

SWASTHH

Planning and teambuilding

for SWASTHH

in Jharkhand and Bihar

A Training of Trainers and Resource Persons

**Ranchi, Jharkhand
16-22nd of March 2001**

**First Draft Report
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Executive Summary

Since 1996, UNICEF has been supporting the implementation of the School Sanitation and Hygiene Education (SSHE) programme in Bihar. The SWASTHH project was launched in Bihar with a workshop in June 2000. With the bifurcation of the state, SWASTHH is now active in the newly constituted state of Jharkhand, in six blocks each of Ranchi and East Singhbhum districts. The launch was repeated in Jharkhand on February 2, in the Birsa Stadium in Ranchi with the participation of the sectoral partners and about 3000 school children from 60 schools.

The present workshop was held from 16 to 22 March 2001 in Ranchi. One of the results of this workshop was to build interdisciplinary teams of resource persons and master trainers who will lead the SWASTHH programme, serving as the district level resource groups for management, training and orientation. The teams are composed of educators, DIET leaders, PHED personnel, Rural Development and health department staff, those concerned with anganwadis and NGO personnel.

This report reflects the main themes covered in the workshop. One recurring theme is that SWASTHH is more than a construction programme. It focuses on sustained changes in hygiene behaviours, that will be carried out consistently in the school and can be reflected in the household. Special attention was given to the challenge of ensuring good access and use as well as operation and maintenance of facilities that are supported by the learning environment. Special attention was also given to improved and innovative pedagogical strategies.

The contents and activities of the workshop focused on:

- developing an agreed content basis for school sanitation, water and hygiene education
- the meaning and strategies that can lead toward effective, joyful learning among children
- planning of common strategies for transactions in the classroom, training, social mobilisation and IEC, construction and technology choice, post-construction management and use of facilities, linkages with the household and community.
- transformation of the District Plan of Action into practical interdisciplinary workplans
- review of training modules for different groups
- experience with microplanning and strategies for delivering training and on-site supervision.

This report is meant specifically for the participants of the workshop as well as for the facilitators and resource persons. The first part of the report focuses on the main objectives of the SWASTHH programme and the workshop. This is followed by an overview of the methodologies used in the workshop and for feedback each day. After this the report includes information about the main presentations and activities each day. In the annex a list of participants, time schedule and some lesson plans are found.

We hope that this report will assist all colleagues --- the participants at the workshop, the facilitators, resource persons, and other interested persons in SSHE -- to in planning training and teambuilding activities in their own SWASTHH project locally.

(Additions: Sumita/Chetna)

1. Introduction

Inaugural Speech by Sumita Ganguly-WES, UNICEF

Since 1949, UNICEF has had the privilege of working with the Government of India. This long partnership has been based on the foundation of one shared concern and common goal- to improve the situation and quality of life of all children in the country. In addition the focus has been on ensuring their survival, development, protection and participation.

In 1990, the first ever World Summit conference was held with 71 heads of Governments participating to discuss the situation of children and to set targets (for the first time) for achieving global goals in the areas of health, nutrition, education, safe drinking water, sanitation, protection from exploitation and discrimination and participation.

India is a signatory to the World Summit goals. In August, 1992 it launched the National Plan of Action for children. This plan specifically focused on the commitment to children. In the same year, India acceded to the Convention on the Rights of Children (CRC)- an instrument for setting international standards for the rights of children.

UNICEF's key concern flows from the CRC which is to see that children born survive, grow, develop to their ideal growth potential. Every year approximately 25 million children are born and almost 2 million children die before they can reach their first birthday. A quarter of these deaths is due to diarrhea.

The IMR in India is 69/1000 live births and for the last 4 year it has been stagnating with 47% children suffering from malnutrition.

We know that incidence of many childhood diseases has decreased dramatically due to the improvement in immunisation; however, diarrhoeal deaths continue along with death due to respiratory infections. The question that arises is why? Poor sanitation, poor personal hygiene, inadequate understanding of home sanitation, food hygiene, protection of water sources, protection and storage and use of drinking water are believed to be underlying causes.

Recent surveys have shown that open defecation is practised by 80% of the country's 150 million rural households. Unless the fecal-oral transmission is cut, reduction of diarrhoea and malnutrition is not likely.

It was necessary to develop a strategy to address this concern. The Government of India is trying to accelerate coverage through Government programmes like the ARWSP sector reforms and the CRSP. In 1995, UNICEF recognised that *schools are possibly the most effective channel for bringing about behavioural change in children and through children in communities.*

The focus on school sanitation also stems from the fact that children have a right to basic facilities such as school toilets, to safe drinking water, to clean surroundings, to information on hygiene. If these conditions are created, children come to school, enjoy learning, learn better and also take back to their families, especially siblings, concepts and practices on sanitation and hygiene. In this way, investments in education are better realised. The consequences of such conditions have an even greater positive outcome for girl children who often stay away or drop out from schools which do not have toilet facilities.

The SWASTHH programme has started in two districts in Jharkhand- Ranchi and East Singhbhum. The national SWASTHH project with the Government of India and IRC collaboration consists of 5 districts, the others being Chitradurga and Raichur in Karnataka and Erode in Tamilnadu. IRC, initially known as the International Reference Centre and now called the International Water and Sanitation Centre is a premier institution for studies in water and sanitation. It is also a centre that offers various training programmes to developing countries. This collaboration benefits the project in drawing the most advanced information, evaluation findings and training methods for application to the project.

Inter-sectoral co-ordination plays a critical role in the success of this project. Inter-departmental co-operation, especially between Education, PHE, Rural Development, Department of Women and Child Development is essential in order to achieve the project outputs and the objectives for primary schools and Anganwadi centres.

The project started in March, 2000. In March 2001, the RGNDWM, Ministry of Rural Development, Government of India convened the first National Steering Committee meeting, chaired by the Joint Secretary Mr. Anil Kumar to take stock of one year's progress. RGNDWH and the Department of Housing which looks after rural sanitation has a target of covering 150,000 of the country's 600,000 schools with latrine blocks in the 9th five-year plan/30,000 schools per year. States must ensure that the allocation for this programme is utilised fully

2. The SWASTHH project: an overview

SWASTHH – Sanitation and water at schools towards hygiene and health – is far more than a construction programme. Its global objectives focus both on education and quality of life. SWASTHH seeks to develop, test and successfully demonstrate a replicable model for hygiene education, water supply and environmental sanitation in rural primary schools and pre-schools.

The overall objectives of the SWASTHH programme are:

- Effective learning- Children perform better if surrounded by a hygiene and clean environment
- Enrolment of girls- Lack of private sanitary facilities for girls can discourage parents from sending girls to schools and contribute to the drop-out of girls, especially of adolescents.
- Reduced diseases and worm infestation- If school sanitation and hygiene facilities are absent or are badly maintained and used, schools become health hazard.
- Environmental cleanliness- Proper facilities will prevent pollution of the environment and limit health hazards for the community at large.
- Implementing Child Rights- Children have the right to be as healthy and happy as possible. Good health and sanitation are key to a happy childhood.

The more specific SWASTHH objectives are:

- To make visible the value and impact of school sanitation as perceived by community and thereby raise the level of ownership
- To promote importance of SSHE at the national, state and district levels;
- To improve hygiene practices among school children, their families and communities
- To develop, test and improve curriculum, teaching aids and teaching programmes
- To promote family, community involvement and partnership in the sustainability of water and sanitation facilities in schools.

Over the next two years, the results that the SWASTHH programme seeks to achieve over the next two years are:

- 80% of 500 primary schools in each district have improved water and sanitation facilities
- 80% of the students and teachers know the benefits of the regular use of facilities

- 50% of students and teachers have conveyed sanitation and hygiene concepts and messages to their families and communities
- Participatory assessment of learning projects is carried out
- Improved and systematic hygiene promotion activities in Anganwadi centres

3. Main objectives and focus of the workshop

The workshop was held in Ranchi for participants from three districts: Ranchi, East Singhbhum, and Gaya. The workshop's strong emphasis on interdisciplinary team building is reflected by the participants who included DIET personnel, teachers, PHED personnel, Rural Development and Health department staff, those concerned with anganwadis as well as a strong representation from NGOs.

The overall objectives of the Ranchi workshop were:

- To develop an inter-sectoral team for building capacity in the SWASTHH project
- To generate a common understanding about the project concept and objectives and Plans of Action

Prior to this workshop, Plans of Action (PoA's) had been developed for Ranchi and East Singhbhum¹. The PoA's are not detailed workplans, but are organised in the form of project documents for each district. Therefore, one of the tasks undertaken during the workshop was to draft interdisciplinary workplans for two districts. The planning at the district and block level is, of course, related to the project cycle in the community and school. To clarify this, participants also worked on microplanning exercise focusing on the school/community.

Also before the workshop, the DIET and project staff in Ranchi, where SSHE activities have been carried out for several years, had taken the initiative to organise drafting of training modules for groups with key roles in SWASTHH. These modules were prepared for teachers, headteachers, engineering staff, masons, ANMs, scouts and guides, village education committees. During the workshop time was set aside for the review of these draft materials. Suggestions and corrections were collected and will be used in the revision of the materials in the near future.

The following table indicates the main themes discussed each day. Each of these themes was explored through presentations and group exercises as well as integrated into the detailed workplans.

¹ Note that Gaya did not have a Plan of Action.

THE WORKSHOP DAY-BY-DAY

- Day 1** *Introduction to School Sanitation and Hygiene Education and the SWASTHH programme.*
- Day 2** *Technical and construction issues*
- Day 3** *Behavioural change, IEC, mobilisation*
- Day 4** *Educational perspective*
- Day 5** *Application to the field*
- Day 6** *Management perspective*
- Day 7** *Indicators and Consolidation*

3.1 Workshop objectives each day

Each day had a set of objectives that were meant to build on previous day's work. These are listed below. The daily objectives always took the various stages of the project cycle into account. As SWASTHH is a new programme, parts of several days were devoted to the development of interdisciplinary workplans based on the PoA's and to the critical review of the draft training modules.

The activities of each day built on the experience of the participants to develop new learnings which they then modified and applied in the workshop. Thus, the activities of each day provided time for participants to create their own learning/teaching activities, prepare workplans based on the district PoA's or to review the draft training modules.

The objectives of each day are noted below:

Day 1: Introduction to School Sanitation and Hygiene Education and the SWASTHH programme.

Day 1 provided an introduction. The objectives were to:

- Understand the objectives of SWASTHH (presentation)
- Be acquainted with the three district plans (district presentations) (presentations)
- Learn about and compare lessons learned from international experience and research with lessons learned from earlier SSHE experience in Jharkhand/Bihar. (power point presentation, brainstorming, presentation related to the brainstorming results) (presentation/ comparison)
- Identify key challenges in SSHE programmes. (small group/cards)
- Begin preparation of time-bound interdisciplinary workplans based on the Plans of Operation for Ranchi and East Singbhum districts. (group work)

Day 2: Technical and construction issues

This day focused on construction, technology and design issues, norms and water quality. The specific objectives were to:

- Understand the national and state policy on drinking water and sanitation for school and community (presentation)
- Be acquainted with issues of design, specification, standards, norms and quality aspects of drinking water sources (presentation)
- Learn about research undertaken to determine the norms for latrines/urinals and technical designs. (presentation)
- Be acquainted with issues related to operation and maintenance and community monitoring (presentation/brainstorming)
- Review the relevant draft training modules for engineers and masons. (group work)

Day 3: Behavioural change, IEC and mobilisation

This day dealt with behavioural change, identifying key hygiene behaviours and community mobilisation. The objectives were to:

- Identify the universe of hygiene behaviours within SSHE programmes (brainstorming)
- Identify, within this universe, the key hygiene behaviours that can lead to the largest health advantage (voting, debriefing)
- Learn about one method for identifying hygiene messages through key behaviours, based on reasons of early acceptors, segmented by group such as men/women, older/younger, boys/girls. (role-playing)
- Understand methods and activities for social mobilisation as well as the key actors in each (presentations of field experience by participants; brainstorming, debriefing)
- Continue to prepare district interdisciplinary workplans on the basis of the PoA's. (group work)

Day 4: Educational perspective

This day focused on education in the classroom, curricula and preparation of learning activities. A project experience from Karnataka was presented and very much appreciated by the participants. The objectives of the day were to:

- Understand the concept of ‘total health education’ through the life skills approach. (presentation)
- Review a study on the current primary school curriculum that identified contents and gaps related to water, sanitation and hygiene behaviours. (presentation)
- Learn about an education renovation project in Karnataka called Nali Kali (Joyful Learning), and particularly its water, sanitation and hygiene behaviour aspects. (presentation)
- Prepare sample learning activities focusing on hygiene behaviours within the immediate environment, using only materials from that environment. (group work)
- Review of training modules for teachers and Village Education Committees. (group work)

Day 5: Application to the field

On day 5, the education focus of the previous day continued. In the afternoon participants visited nearby schools, applying a checklist that they had devised to monitor SSHE and to try out teaching/learning activities with the children.

- Share classroom/school learning experiences related to SWASTHH issues. (group work in plenary)
- Understand how to fit lessons and processes into the new National Curriculum Framework (presentation)
- Understand how to develop ‘thematic’ learning for class 1 to 5 on environmental, water and sanitation issues
- Practice assessing SWASTHH indicators in schools through a field visit and try out learning/teaching activities with students. (field visit)

Day 6: Management perspective

Day 6 focused on a range of monitoring issues and provided participants with a last opportunity to review district workplans. The objectives were to:

- Become acquainted with the SWASTHH project management including organisation chart, flow of funds, monitoring/evaluation. (presentation)
- Develop time-sequenced microplan for SWASTHH in village. (small group work)

- Make a time plan for implementation of SWASTHH in a village/school context
- Study the baseline surveys and their implication for the districts
- Refine workplans (PoA's) being prepared based on the key management issues, results of baseline surveys and to ensure that lessons learned (see day 1) from earlier programmes and from the field trip (see day 5) are also dealt with in the workplans.

Day 7: Indicators and consolidation

Day 7 was the last day of the workshop. This day was shorter than other days and focused on developing indicators. In addition it focused on a summary of the workshop meant as a point of reflection. The objectives were to:

- Examine a minimal (draft) list of indicators for SWASTHH, that also incorporated learnings from the previous days.
- Review the workshop and key learnings from it.

4. Methodology used in the workshop

In this workshop a number of teaching/learning methods were used in order to create a conducive environment in which all of the participants could express their interests and concerns regarding their own experiences in the programme. This also provided participants with experience in methods that they can, in turn, use themselves in their training at the block and cluster levels.

Presentations by a number of the participants

Note some of these participants were asked before hand while others were asked to present something during the workshop sessions.

Discussions and group work

In specific sessions participants were asked to discuss a specific issue of concern in the programme. Note that this allowed for the exchange in experiences rather than coming up with specific solutions.

Plan of Action

As stated earlier, some Plans of Action had already been developed before the workshop. One exercise focused on revisiting the Plans of Action. This type of participatory exercise allowed participants to revise their existing plan accordingly with their colleagues.

Other instructional methods.

Brainstorming

To generate ideas, participants were asked to brainstorm. An important feature of this method is that it allows all answers from the participants to be accepted and listed or noted. After the brainstorming, selections, prioritisation or grouping can be done.

Contest/problem solving

The group had a contest to see who could develop the best solution to a common problem. One example was: what can be done when teachers want to lock latrines in schools. The contest proved to be lively with a wide range of possible solutions.

Role play

In a few sessions participants were asked to act out certain activities through a role play. Role playing in this context refers to two or more persons acting out a certain situation. This activity allows people to act out different circumstances.

Reflection- Applying past learning to new work

On several occasions the participants were asked to apply the learning of past days in the workshop to the preparation of plans, review of modules or workplans. This provides one method for helping to ensure that learning in a workshop was, in fact applied.

4.1 Methodology used for feedback each day

There were a number of ways in which the participants were able to give feedback about the workshop each day. Inevitably, it is crucial for a training facilitator to assess the learning environment continuously during the course of a training programme. How the participants feel is crucial to what they learn. This feedback was used to restructure the subsequent sessions. In this workshop the following methods were used to obtain feedback:

1. **The “ears”:** Four participants volunteered to act as “ears” for the group. This meant they would observe participants, listen to the “asides” while a session is going on, comments made by participants and informal chats outside the training room and such other “subaltern” responses- which can not be captured in the formal setting . Based on this, they debriefed the facilitators at the end of the day on all aspects, particularly the content, methodology used, the communication process, and the quality of participation. The “ears” would change everyday, and a new set of volunteers would provide the feedback.

Examples of feedback from the “ears”

- *Too many lectures are not appreciated by adult learners. We learn better by doing.*
- *Some days had too much content. This is difficult for participants to remember and even more difficult to apply.*
- *The case experience from Nali Kali in Karnataka was very much appreciated. Also from the field trip.*
- *The PoA was an extremely useful exercise since it encouraged the team members to actively examine the Plan of Action and assess their own roles. It helped in identifying major activities, the time line for these activities, those responsible and those involved.*

2. **Feedback during session:** During sessions, facilitators regularly obtained feedback regarding the comprehension of concepts used during the day.
3. **End-of-day Facilitators’ meeting:** At the end of the day all the facilitators met to discuss how the day went. The feedback from the “ears” and the perceptions of dynamics during group work were discussed at length.

5. Summary of the main presentations and activities

The following is a brief overview of the main points in some of the presentations and activities. In some cases more elaborated lesson plans based on the activities have been provided in the annex. This has been marked with a ‘*’ sign after some of the activities described below. Also note that the participants have been given copies of the transparencies for each of these presentations.

Day 1- Introduction to School Sanitation and Hygiene Education and the SWASTHH programme

Presentation 1: Sumita Ganguly (SWASTHH)- Goals in SSHE

This presentation focused on what is meant by child-friendly schools and the SWASTHH programme. Child-friendly schools refer to those which promote good health, promote environmental education and child participation, encourage active school-parent-community partnership. In terms of SWASTHH, a focus was placed on the overall objectives of the programme (Also refer to Section 2).

Presentation 2: SSHE Global

This presentation focused on the objectives and some of the main outputs of the SSHE Global project which is being implemented in 6 countries by UNICEF. The overall objective of the SSHE Global project is to ensure that the present and future health and education of school-aged children improve through better hygiene behaviour and healthy school environment. The project seeks to develop and disseminate:

- Country- specific, child-centred teaching programmes utilising the life skills approach
- Capacity to utilise technical guidelines for continuing production, maintenance and use of school facilities
- Initiatives supported and sustained by the different stakeholders at the community level

A methodology for improved SSHE is being field tested in at least six countries on three continents. These countries include: Nepal, Vietnam, Burkina Faso, Zambia, Colombia and Nicaragua.

Activity 1: Lessons learned from research and evaluations*

Participants were asked to reflect on their own experience and to make cards reflecting ‘lessons learned’ in past SSHE work. These are shown below.

Activity 1: Lessons learnt from the past

Policy issues

- Need for a National/state policy on sanitation
- Need for strike rules about sanitation (e.g. government)
- Lack of formal directives

Community issues

- Need for people to take on responsibility
- Need to form new community groups only if similar groups do not already exist
- Need for waste water management

Educational issues

- Need to train children on hygiene behaviours
- Need for training all children
- Behaviour takes time to change
- Curriculum must focus on sanitation and hygiene

Communication

- Need to orient parents on sanitation
- Need for mother's participation in PTA
- Need to share ideas between teacher's and communities

Facilities

- Need for accessibility to sanitation facilities (locked)
- Need for separate latrines for boys and girls
- Need for maintaining water and sanitation facilities

Presentation 3: Lesson learned related to SSHE from international research and evaluations

There was then a brief presentation on lesson learned related to SSHE from international research and evaluations. Participants were asked to compare their ideas with those in the presentation. There were several common points showing that there is a body of shared findings, lessons and concerns in SSHE.

The presentation highlighted the following topics:

DEFINITION Behaviour = what people do = practices

Behaviour takes time to change. Behaviours that are similar to current practices will usually change more easily than behaviours that are very different from current practice.

Small changes are important

Research shows: A 10%, 15% change in hygiene behaviours can mean great savings in days sick and savings in financial terms.

Bad health is related to school achievement and drop out. Research presented from Jamaica.

Benefits of handwashing and using latrines are great from a health point of view.

Research from Esrey.

Other issues from evaluations:

Maintenance and use of facilities are difficult to sustain in SSHE.

Building demand in the community for SSHE is particularly needed where handwashing (after defecation) and latrines appear in few households.

Education together with organisation of the school children enables SSHE to reach into the community.

Day 2: Construction issues

Presentations 1- Indian standards for drinking water

An overview of construction guidelines and Indian standards for drinking water was given to the group. This included ways of testing characteristics for drinking water. In addition some questionnaires were given to the participants which could be used in the field.

Presentation 2- Survey on efficiency of toilets in school buildings

This presentation focused on a specific survey that was undertaken to see the efficiency of toilets in school buildings. The survey specifically focused on

- Studying the existing facilities for sanitation
- Studying the usage pattern of these facilities
- Studying the physical conditions of the toilets
- Recommending rational figures for number of facilities.

Data was collected using a survey in seven schools (primary, middle and high school). One particularly interesting finding from the study was that older girls tended to go home (and not return to school for that day) since there were few facilities or latrines were poorly maintained. In addition, the study recommended norms of 1 urinal for 50 students, 1 washtap for 75 students and 1 toilet for 250 up to 500 students. This last recommendation seems high, particularly since it was based on current actual use of

toilets that were not always well maintained. Experience in other settings shows that the use of toilets tends to increase if they are maintained and children have convenient access throughout the day.

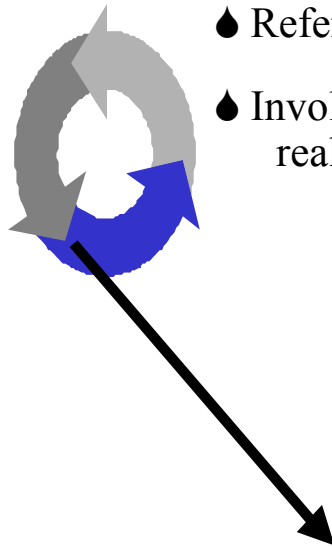
Presentation 3- Monitoring*

This presentation focused on what we mean by monitoring. This session started with asking participants what they understood by monitoring. Monitoring refers to checking (collection information), understanding (analysing) it and talking action for short-term improvement if the information shows that something is not as expected and could be improved. The elements of monitoring are:

- generally agreed rules or indicators
- checking these
- extra checks (by other people), if needed to ensure the validity of the information
- ability to refer information to other levels, as needed, if the expected action to improve the situation does not occur.
- taking action to improve the situation
- have agreed roles for checking, extra checking, referring, taking action. The roles should, if at all possible, be undertaken by someone who has a vested interest in the issue and wants 'to get it right'.

Organizing the Monitoring

- ◆ Focus on concern or problem
- ◆ Extra checks for validity
- ◆ Action at lowest level
- ◆ Referral if no action
- ◆ Involve people who have a real interest in the issue



This presentation included a number of practical examples on how we monitor in our own daily lives. In addition it focused on some which could be used in the programme.

Activity 1: Monitoring checklists

Participants were asked to create a list of indicators which could be used to monitor latrines and handpumps. The list of indicators developed by the various groups are shown below.

Group 1: Latrine monitoring

- Is there any problem with the latrine?
- Is there cleaning every day by the children?
- Who solves the O&M problems, masons/teachers?

Group 2: Latrine monitoring

- Is there a brush and water available?
- Is the cleaning of the latrines facilities done every day?
- Is there any problem in the flushing of latrines?

<ul style="list-style-type: none"> • Who arranged for the bucket and mug? • Who arranges for the water tank? • Is there water in the tank? • Is there soap in the toilet? • Is there repair of damaged parts in the latrines? • How is bad smell prevented? 	<ul style="list-style-type: none"> • Is there a bucket or mug outside the toilet? • Is there water in the tank outside the latrine? • Is there soap or ash outside? • Is there any component which is damaged? • Is there a bad smell at the latrines? • Is there water in the water seal?
<p>Group 3: Latrine monitoring</p> <ul style="list-style-type: none"> • Does the door close and open? • Is the environment outside clean? • Is there any provision for soap, brushes, etc.? • Is the inside clean? • Is there enough provision of water? • Does the latrine flush properly when there is water? <p>Do children and teacher use the latrines?</p>	<p>Group 4: Handpumps monitoring</p> <ul style="list-style-type: none"> • Is the handpump working? • Does the handpump have all the required components? • Is the platform in good condition? • Is there proper drainage to carry off spilled water? • Is the handpump platform misused? • Is the contamination of the surrounding area about 10 meters radius from handpumps (e.g. excreta and polluted liquids) • Is the quality of water permissible? • Is the water properly disposed off? • Is there wastage of water due to unnecessary handling? • Is proper use of collected funds in O&M?

Day 3: Behavioural changes, IEC, and mobilisation

Activity 1: Significant hygiene behaviours*

Participants began by brainstorming. They listed all the hygiene behaviours they could think of that appear (or should appear) in an SSHE programme. These ideas were grouped by topic (water, sanitation, good hygiene and so on).

A main question posed was: what happens when messages about all these behaviours are given? (Answer: nothing. Too much information results in little behavioural change.)

A brief presentation was then given about factors that provide the greatest health advantage. Based on this, a short list of priorities were selected from the long list.

Behaviours that may give the greatest health advantage

- Wash hands before eating and after defecation with soap
- Wash face and eyes
- Use safe water
- Use toilet
- Keep surrounding of water sources clean
- Disposal off children's excreta safely

Activity 2: Behavioural change

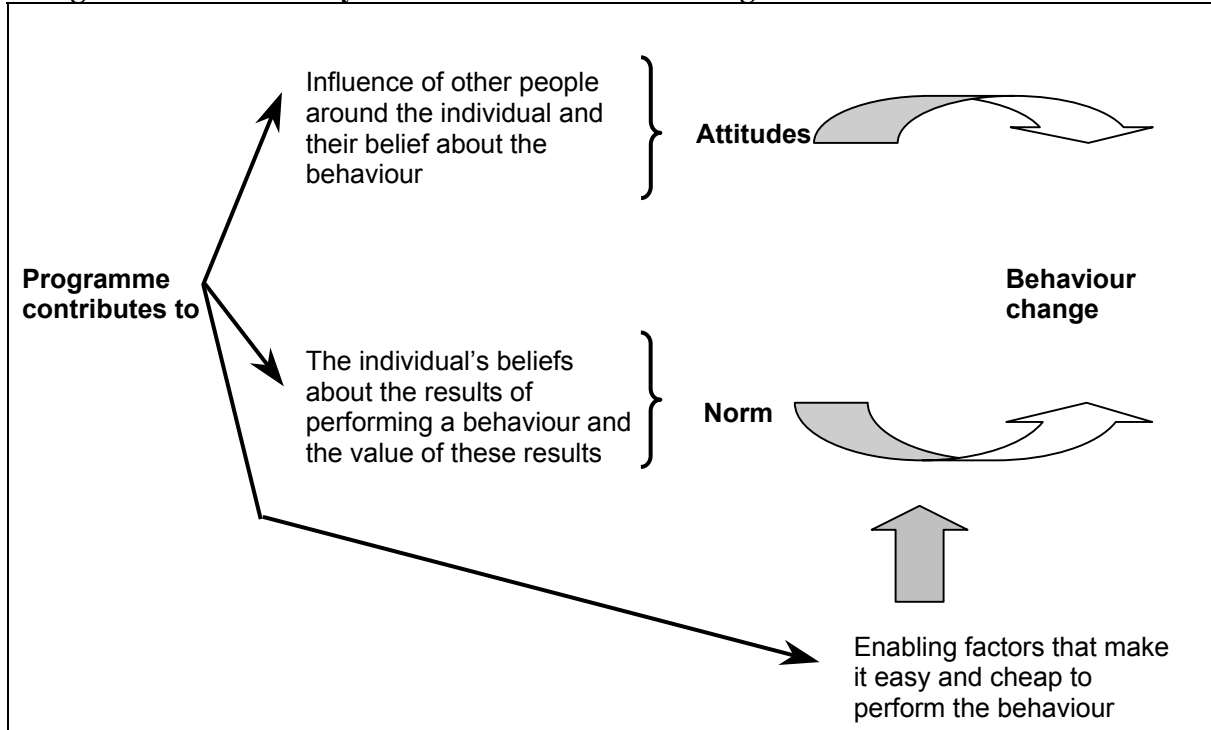
This activity surrounds a well-known model of behavioural change (PRE or Hubley²) which suggests that behavioural change results from the convergence of three factors:

1. What other people around the person say and do to support or inhibit the behaviour
2. Whether the potential benefits perceived by the person are seen to be greater than the costs or effort involved in change.
3. Whether the factors that enable the behaviour are present. Examples are: facilities, money, inputs such as soap, facilitators.

Participants were discussed who the significant people could be in question 1 noted above. Then they divided into small groups representing older women, older men, middle-aged women, men, adolescent boys, adolescent girls, boys and girls. They had a role play to discuss the possible benefits of handwashing as perceived by each group of 'early acceptors' of the behaviour. Some of these reasons could then be adapted into messages for each of these groups.

² Hubley, J. **Communicating Health: an action guide to health education and health promotion.** MacMillan, 246 p., London, 1993.

Diagram 1: The ‘Hudley’ model of behavioural change



- adapted from J. Hubley (1993)

In plenary, the participants brainstormed on the various school and village-based social mobilisation activities that could be used to support handwashing. It was seen that the activities which had been developed could be used in many of these situations.

Activity 1: A variety of IEC activities at the village level for social mobilisation

- Campaign
- Wall writing
- Rally
- Street play
- Interpersonal communication (house-to-house)
- Newspaper
- Announcement by drum beating
- Weekly market ('Haat')
- Poster
- Song
- Culture show

Day 4: Educational Perspectives

Presentation 1: Review of curriculum and its water and sanitation components (Dr. Suman, ASSERT, Patna)

This presentation focused on the aspects of water, sanitation and hygiene found in the curriculum. Some of the contents and gaps in the curriculum regarding this area were:

- In Grade-I language textbook personal hygiene received attention but linkage with health was not established
- In Grade II- personal hygiene, food and house hygiene links were evident.
- In Grade IV neither linkages to health nor key messages were observed.
- In Grade V all dimensions of personal hygiene, food and house hygiene were covered including community sanitation, disposal of human excreta and use of toilets.

Presentation 2: Teaching and learning methodology: Nali-Kali experience

The Janashala Programme in Karnataka was presented by Ms. Sukanya.... This programme has operated since 1998 in 10 blocks that span six districts. The programme aims at universalisation of quality elementary education. The core strategies relate to what has been called *Nali-kali* (joyful learning) and community mobilisation. Within this structured system of training, supervision, curriculum and materials development, there is a component of hygiene education and facilities development. This component seeks to support school teachers as catalysts in creating awareness, generating demand and inculcating personal hygiene practices among the children and through them, among their parents and in the community as a whole. The strategy to implement this concept focuses on ensuring that school sanitation impacts attitudes and practices rather than limiting itself to a mere provision of facilities. These elements include:

- Community partnerships for planning and monitoring
- Health sanitation and environmental protection in the school curriculum
- Provision of basic facilities to inculcate sanitary habits and environmental protection in the school.

Day 5: Application to the field

Activity 1: learning/teaching sequences prepared by the participants

The education presentations related to the proposed changes in the national primary school curriculum as well as the Nali-Kali experience in Karnataka emphasised the total environmental and health of the child. This holistic approach was emphasised in an activity of application to classroom experiences. Participants were broken into 4 groups and were assigned one area in training venue (hall, eating area, garden...). The assignment was to create a learning or teaching activity related to health or hygiene. The activity must be enjoyable and use only materials (if at all) from the environment that was being investigated. Participants presented imaginative songs, pantomimes, skits and

commented on the meaning and relevance of these in the context of children in Jharkhand.

Activity 2: Field trip to nearby schools

Participants, working in 4 groups, focused on two educational activities in the afternoon during field trip. The first was a monitoring checklist related to hygiene education, hygiene practices, water and sanitation facilities in the school. The checklists included observations as well as questions for teachers and for children. Secondly, they prepared some learning activities to be tried out with children in the schools during the field trip.

The de-briefing showed the usefulness, and reactions of the children to the learning/teaching activities. However, the debriefing which participants provided from the checklists was purely descriptive. That is, the results of the data collection was read out without comment on which findings might be most important or what might be done to improve some of the crucial challenges that were observed. Participants were reminded that collecting information is only one part of monitoring. As important (or more important) are understanding the data, finding the most important features and deciding, if possible, what might be done next. In view of this, participants selected one important problem such as the latrines being locked so that pupils could not use them. Then the participants thought up possible solutions to this problem, recognising that this problem of access may occur frequently in the future.

The solutions were all listed with some being quite imaginative. Examples are:

List of possible actions in how to deal with locked latrines

- Paint sign on latrine door that says: ***Keep me unlocked***
- Emphasise need for pupil access in training of teachers. Teachers should make and share their own plans for maintenance and use of latrines and handwashing facilities in the school
- Emphasise the rules of access to latrines for the VECs (Village Education Committees) during their training
- Make sure the design is appropriate with sufficient numbers of latrines for pupils. If there is only one latrine for hundreds of children, then the teachers may be afraid that they will be spoiled. As a result, they will tend to lock them.
- Build an additional latrine only for teachers.

Day 6: Management perspectives

Presentation 1: SWASTHH programme management

UNICEF staff presented a detailed description of management aspects of the programme. This included explanations of the project organisational chart, fund flow, reporting and evaluation requirements. Another issue, conditionally, was stressed. In the project

districts, funds will be released directly to the VEC (village education committee) account for construction of school latrines. However, certain conditions will have to be met in the school and community (and checked locally) to trigger the release of instalments into the accounts.

Activity 1: Micro-planning*

Workplans at the cluster, block and even district level were worked on in terms of more detailed focus on the projected timeline and project-related activities at the school and community level. It is essential to keep an indicative timeline at the local level. This indicative timeline is transformed into a more detailed plan, through consultations and planning sessions with stakeholders in the school, cluster and community. The plan in communities will differ somewhat, depending on local resources, interests, demands and needs.

To develop and understanding of this micro-planning process, workshop participants working in small groups, prepared micro-plans for the social mobilisation period leading up to construction in a village. This exercise also highlighted the importance of pre-construction activities, including demand creation. The results of this work were fed back from each group to the workshop plenary.

LEARNING AND DOING:
plans for education and social mobilisation in a school
(results of small group work)

Group 1

- Show handwashing by demonstrating
- Ask the child to demonstrate to another child
- Make posters of right and wrong behaviour
- Keep handwashing materials (water, soap, mug)
- Some older children will show and help monitor

In community:

- Call PTA meeting and show parents how they can do it. Can they do this at home?
- Let children take away some materials like flash cards home to show the parents

Group 2

- Use of posters
- Some small skits
- Demonstrate washing (how dirty is the water?)
- Songs/games
- Keep all materials near HP/water source

Group 3

- Show/demonstrate in groups
- Some children will wash, others will observe
 - a) with soap
 - b) without soap
 - b) washing both hands
- Discuss each method. Also discuss washing with ash
- Observe what happens at home. Come to school and discuss
- Discuss output at the home/community observing habits
- Encourage family and community to dispose of waste correctly.
- Prepare songs/plays
- Examine the impact/observe change in habits on a weekly basis

Group 4

- Do a survey in the school. How many wash hands correctly.
- Demonstrate to younger children
- Survey in families and communities
- Link with timing before eating and after defecation

Presentation 2: Baseline studies

Both Ranchi and East Singbhum districts had undertaken baseline studies of 10 to 12 schools that had water and sanitation facilities in each district. The baseline formats were adapted from simple indicative survey forms (observations-questions) developed by UNICEF.

The baseline reports were reported and analysed by the Directors (and concurrent co-ordinators of SWASTHH) of the DIETs in Ranchi and East Singbhum. The more significant findings are reflected below:

Baseline reports: Directors of DIET in East Singbhum and Ranchi

Growth points/successes

- Most schools have some elements of hygiene education
- Most parents have a knowledge of the facilities.
- Teachers are aware of the issues and incorporate some hygiene/health education in their lessons.

Challenges/problems

- poor working condition of water facilities within 100 meters of school
- poor maintenance, repair of toilets
- lack of access to and use of facilities (for toileting and handwashing) by children.
- passivity of VECs (about ½) and PTAs (more than ½)
- Block meetings tend to focus on administration rather than substance, with regular attendance by less than half the targeted schools.

Conclusions and recommendations of the Directors of the DIETs were:

- Construction does not ensure use of facilities
- Involvement of parents is crucial
- Clear O&M plans are critical to success
- Material is needed in addition to current text books as good material and classroom activities are required.
- Block meetings need to be attractive and well-attended, particularly since they may be used as vehicles for training in SWASTHH.

It was pointed out that the district/block workplans and the training modules should take these learnings into account and should be organised to prevent the problems/challenges (shown above) from recurring.

Day 7: Indicators and consolidation

Activity 1: Project indicators and consolidation of workshop learnings

Participants were asked to reflect on important indicators for monitoring and evaluating their programme. Indicators measure to what extent something (X) should be achieved or how something (Y) should be done. There may be many indicators in a project and these may change over time. Most programmes that are serious about monitoring, try to develop a small set of indicators that describe the minimum necessary conditions for programme success. It is very useful for those involved in projects to develop such mutually-agreed lists of basic indicators. In this activity participants reflected back at an earlier list of indicators that they had developed in the workshop. This list was revisited, critically examined and corrected by the participants. A short version of this list is shown below.

Example of list of SWASTHH project indicators (DRAFT)

TOT Workshop, Ranchi, 16-22 March 2001

Before construction

INDICATORS	YES	NO
1. Microplan exists		
2. Timeline has been prepared		
3. Memorandum of understanding between school and VEC exists.		
4. Facilitating NGO has visited village/school and plan for social mobilisation has been developed.		
5. Mobilisation completed		
6. Training completed, with agreed content and methods.		

Construction

INDICATORS	YES	NO
7. Funds release instruction done as agreed.		
8. Funds released for construction at agreed time, after mobilisation + training done.		
9. Funds release instructions done as agreed.		

Post-construction

INDICATORS	YES	NO
10. Boys and girls use the safe water and sanitation facilities.		
11. Boys and girls wash hands after using the latrine (and before eating?).		
12. Functioning drinking water facilities are available within 50m of the school.		
13. School has activity and organisational plan for classroom hygiene/health components and organisation for maintenance and use of facilities.		

6. Concluding Remarks

This report reflects the main themes and some of the major activities which could be undertaken for those who may be involved in building interdisciplinary teams of resource persons and master trainers who will lead an SSHE programme. Many of these activities can, with some adaptation, also be used in training at the block and cluster level.

The following are some points to keep in mind when developing workshop activities, namely:

- Select content carefully in training: less content and more activities results in greater learning and application
- Pre-requisites for Training of Trainers(ToT) in true sense entails that the : micro-timeline is agreed, conditionalities for release of funds are agreed, training materials are available and training strategy (where, who trains, who is trained, time periods) are known. If these pre-requisites do not exist, then replan the TOT as a planning and/or team building activity that has elements of TOT in it.
- Do not forget to emphasize the most important contents! Training is very useful to help trainees and UNCIEF focus on the most common challenges/problems in SSHE, namely: poor access to facilities for children, poor O&M of facilities, non-use of latrines, no handwashing, inappropriate norms/designs, lack of school organization, lack of complementary classroom activities.
- There are good SSHE and education reform experiences on-going in India (g., Nali-kali) that deserve to be built upon and used as examples in training in all other locations.

We hope that this piece is a starting point to make others think further on new ideas regarding how to plan and create team building within the context of an SSHE workshop. From this workshop report a resource book will be developed in the near future.
(Additions: Sumita/Chetna)

ANNEX 1: LIST OF PARTICIPANTS

TRAINING OF TRAINERS' FOR SWASTHH PROJECT, JHARKHAND Period : 16 - 22ND MARCH, 2001 VENUE : DIET, RATU, RANCHI		
Sl. No.	Name of the Participant with Designation	Organisation / Institution
1	NARMADESHWAR DWIVEDI	PHED SUB DIV. KHUNTI
2	MANOJ SINHA	BEP (DPEP), JAMSHEDPUR
3	SUNIL KUMAR	IEC CELL, PHED, Patna
4	MD. AKHTHAR	DIST. ADMN. SDO RAJGIR
5	BHASHAN MUNDA	NGO, AGRARIAN ASS.TRUST MAHESHPUR, ANGARA
6	MURALI DHAN KARAN	BEP (DPEP) JAMSHEDPUR
7	S B KUNDU	GMS GHAGHRA, KHUNTI
8	S. S. PRADHAN	BEP (DPEP) RANCHI
9	AMITABH KUMAR	PHED, GAYA
10	SUSHIL KUMAR JHA	IDEA, RANCHI
11	SHIV CHARAN MEHTA	F.P.A.I., KHUNTI
12	BARUN KANTH	F.P.A.I., KHUNTI
13	NIKHILESH	S.M.S. JAMSHEDPUR
14	MADAN PAL TIWARY	J.V.K., RANCHI
15	RAM GOVIND MAHTO	J.V.K., RANCHI

16	KRISHNA KANT KUMAR	RCE LAB, RANCHI
17	TAPAN KR. MURUM	J.V.K., JAMSHEDPUR
18	RANJANA ROY	BEP (DPEP) RANCHI
19	RENUKA PATHAK	SAD SAMITI, RANCHI
20	SAROJ KUMAR JHA	SAD SAMITI, RANCHI
21	AMRENDRA KUMAR	DIET RANCHI
22	MANOJ KUMAR	DIET RANCHI
23	DEVESH PRASAD	DIET RANCHI
24	E. A. KHAN	UNICEF, RANCHI
25	RAJENDRA KUMAR	CIVIL SURGEON, GAYA
26	VIJAY KUMAR SINGH	JE, ANGARA
27	NIRMAL KR. SINGH	DIST.COORDINATOR, WATSAN, JSR
28	N. K. SINGH	PHED, RANCHI
29	U. P. GUPTA	PHED, RANCHI
30	BITU RAM	DIET RANCHI
31	ANIL KUMAR	DIET RANCHI
32	SRIKANT SARAN	AE, VIKALP PATNA
33	PRANAB SINHA	DEVNET, PATNA
34	SHYAM KUMAR	DEVNET, PATNA
35	RAZ ALAM	VIKASH FOUNDATION, RANCHI
36	UMESH MAHTO	PHED, RANCHI
37	MITHILESH KR. SINGH	PHED, RANCHI

	38	SWETABH KUMAR	PHED, RANCHI
	39	SHIRIN KUJUR	DIET, RATU, RANCHI
	40	BINDESHWAR PRASAD	PHED, RANCHI
	41	YAMUNA SINGH	PHED, RANCHI
	42	SANJAY MISHRA	SHRAMJIVI NGO, JSR
	43	ANIL KR. SHARMA	PHED, RANCHI
	44	SUBODH KUMAR	CDPO, KANKE
	45	SUNIL KR. MAHATO	GRAM VIKASH KENDRA,JSR
	46	BASANT KR. MANDAL	BRC POTKA
	47	ANIL KUMAR ROY	BRC POTKA
	48	NAGESHWAR PRASAD	BEEO KHUNTI
	50	JYOTI KUMARI PRASAD	CDPO, GOLMURI/JUGSALAI
	51	SURESH PRASAD	PHED, JAMSHEDPUR
	52	MAHESHWAR PRASAD	CIVIL SURGEON, JSR
	53	B. PANDEY	DPC, CHATRA/RANCHI
	54	A. MAHTO	JVK JAMSHEDPUR
	55	RAJ KUMARI SINGH	ICDS, RANCHI
	56	MANOJ RATHORE	MEDIA, RANCHI
	57	NAGENDRA PRASAD	DIET, GAYA

ANNEX 2: DAILY SCHEDULE

Day 1: Introduction to SSHE and the SWASTHH programme

Time	Activity	Responsible
9:00-9:30	Registration and Pre-ToT expectations	
10:00- 11:00	Inaugural session	UNICEF, IRC
11:00-11:15	Tea break	
11:15-11:30		
11:30-12:30	SSHE Global	IRC
12:30-13:00	Strategies, goals, outcomes	IRC
13:00-13:30	National framework of SSHE	UNICEF
13:30-14:30	Lunch	
14:30-14:45	Progress of SSHE (Bihar/Jharkhand)	UNICEF
15:00- 16:00	Group work on PoAs Reflection Development of Posters	IRC
17:00-17:15	Summing up	IRC/UNICEF

Day 2: Technical and Construction issues

Time	Activity
9:00-9:30	Recapture of Day 1
10:00- 11:00	Presentation of Plans
11:00-11:15	Tea Break
11:15-11:30	Alternative options for water supply
11:30-11:45	Water quality standard, contamination, water born diseases
11:45-12:00	Water quality
12:30-13:00	Demonstration of water quality kits Sanitary toilet, urinals, options, design and O&M
13:30-14:30	Lunch
14:30-16:45	Training modules
16:45-17:00	Presentation of modules
15:00- 16:00	Tea Break
17:00-17:15	Review of PoA
17:15- 17:30	Summing up

Day 3: Behavioural change, IEC and mobilisation

Time	Activity
9:00-9:15	Motivation song/recapitulation
9:15-9:30	Reminders- Expectation formats Poster presentations on monitoring
9:30-9:45	Methodologies used on day 1&2

9:45-10:00	Presentation of group work on training modules for engineers/masons/VEC
10:00-11:00	Group work: Hygiene behaviour- those which are East to change and Hard but Important
11:00-11:15	Tea Break (visit posters on community monitoring)
11:15-13:00	Role play in groups (& commentary) on ‘why people behave as they do
13:00-14:00	Lunch
14:00-14:15	Energizers
14:15-14:45	Sharing off experiences on social mobilisation in Ranchi
14:45-15:45	Group work on social mobilisation activities (defining actors)
15:45-16:00	Tea break
16:00-16:15	Energizer
16:15-17:15	Review of District PoAs
17:15-17:30	Summing up
17:30-17:45	Feedback from ‘Ears’

Day 4: Education perspective

Time	Activity
9:00-10:00	Inputs into the Plans of Action
10:00- 10:30	Review of curriculum and its water and sanitation components
10:30-10:45	Tea Break
10:45-12:15	Teaching and learning methodology: Nali-Kali experience
12:15-13:00	Experiential learning: life skills
13:00-14:00	Lunch
14:00-14:10	Energizer
14:10-15:15	Experiential learning: life skills
15:15-15:30	Tea break
15:30-16:00	Applications of the day to the SWASTHH project
16:00-17:30	Review and inputs to the training modules (for teachers, Scouts and Guides, VEC)

Day 5: Application to the field

Time	Activity
9:00-9:30	Recapture
9:30-10:45	Presentation of group work of Day 4 (into 4 group)
10:45-11:00	Two group VEC/Teacher and Headteacher
11:15-12:30	Classroom activities from class 1 to 5 on a theme
12:30-13:30	Lunch
13:30-16:30	Field trip
16:30-17:00	Sharing Observations- Checklist
17:00-18:00	Input to Plans of Action

Day 6: Management perspective

Time	Activity
9:00-9:30	Recapture
9:30-11:00	Management issues: village time line (what is known and not know, under construction in project planning)
11:00-11:15	Tea break
11:15-13:00	Plans of Action
13:00-14:00	Lunch
14:00-15:00	Plans of Action – qualitative
15:00-16:00	Review and feedback
16:00-16:15	Tea break
16:15-17:30	Baseline and its implications Baseline Ranchi Baseline East Singhbhum Implications of baseline for PoA
17:30-18:00	Conclusion of day

Day 7: Indicators and Consolidation

Time	Activity
9:00-9:15	Recapture
9:15-9:45	Locked door to school latrine exercise
9:45-10:00	Toss Game
10:00-10:30	Indicators exercise
10:30-10:35	Energizer/song
10:35-11:00	Summary
11:00-11:15	Tea break
11:15-11:35	Next steps in the project
11:35-12:00	Evaluation of the workshop
12:00-12:15	Speeches
12:15-1:00	Lunch

ANNEX 3: SOME OF THE LESSON PLANS

Day 1: Introduction to SSHE and the SWASTHH programme

Activity 1: Lessons Learnt from the past

Objective:

- To focus on participants past experiences
- To place the list of lessons learnt into the Plans of Action

Materials:

- Coloured cards for each of the participants

Time: half an hour

Procedure:

1. Ask each of the participants to think of a two/three major issues which they believe should be considered based on their past experiences in water and sanitation projects
2. Pass out two coloured cards to each participants
3. Ask the participants to write out each of their 'lessons learnt'. One card should contain ONLY one idea/lesson learnt³.
4. Place all of the cards on a poster which can be seen by the participants.
5. Ask the participants to reflect on the issues placed on the poster
6. The facilitator then starts to categorise the cards according to some general subject such as policy issues, community issues, educational issues, communication issues, hardware issues, etc.
7. The participants are then asked to go into their district groups and read whether any of these issues are noted in their Plans of Action (PoA).
8. The participants are then asked to reflect on those issues which are not in their PoA and to decide as a group if it should be placed in it.
9. Finally, the participants may add some of the issues into their PoA in the form of an activity(ies)

³ The idea placed on the card should be written in large clear letters with a dark marker so that all of the participants can read the card from a distance.

Presentation 3: Diagrams on SSHE from an international research and evaluation

The effect of interventions to prevent diarrhoea
Intervention Median reduction (range)

Hardware:

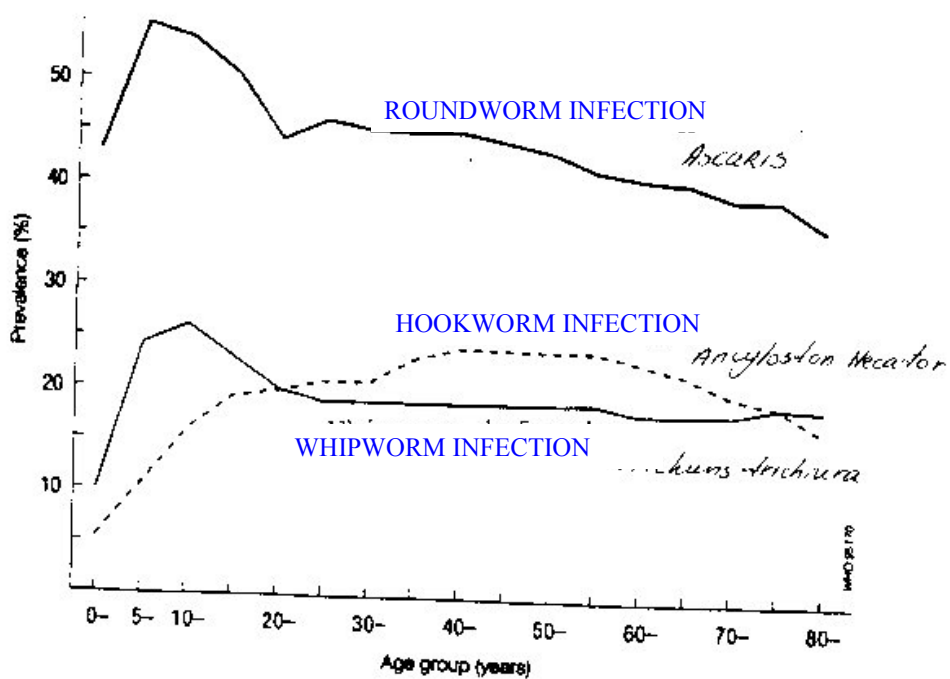
Sanitation	36%
Water Quantity	20%
Water Quality and Quantity	17%
Water Quality	15%

Hygiene:

Handwashing	35% (30 – 89)
Several Behaviors	26% (11 – 40)

Source: Esrey *et al.* 1991; Hutley *et al.* 1997

Children need safe water and sanitation to be healthy



Day 2: Technical and construction issues

Part of Presentation 3: Monitoring checklists

Objective:

- Define what is meant by monitoring
- Focus on how monitoring can be used in the programme

Materials:

- Poster paper

Time: half an hour

Procedure:

1. Ask participants to think about how they get dressed each day... and what they check. Do they take action if something is wrong (for example, the buttons are not fastened in the correct order). What do they check if their child is getting dressed? By answering such questions, participants can see that each person is, in fact, and expert in monitoring. We monitor all the time, every day. Note that these are the elements of monitoring that appear often in these real-life situations:

- generally agreed rules (or indicators)
- a way of checking these (looking, measuring, smelling, feeling, and so on)
- extra checks (by other people), if needed to ensure the validity of the information
- ability to refer information to other levels, as needed, if the expected action to improve the situation does not occur.
- taking action to improve the situation
- have agreed roles for checking, extra checking, referring, taking action. The roles should, if at all possible, be undertaken by someone who has a vested interest in the issue and wants 'to get it right'.

Ask the group to focus on developing a list in order to monitor a specific activity (e.g. cleaning of latrines)

2. Each group compares the answers of the other groups

3. Ask someone to demonstrate how to wash hands correctly. Provide them with the utensils (a smaller cup, bucket, bowl where the used water can be put, soap, water). From this demonstration, develop the indicator for handwashing and ways of measuring this. See the example described on the next page.

Monitoring handwashing

Handwashing may be one of the most important hygiene behaviours needed for reducing the incidence of diarrhoea. However, the issue is not only whether hands are washed, but also how. Handwashing requires a sufficient quantity of water, friction by rubbing both hands vigorously and a friction agent such as soap, ash or sand. The act of friction loosens bacteria and rinsing washes them away. Washing at critical times — after defecation and before eating and cooking, after handling babies' faeces and before feeding babies — is important, although just the total number of hand washings per day may be a useful indicator. (M. Boot and S. Cairncross, 1993, pp.14-16)

In addition, household organisation is important. That is, the things required (such as a cup and/or bowl, water, cleansing agent, place to throw away used water) should be near each other and conveniently available.

Face-washing and bathing are important in reducing the spread of infectious eye and skin diseases such as trachoma and scabies. In humid climates more frequent bathing is needed.

Indicators: examples

Handwashing

Direct indicator All people will wash both hands rubbing vigorously with a friction agent and rinsing (about 3/4 litres of water or more) at critical times (after defecation and before eating and cooking, after handling babies' faeces and before feeding babies). This direct indicator can be difficult to measure. When someone is asked if he or she washes hands at certain times, they may not answer truthfully. Observing handwashing can require considerable time in an ongoing programme. Therefore, it may be more practical to use an indirect indicator.

Indirect indicator A child of about nine years of age can demonstrate how to wash hands correctly in their household. Criteria: He/she uses sufficient water (more than 3/4 litre, about one big cup), rubs both hands at least three times vigorously, rinses, uses a friction agent such as soap, ash or dirt. These materials are easily available and do not have to be collected from different places. Out of three children asked in different households at least two will demonstrate correctly.

Bathing

Children will report bathing their whole body that day or the day before. Children will report washing face and hands at least two times that day or day before.

Who collects or checks?

During the project period the field worker, supervisor and/or a community-based organisation such as a women's group collects or checks.

Monitoring plan

For handwashing

On a regular basis, in visiting each school or community, the field worker (or member of a community-based organisation) asks a child to demonstrate how to wash hands. The way in which the child performs should be observed as well as the household organisation, that is, the

ease in collecting and using the materials. Usually family members and others gather to watch. If they are confident about the behaviour, they tend to 'coach' the child less. NOTE: If the child does it incorrectly (for example washes only one hand or uses very little water) then it is best not to correct the child and family in public. This could cause considerable embarrassment to the child.

Sampling

This information can be collected on a sample basis during a survey (for example, one in ten households). However, it may be more effective to incorporate this demonstration activity into the on-going programme over a long period of time (more than one year). By so doing, the collection of information also reinforces the importance of handwashing and can provide continuing motivation for families. In this way the collection becomes in-built to the programme.

It also is useful for the supervisor to do a spot check during community visits. Anyone can ask a child to demonstrate correct handwashing and this helps reinforce the behaviour.

For bathing and face-washing

Away from adults, ask a child or a group of children. Ask them also about their younger brothers and sisters.

Action based on monitoring information

This is the experience of a project:

“Detailed observations (asking for demonstrations) in two sites showed that it was not easy for women to wash their hands. The cooking areas are not organised for handwashing. The cooking process is long and punctuated with many other activities so that washing hands before cooking does not make much sense. Conclusion: Handwashing can't be performed easily.”

Internal project report, K.Shordt (1994)

If the monitoring shows that the children cannot demonstrate handwashing correctly and easily, then perhaps the motivational factors need to be examined, specifically, how handwashing relates to other cultural beliefs or how the household can be organised for easy handwashing. For this, a small study may be useful. Subsequently, hygiene promotion activities can be revised or developed.

For bathing and face-washing, if the information shows that the desirable behaviours are not developing, further consultation with community groups or mothers may be useful for learning about the underlying reasons why. This can also be done formally as qualitative research in a limited number of locations.

Training or orientation needed

All groups (supervisor, extension worker, project staff, teachers, NGO and CBO members) should know how to wash hands, when to do so and what household or school organisation is needed to make the behaviour ingrained.

Remarks

While the monitoring is fairly straightforward, the development of these behaviours may require long-term effort. In some cases, families are too poor to buy soap and are not accustomed to using another cleansing agent. However, research (B.A. Hoque, 1995) indicates that using sufficient friction and water, even without soap, sand or ash, will provide a health advantage. While most programmes recommend handwashing after defecation, this is not always practical (for example, for people working outside the house). In such cases, a message emphasising at least handwashing before eating and feeding babies may be more relevant.

Recommended literature

Boot, M. and Cairncross, S. (1993) *Actions speak: the study of hygiene behaviour in water and sanitation projects*. Delft, The Netherlands, IRC International Water and Sanitation Centre.

Kaltenthaler, E. et al. (1988) *Traditional handwashing in Zimbabwe and the use of the Mukombe*. Zimbabwe, Blair Research Laboratory.

Almedom, A. and Curtis, V. (1995) "Studying hygiene behaviour; where are we now?". In: *Waterlines*, vol. 13., no. 3., p. 2-5.

Hoque, B. A. et al. (1995) "Research methodology for developing efficient hand washing options: an example from Bangladesh". In: *Journal of Tropical Medicine and Hygiene*, vol. 98., p. 469-475.

Day 3: Behavioural change, IEC, mobilisation

Activity 1: Significant hygiene behaviour

Objective:

- Focus on main hygiene behaviours

Material:

- Poster paper
- Coloured cards
- Tape

Time:

One and a half hour

Procedure:

1. Start the exercise by explaining that hygiene behaviours are targeted in SWASTHH. This exercise focuses on those activities which take place OUTSIDE the classroom, the area around the class, around the school, the community and household. Also explain that this exercise will focus a number of methods, namely: brainstorm, small group work, completing tables.

2. Place the seven components of sanitation on the board/poster or flip chart:

- 1) *Personal hygiene*
- 2) *Handling of drinking water*
- 3) *sanitation and food hygiene*
- 4) *Disposal of garbage + cattle dung*
- 5) *Disposal of water*
- 6) *Disposal of human excreta*
- 7) *Village sanitation*

3. Ask the participants to split into groups. Each group is asked to list the specific behaviours relevant for the SWASTHH project under personal hygiene. The participants should keep children and adults in mind throughout the exercise.

4. Continue to make list in plenary for each of the 7 components.

Questions to think about include:

- What happens if a field worker or project motivator tells people in a village to practice all these behaviours⁴?

5. A chart of the list will be placed at the front of the class where all the participants can see it.

⁴ Probably not much, because there are so many that it is confusing. No one can remember or act on all these. It is necessary to select the important ones, and sometimes the easy ones. Working on behaviours that are easy to change can motivate people to work on harder behaviours. People see easy success and then are willing to work on more difficult practices. Other behaviours are important from a health point of view. These are usually more difficult to change.

6. Ask the participants to divide into small groups. Write an **E** beside the *easy behaviour*. Write **HI** beside the *DIFFICULT BUT IMPORTANT* behaviours. Once each group has defined which activities are E or HI, these should be written on the chart next to the item. In this chart not all behaviours need to be marked. It is important to minimise the discussion!

Now make all the participants look at the completed chart. Look at the behaviours or practices that have many (more than two) “**HI**” written beside them. Are these indeed difficult but important from a health perspective? Put these cards together. Usually for these behaviours separate plans of communication and sometimes construction activities are needed. You may need to make sure some planning about these is in your training modules.

7. Look at the behaviours that have many “**Es**” written beside them. Some of these (such as picking up solid waste in the community) can be easy to undertake new the beginning of the project. They might not have strong health results, but they are very motivational. They enable people to see fast results.

8. Look at (only a few, not all) of the behaviours that have only one HI or E written beside them. Do you agree? People should think through these to see if they really are EASY or really are HARD but IMPORTANT. Additional explanations may be needed to assist participants.

9. Finally the participants will be asked to comment on the chart keeping the following questions in mind:

- Do the items on the checklist address the key issue: maintenance?
- Are there the right number (not too many) items on the checklists?
- Are the issues well-defined? Try to avoid words that can be interpreted in different ways such as *proper, clean, enough*.

Is the ‘correct’ answer to each question marked by the word “YES”? Do not have YES and NO answers mixed.

- Are there major differences between the posters? Why?

10. Summarise the exercise

Activity 2: Behavioural change

Objective:

- Understand what is meant by social mobilising which is helpful in behavioural change.
- Focus on how social mobilisation can be used by especially in training NGO staff, masons and others who communication in communities.

Materials:

- Poster paper

Time:

One hour

Procedure:

1. Explain that the focus of the exercise is about work and activities outside the classroom, around the school, in the household, in training and in the community.
2. Ask the participants to look at the important behaviours.. What are some ways of communicating about these, with children and adults? List some. (Examples are: campaigns, parades, home visits, discussions, posters and materials...). In these activities we try to explain or convince people about the benefits that come from taking on a new practice.
3. One of the participant's may note handwashing. with soap or ash before eating. These are called the “early acceptors”. Ask the participants what might be some of the reasons why they practice this? (The answers should include ore than health motives.)
4. Facilitator reflects on lesson learned noting that: People have many reasons for practising something, not just health. These reasons can be used as MESSAGES in the communication activities. This includes posters, the messages of people such as NGO workers, engineers, masons, VEC members.
5. Ask the participants to have a look at how to identify some of these messages for different groups of people such as men, women and boys or girls.
6. Request the participants to divide into groups of two so as to take part in a role-play. This means sincerely taking on the identity, the feelings of another person, how they would act and feel. 1 person will be the facilitator, the others will be in that role: middle-age village man, middle age village woman, and girls in primary school. Behaviour is: handwashing both hands with soap or ash before eating. The facilitator can ask about the behaviour. Why some the people do it and why not. What are the reasons of the early practices? The audience will listen carefully and write the reasons that are named. This discussion works best when all or most of the people in the group already practice the behaviour. Ask for volunteers.

7. Men group first. In centre of room with others looking on. This should take 10 minutes.
8. Ask the audience what reasons were given for practising the behaviour. Write these reasons so that all can see. Women 10 minutes, girl children 10 minutes. Write all the answers and compare.
9. The facilitator debriefs the group noting the following:
 - Men, women and children have some different reasons for taking on a new behaviour. groups.
 - If you decide to ask some early acceptors, you do not have to ask many. Usually many of the answers will be the same.
 - You can use this approach to make a communication plan.

Day 4: Educational perspective

Part of Presentation 1: Handwashing - joyful learning

Objective: To enable participants to understand the need for washing hands before eating / cooking. (Eating - children ; Cooking - VEC)

Material:

- Soap
- Water 1/2 bucket
- Mug
- Empty clean
- Towel - 1
- Chart Papers
- Markers

Time: One hour

Procedure:

1. Welcome the group and request everyone to participate in the 'Cleanliness song as it is led. Request them to stand in two groups.
2. Lead the song
3. Let the participants sit in two groups A & B. At random, select one volunteer from each group, Vol. A & Vol. B & ask them to come forward.
Now, tell the participants that small experiment will be demonstrated & that they should observe all actions carefully. Now tell Vol. A that he / she is Guinea Pig in chief & so he / she should 'bless' the water that will be used for the experiment.
4. Ask Vol. A to extend his / her hands towards the middle of an empty bucket and cup his/her hand. Instruct him or her that when you pour a little water into the cupped palms Vol. A should rub the hands as while washing.
Pour water over Vol. A's cupped palm slowly to enable Vol. A to wash. Do this till you have used up 2/3 of the water in the mug.
5. Thank Vol. A for ' Blessing ' the water sample and give him / her the lower to wipe of 6 excess water.
6. Now turn to Vol. B & tell him / her that as second in command, he / she also has to bless water samples. This time after pouring a little water over Vol. B cupped palm, hand Vol. B the soap. Continue to pour water & ensure that Vol. B has washed his /her hands thoroughly.
7. Now place the third bucket in front of volunteer B and request Vol. B for extra special ' Blessed ' water . Repeat Step 5.

Day 6: Management perspective

Activity 1: Microplanning

Objective:

- Understand how to undertake microplanning for the SWASTHH programme

Materials:

- Poster paper

Time:

One hour

Procedure:

1. In the initial discussion participants are asked to thinking about a number of issues namely:
 - Organisational structure
 - Fund flow
 - Point of approval
 - Reporting system
 - Suggested community based monitoring
 - Possible indicators for monitoring
 - Baseline survey

Depending on the time limitations, participants are asked to focus on a number of these issues.

2. Based on this background in mind, the facilitator gives a short discussion on the need for microplanning.
3. The facilitator then asks the participants to develop a time line chart which focuses on some of the main micoplanning issues they believe are relevant. This is placed onto a chart. The following table is an example of how such a chart may look.

	Jan	Fe	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Preparation phase.....												
Mobilization phase.....												