spout....

...you can use a pen casing, a madewuria, a pawpaw stem ...anything that is hollow.

You will also need a sharp knife, a nail, or a screw driver to make a hole in the vessel for the tube.



1. Decide on the design of your handwashing station before you begin working. Will your tippy tap sit, hang, hang and tip?
2. Wash the container and tube so they are free from visible dirt.

3. Heat the knife, nail or screwdriver to make piercing a hole for the tube easier.
4. Make a small hole for inserting the tube. Make it as low on the container as you can, about 2 cm. (two finger widths) from the bottom. Be careful to make it smaller than the tube.
5. Slowly and carefully push the tube into the hole. Be very careful not to push the hole so big that it leaks.
6. Test the water flow

When using a Highland bottle: Water is delivered when the cap is unscrewed and stops flowing when the cap is tightly shut.

When using a Jerry can or gourd: Water comes out when the cap on the pen or plug in the tub is removed. If you don't have the original cap, just find an old stick to 'plug' the flow.

Set up the handwashing station:

- Set up the station right by the latrine. Make another near where you cook and eat, if possible!

After you have tested your handwashing bottle to make sure it functions, "set it up" by hanging it from a string around the neck, or setting it on a stable platform.

- Hang or place an old, shallow can or plastic bowl for soap or ash for washing.



HOW TO WASH

1. To wash, wet hands with running water.
2. Rub your hands with the soap or ash for about 30 seconds, about the time it would take to sing the Happy Birthday song.
3. Clean between the fingers, under your fingernails, and up to your wrists to help control germs.
4. It is the soap or ash combined with the scrubbing action that helps dislodge and remove germs.
5. Rinse your hands well with running water (pour from a jug or tap)
6. Dry them in the air to avoid recontamination on a dirty towel.

IMPORTANT INFORMATION: You can wash your hands with 'dirty' water, and still get clean hands, as long as you POUR it over your hands (no dipping in a bowl!) The soap or ash "lifts" the dirt, and the water then washes off the visible and invisible germs, much like shaking your dried teff to clean off the husk.

Tippy-Tap

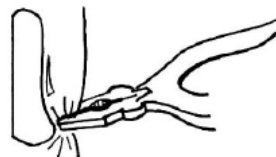
A simple low-cost technology for handwashing when water is scarce



Studies have shown that proper hand-washing with soap or ash can reduce the incidence of diarrhoeal disease by 42-47 percent¹. However, lack of access to both piped water supply and soap, is a barrier to hand washing. “Tippy Taps” are simple and economical hand-washing stations, made with commonly available materials and not dependent on a piped water supply. This publication describes how to construct and maintain a Tippy Tap.

TIPPY TAPS CAN BE MADE FROM A VARIETY OF LOCAL MATERIALS, INCLUDING CAST OFF PLASTIC CONTAINERS, JERRY CANS OR GOURDS. BE CREATIVE! BELOW ARE INSTRUCTIONS USING A 5 LITRE JUG.

Tippy Tap Construction

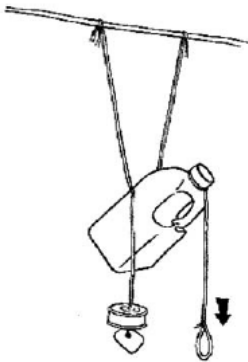


1. First, select a plastic container of approximately 5 liters, or 1.5 gallons, with a handle.
2. Then, warm the base of the handle with a candle until the plastic is soft.
3. When the base is soft, pinch the base closed with a pair of pliers and then let it cool. Make sure that no water can flow through the pinch-closed base.



4. Heat the point of a small nail over a candle. Use the hot nail to make a small hole on the outside edge of the handle, just above the sealed area. Heat the nail again and make two larger holes on the back of the bottle. The holes should be about half way up the bottle and about a thumb-width apart. These holes will be used to thread string to hang the tippy tap. The holes need to be wide enough apart to hold the string and to be positioned so that the "full" bottle hangs at a 45 degree angle. (This picture shows a 45 degree angle.)

To Install and Use a Tippy Tap



5. Hang the Tippy Tap near a latrine, kitchen, or school. Thread the string through the two holes and tie the ends of the string to a stick, a tree or stable support.

Thread a bar of soap and an empty tin can (the lid facing upwards) through another piece of string. The tin will protect the soap from rain and sun. Attach the "soap and tin" string to one of the top supporting strings. Tie a separate piece of string to the the bottle cap and leave the string hanging. This string can be pulled to tip the tippy tap over for water to come out the hole in the handle.

6. Pour water into the tippy tap until the water is almost level with the holes in the back of the bottle. **The tippy tap is now ready for use.**
7. Use the handle or the cap to tip the container and allow water to flow out of the hole onto your hands.

Always wash with soap or ash!

Recommendations for Tippy Tap Maintenance



- Clean the outside of the Tippy Tap with a brush and soap daily, and clean the inside of the Tippy Tap once per week with clean water and disinfectant.

The above was adapted from the CDC website, www.cdc.gov/safewater. The original gourd tippy tap was designed by Dr. Jim Watt and Jackson Masawi at the University of Zimbabwe's rural centre. The plastic tippy tap was designed by Ralph Garnet and Dr. Jim Watt in Canada. We would like to thank CIDEPTA and PAHO for the figures and source material.

1. Curtis, Val and Sandy Cairncross (2003). "Effect of washing hands with soap on diarrhoea risk in the community, a systemic review." *The Lancet: Infectious Diseases*, Volume 3, May 2003.

HOW TO WASH YOUR HANDS



- First wet your hands with water and lather with a bar of soap.
- Next rub your hands together vigorously and scrub all surfaces up to your wrists.
- Clean under your fingernails to help control germs and keep them trimmed and short.
- Continue for at least 30 seconds or about the length of a little tune (for example: the "Happy Birthday" song). It is the soap combined with the scrubbing action that helps dislodge and remove germs.
- Rinse your hands well with running water (pour from a jug or tap)
- Dry them in the air to avoid recontamination on a dirty towel.

WHEN DO YOU WASH:

- After defecating in the field or latrine
- Before eating
- Before cooking or food handling
- Before feeding a child or breastfeeding
- After cleaning a baby

IMPORTANT INFORMATION



You can wash your hands with 'dirty' water, and still get clean hands, as long as you POUR it over your hands (no dipping in a bowl!) The soap or ash "lifts" the dirt, and the water then washes off the visible and invisible germs, much like shaking your dried teff to clean off the husk.

- If you don't have soap, you can use ash instead. It serves the same purpose as the soap, to help 'scrub' what is stuck on your hands, so the running water can brush it off.

Set up a handwashing station to make washing easier! Set one up by your latrine, and near where food is prepared and eaten. Making a handwashing device like the one pictured saves water, and makes the task easier. See additional brochures with directions for making a water saving device for handwashing.



Products and supplies affecting WASH behaviors

Hand washing

- Handwashing stations: tippy tap, soap or ash containers; hygienic dipper (ladles) when no tippy tap in place

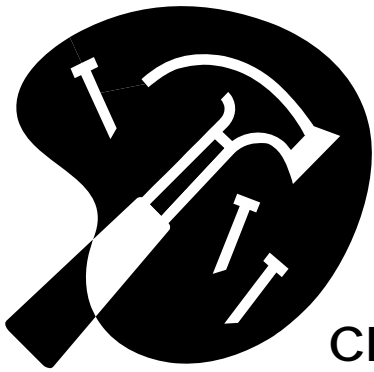
Sanitation

- Sanitation platforms (sanplats)
- Potties (for collection and transfer feces of infant and infirmed (e.g. disabilities, AIDS))

Water treatment and safe storage

- Treatment products (hypochlorite solution, filters, wood for boiling, plastic bottles for solar disinfection)
- Storage containers
- Lids
- Dippers
- Nails and string for hanging dippers (to keep them off dirty floors)





TOOLS FOR COMMUNITY IGNITION
COMMUNITY-LED TOTAL BEHAVIOR
CHANGE IN HYGIENE AND SANITATION

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All tools are respectfully borrowed and some adapted with permission from CLTLS materials created by Kamal Kar, Plan International/Ethiopia, and the Institute for Development Studies in Sussex. For detailed reference on CLTS, see Handbook On Community-Led Total Sanitation, by Kamal Kar with Robert Chambers, 2008.

Igniting Communities for Change

Summary of Sequential Steps for Outside Facilitators

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Summary of Sequential Ignition Process

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

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

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

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

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

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

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

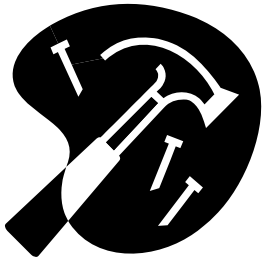
- If ignition is successful, support the community in action planning (how and when to create an open defecation free village, how to monitor the process).
- If the ignition is not successful you just thank the villagers for sharing their experiences and large group presentation, say that you will record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

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

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

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

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



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.

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 diarrhoea

Use the map drawn,

- to identify the dirtiest living area due to open defecation and why is it happening.

Transect walk/Shame Walk

The walk through 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 condition 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.

Organizing the Mapping Exercise

Mapping is the continuation of the shame walk.

After going around the village, settle in an open preferably shady area and facilitate mapping.

- 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



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 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 gms is a good average volume)
- Once the volume is known ask them to convert it to car load, cart load etc so that they visualize the extent of the problem.

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.

Feces Calculation Worksheet

Take 10 minutes in groups to calculate the amount of feces generated in a gott.
Assume that there are 6 people to a family, as before, and 40 families to a gott.

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 don't use a latrine??
[must use ALL the time, when working in the field, children, etc.] _____

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

Number of donkey carts produced by each gott per month _____

Where does it all go??

** In the villages, you don't need to be this formal or precise by using a worksheet ... you can do a verbal calculation with them...

The idea is for the villagers to contemplate the volume of feces.

For the weight of one dump, just estimate! ... and remember, you want to calculate how many are shitting in the open, so you first 'subtract out' those in the village using latrine...



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, washed away by flood etc. 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)
- **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.
 - What are the possible effects of having so much shit on the ground, mixed with their food and drinking water?



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 to know, in a concrete way, that they are eating and drinking each other's shit.

Community Led Total Behavior Change for Hygiene and Sanitation

Community Led Total Behavior Change for Hygiene and Sanitation



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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



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Outline of Presentation

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



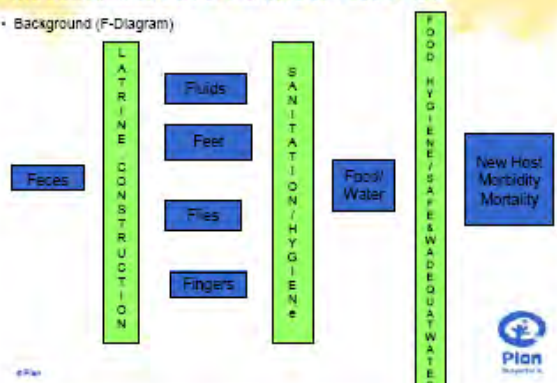
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What happens to this man's shit??



Introduction to CLTS- Barriers to Feces Flow


• Background (F-Diagram)



© Plan

Introduction to CLTS

- Background (Facts)
 - 60% of current disease burden in Ethiopia is due to poor sanitation
 - 20% of under five deaths are caused by diarrhea
 - 250,000 children are dying every year due to poor H & S
 - Worm infestation cause anemia, PEM, poor school performance, lack of job opportunity, nonproductive and economically poor generation.
 - Economic loss: treatment cost, loss of earning




Definition of CLTS

Community-led Development

A means to ensure power through active participation for positive social change.

Key assumptions behind this:

- It is a community's right to be able to influence decisions made about it;
- As the community knows its own issues best, then their involvement in planning and delivering solutions makes their development most effective;
- Developing ownership and capacity at community level make development more sustainable and usually more cost effective.




Definition of CLTS

Total Sanitation:
Total coverage, each and every member of the community(100%) shall have toilet and stop open defecation.


Category	Prevalence of Latrine (%)	Prevalence of diarrhoea (%)
Open defecation prevalent villages	29	38
Almost open defecation-free villages	95	26
Open defecation-free villages	100	7

Source: WSP, 2007. An approach that works, Field Notes, February.



Community-led Total Behavior Change goes further

- Not only 100% latrines
- No open defecation means 100% latrine use
- 100% handwashing at the critical times



Triggering Elements of CLTS

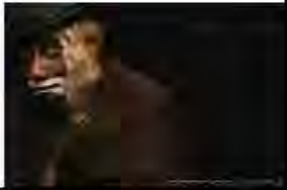
Shame

- Shame is the consciousness or awareness of dishonor, disgrace, or condemnation

Shame is not the same as guilt.

- When we feel guilt, it's about something we did.
- When we feel shame, it's about who we are.

Shame comes from being humiliated for our behavior.




Triggering Elements of CLTS

Disgust

Element of :

- To excite nausea or loathing in; sicken. To offend the taste or moral sense of; repel.
- Profound aversion or repulsion caused by something offensive.



Triggering Elements of CLTS Fear

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



Guiding Principles of CLTS

To do CLTS right, we had to do things "wrong"

(Robert Chambers)

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



Why CLTS?

Major shifts needed from the traditional sanitation approach to CLTS

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



Why CLTS?

Major shifts needed from the traditional sanitation approach to CLTS

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



Why CLTS?

Major shifts needed from the traditional sanitation approach to CLTS

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

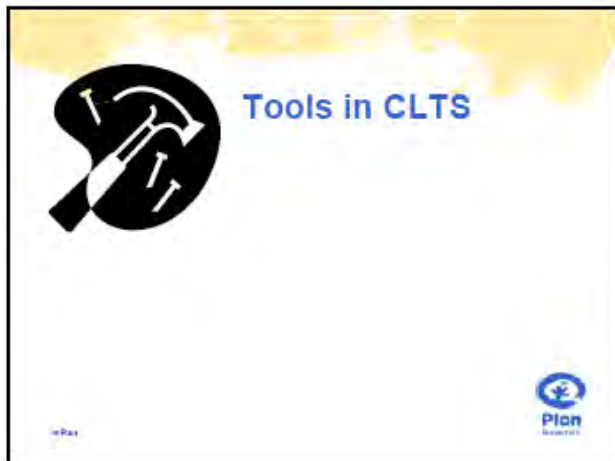


Why CLTS?

Major shifts needed from the traditional sanitation approach to CLTS

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





Tools in CLTS
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.

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Tools in CLTS
Transect Walk

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

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

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Tools in CLTS
Mapping of Defecation Areas


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

Objectives:

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

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Tools in CLTS Shit calculation



Purpose

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

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



Tools in CLTS Flow Diagram

Purpose

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




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




Tools in CLTS Glass water exercise

Purpose

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

Process

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



Sequential process applied in the villages by the field facilitators

Introduction Meeting: Enter into village and explain purpose of visit

↓

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

↓

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


↓

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

↓

Analyses of the situation: (Ignition PRA)

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



Sequential process applied in the villages by the field facilitators

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




If the ignition is not successful...

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



The Ignition is just the beginning

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

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

They agree to take action in their homes.

They plan and pledge to do other community activities

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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.

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CLTS- IGNITION PRACTICE IN THE COMMUNITIES

.....

Group Formation

Select lead facilitator

Select co-facilitator

Select Process recorder

Select environment setter (to take care of gate keepers)

Select 1-3 for children group

Golden rules during field work

Be good to people

Be good to people

Repeat 1 & 2

Outline of the Report from Field Exercise

Name of Community and village

Procedures (tools used) followed in each step

What went wrong?

What went right?

Challenges encountered

How was the triggering point?

.....
A house-to-house intervention approach

MIKIKIR

Negotiating Improved Practices

.....



Using “Small Doable Actions” for negotiating behavior change



The MIKIKIR Job Aide



The GALIDRAA Steps to household visits

Identifying Small Do-able Actions

TO PROMOTE HYGIENE AND SANITATION BEHAVIOR CHANGE

.....

Activity Worksheet

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

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

Divide into groups of 5

Each group takes one assigned “ideal” behavior (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

NEGOTIATION OF IMPROVED WASH PRACTICES

A key approach used to bring about change at the household and community levels will be the *Negotiation (MIKIKIR) of Improved Practices* intervention/training approach, or MIKIKIR. The MIKIKIR Technique directs health extension worker or community promoters to first identify and then “negotiate” a range of improved practices related to target behaviors, rather than “educate” or promote fixed “ideal” practices that are often not feasible from the householder’s point of view. Household visits or group sessions focus on identifying feasible and effective practices; promoters work with households to help “solve problems” and reduce any barriers to the consistent and correct practice of hygiene, safe water and sanitation behaviors at the household-level.

These feasible and effective actions identified by this MIKIKIR Technique are termed “**small do-able actions**” to reflect that while not necessarily the complete and ideal set of behaviors leading to maximum public health outcomes, they reduce risk and move towards the ideal.

The Negotiation of Improved Practices or MIKIKIR Technique is an innovative strategy that combines counseling and behavior change promotion techniques. MIKIKIR Technique builds on existing practices, beliefs, customs, and available resources to “negotiate” with householders to identify and adopt effective and feasible practices for feces disposal, handwashing and water handling and treatment practices to prevent contamination and reduce disease-causing agents in the household environment.

The MIKIKIR Technique is driven by a strong behavior change component that, instead of promoting only one ideal practice or approach, focuses on instituting a process of interchange and negotiation between the HEW (or community promoters) and households. This process allows households to select the most appropriate options for their situations and also permits households to work with the community promoters to confront and solve other problems they face in incorporating new practices. With this community support, and because actions are selected by the households themselves, the MIKIKIR approach makes rapid integration of new behaviors possible.

To practice the MIKIKIR Technique, HEW and other community promoters must be armed with a range of feasible WASH options for various contexts (water availability and sources, seasonality, place on the sanitation ladder, available containers). They must be able to practice counseling techniques that identify problems, possible solutions, and get commitment to try a new, effective practice that brings the household closer to consistent and correct practice of water treatment, safe water handling, sanitation, and general hygiene.

To do this, previous research must identify the range of common options, problems, and solutions under a range of household conditions. Outreach workers are then trained to implement the range of options and solutions.

HOW TO IDENTIFY SMALL DO-ABLE ACTION TO PROMOTE IN A PARTICULAR HOUSEHOLD

Make home visits

Coordinate with the community volunteers and assure that one of you can visit your neighbours at home 2-4 times a month (once a week if you can).

Make sure to visit when the person you need to speak with is at home and is not too busy. These suitable times may vary for different family members even within the same household. You will also be busy, and times that suit you may not be the same as the time that suits them. Jointly agree the best time for you to meet with the person(s) you want to speak with and try to ensure that you visit at that time.

During your visit, use the GALIDRAA steps below.

Tips for home visits: The GALIDRAA Steps ¹

- G Greet the family and explain why you've come to visit
- A Ask about and observe current practice
- L Listen to what the householders say
- I Identify the problems with them
- D Discuss the problem, identify possible improvements
- R Recommend and negotiate a few "small do-able actions"
- A Ask whether householders agree with the recommendation
- A Appointment made with householders for follow-up

During your first visits you will help the household to identify things they can improve e.g. to construct and use latrines and handwashing facilities, cover their drinking water and get the jog off of the floor to a cleaner place; wash hands, and so on.

When the improved water supply is complete you can encourage them to collect and store their drinking water safely.

During later visits you will help the household to check on progress and help solve any difficulties.

You will use:

- **Latrine and hand washing facility pictures** – to help discuss these improvements
- **MIKIKIR Job Aide for Negotiating Improved Practice** – to assess their current hygiene and sanitation practice; to identify a few small doable actions for improvement; to record progress on each of the things they want to improve

¹ Used with permission from the Academy for Educational Development Linkages Project

MIKIKIR Job Aide for Negotiating Improved Practice

.....

This form will help you and the household to assess current handwashing, defecation, and safe water practice check, and help you negotiate “small doable action” – feasible and effective behaviors- to help the household improve their hygiene and sanitation. This is YOUR tool, to help YOU make the assessment and help you negotiate agree to a few small doable actions the household agrees to try.

How to use the **MIKIKIR Job Aide for Negotiating Improved Practice**

- When you first visit the home, bring a copy of the forms and a pen or pencil.
- Follow the GALIDRAA steps.
- Greet the household, explain why you are visiting.
- Give the household one of the forms and let them look at it.
- Go line by line, ask them about their existing WASH practices e.g. where every member of the family defecates, how they handle water, etc. Each line represents one behavior.
- Place a check mark in the corner of the box to note the current practice. There should be only one check per line.
- Ask them to tell you one or two things they think they would like to improve in the coming months.

FOR EXAMPLE - the woman may say that she does not want to be waiting until nightfall to defecate, that she'd like the family to construct a simple latrine like her neighbors have done.

- Based on current practice, ‘negotiate’ with the household to move to an improved practice, a behavior to the right of the current practice. You can suggest the move one box over, or jump to an even better practice.

- * Ask what problems the family will face to change to the current behavior?
- * What would make it difficult?
- * Discuss if there is anyone in the family who will oppose the improved practice?

Using the same example, the husband may say that he does not have land or money to build a latrine, and the woman may say that she would really like to have and to use a latrine; ask them what can be done about it. Ask how their neighbors, who have no more land or money, may have managed to do this. Try to find options with them before leaving the household.

Note: For any behavior requiring any kind of supplies, make sure they have them on hand (e.g. a pottie for infant feces) OR that they have a ‘plan’ for acquiring what they need.

- Avoid telling the household what to do. Instead, find ways to help them solve their own problems. This will encourage them to solve other problems in future too.
- Circle one, two, or maximum three behaviors that you agreed they will try.
- Seal the agreement as a commitment, and make an appointment to return to help with any problems and monitor if the family has adopted the new behavior.
- Store the MIKIKIR job aid folded into the family health card, or posted on the wall if the family prefers. This is for YOUR reference next time you return.
- Optional: Copy their marks on your form and keep it for your own records.

ORGANISING A GOOD DISCUSSION ON WASH

.....

The **GALIDRAA** steps¹

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.
- 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 **APPOINTMENT** for a follow-up visit.

የምክክር ካርድ ለንፅህና አጠባበቅ

የአባወራ/የእማወራ ስም _____ የጤና ሰራተኛው ስም _____

መንደር _____ የጉብኝት ቀን _____

1. በእያንዳንዱ ርዕስ ሥር ከተቀመጡት ቁልፍ ባህሪያት መካከል በአሁኑ ጊዜ ቤተሰብ እየተገኘ ያለውን ባህሪ ልዩ ምልክት (✓ወይም X) ያድርጉበት።
2. በእያንዳንዱ ርዕስ አሁን ካሉበት የባህሪ ደረጃ ወደቀኝ በኩል ያሉትን የተሻሉ ባህሪያትን መወረት በማድረግ ውይይት ወይም ምክክር ያድርጉ። በምክክሩም ወቅት።
 - ወደተሻለው ባህሪ ለመለወጥ ቤተሰብ ምን ችግር ይገጥመዋል?
 - ነገሩን ባህሪ ለመለወጥ በየባሉ ወይም በሌላ ምክንያት የሚቃወም የቤተሰብ አባል ካል ተወያዩ።
3. በእያንዳንዱ ርዕስ ከተወያየችሁበት ባህሪያት ውስጥ በተላሉ ሊተገብሯቸው የተስማማችሁባቸውን አንድ፣ ሁለት ወይም ሦስት ባህሪያትን ይክበቧቸው።
4. እነዚህን ባህሪያት ተለውጠው ወይም ተሻሻለው ማየት እንደሚችሉ የቀን ቀጠር ይውሰዱ።
5. በመጨረሻም የምክክር ካርዱን በቢታችሁ ውስጥ ከቤተሰብ ካርድ ውስጥ እንዲያስቀምጡት ወይም ገድገዳ ላይ እንዲለጥፉት ሰጥተው ተሰናብተው ይሂዱ።

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

ሀ. አይነ ምድርን ማስወገድ



ለ. የልጆችን አይነ ምድር በጥንቃቄ ማስወገድ



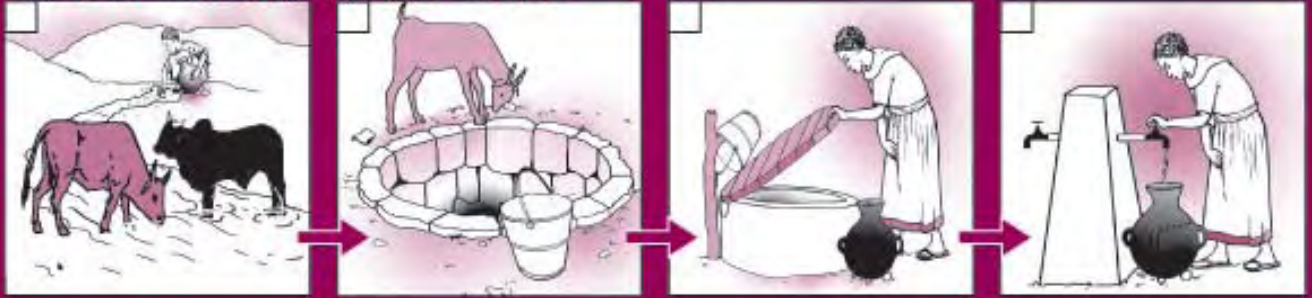
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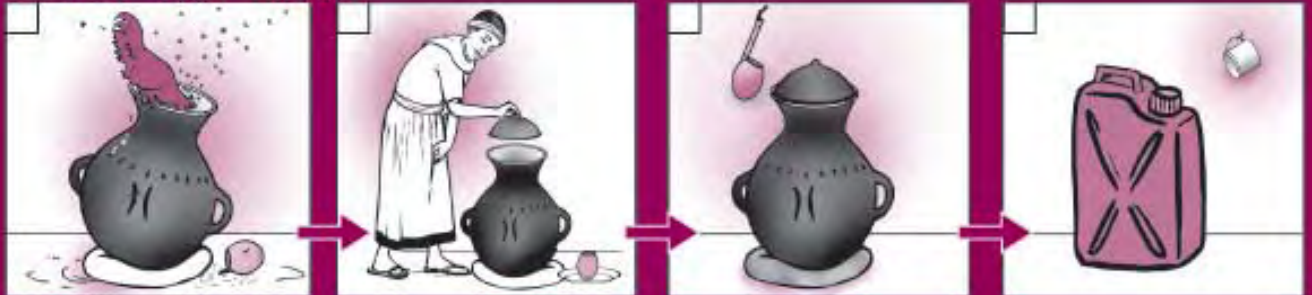

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መ. የውሃ መገኛ ቦታዎችን ንፅህና መጠበቅ



ሠ. የውሃ ንፅህና አጠባበቅ



ረ. የቤት እና የአካባቢ ንፅህና አጠባበቅ



ሰ. የፊት ንፅህና



አስፈላጊ የእጅ መታጠቢያ ጊዜያት



Activity
Worksheet #5

ORGANISING A GOOD DISCUSSION ON WASH

Using the GALIDRAA Steps

Role play in pairs. One of the pair is the WASH promoter, the other is the householder. Use the GALIDRAA steps and the WASH card to identify the most critical problems and possible behaviors the householder must be willing to try.

After all the pairs have tried this roleplay 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?

Negotiating Improved Practices

Seeing the behaviours from the household point of view

Advantages and disadvantages of safe WASH practices

Knowing what people like and dislike about WASH practices will help you to be ready to answer their questions, and better “negotiate”/ *MIKIKIR* improved practices.

REMEMBER people will only make safe WASH practices their normal habits if they are sure the behaviour will improve their lives. If, for example, new WASH practices require a lot more work without that person experiencing any real benefits, they are less likely to adopt these new practices.

The following are commonly held views on the advantages and disadvantages of the WASH practices:

MORE WATER closer to home

Advantages	Disadvantages
<ul style="list-style-type: none"> ○ Saves time and energy in collection ○ Fewer injuries from carrying water long distances ○ Less risk of rape, kidnap or harassment ○ Fewer medical expenses ○ More water available for general cleanliness and for kitchen gardens ○ Girls have more time for study, play 	<ul style="list-style-type: none"> ○ Reduces time spent socializing with others at the water point ○ Requires money to maintain the safe water facility

Improved drinking WATER QUALITY

Advantages	Disadvantages
<ul style="list-style-type: none"> ○ Improved colour and look of water ○ Less diarrhoea ○ Fewer medical expenses ○ Modern 	<ul style="list-style-type: none"> ○ Different taste and smell of water from new/different source

SAFE LATRINES for all family members (adult and child)

Advantages	Disadvantages
<ul style="list-style-type: none"> ○ Less diarrhoea ○ Fewer intestinal worms ○ Fewer medical expenses ○ Maintains a woman’s honor, don’t have to wait or defecate in the open ○ Improved privacy – you can urinate or defecate any time of day or night ○ Modern and hygienic ○ Improve environment, don’t step on feces or encounter in field work ○ Higher status/ “rich”, modern 	<ul style="list-style-type: none"> ○ Increased time to cover excreta or increased time and money to construct and clean latrine ○ Increased time to dispose of young children’s excreta safely ○ People may see you (or other family members) going to defecate

HANDWASHING after defecation & before handling food (food preparation or eating)

Advantages	Disadvantages
<ul style="list-style-type: none"> ○ Less diarrhea ○ Fewer intestinal worms ○ Fewer medical expenses ○ Less missed work ○ Improved smell and appearance of hands ○ Modern and hygienic 	<ul style="list-style-type: none"> ○ Increased time to make cleansing agent and water available ○ Increased time for actual hand washing ○ Cleansing agent may cost money (eg cost of soap)

Evaluations of the Public Private Partnership for Handwashing with Soap and other studies by Dr. Valerie Curtis at the London School for Tropical Medicine and Hygiene revealed some interesting findings on what motivates handwashing at home and school.

Motivators for hand washing in Households

- **Disgust** emerged as the strongest motivator where there is strong smell and physical dirt. It is a strong motivator after visiting the toilet and when in contact with stool
- **Nurture** emerged as a strong emotional motivator to protect the children from illness and see them grow to achieve the dreams parents have for them. Nurture is an effective motivator at junctures that relates to the child; feeding and cleaning bottom of the child
- **Comfort** emerged as a motivator that gives mother the flexibility and freedom to continue with activities.

Motivators of hand washing in school context were as follows:

- **Justification:** Need to wash away germs that cause disease. This motivator was attributed to a focus on germs and handwashing in the school syllabus.
- **Fun:** Hand washing with soap was found to be fun and provided a form of play for the children. This is not a sustainable motivator in the long run but the motivator can work at the initial stages of a handwashing the campaign
- **Fitting in/Peer Pressure:** Washing hands after the toilet is the accepted code of conduct in school. Presence of other children washing hands acted as a trigger to hand washing

Facilitators of hand washing in Households and Schools

- Convenient presence of soap and water came out strongly as a facilitator at both the community and school context.
- The role of teachers as a role model and reminder of the importance of washing hands facilitated the adoption of the behavior. Active participation by teachers in the campaign will be critical to adoption and sustainability of the behavior in schools. Reluctance of teachers to support the health clubs in school has reduced the effectiveness of such clubs to promote hygiene
- Perfumed soap was a facilitator in schools

Barriers to hand washing in Households

- Lack of soap for hand washing. Due to poverty, soap is reserved for high priority usage; laundry, bathing and washing dishes. Further, poverty minimizes the perceived risk of not HWWS where the mother has knowledge.
- Lack of a designated place for hand washing in the community
- Distance between the toilet and source of water of water
- Perfumed soap

Barriers at the schools level

- Positioning of the hand washing facilities in schools. The facilities are either very far from the toilets or located in the opposite direction.
- Size of hand washing facilities. hand washing facilities are too high for children in the lower primary
- Over crowding at the hand washing facilities. There was limited hand washing facilities to cater for the school population. This discouraged lower primary school and girls from washing hands
- Soap disappearance and wastage. Schools that had tried this initiative raised this as the greatest challenge the initiative faced.
- Poor or lack of water drainage of hand washing facilities. This led to accumulation of dirty water in the trough and spilling around the hand washing site.
- Lack of support from teachers. In some schools such an intervention is perceived as additional work load for teachers who feel they are already over worked.

Source: Curtis, V. and A Biran. 2001. Dirt, disgust and disease - is hygiene in our genes? Perspectives in Biology and Medicine. v1, 17-31.

The WASH Ladder helps identify small doable actions

Each 'rung' on the ladder ABOVE
The minimum standard is an improved Practice that can be negotiated...



Tool 2 Sanitation, Handwashing and Safe Water Ladder

THE HIGHER UP THE LADDER (FOR EACH BOX), THE SAFER THE PRACTICE AND LOWER THE DISEASE RISK

SANITATION/SAFE FECES DISPOSAL

High Risk and Cost of illness	MINIMUM STANDARD	Higher Cost/lower risk
<ul style="list-style-type: none"> • Cat's method – trench • Designated place for defecation • Defecation in the open-indiscriminate • Defecation(young child) in the compound <p>left of the line does not meet standards</p>	<ul style="list-style-type: none"> • Pour-flush² (biogas) • Urine Diversion ecological sanitation • Twin Vault composting latrine (Fossa alterna) • Ventilated Improved Pit Latrine (slab and vent) • Arborloo with square/dome slab 60,80,100,120 cm² • TPL upgraded with 60cm² slab • Traditional Pit latrine (TPL) <p>right of the line meets MINIMUM STANDARD</p>	

HANDWASHING		
Must have dedicated handwashing station, rinse with running/pouring water AND use a cleansing agent		
<ul style="list-style-type: none"> x x x x x <p>Bowl for dipping/rinsing hands No HW Facility</p>	<ul style="list-style-type: none"> * Tippy tap at key locations - latrine and 'kitchen' * Tippy tap with soap * Water container with tap and soap or ask *Water container with dipper, and ash or soap 	MINIMUM STANDARD

THE HIGHER UP THE LADDER (FOR EACH BOX), THE SAFER THE PRACTICE AND LOWER THE DISEASE RISK		
SAFE WATER		
<ul style="list-style-type: none"> -> -> -> -> -> -> -> -> <p>Bucket – one cup for dipping Uncovered bucket</p> <p>left of the line does not meet standards</p>	<ul style="list-style-type: none"> Chlorination & closed container with tap Chlorination Water treated by boiling, three pot filter system, or sunlight & stored in covered container / dipper stored off floor/table Covered container and two cups for pouring, drinking <p>right of the line meets MINIMUM STANDARD</p>	

² Pour-flush can either be linked to septic tanks or via small bore sewerage to biogas digesters.

Activity Worksheet #7

Field Visit to Practice MIKIKIR

.....

Supplies Needed: MIKIKIR Job Aid for Negotiating Improved Practice, Guidelines for Visit

Objectives: Practice New Skills

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

Explain procedure

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

Do not skip this step, the feedback to your colleagues. Practice supportive supervision and learn from each other's experience to learn from the exercise.

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

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

- How was it, trying out this new job aid... 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?
 - Were you able to Identify small doables??
- Did you feel like you were able to negotiate household's to try small doable actions??
- How was the receptiveness of the community?
- Any barriers to cooperation?
- Did it feel different than home previous visits, before you had the MIKIKIR card and the concepts of small doable actions and negotiating improved practice? How?

INTEGRATING BEHAVIOR CHANGE APPROCHES INTO YOUR JOB

.....

We hope you replicate this training, introduce these skills and approaches to those you work with and supervise. Please take ½ hour to think through some opportunities for integration.

What behaviour change activities are you currently involved in?

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

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

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

ACTION PLAN

Make an action plan for the next six months

.....

General WASH Information

.....

Importance of safe Water, Sanitation and Hygiene³

Water, sanitation and hygiene improvements can improve everyone's health.

- ✓ Adequate quantities of safe water can reduce diarrhoea by one fifth and also reduce schistosomiasis by three quarters. Improved water supply also reduces the time and energy spent on collection of water, particularly for women and girls.
- ✓ Safe latrines can reduce diarrhoea by one third and also reduces intestinal worm infections and malnutrition. Latrines give women and girls privacy and increase their dignity.
- ✓ Improved hygiene, particularly handwashing at critical times can reduce diarrhoea by one third and reduce malnutrition.

**Together Water, Sanitation and Hygiene have an even greater effect.
Together they can reduce diarrhoea & malnutrition by more than a third!**

People who drink safe water, and use clean latrines and practice handwashing at critical times will save because they will not need to spend money to treat the diseases. They will also be able to work or study on the days that they would have been sick.

Knowing what people like and dislike about WASH practices will help you to be ready to answer their questions and concerns. **REMEMBER** people will only make safe WASH practices their normal habits if they are sure the behaviour will improve their lives.

WOMEN'S WORKLOAD is affected by WASH practices. The new practices may take more of their time. Encouraging other family members to share the new WASH tasks will help the family to adopt safe WASH practices as habits.



Together we can WASH our community!!

The 3 critical WASH practices

1 Clean, convenient and safe latrines

³ Included with permission from the Hygiene Education and Sanitation Promotion Strategy drafted for the World Bank-assisted Rural Water Supply, Sanitation and Hygiene Program.

All human excreta is harmful and should be disposed of with care. Infant feces carry an even higher bacterial load than adult feces and therefore must be disposed of properly.

A safe latrine places a barrier between the excreta and people if it has a cover or some other kind of seal to prevent flies and people from coming into contact with the excreta.

Care must be taken to keep the latrine clean and strong.

Latrines have the added advantage of providing privacy when they have superstructures (walls and a door or curtain). Women and girls in particular really appreciate the privacy that latrines provide.

Excreta can be made safe by burial in the ground. Even a cover or shallow covering of soil over the top of the excreta will prevent flies from walking and feeding off the excreta. Where no other type of excreta disposal system is available, burial is a clean and convenient way of disposal. For example, a person working in the fields can bury his/her excreta with a hoe. This is sometimes called the 'cat method'.

Care needs to be taken to make sure that all excreta, including the excreta of babies and children, is disposed of in a latrine or is buried.

2 Washing hands with soap or ash after defecation and before handling food

Hands are used for anal cleansing after defecation. No matter what material is used for anal cleansing, hands still get dirty from the faeces, even if the dirt can not be seen or smelled. For this reason, both hands should always be washed using soap or ash after defecation or after going to a latrine.

Hands should also be washed before handling any kind of food, including dry food like roasted maize.

Both hands should be washed with water and a cleansing agent.

- Soap is the most pleasant (and effective) handwashing agent.

For those who can not afford soap, alternative agents can be used.

- Wood ash will also rub off any dirt and smells. The slight irritation you feel when you wash your hands with ash shows the cleansing power of ash.
- Local seeds such as 'Indod' which are known to be good cleaning agents can also be used for regular handwashing.
- Clean sand with water can be used for handwashing to help to rub off dirt.

It is important that everyone always washes their hands after defecation and before handling food. However most people do not wash their hands often enough.

Handwashing should be made as easy as possible by keeping hand washing water and the cleansing agent beside the latrine or just outside the kitchen or food eating area.

3 Safe collection, handling and storage of water

Safe water is usually clean and clear, but just because water is clear does not mean that it is safe to drink.

There are poisons and germs that cause diseases that we can not see but that are harmful to us if we drink them. Water quality will be tested to confirm that the new water sources installed under the programme are providing **safe water** for drinking.

Water that is safe at a public tap or well needs to be looked after in order to keep it safe from the source to the consumer's mouth.

Clean water containers need to be used for collection and storage of water, and anything used in containers to prevent water from spilling also need to be clean.

Any water stored in the home needs to be covered so that no dust or dirt falls into the water.

Care needs to be taken when pouring water for drinking, so that dirt does not get into the water. If a scoop is used to get water out of a large container for drinking, it should be clean and kept in a clean place off the floor.

The hands of the person collecting the water should also be clean and preferably should not come in contact with the water.

Other implications of WASH behaviour change

WOMEN'S WORKLOAD is affected by changes to WASH practices. The new practice may take more of their time. Encouraging other family members to share the new WASH tasks will help the family to adopt safe WASH practices as habits.

Latrine ownership or use of soap for handwashing may become STATUS SYMBOLS which is another important way of encouraging change.

Another major factor for WASH behaviour change is MONEY. Men control family money and other large assets. Women may already be convinced of the advantages and need for more soap or for a latrine, while their husbands are not.

Get women and men talking about their issues and what can be done. Divide into men's and women's groups so that women have a chance to talk through what changes they would like to see before they talk in public with the men. Ask women to talk about the real obstacles which prevent them from adopting the behaviours – and then discuss with them what can be done to overcome these obstacles. How can they support each other in making these changes? It will help them to be more confident about telling the men what they think should be done. If the men meet on their own and decide what they can do to reduce women's burden, they are more likely to support each other to make changes.

When a number of friends or neighbours change their behaviour, the change is more likely to last because people can support each other and find ways of changing. For example, the men may help each other with the construction of household latrines for their own families, encourage their children, wives and parents to use them, help them to keep the latrines clean and discourage others from practicing open defecation.

Included with permission from the Hygiene Education and Sanitation Promotion Strategy drafted for the World Bank-assisted Rural Water Supply, Sanitation and Hygiene Program.

SAFE FECES DISPOSAL

Minimum Quality Standards for Latrine Construction must be implemented

- Given the limited economic resources of the average Ethiopian family, hardware for sanitation and hygiene must be selected with a focus on “appropriate technologies that are locally sustainable, and have impacts on protecting health.
- The generally-accepted definition of “sanitation coverage” requires that a household have access to a sealed, used, cleaned and maintained latrine. “Sealed” means that there are covers for hole in the slab and that any ventilation pipe is screened. This is a minimum standard for a pit latrine.
- Improved traditional pit latrines meet these minimum standards and may be the most appropriate design in many settings.
- Sanitation systems may not be constructed that contaminate ground or surface water or otherwise compromise human health or environmental quality. The construction of systems that dispose of raw sewage into a surface water source or into groundwater are not permitted.
- All latrines, be they household or institutional, must have access to handwashing hardware that can be simply supplied with sufficient water for multiple handwashings.
- Appropriate low cost hardware for handwashing that consumes very little water is present in Ethiopia and can be manufactured locally. All latrine projects must introduce these simple “controlled drip receptacle” technologies and ensure that the receptacles are located and maintained in appropriate locations (latrines and eating areas).
- Institutional latrines and toilets that see high usage (compared to the household latrine) must maintain minimum standards for a pit latrine, but must also have a slab that is easily covered and easily cleaned – concrete sanplats (sanitation platforms) are a lower-cost and reasonable technology. Urinals can also be required.
- The use of local materials to build slabs and superstructures is to be encouraged as a strategy to reduce or eliminate external subsidies.
- Adverse conditions for construction of pit latrines – i.e. high groundwater tables, soils that cannot be excavated (rock, etc.) or soils that easily collapse during excavation, high population densities that limit space – will limit low-cost options for sanitation and may require subsidy to provide an adequate option for faeces disposal.

Latrine construction

Prepare beforehand to have in place:

- tools for digging
- shovel or other local material to cart away dug out dirt
- wood for latrine covers and constructing the superstructure
- grass, plastic, others for the walls and roof covers)
- Select a house where the owner is old, very poor or handicapped to construct his own latrine

Start Construction (refer to the training guide on Community Health promoters)

In the process let trainees do the work and invite other community members to participate

Locating and sizing

1. Show them where to locate the latrines. Latrines should be located:
 - a. Six meters away from kitchen or homestead
 - b. Thirty meters from water sources
 - c. Latrine should be located at the back of a dwelling house not in front for privacy purposes
2. Show them how to measure sizes. Size could be measured using the arm length, a rope could be used to draw circles,

Digging and casing

3. Dig the latrines to a depth of at least 3-4 arms length (1.5-2 meter)
4. Remove about ½ arms length (50cm) of the top soil
5. Put stones and mud mortar on the rim where the top soil is removed.

Covering the latrine hole

6. Cut thick and strong logs of wood and put across the it.
7. Cover the space between the logs of wood with smaller and thinner woods, branches etc
8. Cover the wood with dirt and ram, smoothen leaving the squat hole which is 25x35 cm

Constructing the superstructure (walls and roofs)

9. Bring 4 moderately strong wood and put in the ground at 4 corners of the pit
10. Tie beams on top so that all 4 logs are framed
11. Make the walls with any material but should be made to give the necessary privacy
12. Cover the roof with plastic or thatch/grass

Traditional Pit Latrine Construction

Select the site for the latrine: The site should be selected in such a way that it will not cause water pollution or become a nuisance to the household. It should therefore be located 6 meters (12 arms length) from the house and 30 meters (60 arms length) from any well. It should also be located downhill from the well and behind the house.



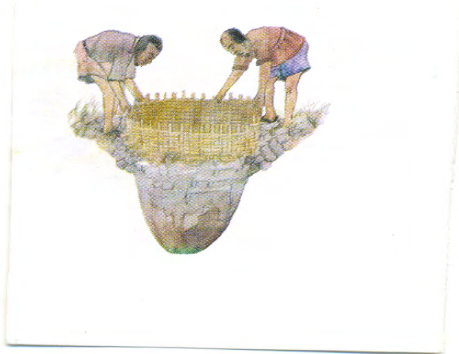
Mark the spot and make a circle. To do this put a peg in the ground and tie a rope on it. Measure the diameter of the pit on the rope. Tie a small pointed wood on the rope and make mark by moving the pointed wood around the circle. You now have a perfect circle. You can do this and the digging with your wife, children or other family member.



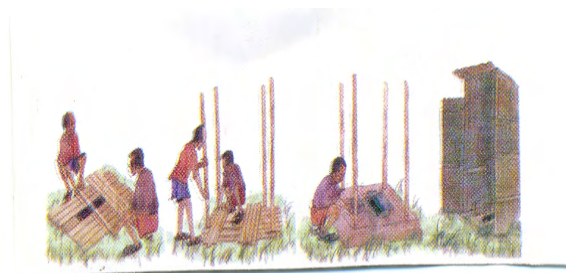
Dig down 1.5-3 meters deep to last a family of five from 3-5 years. The shape of the pit is preferred to be wider at the top and slightly narrower at the bottom to void caving.

Construct casing: Constructing casing is especially important in loamy soil or black cotton soil to avoid collapse during the rainy season. This can be done by taking off the top 50cm of the soil and:

- a. Build a stone masonry with mud mortar or
- b. If available use bamboo matt to place around the top as shown in the following drawing.



Diversion ditch: Additional measure to take in such type of soil is to dig a diversion ditch around the pit latrine to avoid flood water coming into the pit.

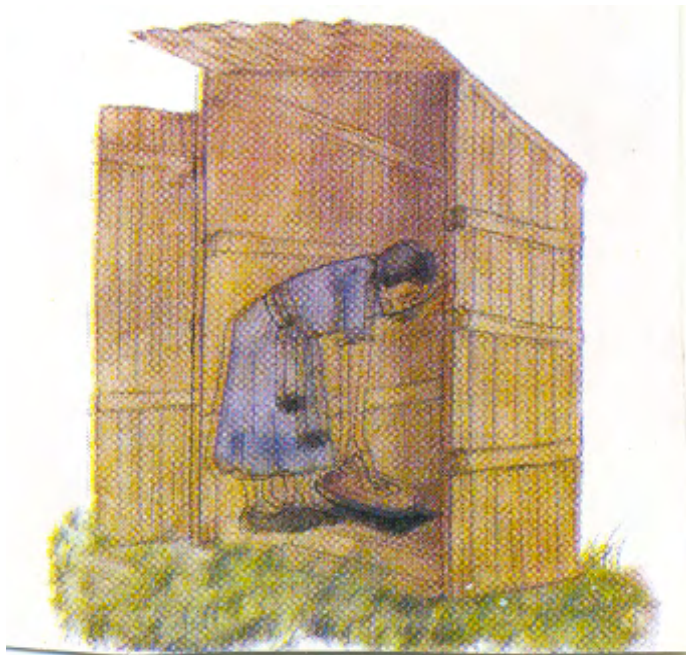


Cover the pit. After the casing is constructed and after the pit area is cleaned covering the pit with strong wood can proceed. To do this prepare in advance logs of wood (eucalyptus or other indigenous wood) which is 50 cm longer on both sides of the pit which means that if the pit is 80 cm you need to cut wood which is 1 meter and 80 cm long. Once the pit is covered with wood and the opening are also covered with tree branches put the dug out dirt on top of the wood and branches, ram and smoothen the surface. Now the pit is completely covered with wood and dirt except the squat hole left in the middle of the pit. (see the above picture)

Leave 15x30 Cm squat hole; Squat holes should not be very small or very large. Leave only 15x30 cm as shown in the above picture and cover the whole pit with smaller logs, tree branches etc.

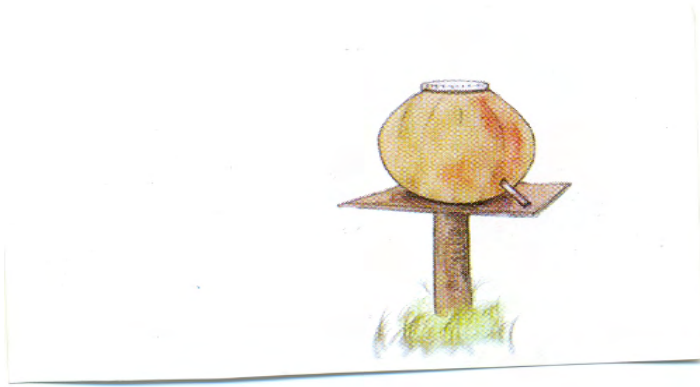


Prepare squat hole cover. The squat hole must be covered after each use or else flies will have the chance to go in and breed and later become a health hazard to the family. You can prepare the cover from tin, wood (lumber or home made). It is better to put a handle for convenience in removing and covering the pit before and after use.



Construct superstructure for privacy: One of the important uses of a latrine is that it provides privacy and comfortable use in adverse condition-night or rain. It is therefore necessary to construct a superstructure from any available local materials such as tree branches and grass, plastic, hide or skin if available, corrugated iron sheet if available.

To construct the superstructure you need to have strong poles in the four corners of the pit as shown above. Make the roof slightly slanted for rain water to fall off easily



DON'T FORGET TO INCLUDE A HANDWASHING STATION!!!!
SEE INSTRUCTIONS IN PREVIOUS CHAPTER, MAKING HANDWASHING EASIER!

Data Collection and Analysis Tools

HH Sanitation & Hygiene Data Collection Format 1.1

Region:.....

Zone: Woreda:.....

Kebele:.....

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

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

School WASH Data Collection

Format 4.1

Region:.....

Zone: Woreda:.....

Kebele:.....

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

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

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

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

School WASH Data Collection

Format 4.2

Region:.....

Zone: Woreda:.....

Kebele:.....

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

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

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

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

Lemat Budin / Got HH sanitation & Hygiene Summary

Format 1.1

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

1 Criteria for calling a latrine a latrine:

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

2 Criteria for Latrine Use: There is

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

3 Criteria for Handwashing Facility:

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

4 Criteria for Measuring the Use of Handwashing Facility:

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

5 Criteria for a Protected Source of Drinking Water Supply:

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

6 Criteria for Basic Access to protected water supply

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

7 Criteria for Safe Storage of Water:

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

8 Criteria for Water Treatment:

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

Household Sanitation and Hygiene in Kebele Summary Table

Format 1.2

Region:.....

Zone: Woreda:.....

Kebele:.....

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

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

