



Workshop: Hygiene and Sanitation Behaviour Change

Facilitator: Ross Kidd

Date: 18 November 2015

Workshop Objectives

1. Develop in-depth understanding of blocks and drivers to hygiene and sanitation (H&S) behaviour change
2. Agree on common strategies and best practices to strengthen H&S behaviour change
3. Critically review CLTS, PHAST, and other H&S tools to discuss which work best and how best to use them
4. Explore gender and cultural issues (e.g. taboos) related to H&S improvement
5. Agree on strategies for improved follow-up work to sustain H&S behaviour change

Outline of the Day

Time	Wednesday 18 November
9:00 -10:30	a) Openers – Warmup, expectations, objectives, topics, process b) Initial thoughts and vision for H&S behaviour change c) Which H&S Behaviours? d) What makes changing H&S behaviours difficult?
10:30 – 11:00	Break
11:00 – 12:30	a) Drivers and blocks to H&S behaviour change? b) Culture and Taboos – i) Open Defecation ii) MHM c) Gender
12:30 – 1:30	Lunch
1:30 – 3:00	Participatory Tools – CLTS, PHAST, Healthy Islands, etc (Demonstration and discussion of different techniques) Objective – which techniques work best and how best to use them
3:00 – 3:30	Break
3:30 - 5:00	a) Follow-up – Identifying strategies for improved follow-up work to sustain H&S behaviour change b) Dealing with Challenges c) Evaluation
5:00 – 5:15	Logistics for field trip



Resources for Future Reference on Hygiene Promotion and Behaviour Change

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Ferron, Suzanne, Morgan, Joy, and O'Reilly, Marion (2000) **Hygiene Promotion: A Practical Manual for Relief and Development.** CARE International and Intermediate Technology Publications, London

Health Promotion Division (2013) **Guideline for Solomon Islands Healthy Village.** Health Promotion Division, Ministry of Health and Medical Services, Honiara, Solomon Islands.

Kar, Kamal (2005) **Practical Guide for Triggering Community Led Total Sanitation (CLTS).** Institute of Development Studies, Brighton, UK.
www.communityledtotalsanitation.org

Kar, Kamal and Chambers, Robert (2008) **Handbook on Community-Led Total Sanitation.** Institute of Development Studies (Brighton, UK) and Plan UK (London).
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Kar, Kamal (2010) **Facilitating 'Hands on' Training Workshops for Community Led Total Sanitation: A Trainer's Training Guide.** Kolkata, India: CLTS Foundation.
www.cltsfoundation.com

Kidd, Ross (2013) **Facilitator's Manual for Small Towns CLTS Field Work.** Northern Region Small Towns Water Supply and Sanitation Project, Cowater International, Ottawa, Canada.
www.cowaterinternational.com

Live and Learn (2011) **Putting Your Waste in the Right Place: A Community Led Total Sanitation (CLTS) Approach for the Pacific Islands. Discovering Healthy Living: Participatory Hygiene and Sanitation Transformation (PHAST) in Pacific Countries.** Flipchart covering both CLTS and PHAST methods. Live & Learn, Melbourne, Australia.
www.livelearn.org

Mehta, Lyla and Movik, Synne (eds) (2011) **Shit Matters: The Potential of Community-Led Total Sanitation.** London: Practical Action Publishing.

Moran, Heather et al (2001) **Zeta nia Domin (Zeta's Love).** 40 minute fictional video about hygiene and sanitation in Timor Leste. Video tells the story of a young man who is blocked from proposing to a woman because there is no toilet in his house. Used in hygiene promotion work in Timor Leste. BESIK/Rural Water Supply and Sanitation Programme, Dili, Timor Leste.



Netherlands Water Partnership (2010) **Smart Hygiene Solutions: Examples of Hygiene Methods, Tools and Tips**. Netherlands Water Partnership, Plan International, and IRC International Water Centre. Describes PHAST, CHAST, and CLTS methods.

Roose, Sharon and Rankin, Tom (2015) **Breaking the Next Taboo: Menstrual Hygiene within CLTS**. Frontiers of CLTS: Innovations and Insights. Issue No. 6, July 2015. CLTS Knowledge Hub, Institute of Development Studies, Brighton, UK.
www.communityledtotalsanitation.org

Ross, Isabel (2015) **Draft Community Led Total Sanitation (CLTS) Toolkit for Solomon Islands**. Rural WASH Program, Environmental Health Division, Ministry of Health and Medical Services, Honiara, Solomon Islands.

UNICEF (2013) **Field Guide: The Three Star Approach for WASH in Schools**. UNICEF, WASH Programme Division, New York.
http://www.unicef.org/wash/schools/files/UNICEF_Field_Guide-3_Star-Guide.pdf

WaterAid Australia, International WaterCentre, IRC International Water and Sanitation Centre. (2011). **Sharing Experiences: Effective Hygiene Promotion in South East Asia and the Pacific**. WaterAid (London), International WaterCentre (Brisbane, Australia), and IRC International Water and Sanitation Centre (Netherlands).
<http://www.watercentre.org/portfolio/sharing-experiences-hygiene>

WaterAid Australia, International WaterCentre, IRC International Water and Sanitation Centre. (2013). **Promoting Good Hygiene Practices: Key Elements and Practical Lessons**. WaterAid (London), International Water Centre (Brisbane, Australia)), and IRC International Water and Sanitation Centre (Netherlands)

Wood, Sara, Sawyer, Ron, and Simpson-Hebert (1998) **PHAST Step-by-step Guide: A Participatory Approach for the Control of Diarrhoeal Disease**. World Health Organisation, Geneva.

World Health Organisation (2011) **Framework of Action for Revitalisation of Healthy Islands in the Pacific**. Ninth Meeting of Ministers of Health for the Pacific Island Countries, Honiara, Solomon Islands, June 2011.



Hygiene & Sanitation Behaviour Change

Statistics on H&S in the Pacific

- Sanitation coverage varies widely across the Pacific eg Fiji (87%), Vanuatu (58%), Solomons (18%), and Papua New Guinea (12%)¹
- Sanitation coverage is significantly lower in rural areas than urban. The most extreme difference is in the Solomon Islands – urban coverage 81%, rural coverage 15% (JMP)
- Knowledge about hygiene is high, but hygiene practices are low (JMP).¹
- Incidence of diarrheal diseases in the Pacific is 20% higher than the world average
- More people die from WASH related diseases than from AIDS, TB, and malaria combined!
- People without toilets consume, on average, 10g shit per day! This can contain 100 million viruses, 10 million bacteria, 10, 000 parasite cysts, and 1000 parasite eggs.²
- Every dollar invested in sanitation yields a return of \$5.²
- H&S BC promotion is the most cost-effective of any health intervention.

Impacts of Poor Hygiene and Sanitation. Health

- Diarrhoea: Solomons – 25% child deaths are due to diarrhoea
- Acute Respiratory Infections (ARIs): Spread through children who do not wash hands regularly.
- Malnutrition and stunting: Repeated contact with faecal pathogens makes it harder for food to be absorbed into intestine.
- Hepatitis A: Spread by eating food contaminated with faeces of an infected person.
- Intestinal worms: Spread through human contact, or by walking barefoot in soil contaminated with shit. Worms enter the intestines where they feed on blood, and cause anaemia, weight loss, diarrhoea, and pain.
- Trachoma: Eye infection that can result in blindness, and is spread from person to person through hands, clothing or by flies that land on the face of an infected person.
- Urinary Tract Infections (UTIs): Where toilets not available, girls and women will often withhold food or liquid, and wait until after dark to defecate so that they are not seen. Dehydration and “holding it in” can increase the risk of UTIs, constipation and mental stress.
- Reproductive Tract Infections (RTIs): Experienced by women who can’t change sanitary pads frequently, and who wash and dry reusable cloths under unhygienic conditions.

Safety and Dignity

- Violence: Going to the bush to defecate, often at night, makes women, children, and people with disability vulnerable to harassment and assault.
- Dignity: The shame of defecating in the open affects self-esteem of many people, particularly women. This shame increases during menstruation.

Economy and Livelihoods

- Missed Educational Opportunities: H&S related diseases lead to reduced attendance at school. Lack of access to private sanitation facilities at schools also leads to high levels of absenteeism among menstruating girls.
- Reduced Ability to Learn: Some H&S-related diseases, such as malnutrition and hookworm, have been shown to result in a decrease in the brain size of children, and seriously affect the learning and cognitive development of children.
- Income and Livelihoods: Sickness, due to poor H&S, leads to people missing work and drains family resources used for health care costs.

¹ **A Snapshot of Water and Sanitation in the Pacific. 2013 sub regional analysis and update** UNICEF
http://www.unicef.org/eapro/snapshot_water_and_sanitation_in_pacific.pdf

² Ross, Isabel (2015) **Draft Community Led Total Sanitation (CLTS) Toolkit for Solomon Islands**. Rural WASH Program, Environmental Health Division, Ministry of Health and Medical Services, Honiara, Solomon Islands.



H&S TRIGGERING/BEHAVIOUR CHANGE TOOLS

Tool	Description
CLTS	
SHIT MAPPING (or W&S MAPPING)	Make map of community landmarks. Add houses. HHs mark places where they shit (using powder). Discuss shit locations – Where is the most shit? What about shitting at night? Problems when shitting in bush? How do you feel about all the shit in your village?
SHIT/DISCOVERY WALK	Walk with group to nearby place of open defecation. Discuss – How do you feel about shit? Where does shit go? Take shit back to meeting place.
SHIT CARRIERS (CONTAMINATION PATHWAYS)	Flipchart picture showing pile of shit and home with food. Hand out cards. People write pictures/words of things which carry shit to home/food + tape on picture. Each person describes his/her card. Probing questions to get people to say – “We are eating shit”
WATER AND SHIT	Hand plastic bottle of water to group and invite them to drink. Then put shit from ground into bottle and offer it again. People will refuse. Ask – “Why are you refusing?” Discuss how shit is washed by rain into water supply.
FOOD AND SHIT	Place shit near plate of food (with rice). People will observe flies going from shit to food. Discuss. People compare this with baby shit lying in compound not far from where people eating
SHIT CALCULATION + MEDICAL CALCULATION (IT ALL ADDS UP)	With participants help calculate amount of shit produced each day per person – then multiply by number of HHs in village, number of days per week, number of weeks per year – total gives amount of shit produced per year by community. Discuss. Estimate costs of getting treatment at clinic for diarrhoea and comparing with cost of building toilet
HANDWASHING AND SHIT	Drama: Facilitator goes to bush pretending to defecate. Then he returns and without washing hands, offers food in his hand to participants who refuse – why? No handwashing. Similar drama where mother cleans baby’s bum with a rag, then without washing hands serves food.
PHAST	
HEALTH PROBLEMS ACTIVITY	Show picture of nurse and traditional healer. Showing picture of family, ask “Which family member might go to clinic or traditional healer – and for what health problem?” Make list of health problems. Discuss – How to prevent problem? Which problems can be solved by community action? Then which of these problems are caused by W, S, or H practices?
THREE PILE SORTING (Good & Bad Hygiene Behaviours)	Pictures showing different hygiene behaviours eg collecting water from river, washing hands, etc. Pictures handed out to group members who put them in piles – ‘Good’, ‘Bad’, ‘In-Between’. Then discuss each behaviour in more detail and agree which should be promoted and which discouraged
HOW DISEASES SPREAD	Similar in methodology to SHIT CARRIERS
BLOCKING SPREAD OF DISEASE	Participants identify activities which can block oral-faecal transmission – building & using toilet, boiling drinking water, washing hands with soap, covering food, etc
SANITATION LADDER	Pictures showing different toilet options – from cat method to VIP toilet. Groups display pictures from the ‘worst’ to the ‘best’. Then discuss what option the community is using now and where they would like to be in one year’s time. Discuss difficulties & advantages in moving to the new option.