



WASHplus Behavior Change Strategy

HYGIENE PROMOTION GUIDELINES FOR
BANGLADESH

DECEMBER 2013



ABOUT WASHPLUS

WASHplus project supports healthy households and communities by creating and delivering interventions that lead to improvements in WASH and household air pollution (HAP). This five-year project (2010-2015), funded through USAID's Bureau for Global Health and led by FHI 360 in partnership with CARE and Winrock International, uses at-scale programming approaches to reduce diarrheal diseases and acute respiratory infections, the two top killers of children under age 5 globally.

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ACRONYMS

CAP	Community Action Plan
CDF	Community Development Forum
DPHE	Department of Public Health Engineering
EMMP	Environmental Monitoring and Mitigation Plan
HH	Household
MHM	Menstrual Hygiene Management
MoPME	Ministry of Primary and Mass Education
ODF	Open Defecation Free
PNGO	Partner Nongovernmental Organization
RCC	Reinforced Cement Concrete
SMC	School Management Committees
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WATSAN	Water and Sanitation

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INTRODUCTION

To see improvements in health, social, and economic well-being of families in the project districts in Southwest Bangladesh, the WASHplus activity works towards three objectives:

Objective 1: Improved access to safe drinking water, improved sanitation, and hygiene practices of poor and marginalized people in the targeted *upazilas* (subdistricts)

Objective 2: Build community and local government capacity to operate and maintain facilities, and demand increased allocation of funds to ensure sustainability and impact

Objective 3: Strengthen the evidence base and programming guidance for coordinated WASH-nutrition programming in Bangladesh

While the need for improved water and sanitation access is clear, there is consensus that no health or other development objectives can be achieved without the consistent and correct practice of a suite of water, sanitation, and hygiene (WASH) behaviors including:

- Safe and hygienic disposal of feces, including infant feces
- Consistent and correct handwashing at critical junctures, particularly after defecation and before food preparation and feeding/eating
- Safe handling and storage of household water
- Menstrual hygiene management (MHM)

WASHplus is managed by FHI 360 and implemented in southwest Bangladesh through an agreement with WaterAid, who in turn have engaged local partner organizations (PNGOs) to implement in their respective upazilas or subdistricts. To guide the systematic and theory-based activities of the PNGOs, WASHplus has developed these hygiene promotion guidelines for its partner NGOs to coordinate its approach in the field. In addition, capacity-building and on-going support to NGOs is offered to support improved WASH practice and ultimate achievement of target goals.

WHAT'S INFLUENCING WASH PRACTICES?

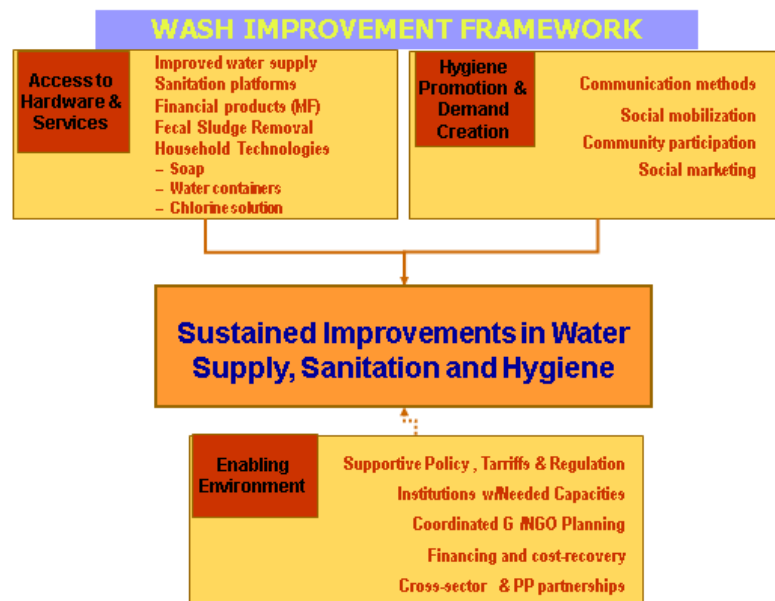
The WASHplus Project's Underlying Theoretical Framework

The WASHplus activity aims to increase the consistent and correct practice of a suite of WASH behaviors in order to see related improvements in child growth and overall household resiliency and health.

Our strategy for increasing the practice of WASH behaviors is both theory-based and grounded in established best practice. Rather than embracing one particular theory of behavior change, the WASHplus strategy is constructed around the USAID WASH

Improvement Framework, which posits that to realize sustained behavior change, three key domains must be engaged:

1. Access to hardware and services, such as water supply, soap, sanitation products, and financial “products” like loans
2. An “enabled environment,” that includes a supportive policy environment, institutions with the needed capacities, coordinated government and nongovernmental organizational planning
3. Hygiene promotion and demand creation, that includes social mobilization, community participation, social marketing, and behavior change communication.



Therefore, the WASHplus strategy addresses increased access to necessary products and services; a supportive enabling environment with key policies, government, and civil society with the essential skills to plan, manage, and support WASH; and finally promotion and demand creation through social mobilization, sanitation marketing, and promotion. This directly corresponds to our project objectives. A National Hygiene Promotion Strategy has also been developed to exploit the same framework,¹ which enables WASHplus to harmonize with national guiding principal and avoid any contradiction.

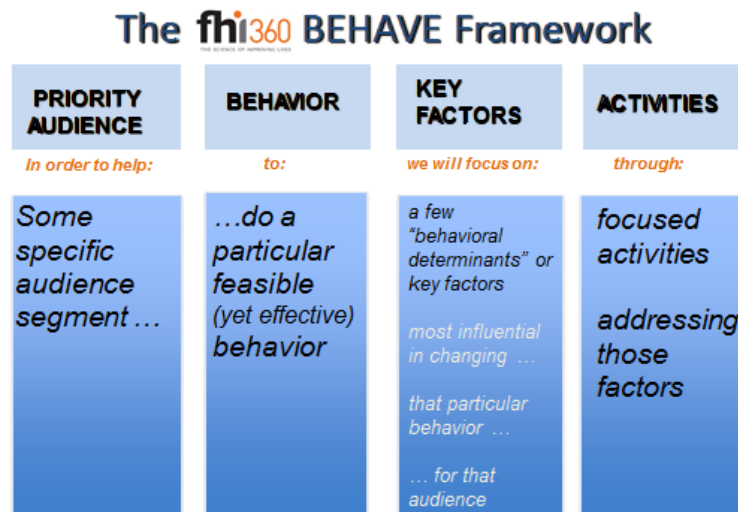
This strategy is designed to guide programming and is not intended to focus on the theoretical foundation of our WASH behavior change strategy. But we will briefly outline the essential constructs guiding our model of change. The WASHplus approach is multi-level and

¹ National Hygiene Promotion Strategy for Water Supply and Sanitation Sector in Bangladesh, 2012. <http://www.psu-wss.org/assets/book/nhps.pdf>

multi-causal: considering an individual, household, community, and policy/environmental levels perspective; and addressing a range of factors influencing behaviors that are psycho-social, structural, physical, and societal.

Constructing a Hypothesis of Change

The strategy employs a practical framework, the BEHAVE Framework for program planning, a guide to the essential components of the program’s hypothesis of change: target audience or segment, priority behaviors, key factors (or behavioral determinants), and lastly activities. This approach requires first honing in on focal behaviors of specific importance; then analyzing each of the WASH practices; and based on the literature and practice, identifying the set of psycho-social, structural, physical, and societal factors most influential in the sustained performance of each practice by a particular audience segment. These factors all correspond to the pillars of the WASH Improvement “Framework”.



The WASH behaviors considered include:

- Safe and hygienic disposal of feces
- Consistent and correct handwashing at critical junctures
- Safe handling and storage of household water
- Food hygiene²
- Menstrual hygiene

² Only to be addressed in WASH and nutrition focal districts, as appropriate.

A catalog of safe, hygienic, and feasible improvements is under development. The catalog will include different designs of latrines that address the geophysical characteristics of the southwestern coastal parts. The design will include raised plinth and sand envelopment around the pit to confine feces within the pit and reduce pathogen transmission to the environment. The improvements will be retrofitted in the traditional single and twin offset pit latrine design.

c) Safe disposal of infant and child feces

Infant feces and wiping material is disposed of in a household latrine. Toddler/young child feces are disposed of into a potty, which is then emptied into the household latrine and hygienically washed so that wastewater does not further contaminate the environment.

Young children use latrines consistently.

2. Consistent and correct handwashing at critical junctures

a) After defecation

b) Before food preparation

c) Before eating, breastfeeding, and/or feeding a child or infirmed person

This objective is combined with awareness raising of the importance of installing and using a fixed point handwashing device, such as a tippy tap.³ The inclusion of needed supplies such as liquid (soapy water) or bar soap at all handwashing stations will be assessed to make sure that correct handwashing is practiced.

3. Safe handling and storage of household water

a) Hygienic washing of water containers

This objective also encompasses the cleaning of the outside of the storage container, particularly the container mouth and cover; cleaning the inside with soap or sand and rinsing it (NO unwashed hands or rags into the container); filling the container without introducing hands; and covering the container before and during transport.

b) Hygienic storage and use of water

These steps are required for storage: raising the container to keep it away from small children and animals, covering it, and pouring it into a clean cup or mug to use

c) Increased and efficient collection and safe storage of rainwater

(As a substitute for common use of often-contaminated pond water for cooking and dishwashing)

³ The tippy tap is a hands-free way to wash hands that is especially appropriate for rural areas where there is no running water.

4. Menstrual hygiene
 - a) Hygiene management of menses using clean cloths or menstrual pads, changed as needed
 - b) Hygienic disposal of pads or rags, or buried if not possible
 - c) Frequent washing of menstrual rags and drying in sun

THE COMPONENTS OF THE WASHPLUS BC STRATEGY

A Multi-Level Approach to Changing WASH Behaviors

Based on the evidence base, behavioral analysis, and program experience, the strategy is composed of several cross-cutting strategic components (SC):

1. Multi-level advocacy
2. Igniting community-based approaches to change (*group/community mobilization and promotion*)
3. Strengthening household outreach
4. Multiplying the message through folk and traditional media
5. Increasing the availability and affordability of hygiene and sanitation products through private commercial and NGO sector initiatives
6. Emphasizing school hygiene and sanitation
7. Establishing demonstration latrines and handwashing stations

Overall Program Objectives

- Build capacity and organizational skills of the government department (DPHE) in providing WASH services
- Strengthen community development forums' (CDF) and local government units' (WatSan Committees') capacity to address the WASH problems in the community
- Advocate for the government to prioritize WASH activities by increasing and more effectively allocating funds to ensure the extremely poor are reached by government programming
- Build and strengthen public-private partnerships for WASH delivery in the locality
- Build collective consensus in the community to overcome barriers and engage desired behaviors
- Improve households' capacity to practice hygienic behaviors through small doable improvements that will have positive impact

- Change attitude of caregivers and household heads to invest time and money to practice desired behaviors
- Support student councils in community schools to take the initiative to improve WASH services and practices
- Encourage communities to not only practice fixed-point defecation but invest in and use improved latrines

Audience Segmentation

The target audiences can be categorized into three segments:

- Primary audience (people directly affected): mothers and caregivers of children under 5
- Secondary audience (people directly influencing them): husband, mother-in-law, children, and other family members
- Tertiary audience (people indirectly influencing them): community leaders, health staff, religious leaders (*Imams*), school teachers, etc.

Strategic Component 1: Multi-Level Advocacy

Multi-level categorical stakeholders are included at different steps of the WASHplus implementation process. The Department of Public Health Engineering (DPHE) is the lead government authority to ensure water supply and sanitation in rural areas of Bangladesh.⁴ The involvement of DPHE has been ensured since WASHplus's inception by orienting the local officials in the WASHplus implementation process. Additionally, regular coordination is maintained with the department regarding technology selection, water quality testing, tendering, hardware installation, etc., and different project-related information is shared with them regularly (e.g., status of facilities installed and repaired, bore log data of the tube wells, water quality data, sanitation coverage info, etc.). Moreover, DPHE's water quality testing laboratory will be used to test different parameters of the installed water points, which will ensure credibility and involve the authority in the process.

The Local Government Division will also be involved. WASHplus will work closely with the union council, particularly with the union WatSan Committees and ward WatSan Committees (local government's wing for water and sanitation) that exist in every union and ward.⁵ Each union council will have an approved memorandum of understanding with

⁴ National Policy for Safe Water Supply & Sanitation. 1998. <http://www.dphe.gov.bd/pdf/National-Policy-for-Safe-Water-Supply-&-Sanitation-1998.pdf>

⁵ Pro-Poor Strategy for Water and Sanitation Sector in Bangladesh. 2005. <http://www.dphe.gov.bd/pdf/Pro-poor-Strategy-for-Water-and-Sanitation.pdf>

WASHplus regarding its roles and responsibilities with the project. Members of these committees will be involved in different tiers—from decision making to implementation. They will be oriented about WASHplus and their role in the process. Additionally, to ensure ownership they will be included in different ad hoc committees (e.g., tendering committee) and will play an active role in the preparation of the community action plan (CAP), site selection for hardware support, and during evaluations of open defecation free (ODF) communities.

Regional authorities are also engaged with the process through participation in different launching ceremonies/inauguration workshops. Representatives from civil societies, government departments, and NGOs are invited to explain the project's objectives as well as to ensure effective coordination among the stakeholders. The intervention approach has been designed to comply with the National Vetting Guideline⁶ to avoid any contradiction with the country sectoral strategy. Moreover, the Environmental Monitoring and Mitigation Plan (EMMP) that will guide the hardware implementation part of the project has been developed to adhere to the Environmental Conservation Rules⁷ of Bangladesh.

Strategic Component 2: Igniting Community-Based Approaches to Change

Various approaches have been effectively harnessed to realize hygiene improvement and specifically increase use of latrines and handwashing; some of these focus more on the community and others on the household. The WASHplus Behavior Change Strategy will engage both types of approaches to bring about desired changes.

In general, the approaches used to engage community members include formal and informal leaders taking part in collective problem diagnosis, problem-solving, and action for change. The first step in engaging communities is conducting a community situation analysis, organized by WASHplus implementing NGOs. Each community will be led through a series of exercises and self analysis that culminates in a commitment to end unhygienic practices, achieve ODF status, and work to improve the WASH practices of all community members. Often community approaches include harnessing peer pressure and strong emotional tactics like shame to pressure community members to engage in the desired behaviors. Some of these community approaches use sanctions or fines for NOT engaging in the desired behaviors, while other communities have received financial or material incentives and rewards for meeting the goals.

⁶Ministry of Local Government, Rural Development, and Cooperatives. 2009. National Vetting Guidelines for Water Supply and Sanitation Sub-Sector Bangladesh. <http://www.psu-wss.org/assets/book/vettingguideline.pdf>

⁷ Environment Conservation Rules, 1997 . <http://faolex.fao.org/docs/pdf/bgd19918.pdf>

One community approach attributed to rapid increases in latrine construction and use is community-led total sanitation and will be part of the CSA. Partner NGOs and Community Development Forum members will facilitate CLTS-plus ignition.

CLTS-plus will be used to ignite communities to commit to change and to improve their sanitation and handwashing practice

CLTS involves facilitating a process to inspire and empower rural communities to stop open defecation and to build and use latrines, without offering external subsidies to purchase hardware such as sanitation platforms, superstructures, or pipes. Through the use of participatory methods community members analyze their own sanitation profile including the extent of open defecation and the spread of fecal-oral contamination that detrimentally affects every one of them.

The CLTS approach ignites a sense of disgust and shame amongst the community. They collectively realize the terrible impact of open defecation: that they quite literally will be ingesting one another's feces so long as open defecation continues. This realization mobilizes them into initiating collective local action to improve the sanitation situation in the community.

The CLTS approach was first pioneered in 1999 by Kamal Kar working with the Village Education Resource Centre,⁸ and supported by WaterAid, in a small community of Rajshahi District in Bangladesh. Since then, the approach has continued to spread within Bangladesh and has been introduced in a number of other countries in Asia and in Africa. Interest among different institutions is growing, particularly as it becomes apparent that CLTS has the potential to contribute to meeting the Millennium Development Goals (MDGs), both directly on water and sanitation (Goal 7) and indirectly through the effects of improved sanitation, to combat major diseases, particularly diarrhea (Goal 6), improve maternal health (Goal 5), and reduce child mortality (Goal 4).

WASHplus will use CLTS-plus, the plus includes an additional focus on installation of a fixed handwashing station outside the latrine and handwashing after defecation as an essential component to breaking the oral-fecal contamination cycle.

The plus will also include coordinated planning with the small scale private sector to ensure access to sanitation and handwashing products, as well as financing of improved hygiene sanitation, as needed. Emerging evidence suggests that this private sector component should be in place before ignition begins, and the sale of affordable sanitation upgrades should be marketed as close to the ignition as possible, and no more than one week after ignition so momentum is not lost.

⁸ The background to the approach, the methodology, and details of early experience were documented in "Subsidy or Self-Respect: Participatory Total Community Sanitation in Bangladesh" (IDS Working Paper 184. <http://www.ids.ac.uk/ids/bookshop>).

While WASHplus and our implementing partner WaterAid do not subsidize household latrines in general, subsidies and latrine provision are provided for the “hardcore poor” as supported by government policy.

The Behavior Change Strategy will include a “non-branded” approach to total sanitation, engaging communities in collective analysis using participatory techniques, problem solving, and community actions such as “Walks of Shame,” which mobilize community representatives to patrol areas commonly used for open defecation and call out or “shame” community members found still defecating in the open. A distinct characteristic of our CLTS approach will be to modify classic CLTS ignition exercises to focus on the quality of existing latrines. We know that our intervention *upazilas* have high latrine coverage rates, but many latrines leak feces back into the environment, either because they are “hanging latrines” that empty directly into ponds and canals, or others that leak from the cement tube lining/concrete ring or other gaps in the latrine.

The feasibility of requiring ODF status or improving unhygienic latrines before providing or rehabilitating infrastructure will be further explored.

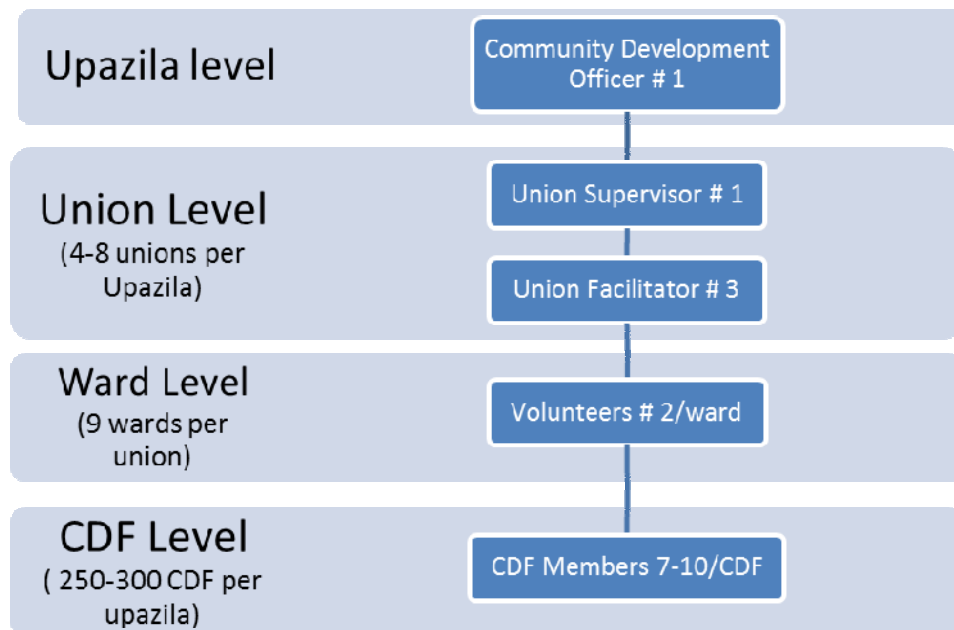
Strategic Component 3: Strengthening Household Support, Outreach, and Promotion

Soon after ignition, Community Development Forum members will follow up at household level and visit all community members still practicing open defecation. Using the techniques of negotiating small doable actions, they will work to move each household from open defecation to an improved, hygienic latrine. When finance is the greatest obstacle, subsidy or provision will be explored.

Many communities in the southwest already have high levels of latrine coverage and use, but these latrines either intentionally or inadvertently leak into the surrounding ponds, canals, or other parts of the surrounding environment. Therefore, to make a community feces free, volunteers and facilitators will also need to work with community members to assess the state of their latrines and negotiate improvements. A catalog of safe, hygienic, and feasible improvements is under development.

As with all improved practices, volunteers will negotiate small doable improvements to household latrines and handwashing. Attention will also focus on negotiating improvements in water transport, storage, and use as well.

WASHplus and Other Actors in the WASH Behavior Change Process



The strategic approach will break the didactic techniques and encourage participatory negotiation of improved practice. Partner NGOs will support home visitors, WASH promoters, and volunteers with technical inputs from the regional WASHplus team to negotiate the consistent and correct practice of these small doable actions.

Capacity building activities (offered through cascade training) and support materials are available to specifically support this participatory negotiation approach to reduce risk and adopt feasible behaviors.

A key approach used to bring about change at the household and community levels will be the Negotiation of Improved Practices intervention/training approach. The technique directs union facilitators and other 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 negotiation 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 toward the ideal.

The Negotiation of Improved Practices is an innovative strategy that combines counseling and behavior change promotion techniques. The 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 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 CDF member or union facilitator 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, this approach makes rapid integration of new behaviors possible.

To practice the negotiation technique, a CDF volunteer or union facilitator 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 common options, problems, and solutions under a range of household conditions. Outreach workers are then trained to implement the range of options and solutions.

Strategic Component 4: Multiplying Message through Folk or Traditional Media

To magnify impact and increase the number of contacts with target audiences, WASHplus will arrange a number of folk and traditional media campaigns in the communities. Traditional rickshaw miking (reciting messages using a microphone and visiting communities in a rickshaw) rallies, drama staging, street meetings, group household visits, and mass handwashing demonstrations are all included in the work plans. Moreover, local youth clubs will be involved and supported to organize different observation events where specific issues like handwashing, water safety, and sanitation will be emphasized through discussion, community visits, drama, and folk songs.

As a subcomponent of the Behavior Change Strategy, a specific communication inventory will be developed, which outlines specific messaging that will be convincing and will take into account perceived benefits and barriers to practicing WASH behaviors. These benefits and barriers are often nonhealth related. The Communication and Messaging Strategy will make practicing WASH behaviors seem “fun, easy, and popular,” and promise benefits that are appreciated by most households.

Strategic Component 5: Increasing Availability and Affordability of Hygiene and Sanitation Products through Private Commercial and NGO Sector Initiative

We have described earlier that ensuring access to key WASH products and services is an essential part of the WASHplus behavior change strategy. The WASHplus strategy must not only build demand for products through CLTS triggering and other activities, but also support the private sector provision (supply) of affordable quality products. As gaps in key products are identified through CSA, the behavior change strategy then responds by identifying, or if necessary, by building public and private sector networks to provide affordable access.

One element of this strategic access, then, could be to provide training or other incentives for private sector entrepreneurs to enhance affordable access, such as artisan workshops for local production of concrete slabs or tippy taps, tools, or molds for reinforced cement concrete (RCC) slab and ring production, etc.

As lessons from global CLTS and total sanitation/sanitation marketing activities emerge, we’ve learned that one key element of success is having the private sector supply side ready before CLTS triggering, and that triggering is carefully coordinated with the private sector vendors so they can do immediate follow up after ignition and offer WASH products. Financing products (microfinance loans) are also part of the package of necessary products. In some countries such as neighboring Cambodia, private sector sellers actually conduct CLTS ignition as part of sales.

Related Products
<i>Handwashing</i> <ul style="list-style-type: none">Handwashing stations: tippy tap, soap or ash containers; hygienic dipper (ladles) when no tippy tap is in place
<i>Sanitation</i> <ul style="list-style-type: none">RCC rings and slabs

- 💧 Potties (for collection and transfer of excreta from infants and the infirm (e.g., those with 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)

The types of activities that will involve the private commercial sector to increase the availability and affordability of hygiene and sanitation products in the community are:

- Conduct artisan workshops (to train a cadre of local artisans to produce and market products; water source and latrine construction and maintenance)
- Establish and strengthen the linkage between local producers/suppliers and target audience and assist in assessing the worth of available services
- Facilitate demand creation in the community through awareness-raising and provide platform to demonstrate their samples in the demo structures

Strategic Component 6: School Hygiene and Sanitation

UNICEF states, “Providing quality education also implies the provision of an enabling learning environment in which children can perform to the best of their ability. Nonetheless, in Bangladesh as in most developing countries, the sanitary and hygienic conditions at schools are appalling, characterized by the absence of properly functioning water supply, sanitation, and handwashing facilities. In such an environment, children must resort to open defecation around or even at the school compound.” Lack of dedicated girls’ latrines together with their gender-specific responsibility for water collection and the arrival of menstruation are the major reasons for nonattendance of girls in school.

School WASH projects can create an enabling learning environment that contributes to children’s improved health, welfare, and learning performance. In addition, school initiatives can prepare children to serve as agents of change in their households and communities. As outlined in the National Hygiene Promotion Strategy, the Ministry of Primary and Mass Education (MoPME) ensures hygiene education in the primary schools and promotes

hygiene practices in the schools. WASHplus will work together with corresponding officials of MoPME to strengthen the campaign. Similarly the Directorate of Secondary and Higher Education will be approached to extend hardware support as well as to reinforce the hygiene promotion campaign.

School Sanitation and Hygiene Promotion Program Elements

- Collect, analyze, and finalize the target schools; communicate with pertinent stakeholders and obtain consensus
- Communicate WASHplus school activities to education department, district, and subdistrict education offices
- Build capacity of administration, school management committees, youth leaders (through student council or other bodies), and parents. Plan activities with the teachers, parents, and students.
- Disseminate messages about small doable actions for WASH improvement at schools, school-to-community events, and school-to-home activities
- Prepare supplementary curricular and support materials, class sessions, day observations, different competitions, among other ideas
- Integrate WASH themes into existing youth clubs, and where none are organized, organize WASH Clubs in schools
- Develop/disseminate cost effective technical designs for school latrines, handwashing stations, and water treatment systems
- Follow up/monitor tri-monthly progress of every class
- Recognize and celebrate successful elements identified in monitoring, and make plan for corrective actions as needed
- Report progress

Strategic Component 7: Demonstration Latrines and Handwashing Stations

Different types of latrines and handwashing technologies will be installed in union council's compound and other public places for the purpose of public demonstration. Moreover, some demonstration latrines will be installed at "hard core poor" households, which will also serve as demonstration latrines for the community. As mentioned above, single and twin offset pit latrines, raised plinth latrines, and sand enveloped around the pit will be installed using different types of materials ranging from plastic to corrugated galvanized iron sheet to masonry structure. These designs will offer solutions to existing problems to some extent. For instance, in offset pit latrines the pit could be relocated without dismantling the superstructure. Twin pits will provide more sludge-containing capacity and thus longevity.

Similarly, a raised plinth will increase the volume of a pit above the water table using the same number of rings, and sand envelopment will work as a filtering media to deter pathogen transmission and also increase effective volume of the pit. The users will have the latitude to select the best option for their household based on financial capacity, space availability, elevation of water table on the site, etc.

ROLE OF VARIOUS ACTORS IN CHANGING WASH PRACTICES

WaterAid Bangladesh:

The main role of WaterAid will be in-country implementation and oversight of the project by providing technical support and guidance to the PNGOs, developing capacity of the PNGOs and local government institutions to execute field-level implementation, monitoring PNGO activities, and working with private sector service providers to facilitate strategic component 5.

The agency will provide technical assistance to the PNGOs to build capacity of corresponding staffs on behavior change, assess the capacity of the team, and arrange necessary training and refreshers that will enable them to achieve the outputs and outcomes of the project. Moreover, the agency will contribute to assessing appropriate and affordable desired behavioral practices considering the geophysical constraints of the locality and develop/adapt necessary tools and materials for the program. In addition, WaterAid will provide all necessary support to the PNGOs to run the field implementation of the behavior change activities.

PNGOs:

- Will develop their own behavior change work plan to achieve the WASHplus objectives
- Will provide training to the union facilitators, union supervisors, and volunteers to build capacity in implementing the behavior change program and provide necessary assistance
- Will provide proper guidance to the union facilitators and union supervisors to prepare action plans and to achieve project targets
- Will supply required tools and equipment to implement hygiene promotion activities
- Will involve local government (union council) in behavior change activities and build capacity in prioritizing, planning, and executing these activities
- Will establish working relationships with the target schools and work with teachers and school management committees (SMCs) to implement school campaigns
- Regularly monitor all behavior change activities

- Regularly update activity progress report
- Will take initiatives to promote local tools and social decorum to reinforce behavior change movement
- Make sure that staffs are participating in SMC meetings, market management committee meetings and ward level WatSan Committee meetings
- Reactivate the ward WatSan Committees and initiate the regular meetings where action plan will be developed/updated followed by a discussion of the current situation
- Will ensure that the best practices and lesson learned are properly documented

Union Council:

Union councils will oversee that union WatSan Committee meetings are held regularly. They will facilitate CDF-wide discussion on implementation plan and current progress. The council will enable a collective environment involving pertinent stakeholders to patronize activities and establish integrated approaches to overcome water and sanitation-related limitations of the community (identified in the CAP). The council will maintain an up-to-date status of WASH facilities in the union and will lead the planning for implementation of both hardware and behavior change activities.

School Management Committee:

The SMCs of all the target schools will play an active role to ensure hygiene is practiced. The committee will oversee the water supply and sanitation improvement works and monitor the behavior change activities of the school. They will provide necessary support to the school (teachers and student council) to achieve respective targets of the work plan.

Market Management Committee:

The committee will ensure that the market area maintains the desired hygienic behaviors (i.e., dumping waste in a fixed place, the water point and latrines are safe, etc.). The committee will assist in implementing safe water supply and sanitation improvement activities and will provide support to carry out behavior change activities in the market.

CDF:

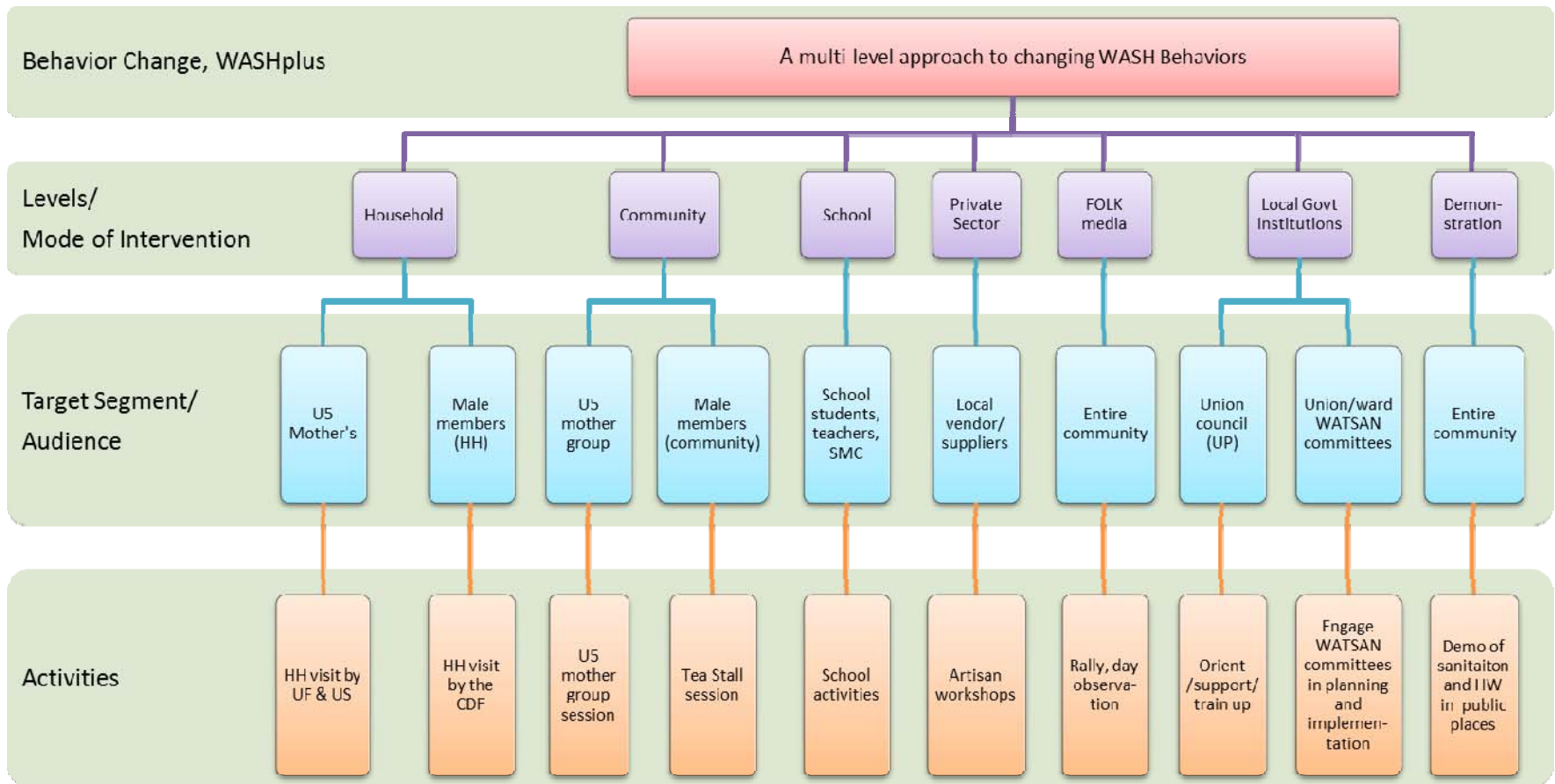
CDFs are the primary unit of the WASHplus structure and are comprised of 50 to 100 families. Five to nine members of these CDFs will form a working committee. Their main task will be to ensure safe and desired WASH behaviors in the community. They will track the improvement of both hardware and hygienic practices of the locality, compare them with the CAP, and assist in achieving the targets decided in the CAP. They will maintain the supplied register to record WASH status of their respective community and will present the

information in the ward and union WatSan meeting and other stakeholder discussion forums.

GENERAL OVERVIEW OF WASHPLUS ACTIVITIES BY CATEGORY

As demonstrated in the previous discourse, underlying the WASHplus behavior change strategy is the acknowledgment that changing behaviors requires access to necessary WASH products and services, the necessary skills, knowledge and motivation, and an environment where community rules and norms as well as government policy support the consistent and correct practice of the WASH behaviors.

Bearing this in mind, the WASHplus activities will address these issues through a coordinated set of activities. Hygiene promotion activities will be designed to address not only awareness and knowledge, but also skills, access, and norms. To encompass the different domains of behavior change, WASHplus will carry out the activities listed below with its pertinent audiences.



MATRIX OF MESSAGES BY ACTIVITY

Recognizing the variety of audiences and each segment’s relevancy with the program objective, WASHplus has designed different communication paths and accordingly specified particular messages for that. Target behaviors were identified for a specific segment of audiences that WASHplus desires to change. Influencing factors related to the behaviors and corresponding key messages considering prevailing practices and geographical features of the intervention areas were then listed in the matrix below.

Activities	Target audiences	Target behavior	Influencing factors	Key messages
U5 mother group session	Primary audience (people directly affected): mothers with children under five	<ul style="list-style-type: none"> Consistent fixed point defecation/ use of on-site, hygienic sanitation facilities (a latrine) Hygienic improvements of existing latrines to eliminate “leakage” and flooding into the environment. Safe disposal of infant and child feces 	<ul style="list-style-type: none"> Perception of risk of leaking latrine Sense of disgust that leaking latrine is like eating feces Self-efficacy of shifting to improved latrine Skills/knowledge of building improved latrine and converting unimproved one to improved Social norm of using improved latrine and ignite the sense of disgust among the community Cultural norms of child care and as part of that to teach/help them to use latrine 	<ul style="list-style-type: none"> Consequences of diarrhea Why feces are harmful Different transmission route/F diagram Ways to prevent leakage and flood-proofing Consequences of fixed spot defecation that goes to the environment and importance of confining feces Focus on women’s privacy issue Glass of water exercise from CLTS and relate it to not only OD but also with leaching latrine Discussing challenges and solutions to taking child to the latrine
		<ul style="list-style-type: none"> Consistent and correct handwashing Installation and use of a fixed handwashing device like a tippy tap Dedication of liquid (soapy water) or bar soap at all 	<ul style="list-style-type: none"> Perception of risk of NOT washing hands Sense of disgust that unwashed hands are like poisoning your family Knowledge that clean looking hands can still be carrying feces and other 	<ul style="list-style-type: none"> Benefits of HW e.g. less sickness, doctor’s visit, religious issue, healthy kid Consequences/risk of not washing hands, disgust Demonstration on and practice correct HW including Importance of

		<p>handwashing stations</p> <ul style="list-style-type: none"> • Water for HW are fetched from “non-leaching” ponds 	<p>germs</p> <ul style="list-style-type: none"> • Convenience and reminder by installing tippy taps at latrine, eating and cooking area • Social norm for handwashing before eating, after defecation whether hands “look” dirty or not • Knowledge of proper handwashing technique including emphasis on air drying 	<p>correct hand drying (air-dry)</p> <ul style="list-style-type: none"> • Demonstration on making tippy tap and soapy water (notions of SDA) • Benefit of tippy tap (running water & less water required) • Use clean water for HW and gargle
		<ul style="list-style-type: none"> • Hygienic collection and transport of water • Hygienic storage and use of water • Increased and efficient collection, and safe storage of rainwater 	<ul style="list-style-type: none"> • Perception of risk of not drinking safe water (or perception of risk of the water they are drinking) • Knowledge (and perception of risk) of contaminating water during collection and storage • Knowledge of safe water storage techniques • Perception of risk of using non-tubewell water and improve knowledge to deal with it • Skill of collecting and safely storing quantities of rainwater 	<ul style="list-style-type: none"> • Perception of safe water and reasons why people do not ensure safety of water • Possible ways of contaminating water after collection up to drinking • Consequences/risk of not drinking safe water • Doable measures that could be taken to keep the water safe/reduce the risk (narrow neck container, covering the entire mouth of the pitcher, not dipping the mug, etc.) • Risk of using pond water if not boiled • Rainwater collection (installing gutter/downtube/ storage container, roof cleaning, etc.)
		<ul style="list-style-type: none"> • Hygiene management of menses using clean clothes or 	<ul style="list-style-type: none"> • Knowledge of dos and don'ts during menstruation • Knowledge of using, 	<ul style="list-style-type: none"> • Parent's role • Cleaning the cloths in clean water using soap and drying under direct

		<p>menstrual pads, changed as needed</p> <ul style="list-style-type: none"> Hygienic disposal of pads or rags in latrine, or buried if not possible 	<p>cleaning, storing and dumping pads or clothes.</p>	<p>sun</p> <ul style="list-style-type: none"> Store the cloths in safe place to avoid any germ or insect Provide extra food to avoid malnutrition Dump the pad in fixed place together with other household waste or bury
Tea stall session	<p>Secondary audience (people directly influencing them): husband, mother in-law</p> <p>Tertiary audience (people indirectly influencing them): community leaders, health staff</p>	<ul style="list-style-type: none"> Consistent and correct handwashing Safe disposal of feces Ensuring safety of water from source to consumption Install HW devices and improved latrine Ensure dedicated soap for HW All the family members should participate in maintaining hygienic practices and child rearing 	<ul style="list-style-type: none"> Knowledge that this little investment of money and time in HH WASH improvement will save a lot Knowledge of making HW device, improved latrine, and safe water storage Sense of disgust that unwashed hands are like poisoning your family Perception that child rearing is not only mothers' responsibility 	<ul style="list-style-type: none"> Why feces are harmful and different transmission route/F diagram Demonstration on and practice of correct HW including Importance of correct hand drying (air-dry) Demonstration on making tippy tap and soapy water (notions of SDA) Improved latrine installing and ways to prevent leakage and flood-proofing Consequences/risk of not drinking safe water Doable measures that could be taken to keep the water safe/reduce the risk (narrow neck container, covering the entire mouth of the pitcher, not dipping the mug, etc.) Motivate to assist mothers and caregivers in child rearing and practicing hygienic behaviors
Folk and	Primary,	<ul style="list-style-type: none"> Consistent and correct 	<ul style="list-style-type: none"> Social norms of practicing hygienic 	<ul style="list-style-type: none"> Risky behavior of one HH makes the entire

traditional media	secondary, and tertiary audiences	<p>handwashing</p> <ul style="list-style-type: none"> • Safe disposal of feces • Water safety from source to consumption 	<p>behaviors</p> <ul style="list-style-type: none"> • Self-efficacy that the poorest HH can also improve their current risky practices • Collective consensus to improve their community • Peer pressure 	<p>community equally vulnerable</p> <ul style="list-style-type: none"> • Social pressure and shame to the target HH to engage in desired behavior • Motivate to assist target HH to continue hygienic behavior
Household visit	Primary and secondary audience	<ul style="list-style-type: none"> • Same as U5 mother group sessions 	<ul style="list-style-type: none"> • Same as U5 mother session 	<ul style="list-style-type: none"> • Negotiation according to the HH's current practice and agree on improvement based on previous group session behavior

ANNEXES

BEHAVE Frameworks

BEHAVE Framework			
PRIORITY GROUP in order to help:	BEHAVIOR to:	KEY FACTORS we will focus on:	ACTIVITIES through:
Mother groups (those have under five children)	Ensure safety of water from source to consumption	<ul style="list-style-type: none"> • Increase perception of risk of not drinking safe water (or perception of risk of the water they are drinking) • Increase knowledge (and perception of risk) of contaminating water during collection and storage • Increase knowledge of safe water storage techniques • Increase perception of risk of using non-tubewell water and improve knowledge to deal with it 	<p>Under 5 mother group session addressing:</p> <ul style="list-style-type: none"> • Perception of safe water and reasons why people do not ensure safety of water • Possible ways of contaminating water after collection up to drinking • Consequences/risk of not drinking safe water • Doable measures that could be taken to keep the water safe/reduce the risk (narrow neck container, covering the entire mouth of the pitcher, not dipping the mug, etc.) • Risk of using pond water if not boiled • Rainwater collection (installing gutter/downtube/ storage container, roof cleaning, etc.) <p>Poster/sticker/billboard:</p> <ul style="list-style-type: none"> • Installing billboard on water safety measures <p>Household visit:</p> <ul style="list-style-type: none"> • Assess the current practice • Identify the barriers to moving towards the ideal behavior • Exercise SDA ideas and negotiate for improvement from the

		<ul style="list-style-type: none"> Increase skill of collecting and safely storing quantities of rainwater 	current practices.
	<p>Indicators:</p> <ul style="list-style-type: none"> Water collected, carried, and stored properly 		<p>Tools:</p> <ul style="list-style-type: none"> SDA negotiation tool to discuss current practices and why they are not protecting water from source to consumption Demonstration on collecting, carrying, storing, and consuming using different containers (different container, lid, mug, glass, etc.)

BEHAVE Framework

PRIORITY GROUP in order to help:	BEHAVIOR to:	KEY FACTORS we will focus on:	ACTIVITIES through:
Mother groups (those have under five children)	<p>Stop open defecation and use improved latrine that do not leaks.</p> <p>Ensure safe disposal of infant feces.</p>	<ul style="list-style-type: none"> Increase perception of risk of leaking latrine Increase sense of disgust that leaking latrine is like eating feces Increase self-efficacy of unimproved (leaching) latrine users to shift to improved latrine 	<p>Under 5 mother group session addressing:</p> <ul style="list-style-type: none"> Consequences of diarrhea Why feces are harmful Different transmission route/F diagram Ways to prevent leakage and flood-proofing The consequences of fixed spot defecation that goes to the environment and importance of confining feces within the pit Focus on women's privacy issue Glass of water exercise from CLTS and relate it to

		<ul style="list-style-type: none"> • Increase skills/knowledge of building improved latrine and converting unimproved one to improved (inviting male members) • Increase social norm of using improved latrine and ignite the sense of disgust among the community • Strengthen cultural norms of child care and as part of that to teach/help them to use latrine (invite all caregivers) 	<p>not only OD but also to leaching latrine</p> <ul style="list-style-type: none"> • Discussing challenges and solutions to taking child to the latrine. <p>Poster/sticker/billboard:</p> <ul style="list-style-type: none"> • Different options of making improved latrine <p>Household visit:</p> <ul style="list-style-type: none"> • Assess the existing defecation practice of all the family members • Assess the latrine and negotiate to change to the improved one and propose SDA that could reduce the risk (invite HH head)
	<ul style="list-style-type: none"> • Improved latrines are installed and used • No latrine is leaking to the environment 		<p>Tools:</p> <ul style="list-style-type: none"> • Format to collect feedback on challenges to practice the previously discussed behavior • Flipchart with pics of the designs and then discussion questions and advantages and disadvantages to each option on the back
<p>BEHAVE Framework</p>			

PRIORITY GROUP in order to help:	BEHAVIOR to:	KEY FACTORS we will focus on:	ACTIVITIES through:
<p>Mother groups (those have under five children)</p>	<p>Wash both hands with <i>running</i> water before eating, feeding child, food preparation, and after latrine use and handling feces</p> <p>Install TWO tippy taps in the home, one by the latrine and another by the cooking/eating area</p> <p>Water for HW are fetched from “non-leaching” ponds</p>	<ul style="list-style-type: none"> • Increase perception of risk of NOT washing hands • Increase sense of disgust that unwashed hands are like poisoning your family • Increase knowledge that clean looking hands can still be carrying feces and other germs • Increase convenience and reminder by installing tippy taps at latrine, eating and cooking area • Increase social norm for handwashing before eating, after defecation whether hands look dirty or not • Increase knowledge of proper handwashing technique including 	<p>Under 5 mother group session addressing:</p> <ul style="list-style-type: none"> • Benefits of HW, e.g., less sickness, doctor visit, religious issue, healthy kid • Consequences/risk of not washing hands, disgust • Demonstration on and practice correct HW including Importance of correct hand drying (air dry) • Demonstration on making tippy tap and soapy water (notions of SDA) • Benefit of tippy tap (running water & less water required) • Use clean water for HW and gargle <p>Poster/sticker/billboard:</p> <ul style="list-style-type: none"> • Correct way of HW • Promotion of HW devices <p>Household visit:</p> <ul style="list-style-type: none"> • Assess the practice (including water source for HW) • Identify the barrier of non-doer and negotiate a few SDAs for them to commit to • Commit to installing and using handwashing station

		emphasis on air drying	
	<ul style="list-style-type: none">• HW devices w/ water and soap are installed at convenient locations and used• Water for HW are fetched from non-leaching ponds• Hand drying practices		<p>Tools:</p> <ul style="list-style-type: none">• Materials to make the demo tippy tap• Tippy tap making job aid• Card/leaflet to demonstrate steps of HW

Detailed Session Guide to Various Activities

Household Visit Session Guide

Topics:

1. Disposal of infant and child feces/improvements to existing latrines/maintenance
2. Handwashing
3. Collection/transport/safe storage of water
4. Menstruation management

HH visit objectives:

- Visit community members in their own environment and observe whether they are carrying out improved WASH behaviors
- Provide support to HHs who are not carrying out these practices or have challenges carrying out the ideal behaviors
- Follow-up on commitments to try improved WASH behavior during group discussions

Materials needed: HH monitoring tool

Time required: 20 minutes

The questions below are just a guide to the visit.

Steps

1. Introduction Visit 1: Greet the head of the HH and introduce yourself. Ask for his permission to speak to his wife. Explain that you are a volunteer from WASHplus and are following up on the group discussion that she participated in on WASH. You are recording only a number for the HH and only you and a couple of colleagues will look at the answers and you will not share specific information with anyone else. Emphasize to the mother the need to say how she really feel about things and to avoid saying things because she thinks you want to hear them, just to be polite. For latrine installation issues, speak directly to the head of the HH.
2. Visit 2+: Greet the head of the HH and tell him that you are back again to talk to his wife about WASH behaviors that were discussed in the group session with other mothers their community. Once again, emphasize to the mother the need to say how she really feels about things and to avoid saying things because she thinks you want to hear them, just to be polite. Tell her that you are here to follow up on some of the commitments on WASH practices that were discussed in the group sessions.

Follow the same process for the next two visits and always emphasize discussing real facts and actual challenges they encountered to practice the behavior.

3. Tell them that you are here to follow up on the group discussions and observe whether certain WASH practices are happening. And if they are not happening, how to overcome some of the difficulties. Refer back to your notes from the group sessions and ask the mother what the group agreed to try. If she cannot remember, remind her.
4. Observe the relevant locations where each behavior should occur: latrine, handwashing areas, water storage, etc.
5. Fill out the mood meter per behavior. If the behavior is not happening ask them about why it is not happening and their difficulties in carrying out the behavior.
6. Try to help the HH figure out how to overcome their difficulties in carrying out the practice. e.g., if the latrine is too big for the child, see if the HH can find an old pot or bucket, put some ash in it, and have the child defecate in it. The caretaker can then dump it into the latrine. If this is not possible, see if they will agree to try disposing of the child feces with a shovel (and then washing it). Do not force the HH to agree to try new behaviors, but try to negotiate with them to try something that is feasible.
7. Repeat step 4-6 for all behaviors.
8. Ask them if they have any questions for you. If not, thank them for their time, tell them when you will be back, and move on to the next HH.

Motivation for safe disposal of child feces: Children's feces have even more germs than adult feces, so it is very important that they are not allowed to cause diarrhea by lying on the ground where they can be washed by rain into water or onto food; or where flies can land on them and then land on people's food. Safely disposing of children's feces prevents diarrhea and other illness and keeps families healthier.

Motivation for improvements to existing latrines/maintenance: The better the condition of the latrine, the more people will use it and the more the family will be protected from diarrhea and other diseases. Latrine maintenance will also save money in the future. An uncared for latrine can fall apart, smell bad, attract flies and repairs will cost you time and money. It is easier to maintain the latrine weekly.

Motivation for handwashing: Consistently washing hands with soap can have a *dramatic* effect on reducing diarrhea because good handwashing eliminates the germs that get into people and cause diarrhea and other illnesses.

Motivation for collection/transport/safe storage of water: Drinking treated water is an effective way to avoid swallowing germs that cause diarrhea and other illnesses and to keep your family healthier. Even stored water that is clean can get contaminated if dirty hands or

a dirty cup or scoop touches it and then be consumed and cause diarrhea and other illnesses.

Motivation for menstruation management: Maintaining hygiene during menses is important for women's well-being, mobility, and dignity. Menstruation is a biological process just like defecation or urination. Proper cleaning, storage and disposal of cloths and pads can avoid menstrual related diseases like reproductive tract infections, urinary tract infections and anemia.

Tell the HH that and you will follow-up with them on the next visit to see how it went. If they have more difficulties you can try to help them again.

Under Five Children's Mother Group Session

Topic: Safe sanitation

Participants: U5 mothers, other caregivers and any participants of the target HHs, 15 to 20 per session

Place: Courtyard with sufficient light and space for everyone to sit

Time/duration: At time that is convenient for the audience, after consultation with local leaders. For approximately 60 to 90 minutes

Objective:

- Help participants analyze their own attitudes about feces (both adult and child)
- Guide their conversations around the benefits of safe sanitation and the barriers to why this does not happen
- Increase self-efficacy of improving existing faulty latrine
- Encourage participants to make a commitment during the discussion to what they will try before household visit

Materials needed: Hygiene promotion flipchart, safe sanitation options card set, monitoring tool, paper, and pen

Steps

1. Introduce yourself as the facilitator. We all have young children and today...
2. Ask participants to sit in a semi-circle so everyone faces one another.
3. Pose preliminary questions: where do the adults defecate? What happens if the latrine is leaching to the environment? What happens if there is no water seal or the pan is broken? What normally happens after a baby or small child goes poop? What

do you think about disposing of getting rid of baby's poop? Where do you think it should go?

4. Ask participants how they feel about feeding themselves and their family feces (if necessary explain that water collected from a leaching pond contains feces or child feces left in the yard goes to the pond with rainwater)
5. Ask participants to talk about what can happen if the poop is not disposed of properly.
6. Use the hygiene promotion flipchart and ask participants what they think of the mother in the picture that washes her child's bottom on the ground and leaves it there? (pg 13)
7. Ask participants the consequences of diarrhea and relate to child growth
8. Ask participants why it is difficult to repair a latrine by stopping leakage and placing water seal.
9. Ask participants why it is difficult to dispose of infant poop?
10. What are some ways that can make it easier to take a child to the latrine?
11. Ask participants if any of them would be willing to try doing this. Have them share individually what they are willing to try with the group. Ask them if they can report back on how it goes during the next session.
12. Take note of the participant's commitment using the monitoring tool
13. Summarize the discussion and action points.
14. Inform them that you and your colleagues will be visiting her house in two to four weeks.
15. Thank participants for their time. Decide on a next meeting time.

Topic: Safety of water from source to consumption

Participants: U5 mothers, other caregivers, and any participants of the target HHs, 15 to 20 per session

Place: Courtyard with sufficient light and space for everyone to sit

Time/duration: At time that is convenient for the audience, after consultation with participants. For approximately 60 to 90 minutes

Objective:

- Help participants analyze their own attitudes to water safety
- Guide their conversations around the benefits of safe water and the barriers to why this does not happen

- Encourage participants to make a commitment during the discussion to what they will try before household visit

Materials needed: Hygiene promotion flipchart, monitoring tool, paper, pen

Steps

1. Introduce yourself as the facilitator.
2. Ask participants to sit in a semi-circle so everyone faces one another.
3. Pose preliminary questions: Name daily chores for which we need water; Where do we get water? (If they only mention tube well, try to ask for each task, i.e. for HW, for cooking rice, for latrine use, etc.), what do they use to carry and store water?
4. Discuss the possible ways of contaminating water (ask participants if it happens in the community)
 - a. The source [children playing in tube well platform, pond connected with latrine pit]
 - b. Cleaning the pitcher [use of dirty hand and rag, not removing dirty water properly]
 - c. Collection [inserting hand into the water]
 - d. Transporting [not covering, covering with dirty lid]
 - e. Storage [stored in low place, no lid]
 - f. Consumption [dipping mug, contact with hand]
5. Show the flipchart (pg 21) on how to keep the water safe at each step.
6. Ask participants what are the barriers of practicing these behaviors.
7. What are some ways that can make it easier to practice the safety measures?
8. Ask participants to predict if they and their family members will be able to practice the behaviors.
9. For those that predicted they could do the behavior, request they stand up and make a commitment.
10. Take note of the participant's commitment using the monitoring tool.
11. Summarize the discussion and action points.
12. Inform them that you and your colleagues will be visiting their houses in two to four weeks.
13. Thank participants for their time. Decide on a next meeting time.

Topic: Handwashing

Participants: U5 mothers, other caregivers and any participant of the target HHs, 15 to 20 per session

Place: Courtyard with sufficient light and space for everyone to sit

Time/duration: At time that is convenient for the audience, after consultation with participants. For approximately 60 to 90 minutes

Objective:

- Help participants analyze their own attitude about washing hands
- Guide their conversations around the benefits of handwashing and the barriers to why this does not happen
- Improve self-efficacy of making simple handwashing devices
- Encourage participants to make a commitment during the discussion for what they will try before household visit.

Materials needed: Hygiene promotion flipchart, monitoring tool, paper, and pen

Steps

1. Introduce yourself as the facilitator.
2. Ask participants to sit in a semi-circle so everyone faces one another.
3. Pose preliminary questions: When do we normally wash hands; What do we use to wash hands? (Try to identify the source of water for handwashing); Where do we wash hands?
4. Discuss the possible ways of transmitting feces through hands (pg 13 of the flipchart and ask participants if it happens in the community)
5. Discuss the fact that food prepared with dirty hands is like feeding feces to your child and families, clean looking hands still carries feces and other germs; discuss critical times for HW (pg 19).
6. Demonstrate proper way of washing hands (pg 17).
7. Ask participants what are the barriers to practicing handwashing correctly and consistently.
8. What are some ways that can make it easier to practice handwashing at all critical times?
9. Demonstrate different types of tippy taps and ask if they will be able to make and install one near latrines and cooking places. Ask participants if it is easy to find the materials needed to make a tippy tap.

10. Ask what participants think the benefits to using a tippy tap are. If they do not mention all the benefits, add to their list.
11. Now ask participants if anyone in the group would be willing to commit to the behavior.
12. Ask participants to stand up and say what they are committing to do.
13. Let them commit to small improvements like dedicating soap for HW or installing one tippy tap beside latrine, etc.
14. Take note of the participant's commitment using the monitoring tool.
15. Summarize the discussion and action points.
16. Inform them that you and your colleagues will be visiting their houses in two to four weeks.
17. Thank participants for their time. Decide on a next meeting time.

Topic: Menstrual hygiene management (MHM)

Participants: U5 mothers, other caregivers, and any female participant of the target HHs, 15 to 20 per session

Place: Courtyard with sufficient light and space for everyone to sit

Time/duration: At time that is convenient for the audience, after consultation with participants. For approximately 60 to 90 minutes

Objective:

- Help participants analyze their own attitude about menstruation management
- Guide their conversations around the benefits of practicing desired behavior related to MHM and the barriers to why this does not happen
- Encourage participants to make a commitment during the discussion about what they will try before household visit

Materials needed: MHM flashcards, monitoring tool, paper, and pen

Steps

1. Introduce yourself as the facilitator. Make sure that no male members are present.
2. Ask participants to sit in a semi-circle so everyone faces one another.
3. Pose preliminary questions: how and where do they clean menstruation cloths? Where do they dry and store those? Where do they dump the cloths/pads?
4. Discuss the dos and don'ts of menstruation management using the MHM flashcards.

5. Ask participants what are the barriers of practicing these behaviors.
6. What are some ways that can make it easier to practice
7. Now ask participants if anyone in the group thinks that they would be able to wash out the cloths with soap and then dry them in the sun.
8. For those that predicted that they could carry out the behavior, ask them to make a commitment to do it. Take note of the participant's commitment using the monitoring tool.
9. Summarize the discussion and action points.
10. Inform them that you and your colleagues will be visiting their houses in two to four weeks to follow up.
11. Thank participants for their time. Decide on a next meeting time.

Tea Stall Session

Topic: Improved latrine

Participants: customers of the target tea stall

Place: Relatively large tea stalls of the community with sufficient light. Try to select tea stalls that are spacious and recognized assemblage spots of the community.

Time: 30 to 45 minutes

Objective:

- Help participants analyze their own attitude to improved latrines
- Guide conversation around the benefit of improved latrines and the barriers that avert practice
- Improve self-efficacy of installing improved latrines and converting existing latrine to an improved one

Materials needed: Different types of latrine flipchart, pen, and paper.

Steps:

1. Introduce yourself and briefly mention the objective of the WASHplus project.
2. Request participants stay in the stall for next 30-45 minutes and mention briefly the topic that you will be discussing about safe sanitation options.
3. Start the conversation by asking these questions: Where do the adults defecate? Where do feces go if there is leakage in the pit? What are the implications if there

are feces in the environment? What makes it difficult to fix the leakage of the pit or to replace the broken pan with a new one with a water seal?

4. Show them the options of different types of latrines from the flipchart and discuss the advantages and disadvantages.
5. Explain how easily they can improve the existing latrine and try to provide solutions to the difficulties they mentioned earlier.
6. Try to link them with the suppliers/masons in the community (it would be good if we could estimate approximate cost of replacing one concrete slab or installing one water seal, then we can connect the mason and his charges for different activities which will help participants to have an idea of possible cost).
7. Let participants say what they think about repairing their existing latrine or installing an improved one.
8. Thank participants for their time.

Note: Try to make the session participatory and let participants discuss among themselves the different models of latrines, what they think will be feasible, which ones require less space, what alternative material they can use a superstructure, how they can fix the water seal and concrete slab, etc.

Topic: Handwashing

Participants: customers of the target tea stall

Place: Relatively large tea stalls of the community with sufficient light. Try to select tea stalls that are spacious and recognized assemblage spots of the community.

Time: 30 to 45 minutes

Objective:

- Help participants analyze their own attitudes toward handwashing practices
- Guide conversation around the benefits of handwashing and the barriers that deter the practice
- Improve self-efficacy of installing tippy tap at convenient locations

Materials needed: Tippy tap making job aids, hygiene promotion pictorial flipchart, pen, and paper.

Steps:

1. Introduce yourself and briefly mention the objective of the WASHplus project

2. Request participants stay in the stall for next 30-45 minutes and mention briefly the topic that you will be discussing about handwashing practices and making simple handwashing devices.
3. Start the conversation by asking these questions: What are the critical times to wash hands? What do we use to wash hands? What are the implications of not washing hands at critical junctures? What makes it difficult to wash hands consistently and correctly? Is the provision of running water a barrier to washing hands?
4. Explain the importance of handwashing (use flipchart pg 13).
5. Demonstrate the consistent and correct way of washing hand (flipchart pg 17 & 19)
6. Demonstrate the making of a tippy tap and discuss how it eases handwashing at critical times. (Ideally the facilitators will carry different models of tippy taps and demonstrate all. This will let the participants choose whichever is suitable for them).
7. Let participants to say what they think about installing a tippy tap in their HH.
8. Thank participants for their time.

Note: Try to make the session participatory and let participants discuss among themselves the different models of tippy tap and what they think will be feasible for kitchen areas and beside latrines. While making a tippy tap, let the participants assist you in different steps and finally (if possible) ask the stall owner to install a tippy tap in the stall.

Mass Campaign/Folk Media:

Typically, the activity will include open discussion in public places and community visits in groups to motivate the practice of hygienic behaviors. Drama staging, folk song, mass demonstration of handwashing, rickshaw miking, rallies, and cultural activities could be a part of the campaign depending on PNGOs' work plans, budget, and theme of the event.

Activity/Event Topic: Handwashing, open defecation elimination, etc.

Activity/Event Objectives: The general notion of the activity is to raise mass awareness in the community regarding the desired behaviors, to reach a wide spectrum of audiences, and to reinforce the messages provided in the group and tea stall sessions. Additionally, the campaign will exert peer pressure on non-doers of the locality.

Intended Audience: Entire population of the target community with emphasis on non-doer HHs

Key players: CDF members, ward volunteers, local government representative and relevant actors (e.g., students to carry out the drama, folk groups)

Format: (e.g., drama, demonstration)

Time: At least half day should be dedicated for the activity and final schedule may vary depending on community availability and available budget.

Place: The main discussion should take place in an open public place like a school premises (on off days) or playing field. It is better to organize one campaign per ward and not include more than two wards in one campaign. The place should have easy access ways and if possible be centrally located.

Materials Needed: Banner, poster, reporting tool, rental of rostrum, seating arrangement, canopy, sound system, and other relevant materials depending on actual activities

Steps:

- Inform the community about the campaign day and time prior to the event (mention in all the mother's group and tea stall sessions and inform through the CFD members).
- A general discussion session could be arranged including a local government representative, WatSan Committee, and local influential and dwellers of the area. Discussion on WASH status of the ward (e.g., open defecation status, status of the CAP and achievements) could take place and the guests should be given platform to express their views on the issue.
- Split the audiences into groups (number will depend on the size of the ward, HH number and participants and should be determined prior the event).
- Explain that each group is going to visit some HH of a part of the ward and they are going to observe some specific practices/behavior (e.g., status of the latrine or water storage), make sure each group has at least one ward volunteer or union facilitator. Mention that the objective of the visit is to persuade the respective HH owner to shift toward ideal behavior.
- If there is provision of rickshaw miking or rally, that could be started at the same time when the groups approach the field.
- If there is any provision of drama or folk song those could be conducted together with the initial discussion.
- Each group will visit the target HHs and motivate them to practice desired behaviors. This movement in the community will attract the attention of the community and also create peer pressure on the non-doers. The group will discuss with the HHs about the barriers of practicing desired behaviors and will try to encourage them to practice.
- The volunteers or union facilitator will record the status and any commitment made by the HH owners.
- Once the team has finished visiting all the HHs assigned, the volunteer will summarize the findings and commitments. Respective CDF member will note the information for further follow up.

- Volunteer will thank the group members and finish the activity.

Material Distribution and Monitoring Forms (illustrative)

Name of Partner, Site and Region: _____

Name and Title: _____

Date: _____

Code	Material Title	Type	Language	# received	Date received	# of copies still available	Location of material at site	Used by

Comments:

Comments:



Reporting forms

The following forms will be used by the volunteers to collect information and for reporting purposes.

Mood meter (illustrative):

HH number	Safe sanitation management					Handwashing				Water safety			Menstrual hygiene	
	Commitment during group session	1 st visit	2 nd visit	3 rd visit	4 th visit	Commitment during group session	1 st visit	2 nd visit	3 rd visit	Commitment during group session	1 st visit	2 nd visit	Commitment during group session	1 st visit
001	Dispose child feces to latrine, repair leakage of the pit													
002	Will raise plinth, take child to latrine													

003	Will install an offset pit latrine													
-----	------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--

Legend:

☹ = at the first step of the behavior ladder, practicing risky behavior.

Safe sanitation: open defecation, child defecates anywhere, no maintenance in the latrine, broken slab or uses wooden logs.

Handwashing: Does not wash hands

Collection/transport/safe storage of water: Does not cover stored water. Does not clean container, uses pond water for drinking without any treatment.

Menstruation management: Does not wash menstrual rags. Just dry and reuse. Or rinse in water and dry.

☺ = intermediate steps of the behavior ladder, practicing moderately improved behavior, e.g., water stored in high place but does not cover or users of leaching latrine

Safe sanitation: Child defecates on ground, but feces are immediately disposed of in the latrine, possesses a functional latrine but there is seepage to the environment, no water seal

Handwashing: Washes hands by dipping hands in water only

Collection/transport/safe storage of water: Covers container but dips mug/glass in, does not keep the pitcher in a higher place, uses smaller lid

Menstruation management: Wash rags with soap and dry.

☺ = final step of the behavior ladder, practicing desired behavior, e.g., users of improved latrines or HW at all the critical junctures

Safe sanitation: Child defecates in potty and feces are disposed of in the latrine or child defecates directly into the latrine, the latrine is not leaching, has water seal, all family members including children, women, and DAP (if exists in the family) have easy access to the latrine

Handwashing: Washing hands by pouring water and soap or ash

Collection/transport/safe storage of water: Covers container and pours water from that, uses large lid to cover the entire spout, containers in high place, covered during transportation, and collected in a properly cleaned container

Menstruation management: Washes rags with soap and dries in the sun

Group Discussion Monitoring Tool

Name Dialogue Facilitator _____	Name note taker _____
Today's Date: _____	Start time _____ End Time _____
Group meeting: 1 st _____ 2 nd _____ 3 rd _____ 4 th _____	
Number persons in Group: _____	
Union: _____ Group type (e.g., men's tea stall meeting, mothers w U5): _____	

1. At which location is session taking place? (Check only one)
 - a. NGO or CBO office
 - b. community gathering place
 - c. school classroom
 - d. family compound
 - e. local government facility
 - f. other _____

Participants	Name or HH identity number
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
25.	

2. Follow up on actions from previous session (review previous monitoring tool). Were the actions carried out? How did it go? Why or why not? (how can the group offer suggestions to individual's problems)

How many participants tried to practice? _____
Were there any difficulties? (If yes what were the challenges?)

What are the suggestions to overcome the challenges and to continue the practice?
(Encourage other members to suggest solution to individual problems)

3. Topics discussed:
 - a) Handwashing before eating and handling feces
 - b) Safe sanitation
 - c) Water safety
 - d) Menstrual hygiene

4. Describe the problems carrying out these behaviors/practices: (let each individual speak about he/she perceives the problems he/she may encounter while practicing the behavior. Hints: cost, time consuming, does not find it necessary, other family members' influence, not enough space to set up, etc.)

5. Describes solutions discussed by group to these behaviors/practices (note collective decision, what the group agreed to practice)

6. Describe actions (individual or group) discussed during the session (e.g., what group members commit to trying at home, take note of individual's action referring to the serial number above):

Participants	Name or HH identity number
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
25.	

7. Tools used during the session (e.g., flipchart, poster, negotiation tool):
 Flipchart and tippy tap making job aid

8. Next meeting time and place:

9. Follow up for facilitator (need to find out more info on the topic, services available, etc.):
