Amhara National Regional State
Health Bureau

Woreda Resource Book

Community-Led Total Behavior Change in Hygiene and Sanitation

The Amhara Experience in Line with the Health Extension Program

October 2008

Supported by:

Acknowledgement

Amhara National Regional State Health Bureau would like to extend its gratitude to those common and uncommon partners who nurtured the documentation process to prepare the Resource Book and their contribution in one way or the other to bring the Resource Book to such a level where it can be easily referred to and applied.

First in the list are WSP-AF and USAID/ HIP, which stepped in and partnered with us to ignite at scale sanitation and hygiene in Amhara. In this regard we appreciate the contributions of Ato Belete Muluneh, Country Program Coordinator of WSP-AF, Andreas Knapp, Hygiene and Sanitation Specialist of WSP-AF, Simon Bibby, Consultant WSP-AF and USAID/HIP, Katharina Welle, Research Officer, Overseas Development Institute as well as Julia Rosenbaum, Deputy Director of USAID/HIP, Orlando Hernandez, Senior M&E Officer of USAID/HIP, as well as Patricia Mantey and Wendy Putnam, also from HIP. Without their diligent guidance the program in general and the Resource Book in particular would have not reached such an appreciable standard.

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The contributions toward the development of the Resource Book of multilateral and bilateral organizations such as UNICEF, Government of Finland, USAID/ESHE (JSI and AED), NGOs and those regional bureaus, associations, faith based organizations, Regional WASH Steering Committee members, universities, and other health training institutions is highly appreciated.

Last but not least we appreciate the enthusiasm, patience, devotion, and commitment to change of our Woreda and Kebele political leaders, Health Extension Workers, Development Agents, teachers, and elders who participated in the field trial of this Resource Book and offered their valuable feedback to make it grounded and practical and “theirs.”

Preface

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

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

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

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

It is with this vision and missionary zeal that the Amhara Region undertook the challenge of producing a Resource Book during 2008, the International Year of Sanitation. The book offers the basic tenets of the learning by doing approach, starting with the Whole System in the Room multi-stakeholder meeting, the

conduct of district WASH ignition training and conferences, data collection for action, and Ignition for Change! It is intended for use by all who would like to understand and undertake the Whole System in a Room approach to reaching Total Behavior Change in Hygiene and Sanitation in their own communities. This Resource Book is supplemented by training manuals and a guide to Kebele and Gott ignition and action, and should be implemented in conjunction with them.

With this book the Woreda WASH Team can help people change unsafe behaviors and bring about a cultural transformation in basic hygiene and sanitation by putting an end to open defecation, having people wash their hands at critical times, and protecting drinking water from source to mouth.

The book outlines 12 key doable and achievable steps, which have been identified and tested on the ground through a learning by doing experience. These steps can be customized to fit different circumstances and tailored to community settings with diverse cultures. In so doing we learn, and the learning by doing continues. The application of collective knowledge and wisdom for the good of mankind makes the planet earth a better and healthier place to live in. The Tree of Knowledge is only to rest in the shades thereof, but the Tree of Life is to eat the fruits there from and live an abundant life. The value of this book is not in the number of people who merely read it, but the number of lives saved as a result of applying the 12 steps therein. Let us all tend and keep the precious lives of our children and our families and make good hygiene and sanitation behavior an inheritance to the next generation.

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Table of Contents

Acronyms

BC	Behavior Change
CFT	Community Facilitation Teams
CHP	Community Health Promoter
CLTBCHS	Community Led Total Behavior Change in Hygiene and Sanitation
DA	Development Agent
FMOH	Federal Ministry of Health
HEW	Health Extension Worker
H&S	Hygiene and Sanitation
HW	Hand Washing
HWF	Hand Washing Facility
KIT	Kebele Ignition Team
M&E	Monitoring and Evaluation
NGO	Nongovernmental Organization
ODF	Open Defecation Free
PHAST	Participatory Hygiene and Sanitation Transformation
PRA	Participatory Rural Appraisal
RD	Rural Development
TOT	Training of Trainers
UAP	Universal Access Plan
UNICEF	United Nations International Children's Fund
USAID/HIP	United States Agency for International Development/ Hygiene Improvement Project
VCHP	Volunteer Community Health Promoter
WASH	Water, Sanitation, and Hygiene
WHO	Woreda Health Office
WSG	Woreda Support Group
WSP-AF	Water and Sanitation Program-Africa
WSR	Whole System in a Room (Conference)
WWT	Woreda WASH Team

Terms and Definitions

Advocacy	To persuade, convince, mobilize people.
Adequate hygiene behavior	Refers to those practices that reduce the number of disease causing agents in the environment and protect individuals and families from contact with them.
Health Extension Program Supervisor	Environmental Health Professional or a Nurse usually based at a cluster health center facility to help and supervise the Health Extension Worker.
Adequate sanitation	Is the provision and ongoing operation and maintenance of a safe and easily accessible means of disposing human excreta and wastewater.
Ignite	To encourage, empower, and support people at household, Gott, Kebele, and Woreda levels as they take action.
Minimum standard (reflecting total behavior change)	Households and Gotts are free of open defecation. All households have sealed latrines meeting clear safety and privacy specifications, used by all the family. All households have and use a hand washing station All household members wash their hands with soap (or substitute) and water: - After defecation/using the latrine - After washing a baby's bottom - Before preparing food - Before eating All households have a safe system for storing and extracting water for drinking
Scale-up	The approach to service provision is widely replicable in a substantial number in all Kebeles and Gotts in a Woreda or region.
Sustainable sanitation	Sanitation facilities that continue to operate satisfactorily and generate health benefits over their planned life and do not threaten environmental quality.
Whole System in the Room (WSR)	A participatory and focused planning meeting to build partnerships and agree to a common plan of action among all key stakeholders. WSR also represents a commitment to total change, to reaching universal access to hygiene and sanitation.
100% improved sanitation and hygiene	100% adoption of improved sanitation and hygiene is the process where people demand, develop, and sustain a hygienic and healthy environment for themselves by erecting barriers to prevent the transmission of diseases, primarily from fecal contamination (National Hygiene and Sanitation Strategy).

Background

This **Resource Book** was developed to follow on from the National Hygiene and Sanitation Strategy[1], the Protocol[2], the Finance Needs Assessment[3], and the Millennium Hygiene and Sanitation Movement[4].

The **Strategy** lays out **policy and guiding principles** while the **Protocol** sets "the rules of the game," **the minimum standards**, and the route that should be taken to make the hygiene and sanitation strategy work

Finally, the **Resource Book** spells out the step by step processes of behavior change in hygiene and sanitation in rural communities.

What Is This Resource Book About?

This Resource Book is about how to improve sanitation and hygiene in the Woreda. It lists the **steps** that should be taken to comply with the minimum standards of the protocol in more detail, suggesting a range of tools that can be used to help you to achieve:

COMMUNITY-LED TOTAL BEHAVIOR CHANGE IN HYGIENE AND SANITATION (CLTBCHS)

Why Improved Sanitation and Hygiene?

Because in Ethiopia millions of people suffer from diseases directly and indirectly related to poor sanitation and hygiene...diarrhea disease kills thousands of children every year.

Who Is This Resource Book for?

This Resource Book is written for committed personnel in the Woreda, particularly from the health, education, agriculture, and rural development and water sector offices**.**

Is This All There Is to Guide the Process?

Additional facilitator's guides and training participant source books for regional/zonal resource persons and Health Extension Workers (HEWs) have been developed. These training and Facilitator's Guides detail how to use the tools recommended in this Resource Book.

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[1] National Hygiene and Sanitation Strategy for Ethiopia, Federal Democratic Republic of Ethiopia, Ministry of Health, 2005.
[2] National Protocol for Hygiene and On-site Sanitation, Federal Democratic Republic of Ethiopia, Ministry of Health, 2006.
[3] Needs assessment to achieve Universal Access to Hygiene and Sanitation by 2012, Federal Democratic Republic of Ethiopia, Ministries of Health, Water Resources, Education and Urban Development, European Water Initiative and WSP-AF, 2007.
[4] The Millennium Hygiene and Sanitation Movement – MOH (2008).

Is It Just for the Amhara Region?

No, although this Resource Book was developed through "learning by doing" in the Amhara region, it has been designed as a template for adaptation by other regions and/or the federal ministries.

Ask Yourself:

Is your Woreda ready to end – death by diarrhea and other hygiene and sanitation related infections?

Yes?

Is your Woreda ready to promote dignity, comfort, and privacy through the abolishment of the shameful act of open defecation?

Yes?

Is your Woreda ready to promote behaviors at the household level to have hands and drinking water totally free from feces and other contaminants?

Yes?

…then this book is for your Woreda

Just follow the steps and **complete** the tasks to total behavior change in sanitation and hygiene.

This book belongs to …… Woreda.

Using this guide, any Woreda can start today to assess, plan, and act to improve sanitation and hygiene! But…

If needed, technical support (e.g., training, supportive supervision) can be requested from regional cluster leaders or zonal focal persons facilitators financed by Woreda budget allocations. The technical support will help the Woreda to "navigate" through the process with additional training, materials, and guidance.

Introduction

The regional, Woreda, and community approach to achieve hygiene and sanitation goals focuses on behavior change. The “bottom line” is to end open defecation and to support clean and sanitized communities. Therefore, everyone must practice three key behaviors:

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

This guide focuses on Woreda-level action. Certain policy, budget, and programming support is necessary at the national and regional levels as a precursor to Woreda planning and actions. Other guidance and resources are (or will soon be) available to guide regional-level actions. Likewise, Kebele and Gott action will follow this Woreda planning and ignition. An additional set of guides and tools focused on Gott-level action are also available.

In order for households to practice the three key behaviors, the National Hygiene and Sanitation Strategy outlines the following “three pillars” for improved hygiene and sanitation:

Pillar 1: **An enabling environment** to facilitate scaling-up of improvements through policy consensus, legislation, political commitment, intersectoral cooperation, and capacity building linked to performance contractual agreements.

Pillar 2: **Sanitation and hygiene promotion** through communication, social mobilization, social marketing, incentives, and sanctions to create demand for products and behaviors.

Pillar 3: Improved access and affordability of necessary products and services like latrines, water for washing, soap or a substitute, and small artisans making sanitation platforms.

To increase the practice of the three key behaviors, the Amhara Regional Behavior Change Strategy outlines the following comprehensive focus, which addresses the three pillars elaborated above:

- Multi-level advocacy
- Strengthened household outreach
- Ignition of community-based approaches to change
- Media support
- Increased availability and affordability of hygiene and sanitation products through private commercial and NGO sector initiatives
- School hygiene and sanitation
- Demonstration latrines and hand washing stations

The Woreda behavior change approach will echo the components of the regional behavior change strategy, and the steps outlined in this Resource Guide prepare the Woredas to carry out the appropriate actions relating to each component, which together will help the Woreda to achieve total behavior change goals.

And lastly, but most importantly, the **STEPS** outlined in this Resource Book that lead the Woreda to adopt the three key hygiene behaviors and end open defecation are embedded in the Health Extension Program. Changing embedded behaviors will depend upon the persuasive and intensive efforts of the Health Extension Workers (assisted by Kebele level political leaders, Development Agents and other Community Resource Persons) and community volunteers as the primary agents of change, working with communities and households to overcome barriers and become open defecation free.

The level of priority accorded to hygiene and sanitation by the Government of Ethiopia is reflected in the weight of sanitation and hygiene in the Health Extension Package and more recently in the Millennium Hygiene and Sanitation Movement.

Getting Started

The Resource Book is divided into **three parts** with a total of **12 steps**. The **12 steps** all reflect key elements laid out in the National Hygiene and Sanitation Strategy and Protocol, the Health Extension Workers Manual, and the Amhara Regional Behavior Change Strategy. The parts are as follows:

Part 1: Preparation at the Woreda Level

1 Preplanning (where seed money can be accessed to cover preparation costs[5])
2 Capacity building (training key personnel in behavior change and mobilization techniques, facilitation, and data collection skills)
3 Baseline data collection and analysis (in all Kebeles and institutions)
4 Mobilizing the "whole-system" through the Whole System in the Room Multi-Stakeholder Meeting for advocacy and consensus on a common action agenda
5 Developing a plan with (expanded) budget for **"ignition"** on multiple fronts and installing institutional latrines and hand washing stations (hardware) for demonstration and use

Part 2: Ignition — Multi-Level Action for Hygiene and Sanitation Improvement

6 Kebele *"*ignition" and action
7 Gott *"*ignition" and action
8 Assuring availability of sanitation and handwashing options
9 Institutional WASH *"*ignition*"* with main focus on schools and health centers
10 Multiplying the messaging through communication and media

Part 3: Support, Monitoring, and Evaluation

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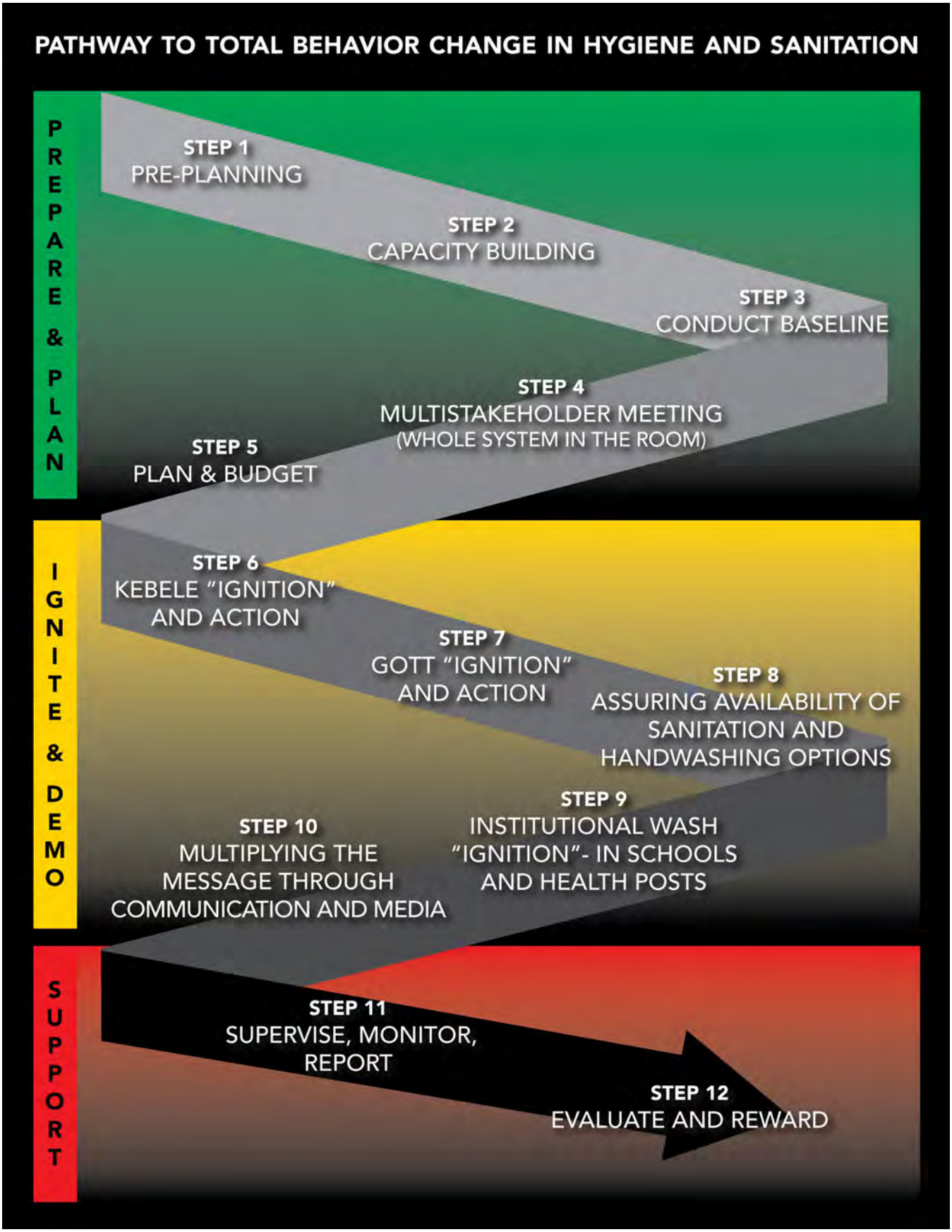
11 Supportive supervision, monitoring, and reporting
12 Evaluation and rewards

[5] The current estimate for the cost of preparation is Birr 60,000.


PATHWAY TO TOTAL BEHAVIOR CHANGE IN HYGIENE AND SANITATION
PREPARE & PLAN
STEP 1
PRE-PLANNING
STEP 2
CAPACITY BUILDING
STEP 3
CONDUCT BASELINE
STEP 4
MULTISTAKEHOLDER MEETING
(WHOLE SYSTEM IN THE ROOM)
STEP 5
PLAN & BUDGET
IGNITE & DEMO
STEP 6
KEBELE "IGNITION"
AND ACTION
STEP 7
GOTT "IGNITION"
AND ACTION
STEP 8
ASSURING AVAILABILITY OF
SANITATION AND
HANDWASHING OPTIONS
STEP 9
INSTITUTIONAL WASH
"IGNITION"- IN SCHOOLS
AND HEALTH POSTS
STEP 10
MULTIPLYING THE
MESSAGE THROUGH
COMMUNICATION AND MEDIA
SUPPORT
STEP 11
SUPERVISE, MONITOR,
REPORT
STEP 12
EVALUATE AND REWARD

Part 1:
Preparation at the Woreda Level

Introduction

Part 1 describes how the Woreda should **prepare** to facilitate Total Community-Led Behavior Change for Hygiene and Sanitation. By conducting a preplanning meeting and preparing an outline plan of action (as guided), selected Woredas[6] can access "seed money" through the national WASH program. This allows the Woreda Health Office to ignite multisectoral (including the key political) commitment (personal, professional, and financial) at the Woreda level. Technical assistance (e.g., training, supportive supervisors) is available in the form of regional, zonal trainers financed by Woreda budget allocations. The preparation steps allow the Woreda to work systematically toward a budgeted plan, which is a prerequisite for the release of the WASH program funds for software and institutional hardware (notably school and health center WASH facilities).

[6] Although the regions have made a priority list of Woredas to receive WASH funds, Woredas can begin the process with their own resources.

Preparation

Step 1 - Preplanning

Task 1.1: Do a Rapid Assessment of the Existing Hygiene and Sanitation Situation

Why?

- To assess the sanitation and hygiene situation in your Woreda and have "facts on hand" in a format that convinces others (particularly political leaders and community members) to commit effort and take action.
- To know your Woreda's starting point to later measure your progress towards the goal of universal access.
- To develop a quick sanitation and hygiene **profile** of the Woreda from existing information and data sources to present at the preplanning meeting.

Who leads?

The Woreda Health Office.

Who supports?

The Woreda sector offices/desks, HEWs, and their supervisors.

Who participates?

The Woreda desks, HEWs, and their supervisors.

Who are the resource persons?

Woreda support group (WSG), Development Agents (DAs), Community Facilitation Teams (CFTs) and others (assistance on demand) where available.

Process and tasks

- Prepare a simple checklist to collect some firsthand and other secondary data and information about the current sanitation and hygiene situation in the Kebeles, including institutions. The sources for this data and information could be Woreda sector offices or NGOs.
- Highlight key issues around known geographical, socioeconomic, or cultural issues relating to areas where coverage is poor and health related problems are high.
- Keep it simple and try to capture the key facts to make a convincing case for action.
- Present these key findings on sanitation and hygiene to the Woreda administrator and convince him/her of the need for action, specifically to call a meeting of the cabinet.

Completion point

- Information is collected, sorted, and tabulated.
- A brief report is prepared for use in the preplanning meeting.
- A simple fact sheet is prepared for hand out.

Tools/ Worksheets

Checklist to prepare preplanning advocacy fact sheet

Type of information to collect	Where from
1. Sanitation coverage by Kebele	Woreda Health Office (WHO)
2. Hand washing stand coverage by Kebele	WHO
3. Type and availability of clean water by Kebele	Woreda Water Resource Office/Agriculture Office
4. Prevalence of under five diarrheal disease in the Woreda	WHO
5. Hygiene- and sanitation-related diseases among the top 10 diseases in the Woreda	WHO
6. Available organizations (NGOs) and human resources that can be used toward promoting hygiene and sanitation behavior change	WHO, Woreda Water Resource Office/Agriculture Office, Woreda Finance Office

Task 1.2: Conduct Preplanning Advocacy Meeting

Why?

- To discuss the issues in a forum where political leaders and sector offices understand the magnitude of the problem, take ownership, commit, and make hygiene and sanitation a key activity and a performance indicator for all Woreda stakeholders.
- To mobilize political leaders and other sector offices to establish a *sustainable community-led behavior change program* in the Woreda.
- To prepare for capacity building, baseline data collection, a Whole System in the Room Multi-Stakeholder Meeting, and planning/budgeting.
- To access *funds* to start the Community-Led Total Behavior Change in Hygiene and Sanitation program.

Who leads?

The Woreda chief administrator supported by the Woreda Health Office.

Who supports?

Sector offices and where available, the Woreda WASH Team.

Who participates?

- All Woreda political leaders.
- Woreda WASH Team (where available).
- Woreda sector office supervisors from water resources, health, agriculture, rural development, education, and women's affairs.

Process and tasks

The Woreda Health Office should:

- Prepare a handout summarizing the rapid assessment with a summary of *the current situation highlighting key hygiene and sanitation problems*, as well as local resources to address the challenges.
- Prepare the agenda and circulate in advance with an "encouraging" letter of invitation.
- Organize your discussion topics.
- Prepare support materials such as handouts, flip charts, and markers.
- Ensure the meeting is held at a convenient time for the cabinet, as this key body will determine whether sanitation and hygiene will be made a priority in the Woreda. The success of this meeting and ultimately the whole process is dependent on robust attendance.
- Invite other key sector stakeholders if approved by the chief Woreda administrator.

The following topics can guide your presentation and support materials:

Access level and impacts

- The current access and use of sanitation and hygiene facilities.
- The impact of poor sanitation and unsafe hygiene practices on people's lives, including the risks and the shame of open defecation.

Organizing for Change in Hygiene and Sanitation (H&S).
Highlight:

- It takes the WHOLE SYSTEM to bring about profound changes. Coordinated and harmonized planning of all actors is essential for maximum impact.
- The importance of organizing and training change agents for H&S at the Woreda and Kebele levels.
- Successful approaches that are possible to encourage behavior change such as: *community-led total sanitation*.
- Household visits by the HEW to negotiate behavior change.
- The benefits of institutional WASH.
- The importance of involving the private sector, small artisans, common and uncommon partners (the whole system).
- The importance of bringing aboard all Woreda stakeholders through the Whole System in the Room Multi-Stakeholder Meeting.
- The role of modeling behaviors through demonstration latrines and hand washing stations and having key leaders "loudly" adopting the key practices themselves.
- That essential skills can be built with support from the regional or the zonal trainers (see Training Manual)[7], including how to:
    - Collect, collate, and analyze data and make it coherent
    - Plan and manage the process
    - Facilitate sustainable behavior change
    - Supervise, monitor, and evaluate

The Way Forward

- Review the pathway to total sanitation and hygiene based on the steps in this Resource Book.
- Highlight the importance of planning with clear steps, responsibilities, and outputs.

Budget

- Remind your audience that funds for promotion (ignition) and construction of facilities are available, particularly school latrines and hand washing facilities.
  Mention the need for a realistic budget (based on the Financing Needs Assessment[8] and the UAP—Universal Action Plan[9]).

[7] Training for Community-led Total Behavior Change in Hygiene and Sanitation, Facilitator's Guide, Amhara National Regional State Bureau of Health, WSP-AF and USAID/HIP, 2008.

[8] Needs assessment to achieve Universal Access to Hygiene and Sanitation by 2012, Federal Democratic Republic of Ethiopia, Ministries of Health, Water Resources, Education and Urban Development, European Water Initiative and WSP-AF, 2007.

[9] Funds are available through the national WASH program for hygiene and sanitation under the headings: software; hardware; capacity building; water quality monitoring; and supervision, monitoring, and evaluation.

Future Actions

- Organize the "next steps" for individual and collective action. Discuss actions, dates, and key players.

Document the meeting/take "minutes"

The minutes from the preplanning meeting should be documented with responsibilities for future actions, timeframe, and outcomes clearly stated. The minutes serve two purposes:

1. Prepare the framework for action against which WASH seed money can be released.
2. Make a record for future reference—recording the cabinet's commitment.

What resources do we need?

Description	**Costs …** *fill in*
Venue	
Refreshments	
Allowances	
Transport	
Technical Assistance	
Stationery (flip chart, marker)?	
Total	

Completion points

- Invitation letters sent on time, venues arranged.
- Reminder calls or visits to ensure robust attendance of key people.
- Meetings held and agreements reached on how (technical, financial/seed money) and when to proceed with training and ignition program.
- Preliminary plan and budgeting completed for capacity building, baseline data collection.
- Whole System in the Room Multi-Stakeholder Meeting.
- Full planning and budgeting with clearly designated roles and responsibilities for the next steps.

Preparation
Step 2 - Capacity Building

Task 2.1: Prepare for Training

Why?

- To prepare Woreda resource people such as Health Extension Workers, Development Agents, Health Extension Program supervisors and Woreda WASH Team members for the steps ahead by assuring mastery of the "key competencies" for carrying out the steps to Community-Led Total Behavior Change in Hygiene and Sanitation.
- To learn innovative and effective skills in facilitating hygiene and sanitation behavior change.
- To provide trainees with essential skills to collect, manage, and use data.

Who leads?

Woreda Health Office, Woreda WASH Team

Who supports?

Woreda Sector Offices

Who are the resource persons?

Regional/Zonal skills facilitators, Woreda support group (WSG – where available), NGO partners (assistance on demand).

Process and tasks

Once the Woreda Health Office reaches consensus with the Woreda cabinet that hygiene and sanitation are key issues for the Woreda, the next task is to train health and development resource persons in the Woreda to ensure they have the skills to carry out essential tasks. The following preparatory activities need to be carried out:

1. Determine a date and place when and where training is going to be held.
2. Communicate and request support/resources from regions or zones.
3. Prepare venue, stationery, refreshment, allowances.
4. Prepare handouts, working sheets, demonstration/exercise materials.
5. Prepare training program and topics and send out to participants with the invitation letter:
    - Skills development for Community-Led Total Behavior Change for Hygiene and Sanitation.
    - Data collection analysis and management for planning.
    - Whole System in the Room Multi-Stakeholder Meeting.
    - Construction of simple and functional demonstration traditional pit latrines built from locally available materials and with local skills.
    - Construction of adjacent hand washing stands with appropriate locally available water containers (calabash, clay pot, plastic bottles etc.), and ash.

Who will conduct the training?

The Woreda Health Office is encouraged to request the support of regional or zonal facilitators or Woreda support groups (OUTSOURCING) to conduct the training, or use this Resource Book and the referred manuals that go along with it to conduct the training themselves. To build local capacity, it is important to involve resources from zones whenever available, so that Woreda facilitators can strengthen their own skills in the areas of data collection and behavior change. Then they may more competently replicate trainings at a future date and support (supervise) HEWs and other community staff when they attempt to carry out data or behavior change activities.

Regional or zonal facilitators will take a training-of-trainers approach to ensure that Woreda capacity in facilitation is strengthened, as well as help train the first cadre of participants using seasoned facilitators who have demonstrated competencies in the key skills areas.

Who will be trained?

No	Participants Category	No. of participants
1	Health Extension Workers	2 per Kebele
2	Development Agents (natural resources)	1 per Kebele
3	Health Extension Program supervisors	all HEP supervisors stationed in the Woreda
4	Woreda WASH Team (where available)	1 each from agriculture & RD, health, water, education, woreda finance, women's affairs
5	NGOs engaged in WASH operating in the Woreda	all available
6	Cluster health center	1 per health center
7	Community Facilitation Teams (where available)	3
	Total*	80

** Total participants depend on the number of Kebeles in the Woreda. This example is estimated for a 20 Kebele/Woreda session.*

What resources do we need?

Description	Cost Estimates *
Venue	Approximately birr 800
Refreshments	Approximately birr 3,200
Allowances	Approximately birr 32,000
Transport	Approximately birr 800
Technical Assistance	Approximately birr 1,400
Stationery	Approximately birr 700
IEC materials/kits/handouts	Approximately birr 1,100
Total Estimated Birr	41,000

** Based on a 20 Kebele/Woreda participation*

Completion points

1. Adequate preparation made—venue, logistics, participants, training and support materials.
2. Invitation letter with program sent to participants well in advance.
3. Training resources requested, booked, and completed.
4. Demonstration latrines and hand washing stations constructed.

N.B. it should be possible for Woredas to obtain informal advice by phone.

References

Training for Community-led Total Behavior Change in Hygiene and Sanitation, Facilitator's Guide, Amhara National Regional State Bureau of Health, WSP-AF and USAID/HIP, 2008

Task 2.2: Conduct Training on Community Led Total Behavior Change in Hygiene and Sanitation

Why?

- To learn new, innovative, and effective skills to change hygiene and sanitation behaviors.
- To build competencies in data collection and management of Woredas.
- To prepare change agents for Woreda and Gott and school ignition ignition—the launch of total behavior change activities.

(*Note: There is no particular connection between the two data collection and behavior change training activities except that the two are part of your preplanning activities and are suggested to be organized "back-to-back" for logistic reasons*.)

Who leads?

Trained Woreda facilitators (Woreda Health Office, Woreda WASH Team members), zone or regional trained facilitators

Who supports?

Woreda Sector Offices

Process and tasks

In any one ignition training program for one Woreda, the number of participants ranges from 60-73 depending on the number of Kebeles in the Woreda. Because this number is too large for practical, interactive training, it is recommended that participants be divided into two smaller groups:

a. Behavior change (including school ignition) trainees
b. Data collection/management, planning and budgeting trainees

Before dividing the group, conduct the plenary as follows:

a. General introduction
b. Training objectives
c. The Regional Behavior Change Strategy and each participants role in achieving universal access and total behavior change
d. The Pathway for Achieving Total Behavior Change in Hygiene and Sanitation

Now, divide the group into two, and each smaller group participates back-to-back in both trainings.

Logistic and training details are provided in the Training Manual: Training for Community-led Total Behavior Change in Hygiene and Sanitation, Facilitator's Guide, Amhara National Regional State Bureau of Health, WSP-AF and USAID/HIP, 2008.

Group A. The behavior change approach brings together several methodologies into an innovative hybrid:

Community-led total sanitation is a technique that mobilizes communities around shame and disgust of open defecation practices that lead to ingesting our own feces. An "ignition moment" comes when communities commit to end open defecation, to regularly wash hands, and to keep the environment feces free.

Negotiation behavior change or MIKIKIR (in Amharic) reinforces community commitment through intensive support to households. Inherent to the MIKIKIR is the notion that people must "work up" to ideal hygiene and sanitation practices by starting with "small doable actions" that build on existing resources and practices. These small doable actions may not be ideal, but they are feasible and still have a positive impact at the household and public health level. To negotiate behavior change, home visitors must assess current practice, negotiate, and problem solve with householders who agree to "try" an improved practice. Subsequent visits help to reinforce and problem solve, moving more towards the ideal over time.

Change agents need to possess a range of skills to support change in communities and households and need to convincingly facilitate change. To build needed competencies, trainees will cover the following topics *(*see *Training for Community-led Total Behavior Change in Hygiene and Sanitation, Facilitator's Guide,* available as auxiliary support materials to this Resource Book*)*:

a. Factors that most influence behaviors
b. Community-led total sanitation—how to "ignite" a community to reach 100% sanitation and hand washing practice
c. Products and services that affect the practice of key behaviors
d. Household level behavior change—identifying and negotiating "small doable actions" for hygiene and sanitation improvement MIKIKIR

Remember, facilitation matters in Total Behavior Change in Hygiene and Sanitation!!

- The skills and the tools required for facilitating behavior change at the community and household level are new to everyone.
- The Health Extension Workers will need the new skills, a good knowledge of the tools, and your supportive supervision to use the skills effectively.
- Supervisors need to know how to do it themselves so they can support correct implementation.

Group B. The data collection trainees will cover the following topics (see *Training for Community-led Total Behavior Change in Hygiene and Sanitation, Facilitator's Guide):*

a. Why data collection?
b. Methods of data collection
c. Analysis
d. Tabulation, making graphs, and displaying
e. Simple mapping
f. How to use data and the importance of feedback

Tools

A. Tools for Community Ignition

Tool 1: **Transect Walk**—"The Walk of Shame" bringing open defecation into the open.

Tool 2: **Village Mapping**—Identifying where people defecate, urinate, bathe, wash, shop, play.

Tool 3: **Feces Calculation**—How much feces do we generate?

Tool 4: **Pathways to Fecal Contamination**—When openly defecating, where does it all go? How do flies and fingers amplify the problem of fecal contamination?

Tool 5: **Glass of Water Exercise** Are we really drinking and eating our own feces? The *"ignition"* moment, catalyzing shame, disgust, and pride for a commitment to action.

B. Tools for Community Empowerment and Action
(all described in the above manuals)

Tool 6: **Group Discussion/Focus Groups**—to discuss and find out why people perform current behaviors and to identify the risky behaviors.

Tool 7: **Coffee for Health Club Program**—an empowerment program for neighborhoods to regularly sit together to discuss H&S issues and draw action plans.

Tool 8: **Community Conversation Program**—an empowerment program where the Gott people examine their hygiene and sanitation, especially latrine construction plans

Tool 9: **Sanitation Cleanup Campaign**—where communities (young or old, men or women) go out once a month to do cleanup work.

C. Tool for Negotiating Improved WASH Practices at the Household Level

Tool 10: **MIKIKIR Job Aide for Negotiating Improved Sanitation and Practices in the Home**—this tool helps HEWs and other home visitors assess the current practice of the key behaviors and then "negotiate" a few "small doable actions" that the householder is willing to try to improve their hygiene and sanitation behavior. Over time, householders move "up" to more ideal hand washing, feces disposal, and water management practices. Though designed specifically as a job aide for the HEW, the tool can be stored in the household inside the Family Health Card for ready access at every visit to the household. It is NOT designed as reminder material for householders themselves, rather as a job aide for HEW and community volunteers.

D. Tools for Data Collection *(found in Step 3: Baseline Data Collection)*

- What, why, and how of data collection
- Detailed data collection instrument

Completion point

- The necessary manuals, work procedures, ignition tools given to trainees.
- Baseline data collection need and task explained and tools distributed.
- Training outcome report prepared.
- Training successfully conducted.
- The key actors—the HEW, WWT, Health Extension Program supervisors, and DA are familiar with and able to:
    - Appreciate the importance of safe excreta disposal and hand washing in the health and well-being of the community.
    - Appreciate the importance of baseline data collection and management.
    - Explain why a focus on behaviors leads to more effective hygiene improvement.
    - Identify factors other than knowledge and awareness that influence the practice of H&S behaviors.
    - Explore current practice and risk.
    - Carry out community mapping, a transect walk, a feces calculation, and the “ignition” process.
    - Identify factors, barriers, and facilitators of current and ideal practice.
    - Facilitate community actions for total behavior change in H&S: coffee for health clubs, community conversations, song/drama contests, banners, adult patrol and fines, incentives/awards.
    - Facilitate home visits to improve existing WASH practices.
    - Negotiate with householder to try a few “small doable actions”—feasible and effective behavior based on their current context.
    - Set up demonstration latrines and hand washing facilities.
    - Build a “tippy-tap” (a water saving hand washing device).
    - Complete a WASH Motivator Card and describe how it facilitates a focus on behaviors.
    - Relate these “new” skills and approaches to their current professional approach.
    - Relate these new skills to existing approaches like PHAST.

References

- *Community-led Total Behavior Change in Hygiene and Sanitation, Handbook for Health Extension Workers and Other Resource Persons*
- *Training for Community-led Total Behavior Change in Hygiene and Sanitation, Facilitator's Guide*
- *The Amhara Regional Behavior Change Strategy*

Preparation

Step 3 - Baseline Data Collection & Analysis

Task 3.1: House-to-House Data Collection

Why?

- To establish an informal baseline measure prior to implementing interventions.
- To determine the number of households conforming to a minimum sanitized and hygiene standard, (e.g., do they have all family members using latrines and hand washing stations).
- To use the data to prepare an advocacy package for the Whole System in the Room Multi-Stakeholder Meeting.
- To use the data to build a hygiene profile of the Woreda.
- To use the data to prepare strategic plans for Woreda WASH.

Process and tasks

- Woreda Health Office duplicates adequate amount of data collection formats (refer to data collection tools 1.1 and 1.2).
- Woreda Health Office strategizes on how and when to collect the data.
- Woreda Health Office seeks participants at the Kebele level that would support data collection (VCHP, CFT, schools, etc.).
- Health Extension Workers after training should seek support at the Kebele level to assist in data collection through household visits.

Task 3.2: Woreda Supervises Data Collection and Collates Data

Why?

To ensure the quality of the data and analysis.

Timing

2-3 weeks after ignition training

Who leads?

Health Extension Workers

Who supports?

Health Extension Program Supervisors, school teachers, CFTs (where available), Development Agents, Kebele administration, and Kebele managers.

Process and tasks

- Each Kebele collects data.
- Health Extension Program supervisors provide supportive supervision and verification/quality assurance.
- Woreda Health Desk will aggregate and analyze data together with one representative of HEW.
- Woreda Health Desk will prepare report for use in the Whole System in the Room Multi-Stakeholder Meeting.

What resources do we need?

Description	Estimated Costs
Allowances (supervisors)	
Transport for supervision (fuel)	
Technical assistance	
Stationery (data sheets)	
Total for Woreda	

Completion point

- Accurate Kebele data collected, analyzed, and aggregated for use in the multi-stakeholder meeting and baseline.

Tools/ worksheets

Listed on next few pages

Household (HH) Sanitation & Hygiene Data Collection Formats (Tool 1.1)

HH sanitation																												
HH No	Name of HH head	Occu-pation of HH head	Educa-tion of HH head	Gen-der HH head		No of HH members	No of children		La-trine Y/N	**Technical condition:** Does latrine have											Is it		**Use**			Do you use la-trine yes/ no
				M	F		> 1	> 5		roof	wall	Slab		Ven-tila-tion pipe	Hole cover	Slant toward hole	Door	Current depth to slab >50cm yes/no	Double pit		First	Replac ement	Is there a path	Evid-ence of anal cleans-ing	Is there a smell	
												wood	Con-crete														

HH sanitation continued							
Sanitary condition							
30m from water point	> 6m from kitchen	Wind direction away from dwelling	At the back of dwelling	Is latrine free from waste	Is latrine free from flies	Is there a container for disposing of children's feces	

HH hygiene practices																
HH No	Is there HWF Y/N		If yes,			Is there narrow necked water container? Y/N	Is it covered by a lid? y/n	Is there a ladle next to it? Y/N		Is water treat-ment practiced Y/N	If yes what type – (to be shown to interviewer)			Source of drinking water	
			Is HWF next to latrine y/n	Is there water inside y/n	Is there a detergent y/n						Water purifier	boiling	Water Guard	Unprot ected source	protected source

Gott HH Sanitation & Hygiene Registration Book

Gott reporting format – format for registration book – start each Gott with a new page																	
Gott Name:																	
HH No	HH Name	Part of Health Extension Program		Latrine		If yes: first latrine?		If yes: Type				Used Y/N	HWF available Y/N	Detergent available and water inside Y/N	Narrow necked container	Lid covering container	Water treatment practiced	
		Y	N	Y	N	Y	N	Traditional no slab	Traditional with slab	VIP	Double pit							

Kebele Data Collection Sheet (Tool 1.2)

Kebele Name/number	1	2	3
Demographic			
Total Population # – adults (gender/age) # – children (gender/age)			
# of households			
Organizational			
Does Kebele have: 0, 1, 2 trained Health Extension Workers? Development assistants?			
Is there an active supervisor for extension workers?			
How many community health promoters?			
Are there Nongovernment Organizations working in the Kebele on sanitation and hygiene? Give contact details.			
Is there a water supply project planned, ongoing, completed?			
Sanitation and hygiene information			
# of households who practice open defecation			
# of households with a traditional latrine			
# of households with an improved latrine			
# of households with hand washing facility			
# of households washing hands at all 4 critical times			
# of households protecting their drinking water			
Health Status			
Are diarrhea, worms, skin, & eye infections in top 5 reported diseases? Y/N			
Has Kebele experienced outbreak of acute watery diarrhea in last 2 yrs? Y/N			
Change Status			
Have Kebele residents participated in other behavior change projects?			

Woreda Data Collection Sheet (Tool 1.3)

Woreda Name -			
	#	Total	%
Demographic			
Total Population – adults (gender/age) – children (gender/age)			
Total # of Kebeles			
Total # of households			
Organizational			
% of Kebeles with 2 trained Health Extension Workers % of Kebeles with Development Assistants			
% of HEWs being supervised			
% of Kebeles with "active" community health promoters			
% of Kebeles with Nongovernmental Organizations working on sanitation and hygiene (list with contact details)			
% of Kebeles with water supply projects: planned, ongoing, completed			
Sanitation and Hygiene Information			
# & % of households that practice open defecation			
# & % of households with a traditional latrine			
# & % of households with an improved latrine			
# & % of households with hand washing facility			
# & % of households washing hands at all 4 critical times			
# & % of households protecting their drinking water			
Health Status			
Top 5 diseases: diarrhea worms skin eye infections			
Change Status			
Demonstrated willingness to change (other behavior projects)			

Institutional Data Collection Sheet

Public Sanitation Facilities in Kebele Data Collection **Tool 2.1**

Region:…… Zone: …….. Woreda:…….. Kebele:……...

Public Institutions Sanitation & Hygiene page 1																			
General		**1 Latrine hardware**																	
Gott name	Name and type of institution	**Type of latrine**					**Technical condition:** Does latrine have							Total No. of stances	Separate stances for women		Is it first latrine ?	
		Traditional			VIP	Others/ specify	Hole cover	If concrete slab: slant toward hole	roof	wall	door	Size of squat hole (cm by cm)	Depth from feces to slab >50cm		Y	N	Y	N
		Wood slab	Mud slab	Concrete slab															

Public institutions include health posts, health centers, Kebele administration, churches, mosques, food and drink establishments, religious schools, informal kindergartens

Name of Data Reporter_____ Title of Reporter_____ Date of Reporting_____ Signature_____

Preparation

Step 4 - "Whole System in the Room" Multi-Stakeholder Meeting

Task 4.1: Prepare for the Meeting

In order to achieve Total Behavior Change in Sanitation and Hygiene the key Woreda stakeholders, namely the Woreda political leaders, faith-based and community-based organizations, Kebele political and administrative workers, associations, Kebele school directors and others need to go through a process TOGETHER to recognize that the current level of sanitation and hygiene is unacceptable; agree that it is a priority; and be willing to act TOGETHER—committing Woreda resources and coordinating other local resources.

Why?

- To have a well-prepared evidence or advocacy package (water, sanitation, hygiene access levels, impacts of poor sanitation on health, as well as available local resources for partnership and improvement).
- To persuade stakeholders of the desperate need for improved sanitation and hygiene based on the evidence found and/or advocacy package.

Who leads? Woreda Health Office

Who supports? Woreda administrator

Process and tasks

- Prepare the advocacy package with one or two page summary handout to stakeholders.
- Identify the venue considering the number of stakeholders invited; venue should not be crowded.
- Recruit skilled facilitators from zones or regional health bureau.
- Prepare and send invitation letters/create banners.
- Prepare logistics—venue, refreshments, transport (if needed), materials.

Who will be invited?

No	Stakeholders Category	Number *
	Woreda Level	
1	Woreda cabinet members	14
2	Religious leaders	3
3	NGOs working on WASH	1-2
4	Training institution	1-2
5	Town managers	1
6	Woreda WASH Team	6
7	Woreda sector experts/supervisors	4
	Kebele Level	
1	Kebele administrator	1/Kebele
2	Kebele manager	1/Kebele
3	Health Extension Workers	1/Kebele
4	Development Agents	1/Kebele
5	Kebele based HEP supervisors	1/kebele
6	School directors	1/Kebele
7	Respected elders	1/Kebele
8	Respected elders	1/Kebele

** Total # for a Woreda with 20 Kebeles will be about 170 people.*

What resources do we need?

Description	Estimated Costs *
Venue (hire)	Approximately birr 100
Refreshments @ 8 birr /person	Approximately birr 1,360
Allowances @35 birr/day/person	Approximately birr 5,950
Transport @10 birr /person	Approximately birr 1,700
Technical assistance @70 birr/day/person	Approximately birr 210
Stationery (workshop packs) @7 birr/person	Approximately birr 1,190
Banners (for 20 Kebeles)	Approximately birr 2,000
Total	**12,510**

** Based on 20 Kebele Woredas and 170 invited stakeholders*

Tools/ worksheets

Toolkit for At Scale Hygiene and Sanitation Improvement in Amhara Region, including detailed guidance on organizing a Whole System in the Room Workshop available at Amhara Regional Health Bureau Resource center

Task 4.2: Conduct Woreda Whole System in the Room Multi-Stakeholder Meeting

Why?

- To strengthen networks and partnerships.
- To build consensus on the way forward for coordinated planning and action.

Who leads?

The Woreda Health Office requests technical assistance (skilled facilitators).

Who supports?

Woreda administration, sector offices, zonal/regional facilitators, and Woreda support groups (where available)

Process and tasks

- Plan dates and time, list names, and invite workshop participants for a one-day WSR meeting.
- Prepare venue, the necessary audiovisual, handouts, and other support and facilitating materials.
- Prepare an advocacy document to introduce the importance of "at-scale" behavior change for improved hygiene and sanitation.

Tools/ worksheets

Tool 1: Whole System in the Room Multi-Stakeholder Meeting (WSR) Guide

What is a Whole System in the Room Meeting?

The Whole System in the Room (WSR) Multi-Stakeholder Meeting is a technique for involving all key stakeholders in a change process that they own and shape. It brings together decision-makers and leaders from many sectors (both formal and informal)—government and political leaders, faith-based organizations, community resource people, women, youth, teacher, associations, NGOs, and donors to participate in a series of joint activities. By bringing the "whole system" into one room, participants agree to put aside differences and agree to a common goal. Together, they develop a common action agenda and commit to their part—-both personal and institutional—in carrying out the agenda. It provides a forum where representatives of diverse sectors and stakeholders can:

- Analyze the current reality; decide on needed changes.
- Develop a common vision about the issue.
- Generate ideas about how and what to change.
- Commit to short-term (months) and long-term (years) implementation plans towards the common vision.
- Enhance and increase partnerships.

Why a Whole System in the Room Multi-Stakeholder Meeting?

- **People will support what they help create.** When people are involved in the decision-making process, they will carry it out faster and with less resistance.
- Multi-stakeholder meetings bring together the **right** people who have the **right** information, skills, and commitment to make the **right** choices and changes.
- Stakeholders know where they stand, partnerships are built, and common goals identified.

Sample WSR Workshop Agenda

The workshop agenda will include the following:

- Welcome and objective setting.
- Introductory presentation on the "three pillars and three behaviors."
- Short presentation on the "pathways" to improved H&S in the Woreda.
- Water, sanitation, and hygiene report by Woreda water and Health Office heads.
- Kebele water, sanitation, and hygiene reports by Health Extension Workers.
- Films that would help mobilization.
- Group work: self assessment of WSR participants in relation to the three critical behaviors (hand washing, excreta management, safe handling of water) and envisioning improved situation.
- Open discussion on the issues pertaining to poor sanitation and hygiene in the Kebeles.
- Development of common ground and a co-coordinated action plan for the Woreda.
- Agreement on a common organization to facilitate WASH tasks at the Kebele level.
- Creation of targets and distribution of banner/sign for commitment.

Example of Group discussion guides:

- What is changed with respect to population, sanitation, health conditions in your community in the last 20 or 30 years?
- How do you like your community's environmental and sanitation condition, the people's health etc be in the next few years?
- What would be your role and action to make your dream a reality in your community?

Exemplary Woreda Action Plan as a Result of WSR

- Each Kebele will form a Kebele Ignition Team (KIT) or strengthen existing committees with similar objectives (for example development committee) to follow and mobilize the Kebele population for improved hygiene and sanitation.
- Each Kebele will select volunteers from each Gott to be trained in hygiene and sanitation.
- The Woreda cabinet will distribute the Kebeles to cabinet members so that they follow up and support the activities of hygiene and sanitation in each Kebele.
- All multi-stakeholder meeting participants will be role models for their neighborhoods in that each (if they do not already have) will construct proper latrines and hand washing facilities.
- All participants will give due consideration for improved hygiene and sanitation.
- All Kebeles will work to mobilize communities to finish started latrines and to start new ones.
- All Kebeles will mobilize their communities to improve the sources of water, use jerry or other water storage devices to avoid contamination at home, and encourage the use of WUHA AGAR for water treatment at point of use, especially those communities with pond and protected water supplies.

Tool 2: The Pre-Prepared Banners

Achieving Community-Led Total Behavior Change in Hygiene and Sanitation requires that Woreda, Kebele and Town leaders publicly commit to total behavior change and support community and household actions. Households should receive "messages" everywhere they turn—at schools, markets, health centers, churches, and neighbors' houses, and feel that the "social norm" supports hygiene and sanitation improvement. This means they feel "pressure" from those important to them to "do the right thing"—no more open defecation and adoption of feces free communities, latrine use, and hand washing. Public banners can have the effect of demonstrating all-out commitment and motivating and maintaining peer pressure for total behavior change.

The banner is received by the Kebele and town administrators from the Woreda administrator. It reflects stakeholder commitment of the WSR meeting and encourages accountability of the local leadership.

Examples of banner slogans, written in Amharic, can read:

We will organize and mobilize each and every member of our Woreda/Kebele/town so that they will:

- ***Use proper and clean latrines with hand washing facilities***
- ***Use clean and safe water***
- ***Live in a clean and healthy environment***

-or-

- ***Be proud, be responsible!***
- ***No more open defecation***
- ***Use proper and clean latrines with hand washing facilities***

The banner is displayed outside the offices of the Woreda administrator, Kebele administrator, and the town administrator.

Completion point

The Woreda stakeholders have:

- Been exposed to the facts behind hygiene and sanitation problems in each Kebele in the Woreda.
- Discussed the issue thoroughly and made sanitation and hygiene their common agenda.
- Accepted the banner declaring Total Community-Led Behavior Change for Hygiene and Sanitation.
- Made an outline plan of action.
- Assigned clear roles and responsibilities.
- Arranged launching ceremony with presentation to the Woreda council.

Preparation
Step 5 - Develop a Plan and Budget

Task 5.1: Prepare Plan for Budgeted Activities

Woredas must have a budgeted plan for hygiene and sanitation to receive funds under the WASH program. All Woredas have been advised by the Ministry of Health to include sanitation and hygiene as part of routine annual health sector planning and budgeting[10].

Why?

- To comply with conditions for funding.
- To develop a budgeted plan for "At-Scale" Hygiene and Sanitation Promotion based on the WSR agreements.

Who leads?

The Woreda cabinet headed by the chief Woreda administrator

Who supports?

The Woreda Health Office and other Woreda sector offices, HEW supervisors, and HEWs

Who participates?

Woreda H&S stakeholders (Kebele managers, Kebele administrators, selected Kebele residents)

Who are the resource persons?

Woreda support groups (where available) and regional/zonal planning experts

Process and tasks

Complete an action plan with budget according to guidance provided by the MOH health core planning process and the WASH program implementation manual.

The format to follow for planning may include:

- Background
- Woreda WASH situations
- Strengths and opportunities for the Woreda
- Stakeholder analysis
- Core strategies
- Activities with time lines—a realistic scenario for a Woreda-wide and comprehensive promotion program (covering all villages and Gotts)
- Budgets with sources—including sources of nongovernment partners

[10] Giving the high priority for improving hygiene and sanitation was emphasized at the 2007 Annual Health Sector Review Meeting. Hygiene and sanitation was adopted to be part of the Health Sector Core plan. It was further endorsed with the launch of the Millennium Sanitation Movement.

What are the fundable tasks?
Fundable tasks include a financing needs assessment, which has components based on the National H&S Strategy and Protocol, covering:

1. **Software/promotion:** resources already developed and available from the region include:
- Toolkits for Health Extension Workers: PHAST picture cards, MIKIKIR Job Aide for Negotiating Small Doable Actions, how to make a tippy-tap instructions
- Flags, banners
- School clubs
- Worksheets
- Advocacy and public events
- Planning meetings

2. **Capacity building**
- Facilitator fees
- Allowances
- Stationery and materials
- Quarterly supervision, monitoring, reporting, and planning

3. **Hardware—products and services**
- Technical options and services study
- Equipment and training for artisans
- Demonstration hardware (sample latrines and hand washing stations)
- Institutional sanitation facilities (especially schools and health centers)
- Alliances with private sector to produce affordable products and services

4. **Water quality monitoring**
- Water testing kits
- Chemicals and reagents

5. **Supervision, monitoring, and evaluation**
- Transport and allowances

The Woreda WASH Team makes the plan to reflect the needs of the village, Kebele, and Woreda level according to the table on the next page.

Further reading

Need assessment to achieve Universal Access to Hygiene and Sanitation by 2012
Step 5 “Financing Improved Hygiene and Sanitation” in the National H&S protocol

Completion points

- The Woreda has developed a clear plan for facilitating “at scale” behavior change.
- The plan has clear objectives and tasks within a realistic timeframe and budget.
- It reflects achievable hygiene and sanitation priorities.
- The plan and budget are approved by the Woreda council with funds committed.

- The Woreda WASH Team formalizes and plans for quarterly multi-sectoral coordination meetings to report on quarterly progress and plan/budget for the next quarter.

Tools/ worksheets

Illustrative budget items and summary budget sheet below. Detailed Excel spreadsheets available from the region in electronic CD format for Woredas to modify and "fill in the blanks."

Illustrative Budget Items

Budget Line	Gott/Village	Kebele	Woreda
Software	***"Ignition"*** Advocacy	***"Ignition"*** advocacy PHAST toolkits and picture cards Banners Advocacy and public events	Allowances (per diems for visits) ***"Ignition"*** advocacy Media: radio, posters, flags School clubs Planning and review meetings
Capacity building	Volunteer training Drama groups	"Action team" training Teacher training School health clubs	General capacity building (skills, tools, and artisan training)
Hardware		Artisan support Model latrines and hand washing stations Health post latrines and hand washing facilities	Equipment and training for artisans Funds for technical option trials, demonstrations, institutional latrines, and hand washing facilities
Water quality[11] monitoring			Test kits Chemicals Surveillance
Supervision, monitoring & evaluation	Village plan/map	Supervision & monitoring	Supervision & monitoring
Rewards	Household flags to advertise achieving H&S standards	Village awards for achieving ODF status	Kebele awards for achieving "tsidat" status Staff performance

[11] Source improvement such as fencing springs or hand pumps are covered under the WASH budget.

Summary Budget Worksheet

Amhara National Regional State Health Bureau
Illustrative Budget Breakdown for H&S Promotion & Institutional Sanitation
For an exemplary Woreda

Activity Description	Estimated Budget
1 H&S Promotion, training capacity building	
1.1 Preplanning meeting (Refreshment and Stationary)	400
Total	**400**
1.2 Human Resources Capacity building (perdiem, fuel,materials etc)	
* CLTBCHS training to HEWs, DAs, etc	66,665
* TOT training to HEWs to train VCHP	7,960
* Establishment and training of school sanitation clubs	4,845
* Training of teachers in H&S	25,950
* Training of school management committee and PTA	5,520
* Refreshment training and evaluating progress	14,710
* Training Materials	
* rsource book	4,197
Kebele and Gott ignition and action manual	4,197
* VCHP training manual	1,700
* Ignition training/facilitators guide	391
*Participants source book	1,717
* MIKIKIR cards	25,000
* Posters/IEC materials/banners	10,000
* School reading materilas	4,350
Total	**177,202**
1.3 Situational Analysis /Baseline (Perdiem, fuel, stationary)	**4,250**
1.4 Advocacy/consensus building through WSR (perdiem, transport etc)	**34,498**
1.5 Planning and budgeting for H&S (expert perdiem, refreshment, stationary etc)	**5,440**
1.6 Kebele ignition and Action	
* Establishment of Kebele Ignition Team	**-**
* Selection of VCHP	**-**
1.7 Gott Ignition and Action (perdiem supervisor from woreda, transport)	**2,840**
1.8 Assuring sanitation and hand washing options	**-**
1.9 Communication through media	**-**
1.10 Evaluate and reward	**7,360**
Total	**54,388**
2 Supportive supervision/follow-up/Monitoring	
* woreda follow-up/ supportive supervision	4,750
* Annual woreda review meeting	36,800
Total	**41,550**
3 Capacity building, equipment	
* Vehicles, motorcycles	
* computers	
* Visits/external training	
Total	
4 Water Quality Surveillance	
* Portable "potakit"for bacteriological,nitarte etc testing	67,590
* Autoclave to sterlize sampling bottles	18,000
* 12 sampling bottles, glass with screw cup	600
* training on the rationale, sampling and transporting water samples	1,280
Total	**87,470**
5 Institutional sanitation facilities	
Schools	
* VIP latrine stomne lined with upper 1 mr.built with cement mortar wood and chika wall, CIS roof with 4 seats	555,000
* PVC 3 mters for vent pipe	6,000
* 20ltr metal tank for hand washing	20,000
* latrine rehabilitation	126,259
* Minimedia supplies	250,000
Health Facilities	
* VIP latrine stomne lined with upper 1 mr.built with cement mortar wood and chika wall, CIS roof with 2 seats	138,750
* PVC 3 mters for vent pipe	1,500
* 20 ltr metal tank for hand washing	5,000
Total	**1,102,509**

Where Are You Now?

PART 1, STEPS 1 – 5 in this book have described the preparation and planning phase at the Woreda level.

At this stage you should have:

• Full stakeholder support and commitment to action.	✓
• A costed-out plan for working towards Total Behavior Change in Sanitation and Hygiene.	✓
• Adequate funds to support the ***ignition*** of Kebele, village, and schools.	✓
• The necessary skills to facilitate behavior change and achieve universal improved sanitation and hygiene.	✓
• Developed the appropriate toolkits, worksheets, and/or handouts	✓
• **Suggestions?**	

You must now complete 5 more STEPS

STEP 6: Kebele "ignition" and action—prepare the Kebele to support the community.

STEP 7: Gott "ignition" and action —support Health Extension Workers to ignite communities.

STEP 8: Technology options—supply of affordable hand washing and sanitation options for households and institutions.

STEP 9: Institutional WASH "ignition" (focus schools, health centers).

STEP 10: Multiplying the message through communication and media.

Part 2:
Ignition and Action

Introduction

Ignition means action! The “ignition” process in the Kebeles, Gotts, and institutions is the key part of the change process, and by this point in the process, HEWs and Health Extension Program supervisors have the skills and funds allocated for both the software and hardware elements.

The process begins at the Kebele level with the formation and training of a Kebele Ignition Team (KIT) and Volunteer Community Health Promoters (VCHPs) that will support the HEW in the Gott ignition and follow-up process. The Kebele leadership has been well represented in the Whole System in the Room process. The banner should be on display and Health Extension Workers primed for action. The air should be electric! People are committed and poised for action.

The Kebeles and Gotts are ignited through a set of reinforcing tasks and tools. They commit to Community-Led Total Behavior Change for Hygiene and Sanitation with the first goal of ending open defecation. Through house-to-house visits and skilled negotiation they then agree to adopt a set of doable behaviors around safe feces disposal, hand washing, and drinking water protection. Community sessions reinforce commitments and increase partnerships to support each other individually and institutionally.

While this ignition process is proceeding, the Woreda is facilitating the development of domestic and institutional latrine, hand washing, and safe drinking water technologies. This will involve considerations of consumer choice matched with affordability, environmental suitability, and production potential. The focus remains on traditional latrines made from locally available materials.

Institutional options will also be developed for schools, health centers, and market places to reflect issues of sustainability, which mainly revolve around a compromise between durability and longevity (focusing on emptying). MOH in collaboration with the Ministry of Education and UNICEF is currently developing a guide for school WASH on school sanitation choices.

Communication and media will also be developed to complement the Gott and institutional ignition process. Techniques for reaching different audiences will be tested and market research applied to those “channels” selected. Radio, drama, song, campaigns through organizations such as women’s associations, churches, and mosques present further options.

Successful examples from within Ethiopia indicate that communities have the strength, willingness, and resources to achieve over 90% latrine coverage with the right leadership and facilitators leading by example.

Ignition and Action

Step 6 - Kebele Ignition and Action

Task 6.1: Selection and Orientation of Kebele Ignition Team

Why?

- To mobilize Community resource people/organizations, Faith based Organizations, other stakeholders and Kebele leadership to facilitate universal access to safe, sustainable, and hygienic facilities (latrines, hand washing, drinking water storage) throughout the Woreda by 2012.
- To encourage Kebele cabinets to support the HEW, DA, and VCHP to facilitate "at-scale" behavior change.
- To involve all stakeholders in the selection of respected and trusted community members to be part of the change process in H&S in the kebeles and gotts
- To persuade Kebele cabinets to support the establishment of Kebele Ignition Teams and selection of Volunteer Community Health Promoters.

Who leads?

Health Extension Workers (and Health Extension Program supervisors) plus Development Agents

Who supports?

The Woreda WASH Team, NGOs, CFTs (where available)

Who participates?

Kebele cabinet and the selected "action" team, NGOs, artisans

Who are the resource persons?

WSGs, NGOs, development partners

Process and tasks

1. The Kebele administrator should take the lead to inform the Kebele stakeholders about the need to change conditions of poor sanitation and hygiene. He should reiterate the responsibility given to him by the government to expedite the roles and responsibilities of the HEW in the Kebele. The administrator will also explain what responsibilities he has carried from the Woreda WSR and the commitment expected from the Kebele residents. Cognizant of these responsibilities and considering the problem of hygiene and sanitation in the Kebele, the administrator should show and seek support from all those who are gathered.

   The Health Extension Workers should also be prepared to come up with an overall program to establish a sustained change in their Kebeles. The main points the HEWs should prepare and discuss with the Kebele representatives are the following:

   - Establishing a Kebele H&S Ignition Team (KIT).
   - Selecting and training of volunteers or natural leaders

from each Gott as per the requirement put in the instruction booklet prepared for HEWs.
- Designing timelines to start up Gott level ignition.
- Agreeing on the processes and approach for Gott level ignition including the selection and training of volunteers or natural leaders from each Gott as a response and follow up of the ignition process.

2. The Kebele administrator, Kebele manager, Health Extension Workers, and Development Agents should play a part in encouraging **natural leaders** (which have emerged from successful ignition processes in neighboring Kebeles or Gotts) to be members of the Kebele Ignition Team). It is preferable that:

KIT Establishment and Responsibility

- The KIT includes both sexes and important and respected people of the Kebele.
- HEWs and DAs should be members of the team so that they can easily communicate plans, programs, constraints, challenges, and new strategies of H&S with the KIT.
- The KIT should not exceed nine people but should include wide representation.
- Kebele and Gotts should be divided into manageable clusters to guarantee expanded representation.

The Kebele Ignition Team is established to support HEWs and DAs as they mobilize their communities (for more detail refer to *Community-led Total Behavior Change in Hygiene and Sanitation, Handbook for Health Extension Workers and Other Resource Persons*).

3. Key responsibilities of the KITs are:
   - Arranging large-scale community meetings.
   - Representing the Kebele administrator in hygiene and sanitation matters.
   - Supporting coffee for health groups, community conversation, and sanitation campaigns.
   - Supporting Kebele administrator/manager in selecting best achiever Gotts or individuals.
   - Providing supportive supervision and carrying out a six month review.

Completion point

- Kebele Ignition Team members are carefully selected.
- Kebele Ignition Team is established and properly oriented on the ***"ignition"*** process and its STEPS.
- Duties and responsibilities are discussed with the KITs.
- Follow-up program in each Gott is discussed with the KITs.

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Task 6.2: Selection and Training of Volunteer Community Health Promoters/Natural Leaders

Why?

To assist the Health Extension Workers in the effective follow up of the ignition process and to reach all the approximately 1000 Kebele households spread over a wide distance—to help negotiate behavior change and reinforce that change.

Who trains?

Health Extension Workers[12] with support from Health Extension Program supervisors and Development Agents

Who is trained?

Volunteer Community Health Promoters

Process and tasks

Selection of Community Health Promoters (Tena Hayilat)/ Natural Leaders:

Selection process should involve the Gott population and follow the following criteria:

- The volunteer should be a man or woman who is trusted, respected, and known for his/her exemplary works in the community.
- He/she should be a volunteer to help facilitate change in his/her community.
- Already known natural leaders having emerged out of the ignition or triggering process from neighboring villages/gotts may be women, men, youth, school children, elderly people, and/or people with special roles such as midwives, village headmen, and others. Natural leaders are active through the processes of construction, innovation, monitoring, developing, and implementing community norms and rules. Their role is crucial at all stages. Honor them through invitations to meetings and as speakers and facilitators for triggering processes in other communities, and induct them selectively as trainers and facilitators.[13]

What is the training?

The natural leaders/VCHPs should be trained in the simple and basic aspects of hygiene and sanitation. The training package will include the following topics:

Sanitation and Hygiene Promotion

1. Relationship of open defecation (human excreta) to human dignity, respect, and privacy.
2. Relationship of open defecation to environmental contamination.
3. Relationship of open defecation to health and well being of individuals and communities.
4. Tools and Techniques for Changing H&S Behavior at the HOUSEHOLD Level (Mikikir, small doable actions
5. Tools and Techniques for Changing H&S Behavior at the COMMUNITY Level (coffee for health, clean up campaign, etc.)

[12] Development Agents may also be trained to support the process and will be available to assist during the community process.

[13] Source: Handbook on Community-Led Total Sanitation, Kamal Kar with Robert Chambers, 2008.

Sanitation Hardware—needed supplies and services for total behavior change on hygiene and sanitation

People in the rural communities of Ethiopia know that people in town defecate in a hole dug in the ground, but they don't know how it is constructed and as a result they are skeptical about its safety, smell, and gas going into them while they sit above a mass of excreta. This myth could only be removed from the minds of rural people by helping them understand:

- How pit latrines are constructed
- Safety and health standards
- Privacy and dignity criteria

This can be demonstrated by helping them construct one latrine by themselves (refer to tools under step 8). Before going out to the field, establish an agreement with them based on the following criteria:

- The latrine should have adequate depth to last the family for more than two years.
- The latrine should be dug away from the kitchen or dwelling house and be placed at the back of the house.
- The latrine floor should be sealed to make it dark to discourage fly attraction and breeding.
- It should provide ample comfort and privacy.

What Will They Do?

These volunteers will carry out the following activities:

- Act as models in their community.
- Build a latrine and hand washing station and invite neighbors to try it!
- Discuss or raise the issues of hygiene and sanitation and other health matters that the HEWs are entrusted to introduce in the communities.
- In some cases support organizing and facilitating community conversation, coffee for health and sanitation campaigns in their Gotts.

Collect information on the number of latrines constructed, hand washing stands, number of home visits and the results, compost pits dug, improved stoves constructed, etc., and report to the HEWs every month.

Completion point

- CHP from each Gott is selected and trained.
- Their roles and responsibilities are discussed and agreed.
- Convenient timelines are selected to ignite the different Gotts.
- Simple manual is prepared and distributed to VCHP who can read.

Reference

Community-led Total Behavior Change in Hygiene and Sanitation, Handbook for Health Extension Workers and Other Resource Persons, Amhara National Regional State Bureau of Health, WSP-AF and USAID/HIP, 2008

Compendium of Technology Options (MOH, under development)

Ignition and Action

Step 7 - Gott Ignition and Action

Gott ***"ignition"*** requires skills to facilitate behavior change and skills to supervise and support the process. It will be important to consider requesting technical assistance for "on the job" guidance from zones or the Woreda office as recommended in **Step 2,** although it is assumed that the Woreda has already trained all the resource people at the Kebele level during the capacity building program.

This step is at the heart of the Community-Led Total Behavior Change in Hygiene and Sanitation program and guides HEWs, CHPs, and Kebele administrators and managers on technical concepts and behavior change approaches at community/Gott and household levels.

Task 7.1: Preparation for Gott Entry

Why?

- To prepare for the establishment of Community/Gott-Led Total Behavior Change for Hygiene and Sanitation in the Gotts.
- To plan the process with Gott and sub-Gott leaders.
- To plan a date and time for ignition.

Who leads?

Kebele administrator/manager, HEWs, DAs

Who supports?

Community Health Promoters/Natural Leaders (from neighboring villages/gotts) and Kebele Ignition Team

Process and tasks

- HEWs, DAs, and members of the Kebele Ignition Team visit the Gott to be ignited.
  - Discuss the total Kebele program with regard to hygiene and sanitation with elders, natural leaders, and other government representatives.
  - Select a convenient day and make appointments for all Gott people to participate in the ignition process.
- The Kebele Ignition Team requests support from Health Extension Program supervisors, if necessary.
- The HEWs, DAs, and the KIT lead the community through a series of proscribed activities to ignite the Gotts on the appointed day.

Completion point

- Key community stakeholders "on board."
- Appointment made with clear time schedule for starting the ignition in one Gott.

Task 7.2: Ignite Gotts on Community-Led Total Behavior Change for Hygiene and Sanitation

Why?

- To catalyze or "ignite" the Gott for Community-Led Total Behavior Change for Hygiene and Sanitation.
- To encourage households and the whole Gott to abandon open defecation forever and adopt safe practices such as hand washing after defecation.
- To help the Gott communities **assess the situation**, **find their own solutions**, and **act for change**.

Who leads?

The Health Extension Program supervisors/Woreda WASH Team members (if available), HEWs, skilled facilitators employed by NGOs or the private sector (e.g., Woreda support groups)

Important note: Successful, competent facilitation is an important and challenging task. It is advisable that a skilled facilitator accompany the HEWs for the first Gott ignitions in each Woreda, to support HEWs in carrying out subsequent Gott ignitions with confidence and ease.

Who supports?

The Development Agent and trained Community Health Promoter[14]

Supervision

The Woreda supervisor, the KIT, and Kebele administrators/managers need to be present during the one day ignition process, which adds value and should be initiated.

Process and tasks

1. Health Extension Program supervisors, Woreda WASH Team members, HEWs, DAs, and the KIT arrive at the Gott on the appointed date.
2. With the help of the trained VCHP, get as many Gott residents (men, women, and children) to the known central location. [Note: Date and time should be preselected as a "convenient" time for a majority of men and women to participate.]
3. Facilitators should introduce themselves and inform the gathering of the objectives of their visit and the days of the program. Facilitators should make it known that they will start the process with the participants' permission. Local leaders must accompany the process.
4. Facilitators will engage the community in the following exercises:
   a. Conduct the "Walk of Shame" with all Gott people—men and women together—bringing open defecation into the open. If there are too many children, then organize a separate walk of shame for them.

[14] Volunteer Community Health Promoters are trained by HEWs on simple techniques like construction of latrines and hand washing facilities, behavior change negotiation/MIKKIKIR, and on establishing community empowerment programs like coffee for health.

Process and tasks

b. Assemble the Gott members in their usual assembly (shengo spot) and continue to facilitate community mapping—identifying where people defecate, urinate, bathe, wash, shop, and play.
c. Conduct feces calculation based on the number of households that do not have a latrine. *How much feces do we generate?*
d. Brainstorm with community about what actually happened to the large amount of feces. *When openly defecating, where does it all go?*
e. Brainstorm with participants about what actually happens to the large amount of feces in relation to people and households.
f. Conduct a "Glass of Water" exercise to demonstrate that water or food can be contaminated by invisible feces or disease-causing organisms. (Are we really drinking and eating our own feces? The ***"ignition"*** moment, catalyzing shame, disgust, and pride for a commitment to action.)
g. Now ask them what they can conclude from this exercise. This is the "ignition moment." Participants usually say that:
    - They are surprised and disgusted that they are actually drinking their own feces.
    - When flies invade our food they might have deposited feces and we may have eaten it because we haven't seen it.
    - Chicken could come from outside and pick on our injera during baking or on uncovered food items, and if we eat that it means we have eaten feces because we haven't seen it.
    - Because of improper water handling or inadequate hand washing, even water from protected wells can easily be contaminated.
h. Harness the disgust, surprise, pride of not living in our own feces and not ingesting it unknowingly. Begin to get suggestions for change and turn these into commitments. Make initial plans and arrange to come back and strengthen those plans and commitments. Determine if people choose to dig their own latrines, or help each other to construct them.

Outcomes

Community members must empower themselves to improve sanitation and hygiene conditions. The first priority is to lead them to an ***"ignition"*** moment where Gotts pledge to change and eliminate open defecation***.*** This is achieved by going through the complete ignition process following the Participatory Rural Appraisal tools of the transect walk, mapping, feces calculation, etc. In addition, communities should be aware of their status based on the data collected in the baseline by the HEWs. Its is anticipated the additional Natural Leaders emerge form the "ignition" process and will take on an important role in the following steps of CLTBCHS and spreading the ignition process to other villages (role of "community consultants")

The community agrees 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 tasks:

- Establishing revolving finance clubs
- Hosting drama, song competitions
- Announcing and fining open defecators
- Displaying banners

The process of ending open defecation and negotiating other key “doable” hygiene behaviors at the household level is reinforced with Volunteer Community Health Promoters’ household visits and the establishment of community activities such as coffee for health clubs, community conversation, and sanitation campaign programs.

Reference

Community-led Total Behavior Change in Hygiene and Sanitation, Handbook for Health Extension Workers and Other Resource Persons
Training for Community-led Total Behavior Change in Hygiene and Sanitation, Facilitator’s Guide

Task 7.3: Establish Community-Led and Managed Mobilization/ Empowerment Program

Why?

- To empower the communities to solve their own problems.
- To encourage communities to take a planned action.
- To enable the communities to analyze their strengths and weaknesses in solving their problems.
- To create a sustained community-led or community-managed behavior change program in each Gott.
- To monitor progress in cleaning and beautifying their Gotts.

Note: Ignition should never be a one-off event but the start of a continuous process of engagement, encouragement, empowerment, training, and support leading to communities becoming sustainably free from open defecation, poor personal hygiene, and dangerous water handling and storage practices.

Our job is to support the community continually to stay "in motion" for behavior change. A big part of the job as outside facilitators is supporting the establishment of community-based systems so that communities can plan and control their own affairs and can see the resources that exist within their own communities.

As described earlier, strengthening community norms (or peer pressure) around the desired behaviors also motivates or maintains behavior change.

The activities described below serve both these purposes.

Who leads?

Health Extension Workers with support of natural leaders and VCHPs

Who supports?

Kebele Ignition Team, Health Extension Program supervisors

Process and tasks

Task: HEWs Establish Household MIKIKIR Program

- Carry out household outreach, visiting and talking with householder, with support from natural leaders and VCHPs.
- Talk with the household about current household hygiene and sanitation practice using the GALIDRAA steps and the MIKIKIR Job Aide.
- Refer to the ignition activities and the impact of open defecation contributing to the whole community ingesting feces!
- Look at existing practices and come to an agreement on one or two areas the household can try to improve. The job aide is organized to identify a series of "small doable actions," moving from least to most desirable from a public health standpoint.
- Discuss what will make it difficult to carry out the improved practice and what will help make it easier. Work with the householder to come up with feasible solutions. (This is "the negotiation.")

When areas are agreed upon, circle the agreements, reiterate the commitments, and place the card in the Family Health Card for reference on the next visit.

Once the community ignition is done, the HEWs, the natural leaders, and the VCHPs should start intensive house-to-house visits in the Gott just ignited. While commitment has been made at the community level to have an open defecation-free community, household visits will help motivate individual households to improve their hygiene and sanitation practices. The MIKIKIR approach is based on the behavior change theories that move people through a progression of improved practices based on their personal assessment of risk and of what change is feasible in their given context. The techniques described as part of the MIKIKIR approach will help to identify current practice 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 household point of view. 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 in households.

The household level MIKIKIR focuses on identifying feasible and effective practices, termed small doable actions to reflect that while these actions are not necessarily the complete and ideal set of behaviors leading to maximum public health outcomes, they reduce risk and move households toward the ideal.

Tools/ worksheets

See tools below

Tool 1

Establish Household MIKIKIR Program and Use of MIKIKIR Job Aides

- Although time consuming, household visits are an important element of the HEW routine, allow for individual motivation and problem solving, and thus are part of the behavior change approach.
- Health Extension Workers, natural leaders, and Community Health Promoters need to be equipped with improved negotiation skills to identify (with the household) the current practice, choose small doable actions, and motivate change.
- People can't always leap into practicing the ideal behavior right away. There are factors that make it hard (barriers) and things that make it easier (facilitators).
- The home visitor/HEW helps people overcome the barriers by gradually NEGOTIATING IMPROVED PRACTICES and moving people toward safe sanitation and hygiene practice.
- We call this menu of feasible, effective household options—SMALL DOABLE ACTIONS.
- The approach is to help households to gradually move up the sanitation and hygiene ladders, to move from unacceptable…to acceptable but still lacking…to ideal behaviors.

The MIKIKIR card identifies the various "rungs" or steps, moving from unacceptable to ideal practices.

Tool 2

GALIDRAA

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

- **GREET** the household; ask about the family, its work, the farm, current events, etc. to put household members at ease. Tell the household where you come from and your intension. Ask permission to stay for a few minutes and discuss issues while they are working.
- **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.
- **LISTEN** to what the women/men in the house say.
- **IDENTIFY** potential problems from what is said by the women/men. (Barriers for change include unavailability of products, shortage of supplies, money, or knowledge.)
- **DISCUSS** and suggest with the women/men different options to overcome the barriers.
- **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, ask them to repeat the agreed upon actions.
- Make an **APPOINTMENT** for a follow-up visit.

Tool 3

Target Hygiene Behavior Selection Matrix

Key Questions	Process Input	Program Design
▪ Which specific practices are placing people's health at risk? ▪ Who carries out the high risk practices? ▪ What could motivate people to adopt safe hygiene and sanitation practices? What makes it hard? What makes it easier? ▪ How can the program communicate effectively with the targets in the community? ▪ Do people have access to the goods and services they need to practice the behaviors?	▪ What people know, do, and want. ▪ What the hygiene and sanitation promoters know (HEW, CHP, volunteers).	▪ Decide on feasible or doable actions or practices. ▪ Identify priority target audiences. ▪ Devise effective moti-vational strategies and messages. ▪ Establish appropriate com-munication channels and design health/ behavior promotion materials.

***Refer to**: The Amhara Behavior Change Strategy to Achieve At Scale Safe Water, Hygiene and Sanitation Improvement.*

After the successful ignition program and a relationship is formed with households using the MIKIKIR program in the Gotts, the next important development that should take place is to reinforce a commitment to improved behavior through a range of community activities.

Tool 4

Establish Coffee for Health Club

Establishing a "Coffee for Health Club" program for neighborhoods is another community support mechanism to enable neighbors to discuss their hygiene and sanitation behaviors and design an action plan. The role of social norms in motivating and maintaining change has been discussed in various steps of this Resource Book, and Coffee for Health Clubs are another mechanism for maintaining peer support and peer pressure, helping establish a competitive spirit among neighborhoods in the Gott, and lastly identifying "early adopters," eager pioneers from among the group to model and motivate new behaviors.

At this juncture Gott members should be discussing the ignition and the MIKIKIR; some have already started changing behaviors or constructing latrines. This momentum can be reinforced by conducting a meeting with 10–15 neighbors on improving hygiene and sanitation in their houses and neighborhoods.

Reference: *Community-led Total Behavior Change in Hygiene and Sanitation, Handbook for Health Extension Workers and Other Resource Persons*

Tool 5

Establish a Community Conversation Program

Community conversation is another tool that communities can use to develop their own action plan with clear targets and institute a follow-up mechanism. **Note:** The Community Conversation Program is in principle the same as Coffee for Health neighborhood clubs. The key elements and differences are highlighted below:

Community conversation	Coffee for Health Club
Community conversation includes community members from the whole Gott that meet to discuss an issue or the status of an action plan.	Coffee for Health is for neighborhoods to discuss do-able actions.
Community conversation is conducted once a month.	Coffee for Health is conducted once every 15 days.
Community conversation is facilitated, with the Kebele administrator/ manager. participating	Coffee for Health is facilitated mainly by the Volunteer Community Health Promoter.
Community conversation prepares the Gotts to compete with other Gotts.	Coffee for Health prepares neighborhoods to compete with other neighborhoods.

Refer to: *Community-led Total Behavior Change in Hygiene and Sanitation, Handbook for Health Extension Workers and Other Resource Persons*

Tool 6

Establish Sanitation Clean-Up Campaign

The “Sanitation Clean-Up Campaign” is another community action that should be programmed for the Gott—children, women, men, religious leaders, etc. clean up their communities once a month. Prior to the sanitation campaign the VCHP should do the following:

- Try to identify focus areas that need to be cleaned.
- Discuss what needs to be done with other key people such as school directors and Gott government team members.
- Set the date on days that people are staying at home (religious holidays, not a market day, etc.).
- Remind schools and the general Gott people about the date, time, and particular place they have to be and what they need to come with—shovels, pick axe, sickles, etc.

These clean-up days can also serve to informally monitor (hopefully a reduction in) open defecation in community spaces.

Clean-up campaigns can be combined with other community events like drama, music, or parades to call attention to the issues, create social pressure, foment competition, and add an element of creativity and fun.

Refer to: *Community-led Total Behavior Change in Hygiene and Sanitation, Handbook for Health Extension Workers and Other Resource Persons*

Tool 7

Village Pledge

At an important ceremony with all village residents present, the leaders should sign their pledge that by a certain date the village will have ended open defecation, be consistently washing their hands at critical times, and protect drinking water (always).

The Volunteer Community Health Promoter (with assistance from the Health Extension Worker) pledges his/her commitment to build demonstration latrines.

The Health Extension Worker and the Community Health Promoter with support from the leadership pledge to visit households.

Additional public pledges should be encouraged.

VILLAGE PLAN (Example)	Village (insert name) will: ▪ End the practice of open defecation. ▪ Build and use traditional latrines. ▪ Set up "tippy taps" and wash hands at critical times. ▪ Make drinking water safe from source to mouth. We will achieve "sanitary and hygienic" status by (insert date). Signed by:…….. (Village Leaders – all sections) Witnessed by:……. (Religious Leader)
Support	The HEW and Community Health Promoter will arrange construction of demonstration latrines and hand washing facilities and visit houses with leadership to overcome difficulties.
	Signed:…….Leader ……HEW ……CHP

Task 7.4: Popularizing "Enabling Technologies" Construct Demonstration Latrine and Hand Washing Stand in the Gotts

Certain technologies facilitate the practice of key hygiene and sanitation behaviors. To state the obvious, having access to a latrine, hand washing station, and soap are essential for practicing the ideal behaviors. While there is more to motivating the practice, it's not possible without these resources! Demonstrating how to construct with local materials can help the actions to seem feasible.

Why?

- To demonstrate for natural leaders, Community Health Promoters, and Gott leaders how to construct a traditional latrine (with hand washing facility), using local materials and tools that comply with the "minimum standard."
- To demystify latrine construction and demonstrate small doable actions.

Who leads?

Health Extension Workers with natural leader, Volunteer Community Health Promoters, and Kebele Ignition Team

Who supports?

Woreda supervisor (NGOs), vocational training center (if available)

Process and tasks

- One of the important activities at the Gott level is the construction of a functional improved traditional latrine so that the Gott population has a visible alternative to open defecation. As fully explained during the capacity building program and detailed in the Handbook for Community-led Total Behavior Change in Hygiene and Sanitation for Health Extension Workers and Other Resource Persons.

- Another important activity is demonstrating techniques for building hand washing stations and water saving devices ("tippy taps") since promoting hand washing with soap or a substitute such ash is one of the important behavior change programs in the Gotts.

References

- *Community-led Total Behavior Change in Hygiene and Sanitation, Handbook for Health Extension Workers and Other Resource Persons, Amhara National Regional State Bureau of Health, WSP-AF and USAID/HIP, 2008*
- *Training for Community-led Total Behavior Change in Hygiene and Sanitation, Facilitator's Guide, Amhara National Regional State Bureau of Health, WSP-AF and USAID/HIP, 2008*
- Compendium of Technology Options (MOH, under development)

Ignition and Action

Step 8 - Promoting a Range of Technology

Effective ignition at kebele and gott levels will create increased demand for sanitation facilities. The standard household designs being promoted in Amhara reflect a traditional pit latrine made with locally available materials. Developing alternative options and marketing strategies will become a higher priority as the latrine culture develops.

With funds allocated through the WASH program for institutional latrines, it is also important that a range of options are collected and new options developed to meet both demand and supply. Currently, there is a need to pull together all existing work on technical options for both households and institutions.

The ministries of Health and Education with support of UNICEF are currently developing guidelines for institutional hygiene and sanitation hardware.[15] This will inform the application of WASH funds for institutional WASH construction. WSP is planning to support the MOH in the completion of a household latrine technology compendium, a catalog of options appropriate under different contexts.

Task 8.1: Institutional Technology Options

Why?	• To establish appropriate, acceptable, sustainable latrine and hand washing options for institutions. • To develop a range of practical options where construction/contracts can be managed by school Parent Teacher Associations and technologies reflect local demand factors.
Who leads?	MOH in collaboration with other WASH line ministries
Who supports?	UNICEF, WSP, WaterAid, (private sector e.g., plastics)
Process and tasks	Literature review and school body interviews in different regions.
Tools/ worksheets	Design option manuals developed by MOH/MOE, UNICEF.
Reference	Manuals, see above.
Completion point	Institutional Technology Compendium of Options with manuals, bills of quantities—with costs.

Promoting a Minimum Standard
The traditional pit latrine made out of locally available materials with stable platform, drop-hole cover, and modest superstructure for privacy is the minimum standard that will be promoted as the first stage in creating a *latrine culture.* More advanced options will be promoted once conditions improve and there is an emerging demand. Improved technologies will be through sustainable supply chains (small scale private sector/large scale plastic distributors).

[15] WORK IN PROGRESS: MOH with support of UNICEF to complete institutional H&S designs.

Task 8.2: Household Technology Preferences/ Options

Why?

- To discover which "products" are preferred, affordable, replicable, and sustainable that can be made available in the right place with appropriate promotion.[16]
- To improve the range of affordable technologies available for latrine construction, hand washing, and drinking water storage through demonstration "show rooms," training, artisans, etc.
- To encourage small scale, private sector production and distribution of sanitation, safe water, and hand washing technologies.

Who leads?

Woreda Health Office NGOs and private sector

Who supports?

HEWs, DAs, Woreda Ignition Team, VCHP, Woreda support groups (where available)

Process and tasks

The Woreda Health Office and the Woreda WASH Team with inputs from the Kebele:

- Selects private sector and NGO partners with technical skills and production capacity.
- Works with the private sector and NGOs to:
  - Assess household and institutional preferences for different options
  - Agree and develop (appropriate and affordable) technical options
- Arranges training of selected artisans in:
  - The production of latrine components
  - Hand washing devices or stations
  - Drinking water storage/extraction
- Equips artisans with essential tools and "start-up" packs of necessary materials and arranges for trained artisans to:
  - Build model latrines and hand washing units
  - Build latrines at health facilities, markets (and schools)
  - Develop a Woreda sanitation ladder (see tool)

Completion point

- Woredas develop sanitation and hygiene options ladder based on community preferences (must also respect special needs).
- Woredas engage with NGOs and small scale private sector to develop and market pro-poor appropriate technologies—close to, in quantities, at the right price—to satisfy consumer demand.
- An arborloo program is established in at least one Kebele.

[16] "Core principles of social marketing."

Tools

Drafts of these tools are available from the Amhara Resource Center, some are still under development by MOH-Hygiene and Environment Health Department.

Tool 1: Traditional Household Latrine Options—minimum standards for latrine construction
Tool 2: Sanitation Ladder
Tool 3: Field Trials and Demonstration of Sanitation Hardware *(See "Footsteps" Guide)*
Tool 4: Slab Kits (t*o be budgeted for and purchased under the WASH program)*
Tool 5: Hand Washing Options—"tippy-tap" kits
Tool 6: Ethiopian "arborloo" experience
Tool 7: Technical Options Compendium *(under preparation by MOH)*
Tool 8: Artisan Training Manual *(to be developed)* and toolkit *(to be budgeted for and purchased under the WASH program)*

Tool 1

Traditional Household Options

Throughout the Woreda traditional latrine construction with local materials will be promoted as the minimum standard. Upgrading with concrete or plastic slabs will be at the individual household's expense. The *tippy tap* style of plastic/clay container for hand washing will also be encouraged.

The "*arborloo"* —ecological pit system will be promoted where appropriate for environmental conditions (rocky or unstable soils), where there is adequate space for multiple pit digging, and where the approach (growing trees from composted human excreta) is locally acceptable.

Possible material combinations for latrine options:

Platform
- Wood & mud platform
- Wood & mud upgraded with SanPlat

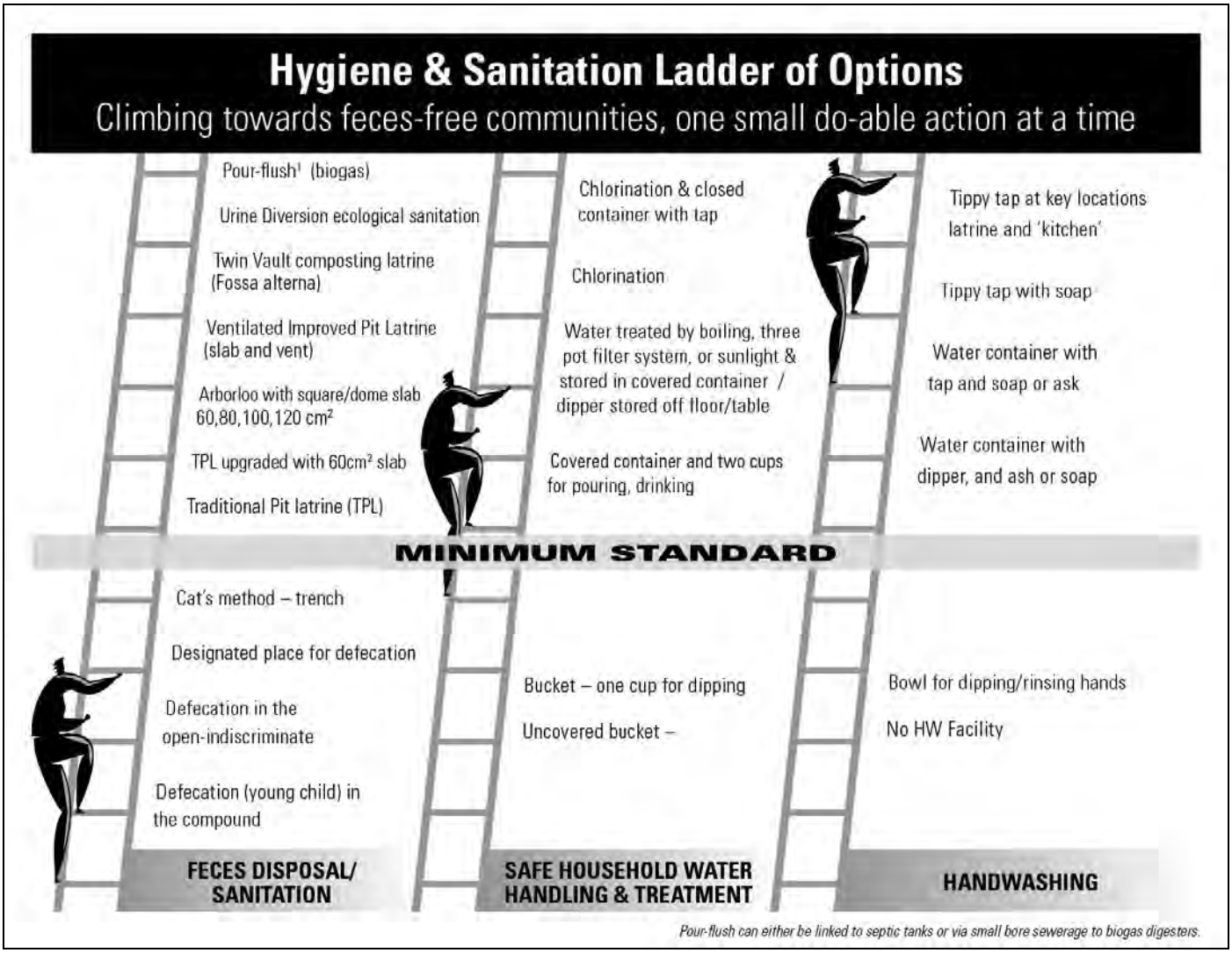
Walls
- Papyrus straw
- Eucalyptus
- Eucalyptus (covered in "chicka")
- Bamboo carpet

Door
- Plastic
- Canvass

Roof
- Grass
- Plastic

Tool 2

Sanitation, Handwashing and Safe Water Ladder



Tool 3

Field Trials and Demonstration of Sanitation Hardware

Like demonstration showrooms in stores, showing people latrine and hand washing options, understanding their costs and maintenance, and how these latrines and hand washing stations are constructed will improve the chances the technologies are adapted. Likewise, addressing benefits and barriers such as issues of safety, smell, health benefits, and privacy concerns also increase the likelihood of behavior change.

Field Exercise
(Take with you digging tools and shovels or local materials to cart away dug out dirt.)

1. Take the trainees to a house where the owner is old, very poor, or handicapped to help construct his/her latrine.
2. Show them where to locate the latrine. Latrines should be located:
    a. Six meters away from a kitchen or homestead
    b. Thirty meters from water sources
    c. At the back of a dwelling house not in front for privacy purposes
3. Show them how to measure sizes. Size could be measured using the arm length; a rope could be used to draw circles.
4. Dig the latrines to a depth of at least 3–4 arms length (1.5 meters –2 meters).
5. Remove about ½ arms length (50 cm) of the top soil.
6. Put stones and mud mortar on the rim where the top soil is removed.
7. Cut thick and strong logs of wood and put across the top.
8. Cover the space between the logs of wood with smaller and thinner wood, branches, etc.
9. Cover the wood and fill spaces with dirt; compact it until smooth, leaving a squat hole that is 25x35 cm.
10. Bring four moderately strong wood logs/ sticks and put in the ground at the four corners of the pit.
11. Tie beams on top so that all four logs are framed.
12. Make the walls with any material, but they should be made to give the necessary privacy.
13. Cover the roof with plastic or thatch/grass.

Ignition and Action
Step 9 - WASH Institutional Ignition

Institutional WASH refers to safe feces disposal, hand washing, and safe water at institutions such as schools, health centers, and market places. WASH in schools usually includes hardware and software components, both technologies and curricula to teach and promote improved practices. School WASH engages school children in school-to-community and school-to-family activities, as well as invests in the next generation to incorporate improved practices into their daily routines.

The Ministries of Health and Education with support of UNICEF are in the process of developing guidelines for school hygiene and sanitation, which will be included in this section at a later date. WSP/HIP is also contributing to WASH-friendly schools by developing hygiene and sanitation curricular materials and school club activities with the Health and Education bureaus in Amhara.

While the obvious focus is going to be on schools, it is important to remember that there are health centers, vocational training centers, and prisons that also need support to improve hygiene and sanitation practices.

Task 9.1: Facilitate School WASH

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

Why?	• To improve sanitation and hygiene at schools for a positive impact on performance, enrollment, and attendance, particularly for girls who need safe, private, hygienic latrines (during menstruation). • To give children the skills and knowledge to reach out into their communities and households to support improved hygiene and sanitation practices. • To improve sanitation and hygiene conditions in other institutions.
Who leads?	Woreda Education Desk
Who supports?	Woreda WASH Team, Woreda Health Office, and supervisors
Who participates	Health Extension Workers, Development Agents, teachers, and Parents Teacher Associations
Who are the resource persons?	Regional and zonal skills facilitators

Process and tasks

Schools and school children could be made the most important stimulus for sanitation and hygiene promotion in their households and community at large. The process of igniting school children to carry out a behavior change program in their community follows the same process that is used to ignite the Gotts. The only difference is that the school population is a "captive audience," is less entrenched in age-old practices, and is often far more eager to change.

Typically, the immediate school environment is an open defecation pit, which may serve as a catalyst for change, as students are led through an awareness and "ignition" process.

Kebeles could arrange competitions among school children, who are rewarded with small but meaningful prizes (exercise books, books, pens) for persuading or helping to abolish open defecation in their household and neighborhood.

School children could also be mobilized to dig their own latrine at their schools. A behavior changed in schools is a behavior changed for life. Therefore, teachers, the community, the Woreda administration, and NGOs in the area should be motivated to work with school children to change unhygienic and unsanitary conditions in school. Students who have good sanitary and hygiene facilities are more motivated to change conditions in their community.

Additional recommended activities are:

- Map and select schools, health centers, and other institutions.
- Meet with principals and school committees.
- Advocate for use of school curricular supplements prepared by the Bureau of Education.
- Conduct TOTs by training school teachers and high status pupils.
- Budget for and encourage teacher participation in cluster training.
- Facilitate school environmental health clubs and non-health clubs to incorporate sanitation-related themes.
    - Integrate key messages into existing youth clubs, and where none are organized, organize clubs in schools.
    - Encourage use of school club activity worksheets.
    - Encourage building and maintenance of hand washing stations, safe water management.
    - Strengthen existing (and when necessary, organize) parent associations.
- Construct facilities.
    - Assess compliance with minimum water and sanitation requirements for schools, including development of assessment tool.
    - Develop/disseminate cost effective technical designs for school latrines, hand washing stations, and water treatment systems.

Current School Latrine Options

- VIP latrine with stone pit lining and hollow block superstructure with steel doors, corrugated iron sheet roof, and ventilation
- As above but with corrugated superstructure.
- Latrine (not VIP) with concrete ring lined pit (soft collapsing soil) either single or double units and *chicka* walls with corrugated iron sheet roof**.**
- As above but with urinals to soak pit.
- Above ground vault style latrine (where rocky).
- All to include substantial hand washing capacity.

For consideration:

- Portable "arborloo" using sturdy but portable superstructure and removable slabs with hand washing.
- Urine diversion (to gardens) systems and composting (emptying facility).

- Organize competitions.
- Strengthen, and if appropriate, organize "mini-media" and educational media broadcast to communities and schools
  - Train school teachers and influential students on improved school sanitation and hygiene.
  - Encourage use of supplementary reading materials prepared for elementary school curriculum.

Tools/ worksheets

Complementary reading materials for WASH (under development), WASH worksheets to stimulate student and school club activities (under development)

Completion point

All *schools* in the Woreda have improved facilities in use by all students and conducted active outreach into homes and communities.

Task 9.2: Facilitate Institutional WASH (Health Centers, Clinics, Government Offices, etc.)

Unhygienic public facilities are serious public health threats, and clean and convenient institutional sanitation facilities are important to set the standard and serve as model for a whole National Hygiene and Sanitation Program. In the case of health centers, unhygienic conditions often exacerbate conditions of sick children and families visiting the centers.

Why?

- To improve sanitation and hygiene conditions in ***institutions.***
- To give ***institutional stakeholders*** the skills and knowledge to reach out into their communities and households to support improved hygiene and sanitation practices.

Who leads?

Woreda WASH Team

Who supports?

Relevant ministries (include central prison administration) and Kebele Managers

Who participates?

Institution heads and staff

Who are the resource persons?

Regional WASH Team – UNICEF/WSP and NGOs

Process and tasks

- Map and select health centers and other institutions.
- Meet with principals, heads, and relevant management committees.
- Advocate for use of institutional mandates or curricula to promote hygiene and sanitation.
- Train institutional TOTs or focal persons (consider interested institutional stakeholders).
- Budget for and encourage institutional stakeholder participation during Step 2 “Capacity building”.

Institutional options

- VIP latrine with stone pit lining and hollow block superstructure with steel doors, corrugated iron sheet roof, and ventilation.
- As above but with corrugated superstructure.
- Latrine (not VIP) with concrete ring lined pit (soft collapsing soil), either single or double units, and *chicka* walls with corrugated iron sheet roof**.**
- As above but with urinals to soak pit.
- Above ground vault style latrine (where rocky).
- All to include substantial hand washing capacity.

For consideration:

- Portable “arborloo” using sturdy but portable superstructure and removable slabs with hand washing.
- Urine diversion (to gardens) systems and composting (emptying facility).
- Biogas units have been successfully applied in public toilets, prisons, hotels, and higher education establishments.

- Construct facilities.
  - Assess compliance with minimum water and sanitation requirements for institutions, including development of assessment tool.
  - Ensure compliance with cost effective technical designs for school latrines, hand washing stations, and water treatment systems.

Tools/ worksheet

Completion point

All *health centers and other institutions* in the Woreda have improved facilities in use by all staff, patients, clients, guests, students, and those serving custodial sentences.

Ignition and Action
Step 10 - Multiplying the Message through Communication and Media

The Ministry of Health is currently working with UNICEF to develop the national communications strategy that will inform the Woreda's selection of mass media options and complement the suggested process detailed below.

Successful marketing experience suggests that for a message to change behavior there should be at least six points of contact—messages should reach the target audience through a mix of communication channels, such as:

- Village leader (village meeting)
- Health Extension Worker (house-to-house interpersonal contact)
- School teacher (school health club)
- Religious leader (church/mosque)
- Radio
- Banner, village drama, or film shows

Task 10.1: Develop a Media and Communications Strategy

Why?	To reach the whole Woreda with messages that reinforces community and household commitments to hygiene and sanitation improvement.
Who leads?	Woreda Information and Communication Office
Who supports?	Woreda WASH Team
Who participates?	Woreda/regional radio, journalists, religious leaders, influential figures
Who are the resource persons?	Marketing and communication specialists, public relations and communications officers of the Regional Administration, Health and Water Bureau

Process and tasks

The Woreda WASH Team:

- Receives advice from HEWs on effective tools and messages in use in the Kebeles.
- The team considers communication options in line with the Regional Behavior Change Strategy.[17] These include:

    - Public announcements, games, contests
    - Radio plays, advertisement, phone-ins
    - Drama scripts, drama groups
    - Songs
    - Posters, leaflets
    - Tippy tap/HW station competitions
    - ODF successes publicly announced
    - Healthy competition

The team develops and applies a Woreda behavior change strategy to reinforce key messages used in the Kebeles.

References

WASH movement media guideline, drama scripts, films, and DVDs from regional Resource Center.

Completion point

- Communication strategy developed, tested, and improved.
- Feedback indicates that key messages are reaching the intended audience. Messages encouraging mothers to wash their hands with water and soap after cleaning their babies' bottoms reach mothers with babies.

[17] Amhara Behavior Change Strategy to Achieve at Scale Hygiene and Sanitation Improvement.

Part 3:
Support, Monitoring & Evaluation, Rewards

The final part of the process is the all-important supportive supervision, monitoring, reporting, evaluation, and rewards, which will determine the effectiveness of the different tasks. This part will be updated as the WASH monitoring and evaluation procedures are finalized.

Support, Monitoring, and Evaluation
Step 11 - Supportive Supervision / Follow-Up, Monitoring, and Reporting

Health Extension Workers (with support from the Community Health Promoters) are the frontline facilitators, but they are not experts in all aspects of sanitation and hygiene promotion.

- They need regular support and encouragement.
- The team needs to know if what they are doing is having a positive impact.
- Their skills need monitoring and where appropriate upgrading.
- Data collected on a regular basis inform routine planning.
- Examples of best practices need to be rewarded and shared.

Task 11.1: Supportive Supervision/Follow-Up, Monitoring, and Reporting

Why?

To ensure the frontline workers achieve their potential, approaches are checked for efficacy, and best practice is shared and rewarded.

Who leads?

- The HEW supervises, monitors, learns with, and (if appropriate) rewards the Community Health Promoter.
- The Health Extension Program supervisors reward the Health Extension Workers.

Who supports?

The Kebele Ignition team supports the Health Extension Workers. The Woreda sector offices support the Health Extension Program supervisors.

Who participates?

- Kebele cabinet/political leaders
- Woreda stakeholders (influential leaders)
- Woreda support groups, NGOs (where available)

Who are the resource persons?

Regional/zonal skills facilitators (ON DEMAND)

Process and tasks

Health Extension Program supervisors:

- Plan routine supervision and follow up.
- Carry out supportive supervision of Health Extension Workers on a regular basis—MONTHLY.
- Offer great encouragement, sound guidance, and recommend rewards for good performance.
- Find out early if there are problems and try to rectify appropriately through on-the-job training (or consider requesting technical assistance).
- Provide reinforcement particularly when dealing with political leaders and approaching those reluctant to change their behavior.
- Collect (monitoring) data and randomly check to verify accuracy.

- Assess progress against key sanitation and hygiene indicators.
- Collect aggregate data and give feedback to the Kebele.

- Use standard supervision checklists and forms.
- Document lessons learned for sharing across the Woreda and across the region.
- Ensure good practice is rewarded and shared with others.
- Ensure poor performance is addressed.
- Apply performance indicators.
- Assess in collaboration with region the effectiveness of certain tolls and promotion approaches.

The Woreda WASH Team will:

- Collate reports from Kebele supervisors for wider dissemination but ensure lessons are learned across Woreda.
- Agree on criteria for rewards such as:
  - Flags for households—to depict their improved hygiene and sanitation status
  - Career options for the best performing HEW
  - Banners for Kebeles
  - Project options for best performing Gotts, Kebeles, schools

Tools/ worksheets (available in Data Collection Training Manual)

Tool 1: Supervision /Follow-Up Checklist

Success on Community-Led Total Behavior Change in Hygiene and Sanitation in the Kebeles and Gotts throughout the Amhara Region depends on establishing a follow-up process. The Woreda should therefore have an instrument to follow-up or monitor progress on hygiene and sanitation. The format attached below is a suggestion of an instrument, but Woredas could add or delete some items to fit the local conditions.

General information: Name of Kebele _____
No. of Gotts in the Kebele_____
Kebele Plan for Hygiene and Sanitation for month_____

Activities planned for the month	Target	Output	Timeline	Respons-ibility
1. Gott ignition				
2. Latrine construction				
3. Hand washing stand construction				
4. Home visits/MIKIKIR				
5. Planned meeting with Kebele or Gott stakeholders				
6. Planned mass meeting (community conversation) with Gott community members				
7. Planned mass sanitation campaign for the Gott				
8. Planned meeting with Gott “Coffee for Health Club”				

Tool 2: Health Extension Worker Data Collection Tools (part of the Participant Source Book: Preparing for Community-Led Total Behavior Change in Hygiene and Sanitation.

Tool 3: National WASH Performance Indicators and Information Collection Protocols for Indicators (under development)

Completion point

There is no completion point. Supervision, monitoring, learning, and rewarding are ongoing to ensure gains are made and that those gains are sustained. However, when all Gotts have gone through the *"ignition"* process *successfully and it is verified and checked by the Woreda:*

The Kebele declares TOTAL BEHAVIOR CHANGE IN HYGIENE AND SANITATION: Open Defecation Free (ODF), Fingers Free of Feces, Drinking Water Free of Feces and other contaminants.

Task 11.2: Cross Pollination of "Best Practice"

Why?

- To share examples of best practices among households, Gotts, Kebeles, and Woredas as well as institutions.
- To exploit the multiplier effect and the powerful peer education effect.

Who leads?

Health Extension Workers, Kebele ignition teams, Woreda WASH Teams

Who supports?

Regional bureaus, NGOs, donors

Process and tasks

1. Select successful households, Gotts, Kebeles, Woredas as "models."
2. Arrange visits at mutually acceptable times.
3. Help the successful community to prepare for the visitors (motivational talks in the form of presenting case histories, visiting sites, demonstrating technologies, and explaining the simple skill needed or the support available to construct the system, etc.).
4. Include men, women, Kebele leaders, community resource and influential people, teachers, and students on the visiting team.
5. Select spokespersons from the visiting team, preferably one man, one woman, one respected leader, and one political leader. These individuals will compile a report on what they see and the information they receive.
6. Arrange a meeting upon their return for all community members so that the spokesmen and women can report and discuss the status of WASH in the model community.
7. This exercise should motivate the community to draw an action plan of their own.

The action plan should include who does what, where, and when.

Support
Step 12 - Evaluation and Rewarding

Task 12.1: Carry out regular program performance monitoring and evaluation

Why?

- To review progress against outcomes to reward good performance.
- To assess causal link between steps, tasks, and desired outcomes.

Who leads?

Regional Bureau, zones

Who supports?

Ministries of Health, Water, and Education and NGOs

Process and tasks

1. Monitoring and evaluation is developed based on the objectives of WASH for rural or urban communities. Based on the situational analysis of WASH in the communities:
   - Action Plans will be drawn up with the communities.
   - Facilities will be installed in communities and institutions.
   - Communities are mobilized for hygiene behavior change and total sanitation.

2. Monitoring and evaluation follows this development to check and document:
   - Effective use of facilities
   - Sustainability of the facilities
   - Replicability of the facilities
   - Overall hygiene and sanitation status of communities – ODF status

Evaluating the Effective Use of the Systems
Assess effective use, which is the level of use required if facilities are to maximize economic and health benefits. Indicators that we can use for water supply in communities will include:

- **Hygienic use**—the maintenance or improvement of quality of water or excreta disposal system after it has been withdrawn, transported, and stored or after the latrine is installed in the households, respectively.
- **Consistent use**—the use of the facilities at all times with no seasonal interruption, even if less than optimally convenient.
- Pattern of increased volume of water use

Assess Sustainability = the ability to maintain efforts and derive benefits at the community level, even if motivation or technical assistance has been phased out. Indicators will include:

- Installed and functioning water supply system, sanitation facilities, and hygiene practices
- Confident and competent individuals operating and maintaining the system
- Strong committee established
- Cost recovery instituted in the Kebele

Assess Replicability = the ability to duplicate the process and benefits of developmental activities in new locations after their effectiveness has been demonstrated in households.

- Digging a new larine after the old one is filled
- Practicing safe hygiene behaviors
- Installing water systems in other Kebeles

Evaluating the Hygiene Status of communities

The ultimate goal of all these community-led efforts is to achieve an Hygienic households and hygienic living conditions in the communities (including the criteria of an Open Defecation Free community). An hygienic community should be certified using a set criteria.

The following definition of Hygienic ("Tsidu") Kebele/Woreda is proposed:

a) Households, Gotts and communities are free of open defecation.
b) All households have sealed latrines used by all the family.
c) All households have and use a hand washing station
d) All households have a safe system for storing and extracting water for drinking (minimum a covered container with 2 cups; one for pouring – one for drinking)
e) All schools and health facilities have sanitation facilities, which are also put to use.
f) All schools must have separate toilets for boys and girls as well as hand washing facilities.
g) General cleanliness is prevailing in the village.

Based on the criteria above there is a need to distinguish between:

a) A Woreda/Kebele with 100% physical sanitation coverage
b) An open defecation free Woreda/Kebele (ODF status),
c) A Woreda/Kebele reaching 100% hygienic status (related to 3 key behaviors) which is the most stringent definition of all 3.

The clear aim of the CLTBCHS program in Amhara is to reach 100% hygienic status

The team to do the verification should come to a conclusion on whether the Woreda qualifies for a) b) or c) after random checks in the field and consultations with Woreda officials.

Verification and Certification of Hygienic ("Tsidat") Status[18]

- Verifying hygienic status is a key activity. Verification entails an inspection to assess whether a community has reached ODF. Certification is the confirmation of the status and its official recognition. Especially where there are rewards for reaching hygienic status, communities and officials may have incentives to seek certification before the hygienic status has been fully achieved. Where certification leads to community rewards, deception and corruption are a possibility. To guard against this, and to assure sustained hygienic standards, many different approaches have been used. Inspections have been carried out by combinations of:

[18] Handbook on Community-Led Total Sanitation, Kamal Kar with Robert Chambers, 2008, whereas the more stringent term "hygienic status" was introduced as opposed to ODF status alone.

- People from neighboring communities (especially where there is competition)
- Natural leaders and others from hygienic communities.
- A government committee
- Staff of government departments
- Staff of NGOs
- Teachers.

Some useful principles and practices:

- Institute revolving membership of verification and certification committees (to reduce dangers of corruption where there are rewards).
- Include natural leaders from hygienic villages as members of inspection teams.
- Enlist female members to specifically investigate women's sanitary arrangements.
- Perform more than one check up visit.
- Perform a surprise visit.
- Ensure all members of the committee sign any verification.
- Decline to issue official certification, unless it has been sustained for six months.
- Post a board at the entrance of a village declaring it to be hygienic once it has been thoroughly and stringently verified.
- Inform many members of organizations and the public when a whole administrative area is to be verified, and invite them to take part.

A test of the standard of declarations and certifications may be the frequency with which they are withheld or withdrawn. Natural leaders are the inspectors most likely to be perceptive and rigorous.

Verification activities can or have included:

- Visiting former OD sites before dawn or after dusk.
- Inspections of latrines.
- Observations of whether paths to latrines have been used.
- Conversations with old people and children.
- Questions to community members—how do they monitor their own hygiene behavior change?
- Distinct and visible marks indicating hygiene behavior change, e.g., soap for washing hands, water containers near latrines, etc.
- Inquiries regarding infringements and what was done.
- Observations of animals that eat feces.
- Innovative tricks to check hygienic status often used by evaluation team representatives of ODF communities, such as cutting fruits (with strong aroma that attract flies) in the open and waiting to check if there was any reduction in fly population due to the hygienic status.

Celebrate Achieving Hygienic ("Tsidat") Status
Involve the local government when celebrating the achievement of hygienic status. Whenever a community or larger unit achieves hygienic status, organize a celebration as both a reward and to generate enthusiasm and commitment among others. Invite senior officials, politicians, journalists, and others from the media, and heads of other communities or administrative units of the same level. Try to ensure that the VIPs who speak are well informed. Encourage them to invite others to make public statements about progress and plans. Once the full hygienic status is achieved, encourage the community members to put up a board or sign saying so. This will increase their sense of pride and also serve to awaken interest among visitors to the village who may be interested in doing the same back at home.

Completion point

Evaluation system is in place and sensitive to causal links between steps, tasks, and outcomes.

Task 12.2: Develop Reward Structures

Why?

- To create competition and reward good performance.
- To use rewards and incentives to enhance performance.

Who leads?

HEWs, CHPs**,** Kebele Ignition Team, Health Extension supervisors, Woreda WASH Team

Who supports?

Woreda administration, zone administration, Regional Bureau, NGOs, and donors

Process and tasks

Competition could be encouraged between:

1. Households in the same Gott or Kebele
2. Gott to Gott in the same Kebele.
3. Kebele to Kebele in the same Woreda.

Awards

Awards are given based on the number of H&S "packages" a household, village, or Kebele have achieved. The package or indicators for WASH awards might include:

Household and Village Packages

- Number of households that have and use clean latrines.
- Number of households that arranged for a hand washing facility with hand cleansing agent by the latrine.
- Number of households that have narrow-necked containers or other safe mechanism for storage and drawing water in the household.
- Number of households that built a separate barn for animals.
- Number of households free from litter and child feces.

Kebele Packages

- Number of Gotts or households or institutions in a Gott that have completed WASH packages.
- Number of villages or number of households or institutions that optimally use a safe and clean water source.
- Number of villages or institutions that conduct regular sanitation campaigns.

Based on these criteria Woredas together with the communities could decide the type of prizes to be given to each category. Since achieving WASH is a very important development, government, donors, and NGOs will be motivated to support significant prizes for the winning household, Gott, institution, Kebele, or Woreda.

Appropriate prizes such as career/training opportunities for the best performing Community Health Promoter, Health Extension Worker, Development Assistant, institution focal person, women's association representative, or Health Extension Program supervisors (WASH) team might also be considered.

Completion point

Reward system established and applied.

Have You Finished?

Have you completed all 12 tasks?

YES?

Then at this stage you should have:

A Woreda with improved sanitation and hygiene	All	Some	None
Kebeles ignited and moving towards Open Defecation Free status.	✓		
Gotts ignited and moving towards Open Defecation Free status.	✓		
Communication and media active/ ongoing.	✓		
Technical options available through an active private sector.		✓	
Institutions ignited and achieving Open Defecation Free status.		✓	
Supportive supervision, monitoring, reporting, rewarding in place.		✓	
Partnership and linkages enhanced among stakeholders.		✓	
Networking with traditional or community-based leaders in place.			
CONGRATULATIONS!			

Suggestions??

If you have completed the 12 tasks and have suggestions on how the Resource Book can be improved please contact:

Amhara Regional Health Bureau, asgenet@yahoo.com
Water and Sanitation Program Africa, aknapp@worldbank.org
USAID/Hygiene Improvement Project, hip@aed.org

Part 4:

Resources and Tools

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

Companion Resources Supporting the Woreda Resource Book

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

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

3. Compendium of Technology Options (Federal Ministry of Health, under development with assistance from WSP-AF).

Other useful and related resources

1. Amhara Behavior Change Strategy to Achieve at Scale Hygiene and Sanitation Improvement, Amhara National Regional State, Bureau of Health, WSP-AF and USAID/HIP, 2007.

2. Mapping the Context, Water Quality, Sanitation and Hygiene (WASH), Resources and Gaps in the Amhara Region, Survey Findings and Analysis, DRAFT, prepared for the Whole System in the Room Multi-Stakeholder Meeting, Amhara National Regional State Bureau of Health, WSP-AF and USAID/HIP, 2006.

3. National Hygiene and Sanitation Strategy for Ethiopia, Federal Democratic Republic of Ethiopia, Ministry of Health 2005.

4. National Protocol for Hygiene and On-site Sanitation, Federal Democratic Republic of Ethiopia, Ministry of Health, 2006.

5. Needs assessment to achieve Universal Access to Hygiene and Sanitation by 2012, Federal Democratic Republic of Ethiopia, Ministries of Health, Water Resources, Education and Urban Development, European Water Initiative, 2007 and WSP-AF.

6. Regional Memorandum of Understanding between Amhara Bureaus of Health, Education and Water Resources, 2007.

7. Toolkit for At Scale Hygiene and Sanitation Improvement in Amhara Region, including detailed guidance on organizing a Whole System in the Room Workshop, Amhara National Regional State Bureau of Health, WSP-AF and USAID/HIP, 2006.

8. Various videos and print materials.