

Lead TBC Facilitator's Training Manual

Community Led Total Behavioural Change in Hygiene and Sanitation (CLTBCHS)



Rural Water Supply and Sanitation Project in Western Nepal

(RWSSP-WN)

Nepal Finland Cooperation



Lead TBC Facilitators (LTBCF) TRAINING manual

Published by:

Rural Water Supply and Sanitation Project in Western Nepal (RWSSP-WN)
Pokhara, Nepal

February 2011

The manual-Field TESTED IN

Lead TBC Facilitators trainings in Syangja (28 participants from 3 districts- Syangja, Parbat, Pyuthan)
Lead TBC Facilitators trainings in Butwal (26 participants from 3 districts- Rupandehi, Kapilvastu, Nawalparasi)
Lead TBC Facilitators trainings in Damauli (27 participants from 3 districts- Myagdi, Baglung, Tanahun)

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Acknowledgements

Any innovation requires the effort of many people, organizations and this work is not different. Many examples, stories, anecdotes are the result of a collection from various sources such as policy documents, strategy papers, training manuals, newspapers, magazines and training participants over the last 2 years.

Grateful acknowledgement is made to the followings for permission to use their copyrighted materials; (1) *Training in Community-led Total Behavior Change in Hygiene and Sanitation*, (The Amhara Experience in Line with the Health Extension Program, Amhara National Regional State Health Bureau, Ethiopia), (2) *CLTS Handbook*, Kamal Kar.

I am greatly indebted to Mr. Amrit Rai, I owe for his technical support, his criticism but most importantly for his encouragement to finalise this training manual. The Chief Technical Advisor Mr. Arto Suominen, who is also my supervisor, was invaluable, I owe him a great deal for his enthusiasm in guiding me from the very beginning and every stage in developing this training manual as well as in my workplace.

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ACRONYMS

CHSAC	Community Hygiene and Sanitation Action Committee
CLTBCHS	Community Led Total Behavioural Change in Hygiene and Sanitation
CLTS	Community Led Total Sanitation
DDC	District Development Committees
DoLIDAR	Department of Local Infrastructure Development and Agricultural Road
DWSS	Department of Water Supply and Sewerage
FCHV	Female Community Health Volunteer
H and S	Health and Sanitation
LTBCF	Lead Total Behavioural Change Facilitators
MLD	Ministry of Local Development
MPPW	Ministry of Physical Planning and Works
NGO	Non-Governmental Organization
NLS	Natural Leaders
ODF	Open Defecation Free
PHAST	Participatory Hygiene and Sanitation Transformation
RWSSP-WN	Rural Water Supply and Sanitation Project in Western Nepal
SDA	Small Doable Actions
SP	Service Provider
TBC	Total Behavioural Change
VDC	Village Development Committee
VIT	Village Ignition Team
VWASHCC	Village Development Committee Water, Sanitation and Hygiene Coordination Committee
WASH	Water Supply, Sanitation and Hygiene
WUSC	Water Users and Sanitation Committee

PREFACE

In recent decades, sanitation and hygiene have received moderate attention in Nepal. The government has set universal targets to achieve 100% access to sanitation facilities by 2017. In order to achieve this target, the Department of Water Supply and Sewerage (DWSS) in the Ministry of Physical Planning and Works (MPPW) has drafted two important documents:

- a) National Sanitation and Hygiene Master Plan (2010-2017)
- b) Implementation Manual on TOTAL Sanitation in Nepal (2009)

The Rural Water Supply and Sanitation Project in Western Nepal (RWSSP-WN) supporting Water Supply, Sanitation and Hygiene (WASH) has embarked on a new approach to Hygiene and Sanitation in eight districts of the Western Region -- Myagdi, Baglung, Parbat, Tanahun, Syangja, Nawalparasi, Rupandehi, and Kapilvastu -- and one district, Pyuthan, of the Mid-Western Region. This approach addresses the appalling hygiene and sanitation situation of more than 2.5 million inhabitants of the Western and Mid-Western Regions. The approach is recognized as **“Community Led Total Behavior Change in Hygiene and Sanitation (CLTBCHS) through Learning by Doing”**.

The Learning by Doing approach is a combination of innovative methods. It consists of network theory, community-led and school-led total sanitation, participatory hygiene and sanitation transformation (PHAST), sanitation marketing, and a hygiene improvement framework, including effective social mobilization and management. Its 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. Additionally, the approach functions by the principles of harmonization, alignment and integration with the government's WASH Programs as stated in the Memorandum of Understanding between the MLD/DOLIDAR and DDCs on District WASH support from RWSSP-WN. Furthermore, additional MOU has been signed by DDC, VDC and Users at the local level to strengthen the WASH movement to achieve the Universal Targets. The approach has been gaining a national reputation. Hence, RWSSP-WN in coordination with DOLIDAR and participating DDCs has envisioned scaling it up in other districts and regions of the country.

The document **Lead TBC Facilitators Training Manual** developed by RWSSP-WN Pokhara is grounded in the values and principles laid down by the CLTBCHS approach. Additionally, the document is an attempt to compile all possible formation into a single publication in the hope that it can fill some gaps in the published literature and thereby help other programs related to hygiene and sanitation to avoid having to reinvent the wheel.

The RWSSP-WN hopes that this manual will be used widely by all, especially the public and private health care providers, WASH personnel and community level TBC advocates to adopt a holistic approach to improving sanitation and hygiene related knowledge as well as the attitude and practices of their communities. Moreover, the objectives of the manual lie in enlightening

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the public about changing their behaviors and bringing a cultural transformation in basic hygiene and sanitation by ending open defecation, washing hands and protecting drinking water from source to mouth. Further, the manual outlines the behavior change approaches and achievable steps based on tested ground through learning by doing. The users can customize these steps to fit different circumstances and tailor them 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 humanity makes the planet Earth a better and healthier place to live on. The value of this manual is not in the number of people who read it, but in the number of lives saved by applying the principles, approaches and steps therein. Let us all preserve 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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A FEW WORDS ABOUT THE MANUAL

Sanitation and hygiene are a flagrant problem in Nepal. According to the Draft National Sanitation and Hygiene Master Plan (draft 2010-2017) and the Three Year Interim Plan (2064/65-2066/67), access to toilets in Nepal is very low (43%). Available toilets are neither sealed nor clean. The majority of residents prefer open-air defecation (57%) compared to the privacy of a proper toilet. Clearly, the situation in Nepal illustrates the vital need for the government's recent declaration of the Universal Access Plan for 100% sanitation by 2017. This means every person in the country must have access to a safe, sealed, clean toilet to reap the health and economic benefits of total sanitation and hygiene practices.

RWSSP-WN prepared this manual to support the Districts to build the local capacity to bring changes in hygiene and sanitation behaviors at the household and community levels. The manual encourages communities to practice the following five key hygiene behaviors:

- (1) Hand washing with soap or cleaning agent at four critical times
- (2) Safe disposal of feces
- (3) Safe handling and treatment of household drinking water
- (4) Regular nail cutting, bathing, clothes washing, daily combing, tooth brushing
- (5) Proper waste management in and out of home

This manual is based on the Nepali Government's Hygiene and Sanitation Master Plan 2010. The pathway describes commitment, advocacy and capacity building at district and VDC levels, including the identification and training of a new cadre of community volunteers committed to ending the practice of open defecation and achieving 100% toilet use and hand washing at critical times.

The manual is a practical resource to all persons having responsibilities in households and communities, specifically Natural Leaders (NLs), Female Community Health Volunteers (FCHVs), Teachers, Health Workers, Lead Mothers, Social Mobilisers and Service Providers (SPs). These persons require a set of 'competencies' such as self-motivation to generate the commitment for change, harness that commitment into decisive and strategic action, negotiate with individuals at the household level on Small Doable Actions (SDA) to improve hygiene and sanitation behaviors, and support households with the installation of simple and appropriate sanitation and hand washing technologies.

In addition to the persons having direct responsibility for household hygiene and sanitation improvement, the training module is designed to train the VDC level TBC Triggers, who in turn deliver the skills and provide support to NLs, FCHVs, Lead Mothers, Social mobilisers, teachers and health workers to enhance their capacity to improve the health and hygiene situation on a larger scale. These TBC Triggers shall be trained by Lead TBC Facilitators, who will then work towards Open Defecation Free (ODF) communities and ultimately a declaration of Total Behavior Change in Hygiene and Sanitation in each village, ward, VDC and district. The Natural Leaders,

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FCHVs, Lead Mothers, Teachers, Social Mobilisers and Health workers with a maximum of 25-30 triggers (or one TBC trigger for about 50 Households) in each VDC will be trained by Lead TBC Facilitators. This step will facilitate the creation of a base so that a sustained Water Sanitation and Hygiene (WASH) program can be established in all municipalities, VDCs, wards, clusters and rural communities in Nepal.

The training is designed to be highly interactive, employing a variety of training methodologies. Role plays, case studies, group work, lecture style inputs and presentations are employed to respond to differing learning styles and facilitate maximum learning. Along with the latest literature review on behavior change in hygiene and sanitation, the inputs and field experiences of the RWSSP-WN staff, DDC Officials, Consultants and practitioners are the basis for this manual.

The manual has made full use of existing tried and tested training tools and methodologies to avoid duplication. Wherever information is used from a single source, this is acknowledged in full. In some cases, where several sources have been combined and/or adapted for use, these are also noted at the end of the manual.

Chhabi Goudel

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A GUIDE TO THE MANUAL

Planning and Preparation

The Lead TBC Facilitator's Training Manual is divided into different parts as per the training need. The following preparation is imperative to conduct the training in a desired way.

- **Skilled Facilitators**

Whilst it is hoped that the manual will be used by providers with a range of training and facilitation skills, the nature of the topics and issues covered in the manual requires that facilitators have BOTH an in-depth knowledge in of the session topic as well as strong training and facilitation skills.

In view of the breadth of issues covered in the manual, it is recommended that key professionals with specialist knowledge and expertise are brought in as resource persons to run session or specific sessions, where necessary. Hence, DDC/VDC who is leading the WASH program must ensure that TBC Triggers either from FCHVs, lead mothers, volunteers or freelancers are experienced and qualified enough to conduct the triggering activities in VDCs and communities.

- **Adequate Venue and Timing**

The adequate rooms or training hall should be reserved to run the training sessions. Facilitators should ensure that sufficient time is allocated to ensure sound planning and preparation. As a rough guide, for experience trainers, planning and preparation time should be AT LEAST TWICE the length of the session itself. Less experienced trainers will need to allow longer.

Field Visits to Practice Skills

The manual also includes field visit to practice new skills and approaches in the ground. The sites for the visit should be closer to the training venue, preferably the walking distance. This will help to save time, cost and also avoid unnecessary transportation arrangements.

- **Equipment**

For PowerPoint presentations and film show, availability of a computer, DVD player, LCD projector shall be required. If these are not available, the training manual provides simple alternatives by making photocopies of the presentations/materials.

- **Materials**

Sufficient copies of the manual for the participants/trainees should be made available for it serves a source book for them. Other materials related to training such as session handouts, flip charts, cards, markers, board etc. should also be pre-arranged.

DAILY PROGRAMME AGENDA

● Check in Day

Time	Activity No.	Activity
4:00 p.m.		Registration
4:30 p.m.	0.1	Opening
	0.2	Introduction of Facilitators and Participants
	0.3	Code of Conduct/Norms
	0.4	Expectations from the Training
5:30 p.m.	0.5	Training Objectives
	0.6	Training Framework
6:30 p.m.	0.7	Pre-test
7:00 p.m.		Close of Check in Day

● Day one

Time	Activity No.	Activity
8:30 a.m.		Opening Formalities: -Formal Opening -Objective of the Day -Setting the context
9:00 a.m.	1.1	Presenting Facts and Figures
	1.2	Sharing Sanitation Situation of Nepal
	1.3	National Guidelines
10:30 a.m.		Tea Break
10:45 a.m.	1.4	Total Behavioral Change (TBC) and Ignition Pathway : Concept
12:15 p.m.		Lunch
1:15 p.m.	1.5	Community Led Total Behavioral Change (LTBC) in H and S: Introduction, Principles and Approach
3:00 p.m.		Tea Break
3:15 p.m.	1.6	Strategic Components
	1.7	TBC and Five Key Hygiene Behaviors
5:30 p.m.	1.8	Review and Evaluation of the Day

● Day Two

Time	Activity No.	Activity
8:30 a.m.		Opening formalities Reporting and Announcements Objective of the Day
9:00 a.m.	2.1	Hand Washing
	2.2	Method of Hand Washing
	2.3	Challenges of Hand Washing
10:30 a.m.		Tea Break
10:45 a.m.	2.4	Triggering Tools
	2.5	Application of Triggering Tools

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12:15 p.m.		Lunch Break
1:15 p.m.		Ignition tools and skills.....contd. with Stimulation Exercises and Field Preparation
3:00 p.m.		Tea Break
3:15 p.m.	2.6	What Happens after Triggering
5:30 p.m.		Wrap up, Daily Evaluation and Close of the Day
Evening Session		Fundamentals of Change Process- How can We Really Change our Behavior?

Day Three

Time	Activity No.	Activity
8:30 a.m.		Opening Formalities Reporting and Announcements Objective of the Day
9:00 a.m.	3.1	Field Visit for Triggering: Creating ODF Village
	3.2	Preparation of Field Visit Report
3:15 p.m.	3.3	Small Doable Actions
4:30 p.m.	3.4	Steps to Stop ODF (Ladder)
	3.5	Types of Toilets
5:30 p.m.		Wrap up, Daily Evaluation and Preparation for F.U. Visit
Evening Session		Leader and Leadership in Change Process

Day Four

Time	Activity No.	Activity
8:30 a.m.		Opening Formalities Reporting and Announcement Objective of the Day
9:00 a.m.	4.1	Negotiation for Change
	4.2	The Home Visit – Negotiation for Change
	4.3	Criteria for Conducting the Home Visit
11:30 p.m.		Lunch
12:30 p.m.	4.4	Preparation of Follow-up Visit
4:30 p.m.	4.5	Field Reflection, Reporting and Feedback
5:30p.m		Wrap up, Daily Evaluation and Close of the Day Four

Day Five

Time	Activity No.	Activity
8:30 a.m.		Opening Formalities Reporting and Announcements Objective of the Day
9:00 a.m.	5.1	3 M Demand after Triggering,
10:30 a.m.		Tea Break
10:45 a.m.	5.2	Steps to Mobilize Communities in TBC in H and S
12:15 p.m.		Lunch
2:15 p.m.	5.3	WASH, ODF and TBC

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	5.4	ODF and TBC Declaration and Rewarding Process
3:45 p.m.	5.5	Role Of Lead TBC Facilitator
4:45 p.m.		Wrap Up Daily Evaluation and Close of Day Five
Evening Session		Talent Show

Day Six

Time	Activity No.	Activity
8:30 a.m.		Opening Formalities Reporting and Announcements Objective of the Day
9:00 a.m.	6.1	Media and Communication
10:30 a.m.		Tea Break
10:45 a.m.	6.2	Cross Cutting Issues
12:15 p.m.		Lunch
1:15 p.m.	6.3	Training Recapitulation with Mind Mapping Exercise
	6.4	Training Post Test
	6.5	SWOC Analysis and Action Plan
2:15 p.m.		District Level Action Plan
3:15 p.m.		Presentation of Action Plan and Discussion
4:15 p.m.	6.6	Welcome of Natural Leaders and Interaction about the Field Triggering, What Happened after the Triggering in their Villages.
5:15 p.m.	6.7	Final evaluation, Closing Formalities

CHECK IN DAY: TRAINING FORMALITIES

Time	Activity No.	Activity
4:00 p.m.		Registration
4:30 p.m.	0.1	Opening
	0.2	Introduction of Facilitators and Participants
	0.3	Training Code of Conduct/Norms
	0.4	Expectation from the Training
5:30 p.m.	0.5	Training Objectives
	0.6	Training Framework
6:30 p.m.	0.7	Pre-test
7:00 p.m.		Closing of the Check in Day

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Community Led Total Behavioral Change in Hygiene and Sanitation

Key Focus: Implementation of training formalities

Duration: 3 hrs

SESSION OBJECTIVE By the end of the session:

- participants and facilitators know each other and are able to call each other by their name
- participants and facilitators established rapport with each other
- participants developed code of conduct for the entire training period
- participants expressed their individual expectations from the training
- training objectives was negotiated in a participatory manner

Activity 0.1

OPENING

PROCEDURE

- Depending on the local context and the need of organizer openings can be arranged formally or informally. Usually, the time factor has to be considered well when formal openings are planned.
- Some innovative activities could be considered to make the session lively. Examples of some innovative activities are as follows:
 - **Scrabble** some sentences related to the training topic.
Divide participants into three groups (depending upon the number of participants, the group can consist of four persons or even more). Ask one of the groups to complete the scrabbled sentence and post the sentence on the wall. Relate the relevance of the sentence to the training and declare the official beginning of the event. Some relevant Sentences for Behavior Change Training could be (i) Behavior for Social Transformation (i) Social Transformation for Sustainable Development (iii) Behavior Change as a Transformation Strategy.
 - **Make** participants stand in a circle and provide everyone a candle. Choose one person among them as a chief guest and ask him/her to light the candle of one participant standing in the circle. Then allow this participant to light the candle of other participants.

Take a round to light every candle. Then describe participants that behavior change is a transformation process that need to be transformed from one member to the other member of community. Additionally, request everyone to place the candle in a circle having a quotation "Total Behavior Change: (TBC) Our commitment – Our Solidarity."

Declare the opening of the training by reading the above quotation and reinforce it through St Teresa's saying "If you want to keep the lamp burning you need keep adding oil on it". Explain that behavior change is an ongoing process in achieving TBC in Hygiene and Sanitation



Activity 0.2 INTRODUCTION AND TEAM BUILDING (Participatory exercise)

PROCEDURE The following exercise is an example and there are many others that can be used in its place.

Introduce your "other half"

Using the pre-prepared cards(using contextually appropriate well-known pairs; e.g. Romeo and Juliet, Laila and Majnu, Tom and Jerry, King and Queen, car and driver, apple and orange, etc) mix all the pieces together and hand one half to each participants.

The task is for each person to find his/her other "half." Once the pairs have been formed, each pair should spend 5 minutes getting to know each other. Information that can be shared includes name designation, why they are attending this training, whether they have had training before about TBC in Hygiene and Sanitation, what is something they think they are really good at, and one unusual fact about themselves.

At the end, each participant introduces their partner to the group.

While the group is introducing themselves... Have each participant...

Write "Secretly" on a piece of paper the last time they defecated or urinated in the open fields. Remind them that their answers are confidential... and encourage them to be honest!

Collect all the papers and quickly post them on the wall and read them one by one.

Debrief on the frequency of open defecation (or not).

Create a fun atmosphere, one that invites self-examination and sharing.

Explain that we often get embarrassed to talk about shit (GUHU) or even to use the word shit. Nevertheless, from this workshop onwards we're going to talk openly about it.

Inform participants that to end Open Defecation (OD) we need to talk openly all about shit (GUHU). Only after that any planning could be done for TBC in Hygiene and Sanitation.

Note!

For a longer workshop like this, introductions should take a little longer and involve more interactions between participants. The type of opening and instructor's facilitating style during the introductory sessions will set the tone or climate for the workshop. Participants will feel comfortable and begin to form trust their instructor(s).

Activity 0.3

TRAINING CODE OF CONDUCT/NORMS

PROCEDURE **Inform** participants that we need to agree on some group norms in order to ensure a successful workshop.

Ask participants to suggest and agree on some ground rules.

Post the ground rules on a wall.

Explain participants that the code of conduct will be the guiding principles for the training and everyone is expected to abide by it throughout the event.

Tips!

Allow participants to make their own code of conduct. Never impose your own ideas. This will help them to feel the ownership about the whole program, which is essential for the rest of the training. If you think the code of conduct that you wanted are not covered, you can always suggest them during the plenary.

Activity 0.4

EXPECTATIONS FROM THE TRAINING (Tree exercise)

PROCEDURE **Draw** the shape of a tree on a flipchart.

Request participants to write on post-it notes: 1 expectation that they have of the workshop and 1 contribution that they are able to make to the workshop.

Ask each participant to stick the “expectation” notes as the leaves of the tree and “contribution” notes as the roots of the tree. Wherever possible, group similar expectations together.

Read their expectations one by one and briefly clarify whether or not this workshop could address each of their expectations.

Activity 0.5

TRAINING OBJECTIVES

PROCEDURE

Relate the participants' expectation with the training objectives.

Explain that all training programs ideally have three hierarchies -learning objective, expected outcome and impact.

Level 1 - Learning Objective: Exchange Knowledge and Learn New Skills
“CHANGE ATTITUDE”

Level 2 - Expected Outcome: Change in Behavior, Improved Skills and Undertake Actions "MORE WISER"

Level 3 – Impact: Improved Situation “NEW CULTURE STARTS”

Discuss what to be achieved during the 7 days of learning.

LEARNING OBJECTIVES

- Arrive at a logical conclusion to eliminate open defecation in VDCs and districts.
- Broaden knowledge and understanding about CLTBC approach to H and S.
- Successfully generate enthusiasm about TBC in H and S in villages, clusters wards and VDCs of the districts.
- Enhance training skills to coach the VDC level TBC Triggers.
- Develop an action plan to scale up TBC in H and S program using the CLTBCHS approach.

EXPECTED OUTCOMES

All training participants are expected to:

- conduct similar training in all VDCs and municipalities within their district
- carry out monitoring visits to TBC Triggers at the communities

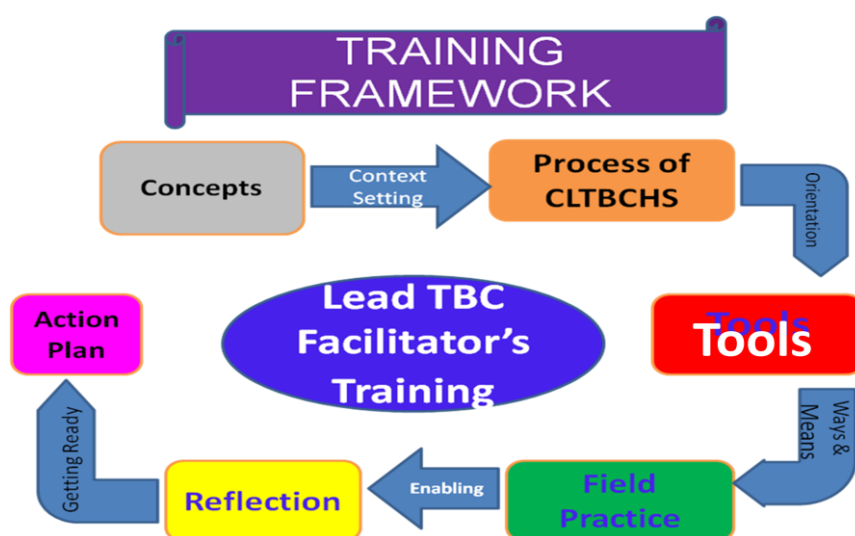
- understand the magnitude of the problem and work on to reduce them

IMPACT

Knowledge, attitude and practice of all community members on H and S changed. Community achieved 100% sanitation within the expected timeframe.

Activity 0.6 TRAINING FRAMEWORK

PROCEDURE Present the PowerPoint of the overall workshop framework, making sure that participants understand the workshop objectives, its purpose and expected outcomes.



At the end of the workshop, participants are able to:

- understand the importance of SAFE EXCRETA DISPOSAL AND HAND WASHING for overall health and well-being of the community
- explain how behavior change in H and S leads to improved way of life
- identify at least five factors other than knowledge/awareness that influences H and S behaviors
- lead a series of exercises to mobilize community to practice TBC in H and S to end open defecation
- identify factors, barriers as well as contemporary practices related to TBC in H and S to improve the H and S situation

- acknowledge importance of working collaboratively with communities
- conduct a SWOC analysis (assessing **S**trengths, **W**eakness, **O**pportunities and **C**onstraints) and develop an action plans

Explain Training Framework and the key topics included in the modules as follows:

Concepts

- Context Setting – MDGs, National Plan, National Guiding Principles, Current Situation of H and S in Nepal
- WASH – Definition and Components
- CLTBCHS – Principles and Elements

Process of CLTBCHS

- CLTBCHS – Pathway, Community Mobilization
- Negotiating for Change – Small Doable Actions, ODF Declaration, TBC in H and S declaration and Rewarding.

Tools/Skills

- Triggering Tools – Shame Walk, A glass of water exercise, Shit Calculation, Shit flow, Defecation Mapping,
- Facilitation Skills
- Communication Skills
- Motivation Skills

Field Practice

Negotiate and encourage the community to implement small doable actions to bring change.

Reflection

Feedback and learning for improvement.

Activity 0.7

PRE TEST

PROCEDURE **Distribute** pre test forms to all participants.

Request them to read the questions and answer them carefully without discussing with others.

Allow 20 minutes to complete the task and collect the forms.

Explain them that the result of pre-test will be compared with the result of post-test and will be shared with all.

Conclude Check in Day with the following process:

Ask everyone how they define Training.

List all the answers on a white board.

Relate the answers and explain them that training as a process and tool helps to broaden our knowledge and skills, which eventually contributes for the overall positive development. Emphasize that trainings are considered successful only if the learning is translated into behavior.

Conclude

Training = Behavior (Knowledge + Attitude + Skill)

Thus: **T= B-KAS** (Development)

This training should be taken as an opportunity to enhance knowledge and skills to promote TBC in H and S, which will ultimately contribute for the overall development of the nation.

Materials for distribution

- Training Schedule
- Training Framework Handout
- Pre Test Form

DAY ONE: SETTING THE CONTEXT AND CLARIFYING CONCEPTS

Day One

Time	Activity No.	Activity
8:30 am		Opening Formalities Formal Opening Objective of the Day Setting the context
9:00 am	1.1	Presenting Facts and Figures
	1.2	Sharing Sanitation Situation of Nepal
	1.3	National Guidelines
10:30 a.m.		Tea Break
10:45 a.m.	1.4	Total Behavioral Change (TBC) and Ignition Pathway : Concept
12:15 p.m.		LUNCH
1:15 p.m.	1.5	Community Led Total Behavioral Change (LTBC) in H and S: Introduction, Principles and Approach
3:00 p.m.		Tea Break
3:15 p.m.	1.6	Strategic Components
	1.7	TBC and Five Key Hygiene Behaviors
5:30 p.m.	1.8	Review and Evaluation of the Day

OPENING OF DAY 1 **Start the day with relevant quotation by renowned figures such as:**

"Knowledge of any kind ... brings about a change in awareness from where it is possible to create new realities." -- *Deepak Chopra*

OBJECTIVE OF DAY

By the end of the sessions participants will be able to:

- understand and explain the relevance of TBC in H and S vis-à-vis CLTBCHS approach
 - recognize the principles and approach of CLTBCHS
 - identify the fundamental five key behaviors and steps concerning TBC in H and S
 - realize that it is imperative to talk openly about Guhu and Mut to initiate the behavior change process
-

Session 1

Opening of Session

Start the Session by asking the following question:
Have you ever eaten GUHU?

SESSION OBJECTIVE

By the end of the session, participants will be able to:

- understand the national H and S status of the country
- explain the national H and S principles and Millennium Development Goals (MDGs)

Activity 1.1

PRESENTING FACTS AND FIGURES

PROCEDURE

Divide participants into four small groups of 4-5 participants in each group.

Request each group to answer the following questions collectively.

Provide 10 minutes to complete the task.

- Do you think we Nepali people are eating Guhu?
 - If not, how can you prove it?
-

- If yes, why do you think we all are eating Guhu?

When the group work is over:

Ask the groups to present their findings.

Allow 3 minutes to each group for their presentation.

Facilitate a discussion for ten minutes after the group presentation is over. Support the discussion with facts and figures.

Sum up the session by stressing that we all are eating Guhu due to our ignorant behaviour and practices.

Activity 1.2

SHARING SANITATION SITUATION OF NEPAL

PROCEDURE

Inform participants that this session builds on the previous session.

To support the fact that we all are eating Guhu:

Make a presentation on the sanitation situation of Nepal. Depending upon the availability of facilities, you may choose to prepare presentation on Meta Card or News Print. The presentation should include the following information:

- Toilet Coverage in Nepal (as of 2008):

No. of Districts	Coverage Percentage
6	More than 50%
45	20-50%
24	Less than 20%

- The average toilet coverage is only 43% in the country.
- National Annual medical expenses for sanitation related diseases exceed 360 million rupees.
- Nation loses more than 1000 million rupees annually by reduced productivity caused by the sanitation related diseases.
- Every year 10500 hundred Nepali children below five years die due to diarrhoea, **(UNICEF 2005)**
- Fifty percent of the hospital bed around the world are occupied by the patients suffering from water borne diseases **(The Human Waste and Water Aid 2002)**

- g. Diarrhoea alone takes life of six thousand children every day around the world. This means, every hour 250 children die and every minute 4 children die. **(Council for Water and Sanitation Council 2003)**
- h. The number of children died in last decade due to diarrhoea is more than the children killed in armed conflict since the Second World War.
- i. Two hundred sixty million people are denied from sanitation facilities. Half of these people are denied from clean drinking water facilities.
- j. Rich people have 80% access to sanitation facilities and poor people have only 12 %.
- k. According to the government of Nepal:
 - Only 4% of toilets were used out of 6% toilets constructed until 1980
 - In 2009, toilet coverage has reached 46% and use of them is only 40%
 - In 30 years (1980-2009), toilet coverage is only 43% and out of 3,915 VDCs only 22 VDCs are declared ODF, which is only 0.55% of total VDCs.
 - Around 30 local and international organizations are involved in sanitation.

Presentation: Sanitation situation in Nepal

Sum up the session by asking participants to brainstorm on the following question:

How long would it take to declare ODF in all 3,915 VDCs? 3,000 years????

Nonetheless, wrap-up the session on a positive note and emphasize that development speed multiplies i.e. 1, 2, 4, 8, 16, 32, 64....

Note!

***Make** your presentation lively with interesting discussion and examples. Involve participants and respect their ideas. The success of the session depends largely on the ability of the facilitator to lead an in-depth discussion on the wide range of issues. It is possible that some participants may not want to believe that numbers are as high as they are. Assure that information's are obtained from studies/researches that are sound and reliable.*

Additionally, some participants may see these high numbers and express hopelessness. If such is the situation, it is very important that the facilitators remind the participants that the important first step in making in social change is to understand and believe that the problem exists. Moreover, the facilitator should encourage participants to use such knowledge as valuable tools for breaking down denial in their communities.

Reference

Refer to the CLTBC in H and S Trigger's Training Manual, Resource Material No 1 in Nepali Language.

Activity 1.3

NATIONAL GUIDELINES

PROCEDURE

Relate the earlier presentation with this session and inform participants that while responding to the current global and national sanitation situation, the UN Member Countries has ratified Millennium Declaration with Millennium Development Goals (MDG) in the beginning of new millennium.

Describe participants the points listed below:

1. MDG 6 has aimed to halve the number of people denied from sanitation facilities by 2015. But South Asian Countries including Nepal are not in a position to achieve this goal **(WHO/UNICEF, Joint Monitoring Report 2008)**
2. Nepal is committed to achieve 100% sanitation by 2017. This would require 240000000 rupees and construction of 24 thousand toilets every month. **(Sanitation Master Plan of GoN)**
3. The government's National Hygiene and Sanitation Strategy and Plan both are committed to achieve universal access to sanitation by 2017. Extensive work has been done to develop a pathway and a specific behavior change strategy has been adopted to achieve the goal. The strategy involves effort and commitment from various stakeholders at national, district, VDC, community and finally household levels.

Reference

Refer to the CLTBC in H and S Trigger's Training Manual, Resource-Material No 2 and 3 in Nepali Language

Also present the national guidelines and

4. **Explain** that the Working Modalities of the national guidelines are based on:
 - Leadership of community
 - Mobilization of local resources
 - Public- Private- Community Partnership
 - Equity and sustainability
 - Cost recovery
 - Pro-poor strategy
5. **Conclude** the session by challenging the participants to choose one of the following options:
 - Continue eating GUHU forever
 - Changing our behaviour
 - Igniting the community to change behaviour to practice clean practices
6. **Sum up** the session by telling participants that only the ambitious goal and targets do not help to achieve desired improvements nor ensures people USE toilets or practice cleanliness.

Note!

Facilitators should also familiarize themselves with additional related national documents such as -- Nepal National Sanitation Policy and Manual -1994, Rural Water Supply and Sanitation National Policy, 2004, Master plan for Sanitation and Hygiene in Nepal 2010-2017. This will help to facilitate discussion on vibrant ways.

Session 2

SESSION OBJECTIVE

By the end of the session participants will be able to:

- explain and reassess the twelve steps of TBC in H and S and Ignition Pathway.

PREPRATION

Facilitators should familiarize themselves with all 12 steps of Ignition/TBC Pathway. Prior preparation of four sets of Meta Cards illustrating 12 steps of TBC and Ignition Pathway as presented in the diagram will help to save time during session facilitation.

Activity 1.4

TOTAL BEHAVIOURAL CHANGE AND IGNITION PATHWAY

PROCEDURE

Explain participants that this part of the session will focus on steps of TBC in H and S and Ignition pathway.

GROUP WORK

Divide the participants into 4 groups having equal number of participants.

Distribute a set of meta cards to each group.

Assign the group to discuss and present all 12 steps of Pathway in logical order to achieve TBC without any hurdles.

Allow 20 minutes for the group work.

PRESENTATION OF GROUP WORK

On completion,

Allow 5 minutes to each group to present their 12 steps

Facilitate a brief discussion shortly after the group presentation.

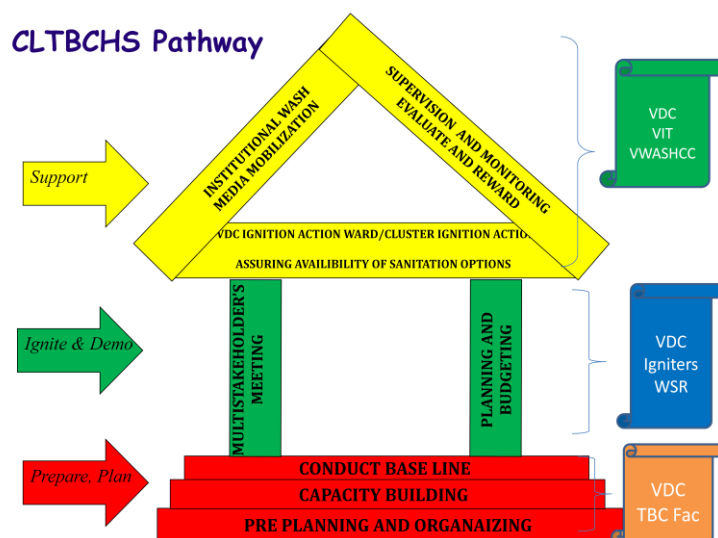
Connect to the presentation and explain that a beautiful house will last longer if it has strong foundation, sturdy pillars, beams and strapping roof. Similarly, for sustainable behavioural change all the steps need to be logically implemented.

Make a power point or Meta card presentation of the Pathway.

Explain briefly all 12 steps of Pathway. Make sure that you build your presentation on the group work.

Encourage participants for comments/feedback or questions. Ask them to bring their own their experiences. Involve them as much as possible to session interesting.

Sum up key learning points from the session.



Session 3

SESSION OBJECTIVE

By the end of the session participants will be able to:

- explain the approaches, principles and concepts of Community Led Total Behaviour Change in Hygiene and Sanitation (CLTBCHS)

Activity 1.5

COMMUNITY LED TOTAL BEHAVIOURAL CHANGE IN HYGIENE AND SANITATION (CLTBCHS)

PROCEDURE

Ask if anyone has heard of Community Led Total Behaviour Change in Hygiene and Sanitation.

Record the responses on a white board.

Relate their responses and explain that CLTBCHS is a new concept and RWSSP-WN is instigating it for the first time in Nepal. Inform them that CLTBCHS approach emerged due to the failure of conventional approach. And this approach has been successfully implemented in many African countries.

Inform further that the CLTBCHS is a new concept that evolved from People Centred Development Approach and subsequently from Community Led Total Sanitation initiated by Dr. Kamal Kar

of Bangladesh.

PREPARE Two sets of meta-cards – one with features of conventional approach and other participatory CLTBCHS approach.

Post two meta-cards in brown paper and fix them on the soft board – write 'conventional approach' in one card and 'CLTBCHS approach' in other. Then ask participants to think for a while and to choose under which section – “conventional” or “CLTBCHS approach” – they want to put their cards.

Make CLTBCHS presentation either in meta cards, newsprints or in flip charts depending on availability of facilities.

Notes!

While presenting facilitator should explain that the construction of toilet and availability of other sanitation facilities are not sufficient to achieve 100% sanitation. Emphasize that it is important to use the facilities. And using facilities is directly related to human behaviour. So until and unless we change our behaviour, TBC in H and S is a faraway milestone.

Explain Principles of the CLTBCHS approach to H and S.

What Is This Approach About?

This approach is about how to improve H and S in the villages, wards, VDCs and districts. It includes the **steps** that comply with the minimum acceptable standards of H and S. Additionally, the approach suggests for a wide range of tools that can be used to achieve TBC in H and S.

Emphasize that CLTBCHS approach focuses on ‘ending open defecation’ and encourage people to practice key hygiene behaviours. Relate toilet with – Dignity, Privacy and comfort etc. It is important to focus on the disadvantages of the use of subsidy.

You may want to cite some examples:

- Subsidy leads to dependency!
- It is not sustainable!
- It does not ensure ownership!

Reference

Refer to the CLTBC in H and S Trigger's Training Manual, Resource-Material No 4 in Nepali Language.

Session 4

SESSION OBJECTIVE

By the end of the session, participants will be able to:

- develop and describe strategic components
- describe five key behaviors and practices related to H and S

Activity 1.6

STRATEGIC COMPONENTS

PROCEDURE

Start the session with 'clapping game' for participants to internalize the importance and challenges of behaviour change.

Request everyone to stand in a circle by making a 'solidarity chain.'

Explain that their task is to count from number one to hundred.

- The counting will begin from the participant pointed out by the facilitator. The counting continues until everyone in the circle is done. For e.g., the person pointed out by the facilitator will start with one and person in his/her left/right will count two and it goes like that... The '**Golden Rule**' of the game is that the person who is supposed to count five should not speak the number but Clap once. Likewise, the person responsible to count ten should clap twice.

Start a first round as rehearsal. (Often they make mistake).

Challenge them if they could complete the counting up to hundred. Tell them that they will be awarded if they succeed but if they fail, each of them has to provide one gift to the facilitator – this will encourage them to be careful and attentive.

Now start the actual round of game. Often they cannot complete.

Conclude the session by stressing that when people are asked to do something they are not used to, it gets difficult. Likewise, it is difficult for people to change their behaviour and adopt something that are new to them.

Key Message: You have to work hard with community to facilitate the change process. First of all change should start from you to set an example!!!

Facilitate a brief discussion relating to the importance of TBC in H

and S presented in earlier sessions. Request everyone to brainstorm on the ways to change behaviour. Also ask them to note their ideas on meta card or newsprint and allow some time to present in plenary.

Conclude the session by presenting the following seven key strategic components.

- Multi-level advocacy
- Strengthening Household Outreach
- Igniting Community-based Approaches to Change
- Media and Communication Support
- Increasing Availability and Affordability of Hygiene and Sanitation Products through Private Sector Initiative
- School Hygiene and Sanitation
- Demonstration Toilets, Hand Washing Stations, and other Hygiene-related Products

Reference

Refer to the CLTBC in H and S Trigger's Training Manual, Resource-Material No 5 in Nepali Language.

Activity 1.7

TOTAL BEHAVIOURAL CHANGE AND FIVE KEY HYGIENE BEHAVIOURS

PROCEDURE

Explain that H and S improvement depends not only on the hardware aspects such as toilets and water posts but they depend on the consistent and appropriate practice of five key H and S behaviors as listed below:

- Hand washing with Soap or Cleaning Agent at four critical times
- Safe disposal of feces
- Safe handling and treatment of Household Drinking Water
- Regular nail cutting, bathing, cloth washing, daily combing and tooth brushing
- Proper waste management in and out of home

Facilitators should emphasize that this training will focus on

Note!

promoting consistent and appropriate practice of H and S behaviors. They should share that during the training the words 'behaviors' and 'practices' will be used interchangeably. They should reinforce that the major goal of the workshop is to support the 'consistent and appropriate practice of five key behaviors.' Moreover, they should let participants realize that the purpose of the training is to encourage them to talk, think and learn the current practice and the approaches to H and S improvement.

Ask and probe

- What is the coverage of water and sanitation in your area?
- Do people have hand-washing facilities near toilets?
- What type of methods are you currently using for hygiene promotion?
- Are you currently focusing on behaviors, or more on "coverage"?
- Have you been addressing them in an integrated manner, or separately?

Record their responses on newsprint and review later.

Reference

Refer to the CLTBC in H and S Triggers' Training Manual, Resource-Material No 5 in Nepali Language.

Activity 1.8

REVIEW AND EVALUATION OF THE DAY

PROCEDURE

Draw a rough sketch of human body in a large brown paper. Make sure that picture depicts head, heart, hands and feet distinctly.

Place the sketch on flip chart stand.

Ask participants - which human organ best represents Knowledge, Skill and Attitude? Often they respond Head, Heart and Hand. If they do not respond correctly, explain it to them.

Distribute four different colours of 'post it' to participants.

Ask them to write their today's learning as follows:

- New knowledge on 'yellow' post-it

- New skill learned on 'pink' post-it and
- Changed attitude in 'green' post-it
- Suggestion for improvement on 'white'

Now request them to post yellow post-it around the head of the sketch, pink around the hand, green around the heart and white around the feet. You will have a colourful brown paper. Read some of the new knowledge, skills and attitude posted by the participants. Also read some post-it on suggestion for next day's sessions.

Sum up key learning points from the session.

DAY TWO: ENHANCING IGNITION SKILLS AND SIMULATION

Day Two

Time	Activity No.	Activity
8:30 a.m.		Opening formalities Reporting and Announcement Objective of the Day
9:00 a.m.	2.1	Hand Washing
	2.2	Method of Hand Washing
	2.3	Challenges of Hand Washing
10:30 a.m.		Tea Break
10:45 a.m.	2.4	Triggering Tools
	2.5	Application of Triggering Tools
12:15 p.m.		Lunch Break
1:15 p.m.		Ignition tools and skills.....contd. with simulation exercises and Field Preparation
3:00 p.m.		Tea Break
3:15 p.m.	2.6	What happens after Triggering
5:30 p.m.		Wrap up, Daily Evaluation and Close of Day Two
Evening Session		Fundamentals of change process- How can we really change our behavior?

OPENING OF DAY 2 Igniting Communities for Total Behaviour Change in Hygiene and Sanitation

Start the day with a story of a philosopher: "I am contributing to nation building"

- OBJECTIVE OF DAY** By the end of the day, participants will be able to:
- demonstrate fundamentals steps of proper hand washing
 - explain consequences and difficulties of proper hand washing
 - follow the steps to successfully reach an ignition moment with communities
 - apply all the pertinent triggering tools used for community-led total behavior change in hygiene and sanitation
 - validate the power of this community-led approach to mobilize for total behavior change in Hygiene and Sanitation

Session 1

- SESSION OBJECTIVE** By the end of the session participants will be able to:
- demonstrate fundamental steps of proper hand washing
 - explain consequences and difficulties of proper hand washing

Activity 2.1

HAND WASHING, CHANGING BEHAVIORS IN THE HOME

- PROCEDURE**
- Inform** participants that we are going to examine how these factors influence our five key behaviors.
- Refer** again to the flip chart/newsprint of previous day's session with the five key practices posted.
- Hand washing with Soap or Cleaning Agent at four critical times
 - Safe disposal of feces
 - Safe handling and treatment of Household Drinking Water
 - Regular nail cutting, bathing, cloth washing, daily combing, proper tooth brushing

- Proper waste management in and out of home

Tell participants that now onwards, we are going to focus on the behavior of hand washing consistently and correctly.

The ideal behavior we promote is hand washing at four critical times.

Request participants to make a quick list of the 4 critical times.

- After defecation
- After cleaning a baby's bottom
- Before preparing food/cooking
- Before eating

Ask participants... Many of you are in villages all the time. Whether we live in villages or town, what do YOU think – What most influences people to wash their hands at the critical times?

Allow a few minutes for responses. Then proceed for the exercise:

Proper Hand Washing at Critical Times

Review - why, when and how we wash our hands and then you will proceed with how much water is needed for a proper hand washing to a family and how to prepare a water saving device from locally available materials.

One of the important behaviors that need to be practiced by all families is the washing of hands at four critical times. The behavior we have to promote is “proper Hand washing.”

Inquire participants how do they wash their hands?

From their experience, how would they rate (good, bad) hand washing practices in their communities?

What is good and what is bad?

Ask why do we wash our hands?

Reference

Refer to the CLTBC in H and S Trigger's Training Manual, Resource-Material No 6 in Nepali Language.

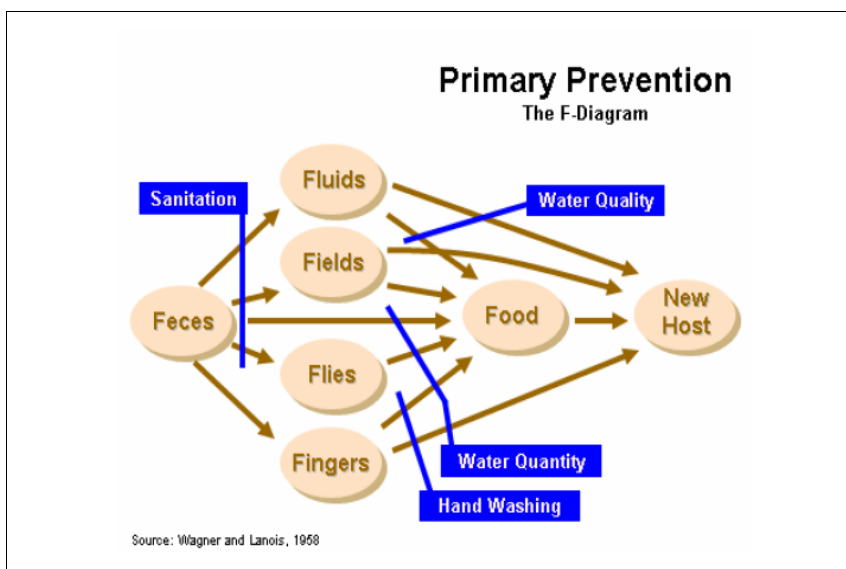
Explain consequences of hand washing.

Proper Hand washing Helps to prevent faecal -oral disease transmission and Acute Respiratory infection such as:

- Diarrhea, Dysentery, abdominal pain

- Pneumonia, eye infection
- And other worm infections such as Ascariasis

Describe the following faecal-oral disease transmission routes (F-diagram)



When should we wash our hands?

Allow a few minutes to brainstorm and

Explain participants that proper hand-washing should be a norm at four critical times:

- After defecating in toilets or fields
- After cleaning babies bottom or perform any cleaning activities
- Before cooking or handling food
- Before eating and feeding babies

Activity 2.2

METHOD OF HAND WASHING

PROCEDURE

How do we wash our hands?

Allow a few minutes to brainstorm and

Explain that for proper and effective hand-washing the following should be made ready:

- A hand washing stand near toilets or kitchen

- Simple water saving device made from local materials such as plastic bottles, clay pots etc.
- Always fill your hand washing container with water
- Keep soap, ash, sand or other local cleansing agents nearby the wash stand

Once you have prepared the above, then:

- Wet your hands with water
- Lather your hands with soap, ash or other cleansing agent. It is the soap or ash combined with the scrubbing action that helps dislodge and remove germs.
- Rub the palms, in between fingers, the back of your hands vigorously.
- Keep your finger nails always short for an easy cleaning because nails hide germs
- Rinse your hands well with running water (pour from a jug or tap)
- Dry them in the air to avoid recontamination from a dirty towel

To perform these behaviors there should be adequate supply of water, soap and other products or their substitutes. If there is no abundant water, one can use a water saving device and if there is no soap, ash could be used as a substitute.

The following exercise demonstrates how much water a family of six will need to wash hands at the four critical moments.

Step 1:

HOW MUCH WATER WILL THAT TAKE?

Have a bucket and pitcher on hand

Note!

DO NOT try to save water during the demonstration. Pour water as it is done in the communities (culturally you do not discontinue the pouring of water especially in the morning as it is considered bad luck). This contrast later when saving exercise is performed using the tippy tap.

Request one volunteer to demonstrate the process of “correct hand washing.” Make sure that correct technique of hand washing has been followed. All the time, wastewater should be caught in the bucket below.

Reinforce participants about the correct hand washing instruction.

Note!

Encourage participants to focus on CORRECT techniques of hand washing at all times. At the end of the wash, measure the water in the bucket.

Write down the following number on a flipchart.

Tell participants that we just used XX liters of water for ONE correct hand washing...

Also tell we have just reviewed the technique for correct hand washing.

Now turn to worksheet # 1 and tell them that we will continue examining the behavior of hand washing.

Request them to fill the amount of water used on their worksheets.

For e.g. the amount of water required to wash hands CORRECTLY is 500 ml.

Explain that if one person requires this amount of water to wash his/her hands correctly, we need to figure out how much water is needed and how many times in a day a family of six needs to wash their hands.

Hand washing with soap



Note!

Break participants into three groups and calculate how many times in a day the family needs to wash their hands.

Step 2:

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

With your team, calculate how many times in a day one would have to wash, and then how many people in the family would need to do this each day...Fill in the answers on your worksheet as given below.

Explain that there are no correct answers. Just make assumptions and proceed. For instance, a family of six probably has one or two infants. You decide, make decisions on all the undetermined possibilities and proceed.

Example of Worksheet:

	Number of times a day/ each person (1)	Number of family members doing this (2)	Total number of times a day (1x2)
After defecation	2	4 (Babies and young children don't wash THEIR hands)	8
After cleaning a baby's bottom	4	1	4
Before preparing food/cooking	4	1 (mother and daughter)	4
Before eating	4 plus washing before breastfeeding	4 (one baby will be BF, the other is fed)	16
TOTAL			32

Note!

Groups often estimate a range of 25-60 washes. The example is just to make a point. Thus, do not get concerned for precise number.

Now,

Ask participants to multiply the number of washes a family must do per day...by the amount of water it takes to do a proper wash

TOTAL AMOUNT OF WATER NEEDED FOR A FAMILY OF SIX TO WASH CORRECTLY FOR ONE DAY

500 ml x 32 = 16,000 ml Or 16 liters

Ask - What can we conclude?

First, it takes a lot of water for a family to wash!!

Facilitate a brief discussion in this regard. Ask them to think of the average water vessel for the region, estimate with the group how many extra trips to the well this would require EACH day, to follow the ideal

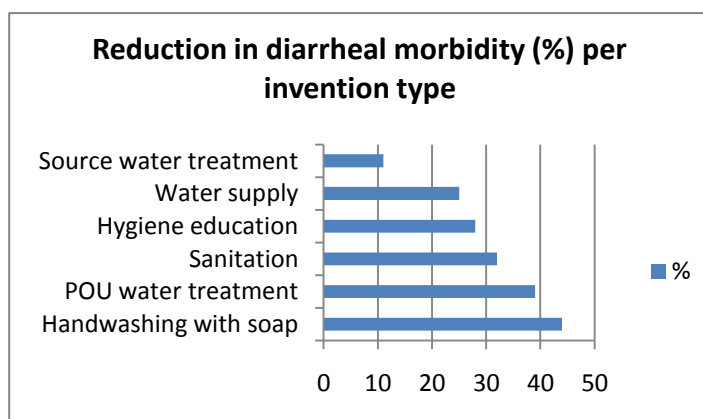
recommendation of hand washing at 4 critical times.

Activity 2.3

CHALLENGES OF HAND WASHING

PROCEDURE

Explain the following graph about the Importance of hand washing



Conclude the session with key learning points listed below:

- there are many factors that influences five key practices related to wash
- knowledge and awareness is not enough – practice should be continuous
- behavior change process has to be FUN, EASY AND POPULAR
- it is crucial for us to see the things from household perspectives and not as health promoters for behavior change

Session 2

SESSION OBJECTIVE

By the end of the session, participants will be able to:

- explain the consequences of triggering tools after the simulation exercise
- understand the importance of five key triggering tools

Activity 2.4

TRIGGERING TOOLS AND SIMULATION EXERCISE

PROCEDURE

Inform participants that the session introduces practical exercise on

“pathway” to TBC. Also explain that this session builds on the previous sessions. Reflect briefly on national SandH situation, CLTBCHS approach, key five-behavioral change for H and S improvement and the importance of hand washing.

Explain that the session focuses on Community-led Total Behavioral Change in Hygiene and Sanitation (CLTBCHS) in the wards and clusters of VDCs. The session introduces the steps, techniques and tools to mobilize communities to obtain their commitment for TBC. The first step begins by learning about how to ignite the communities for change. This step will be followed by simulation exercise on triggering tools specially the “walk of shame” and “a glass of water exercise” with nearby community before doing the real triggering in the communities.

Note!

Use Meta Card or New Print for presentation on CLTBC in H and S. If these materials are not available, lecture method shall also work.

Triggering approach to TBC in H and S

Explain that CLTBCHS is a ‘trigger’ based approach. The trigger denotes:

- an approach or concept/event/situation, which makes you to think and act
- triggering can operate at the community and/or individual level

What happens when triggering approach is applied?

- Entire community analyses their own H and S situations
- A sense of collective shame, disgust and helplessness creeps in
- Community is compelled to think and act
- Community resolves to eliminate open defecation
- Natural leaders emerge
- Collective local action is initiated towards TBC in H and S

How the trigger operates?

- Own appraisal of defecation practices
- Ignites a sense of disgust and shame among the communities

- Inspire and empower rural communities to stop open defecation

TRIGGERING TOOLS:

Community triggering tools

- Walk of Shame
- Defecation mapping
- Calculation of faeces/GUHU
- Calculation of faeces/GUHU ingested by a person
- Cost of illness
- Respect to occupation
- Flow diagram for water contamination
- Respect of women
- Holy ignition
- Open defecation and begging
- Faeces/GUHU to mouth transmission
- Water quality testing

Individual triggering tools

- Privacy
- If she/he had toilet at home
- Peer group pressure
- Fear
- Economic reason
- Demonstration effect
- Health
- Infidelity
- Reward/Incentive

When the trigger approach would not be very effective?

- In a subsidy driven mode
- When an outside agent starts working as a 'provider' instead of a 'facilitator'
- When 'external prescription' is suggested

- Improper facilitation of trigger tools

Do's and Don'ts while facilitating triggering tools

Do's

- Facilitate
- Let people realize for themselves
- Trigger local action
- Let people innovate simple toilets
- Hand over to local leaders
- Trigger self-mobilization through good facilitation

Don'ts

- Educate
- Tell people what is good and bad
- Offer hardware subsidy
- Promote particular toilet designs
- Be in charge
- Push for or demand action

Reference

Refer to the CLTBC in H and S Trigger's Training Manual, Resource-Material No 7 in Nepali Language.

Session 3

SESSION OBJECTIVE By the end of the session participants will be able to:

- apply effectively the triggering (IPRA) tools

Activity 2.5

APPLICATION OF TRIGGERING TOOLS

PROCEDURE

Start the session by telling participants that the session will focus on the types of triggering tools.

Explain the five triggering tools listed below:

TOOL #1: Organizing the Walk of Shame (*Father of all tools*)

1. **Explore** one appropriate venue near the training hall where there are lots of shits. (This should be identified before the start of the session)
2. **Tell** all participants that we will have a nice walk around the neighborhood. Inform them that the area could be nice but could be dirty as well. Ask, if they are ready for a walk. Usually, they agree. IF THEY DON'T AGREE THEN WHAT IS THE NEXT STEP?
3. **Begin** the walk from nice place such as temples or green areas then slowly move to the place where there are lots of shits.
4. **Take** this moment as an opportunity to discuss S and H issues in this village or elsewhere.
5. When you see a bunch of shits, ask participants whose shit this could be? When do you think this was defecated? Participants may close their nose; they may want to leave the place. But ignore that and tactfully keep them for some time and try to disgust them.
6. **Conduct** the following exercise to raise the interest and expectation of participants.
Tell.... I'm thirsty... excuse me.
 Pour a glass of water from a bottle.
 Drink it down
 Be dramatic ... Ah! How refreshing!

 Further reinforce by saying things like... "The blessing of fresh water. There's nothing like it."

7. Now:

- **Pull** some hair from your head and show it to the participants
- **Ask** them if they can see it? They can't see it unless they are very close to you
- **Use** the hair to touch faeces/GUHU with it and put it in a glass of water
- **Offer** the glass to the group
- **Ask** anyone care for a drink?
- **Usually** people are not willing
- **Ask** why they refused to drink

Facilitate a brief discussion by stressing that no one wants to consume their own faeces/GUHU or can imagine anyone else's! Further tell them that if people continue to defecate in the open spaces, we end up drinking the water contaminated with faeces/GUHU.

Encourage participants to honestly answer the following questions:

- When they defected openly... how many days/hours ago?
- When was the last time they saw a person defecating in the open?
- Have you ever stepped on shit?

Relate to their answers and explain that person who spends time in villages knows how common this practice is. Faeces/GUHU is found almost everywhere - when crossing fields, near/in the pond, around the walking trails or behind the houses. It is hard NOT to encounter faeces/GUHU.

Explain that NO ONE wants to drink or eat their own faeces/GUHU. This is the underlying principle of the CLTBC in H and S approach that we are about to learn. Tell that the first step of our learning will begin from the Ignition Step – the technique central to the CLTBC approach.

Inform participants that we should help people to realize that due to our ignorant behavior and practices we are eating our own shit. Moreover, even if we practice healthy behaviors, if people in the neighborhood are not practicing healthy habits such as not disposing of faeces/GUHU safely, washing hands,

handling food and water safely, none of us can avoid eating faeces/GUHU.

Advice participants to build on the above aspects to help communities to end open defecation by using toilets and washing hands.

After this:

8. **Take** participants to a convenient location. It could be a play ground or school or any open area. There, stand in a circle and discuss about the 'glass of water' exercise.

Slowly encourage them to draw a 'social map' with defecation area and shit. For shit calculation, you may take them back to the training hall.

Walk of shame



Walk of shame



TOOL #2: Glass of water exercise

This exercise is the peak of the whole issue and the previous activities - shame of walk, social mapping, faeces/GUHU calculation and flow diagram. In the flow diagram villagers might have understood the possibility of faeces/GUHU entering their water, food and to their mouth or nose via wind. This exercise will show them the invisibility of faeces/GUHU entering their water.

Follow the following instructions to conduct this exercise:

- **Ask** for a glass of water (preferably the water they are using - protected water source or unprotected).
- **Request** somebody to drink the water. One of the participants will come and drink it without hesitation.
- **Take** some hair from your head and show it to the villagers. Ask them whether they can see it. They can't see it unless they are very close to you.
- **Use** the hair to touch feces and put it in the water and again ask the same person to drink (usually they are not willing).
- **Ask** why he/she refused to drink.

Facilitate a brief discussion in a convincing way using the flow diagram that due to the practice of open defecation everyone in the community has been eating and drinking faeces/GUHU.

Sum up the session by emphasizing that because of open defecation, faeces/GUHU ends up in our rivers, our fields, our hands and feet, our drinking water and finally inside our body.

Facilitators should use this exercise together with other exercises mentioned above to ignite the villagers by making them committed for TBC. Here, ignite refers to community realization about eating and drinking each other's faeces/GUHU. There is usually a collective commitment of the community to stop such practice.

On completion of all these triggering exercises:

Ask participants - how did they feel?

Discuss few more minutes and try to find out their real feeling.

Facilitators should observe carefully for the following:

- Are they really ignited? Or
- They are frustrated that they have to work on Guhu and Mut?

Usually different situation may arise after triggering exercise in the community. What really happens in the fieldwork can be discuss in the classroom.

Ask them what will be their course of action in immediate future.

Request them to write their responses on a meta card and post them on a wall.

A glass of water exercise



TOOL #3: Defecation Mapping (Sanitation Mapping)

Explain participants that 3rd tool is defecation mapping.

Tell them that maps and diagrams are essential part of planning. Maps are especially important in rural developmental work where planning, implementation and monitoring are done in a participatory way. In recent times mapping has become very important tool in measuring self-esteem and understanding of communities. Through mapping it is easier to identify and understand the socio-economic, educational, health including sanitation status of any households or communities.

Inform participants that purpose of mapping mainly is to learn collectively about:

- who is living where (distribution of households)
- households with and without toilets
- areas for open defecation(under normal condition, during emergency situation, for children and for animals)
- which families use which areas for defecation
- where women go and what happens during emergency defecation at night or during high incidence of diarrhea

Explain participants about organizing the Mapping Exercise

Tell them that mapping is the continuation of the Walk of Shame exercise.

Facilitate the mapping exercise preferably in some shady area around the village (only if you are still outside of the training hall after the walk of shame exercise)

- **Ask** them to bring rope, corn cobs, leaves, ashes etc. to conduct the mapping
- **Guide** them on how to make boundaries and locate their temple/stupa/mosque/church, water points, roads, paths, defecation sites etc.
- **Help** them to locate their own houses with reference to roads/ temple/ stupa/ mosque/ churches etc.
- **Ask** them to identify the houses with toilets and without and prepare them for faeces calculation once they finish locating their houses
- **Ask** where men, women and children defecate
- **Note** water points, schools, other important landmarks

Defecation mapping



TOOL #4: Faeces/GUHU calculation

Tell participants that Faeces/GUHU calculation 4th tool.

Inform them that Faeces/GUHU calculation will help to:

- illustrate the magnitude of the sanitation problem - Visualize the mountain made of faeces
- encourage the community to announce the amount of shit produced together

Emphasize participants that this exercise is very powerful to create shame, disgust and fear among the villagers and should therefore be conducted carefully and slowly without rushing. Each moment has to be used to create shame, exaggeration, disgust, fear from disease etc.

Explain that it would be easy to calculate how much faeces/GUHU is being deposited by those who use the open field for defecation in the community by identifying the numbers of houses with toilets and without.

After calculating the number of people having no access to toilet and thus use the open field for defecation, ask:

- how many times a person defecates a day (take the average)
- what volume of faeces/GUHU does a person defecate at a time and calculate volume per week, month and year. (250 gm per day is a good average volume).

Use the following worksheet to calculate the amount of faeces/GUHU deposited in the village by those without toilet.

Explain the amount of faeces/GUHU to participants. They will find it amusing at first but as you build up the discussion they will be shocked and ashamed.

Faeces/GUHU Calculation Worksheet

The most important question after this is-Where does that all go??

TOOL #5 : Faeces/GUHU Flow Diagram

The climax of all these exercises mounts as you discuss what has happened to the mountain of faeces/GUHU deposited in the village.

Obviously the answer will be:

- decomposition
- eaten by animals and birds
- washed away by flood
- dry and blown away by wind
- stepped up by humans and animals and transported to the house
- eaten by flies etc.

Ask participants if it reaches them? For example, when dry and blown

away by wind, would it reach them?

Stress that it does:

- enter the mouth and the nostrils when breathing;
- cover their clothing
- may reach the uncovered food or water etc...

Validate your answer connecting with flies, animals, flood etc., so that they feel the fact that they have been eating and drinking faeces/GUHU from a long time for it is deposited in the open spaces.

Probe for more information. For example, they may say that it is washed away by flood/rain. So doesn't really carry any health hazards. Hence, further information will help to validate that they have been drinking and eating faeces/GUHU/ all the time. This will also help in creating disgust and realize the truth.

On completion of all these triggering exercises:

Ask participants how did they feel?

Discuss for some time. Try to find out their real feeling. Are they really ignited or they felt frustrated that they will have to work on Guhu and Mut?

Different situation may arise after triggering exercise in the community.

Reference

Refer to the CLTBC in H and S Triggers' Training manual, resource-Material No 7 in Nepali Language.

Session 4

SESSION OBJECTIVE By the end of the session participants will be able to:

- Understand the power of triggering (IPRA) tools

Activity 2.6

WHAT HAPPENS AFTER TRIGGERING IN THE COMMUNITY?

1. Blast
2. Fire
3. Fence sitting

4. Try again

PROCEDURE

Ask participants what will be their course of action in immediate future.

Request them to write their responses in the meta card.

Post all the meta cards on a wall.

Try to cluster the similar answers in one group. Often, the answers could be categorized into following clusters.

BLAST	FIRE
<ul style="list-style-type: none"> • <i>I am so much excited that I would like to start action right away without waiting.</i> • <i>I am fully committed to change the behavior now – not tomorrow or later</i> • <i>I will motivate and encourage my family members and to commit for behavior change.</i> • <i>This is very easy and I can do it.</i> 	<ul style="list-style-type: none"> • <i>I will start the action after consulting with my family members and others.</i> • <i>I think I should start changing my behavior – from tomorrow not now.</i> • <i>I think I can do it.</i> • <i>But it will be easier if I get some external support. I do not know how to construct toilet.</i>
FENCE SETTING	TRY AGAIN
<ul style="list-style-type: none"> • <i>I should certainly change by behavior in due course of time, not now. What others will say if I change my behavior right away?</i> • <i>How can I do it myself? What others will say if I construct toilet myself? I should wait till I find appropriate and skillful mason.</i> • <i>I am not sure if it is good to defecate in the toilet. I cannot enjoy defecating inside a room. It is so pleasant outside in the fresh air.</i> 	<ul style="list-style-type: none"> • <i>I am not convinced with the idea. I should learn more in futur, before changing any behavior.</i> • <i>It is nothing but digesting dollars from 'Bideshi'.</i> • <i>Why should I change my behavior? Let others change their behavior first. Then only I will change.</i>

Review and Evaluation of the Day

Ask participants to close their eyes for 3 minutes and remember what we did today. Also ask them to write on the meta cards the major things they learned.

Collect the meta cards and explain the gaps.

Display the video/documentary - WASH ownership of local people developed by RWSSP-WN, Pokhara (equipment permitting)

After the video show ask:

- What is their feeling/thinking?
- What is the difference and similarity between the film and the ignition process they just undertook?
- Do you feel ready to Ignite Change?

Reference

Refer to the CLTBC in H and S Trigger's Training manual, Resource-Material No 7 in Nepali Language.

DAY THREE: TRANSLATING THE SKILLS, FIELD WORK AND REFLECTION

Day Three

Time	Activity No.	Activity
8:30 a.m.		Opening Formalities Reporting and Announcements Objective of the Day
9:00 a.m.	3.1	Field Visit for Triggering: Creating ODF Village
	3.2	Preparation of Field Visit Report
3:15 p.m.	3.3	Small Doable actions
4:30 p.m.	3.4	Steps to Stop ODF (Ladder)
	3.5	Types of Toilets
5:30 p.m.		Wrap up, Daily Evaluation and preparation for F.U. visit
Evening Session		Leader and Leadership in change process

OPENING OF DAY 3

Changing behavior through negotiation and Small Doable Actions (SDAs)

Start the day with following quotations:

As we evolve, we handle knowledge in different ways. We tend to move through these stages:

- We are unaware
- We become aware of facts, data, and information
- We comprehend meaning from the facts
- We can personally apply the information in our lives
- We have wisdom - enlightened, we can lovingly apply our knowledge to world affairs
- We live in truth

How have you personally experienced a shifting of applying knowledge from one level to the next?

"More important than finding the teacher is finding and following the truth of the teaching...."
Sogyal Rinpoche

Session 1

SESSION OBJECTIVE	By the end of the session participants will be able to: <ul style="list-style-type: none">• Develop the triggering and negotiation skills towards creating ODF village
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Activity 3.1	FIELD VISIT FOR TRIGGERING: CREATING ODF VILLAGE
PROCEDURE	<p>Ask are you ready to Practice Community Ignition?</p> <p>Explain them that we will be using the tools and skills we have learned during the previous sessions. Inform that the activity will take about four hours. After that we will come back and each group will debrief to the other participants about their experiences.</p>

Activity 3.2	PREPARATION OF FIELD VISIT REPORT
PROCEDURE	<p>Allow 15 minutes to each group for presentation.</p> <p>Provide a few minutes for comment/feedback after each presentation.</p>

After all the presentations are over, sum up the experiences.

Ask the group:

- What was different about this approach?
- What do you like about it?
- What are your apprehensions or concerns?

Congratulate and celebrate!

Session 2

- SESSION OBJECTIVE** By the end of session, participants will be able to:
- identify (together with householders) the 'small doable actions' they are willing to try, feasible and effective behaviors based on THEIR current context
 - explain advantages, disadvantages, cost and other features of different types of toilet

Activity 3.3

SMALL DOABLE ACTIONS

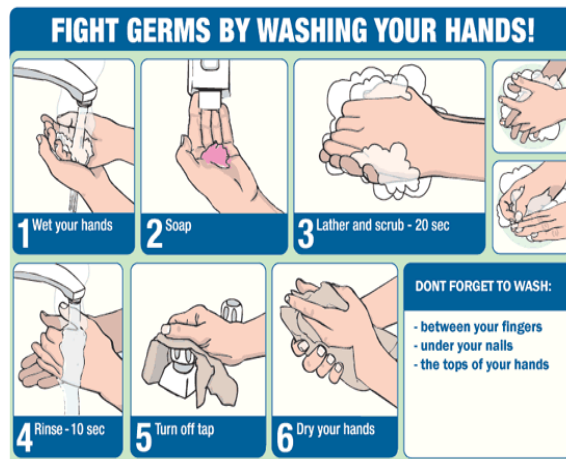
PREPARATION

Update the Work Sheet No. 1 by adding some appropriate actions relevant to the local context.

Write 5 key behaviors on A4 papers or index cards.

- Hand washing with Soap or Cleaning Agent at four critical times
- Safe disposal of faeces
- Safe handling and treatment of Household Drinking Water
- Regular nail cutting, bathing, cloth washing, daily combing, proper tooth brushing
- Proper waste management in and out of home

*Hand washing with soap
at four critical times*



*Toilet for safe disposal of
feaces*



*Boiling method for Water
purification*



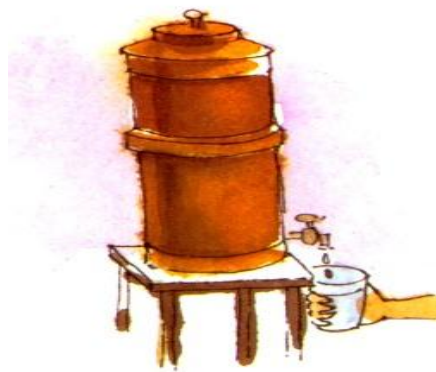
*Sodis method for water
purification*



*Chlorination method for
water purification*



*Filter method for water
purification*



Prepare flipchart that explains Small Doable Actions (SDA)

Explain participants that SDA essentially means:

- Feasible, effective, and a stepping stone for effective practice

Reflect on the attitude of all participants and choose a confident and talkative participant among them who does not wash hand regularly. With his/her permission, use the person to negotiate improved practice to set an example.

PROCEDURE

Begin the session by Welcoming everyone.

Invite everyone to pull out their pathway to total sanitation and ultimately for TBC for H and S.

Ask them to find the village ignition on the pathway

Remind participants that it's time for them to implement their learning's to change the community behavior to end open defecation. Emphasize that commitment from them is vital as it requires intensive work and effort to coach people at different levels.

Reinforce that each of us has a crucial role in supporting the communities in ending open defecation. Especially, health service providers, natural leaders, FCHVs, community volunteers, lead mothers have an added responsibility to make home visits and interact and observe personally at VDCs and clusters.

Continue this session with focus on some techniques to identify SDA at household level to change behaviors.

Request participants to share a little bit about their work with households on and S package.

Probe a bit and ask if householders are reluctant to change their behaviors?

Brain storm for 8-10 minutes in plenary on what could be done to persuade families to “do the right things”?

Inquire participants on their ideas about SDA and what they are doing to change behavior at the household level.

Explain small doable actions and ask if all are doable or not?

Reflect on the A4 paper with some actions like:

- Hand washing with Soap or Cleaning Agent at four critical times
- Safe disposal of faeces
- Safe handling and treatment of Household Drinking Water

Note!

While facilitating it is important to let participants know that behavior change is not an easy process. People do not want to jump from what they are doing to adopt the new things. Hence, it is also crucial for facilitators to realize that this will be a gradual process.

Continue facilitating on the implementation of SDAs at community level and tell that the SDA should begin with carefully assessment of current behaviors, resources, social pressures and beliefs of the households.

Assess where they are now by breaking down the behaviors into a smaller baby steps and identify SDAs that are feasible, effective, fun, easy and popular.

For this,

Divide participants into groups of five to identify SDAs for our key H and S behaviors.

Assign one behavior to each group.

Allow 20 minutes for the group work.

Following is the five key hygiene behaviors:

- Hand washing with Soap or Cleaning Agent at four critical times
- Safe disposal of feces
- Safe handling and treatment of Household Drinking Water
- Regular nail cutting, bathing, cloth washing, daily combing, Proper tooth brushing
- Proper waste management in and out of home

First reflect on the “ideal” behavior.

Break down the behavior into possible component and note the various sub-behaviors

Consider “approximations” of existing practices related to the ideal behavior

Identify at least 3 SDAs for each “ideal” behavior, specifically, a behavior that is feasible for the householder and still has a personal and public health impact.

Note!

Facilitator should constantly encourage participants. They might feel difficult to begin the group work. Hence, assurance should be provided in a way like “You are asked to run a marathon”... you can’t do that... YET... what could you do NOW... walk a mile a day to town/village? Jog around the stadium slowly. This will help them to settle, think and work positively.

Request groups to report back once the group work is over.

Advice all groups to critique on each other’s work after the presentation

Throw the following questions:

- Are these SDAs? What else would you add to them?
- Do they meet the criteria?
- Is it feasible?
- Do you FEEL People can DO it NOW given the existing resources in their houses?
- Is it effective enough to bring difference to the household and the community?

- Is it a building block- a stepping stone to the IDEAL practice?

Conclude the session by emphasizing that it is imperative to adopt SDAs than trying to do ideal things. If we really want to change our behavior. Additionally, highlight on the implications of SDAs and ask how do they 'feel' about promoting less than ideal practice? Does this 'fit' with what they are doing now?

Sum up key learning points of the session.

Reference

Refer to the CLTBC in H and S Trigger's Training Manual, Resource- Material No 10 in Nepali Language.

Session 3

SESSION OBJECTIVE By the end of this session, participants will be:

- able to explain the different steps of sanitation ladder

Activity 3.4

STEPS TO STOP OPEN DEFECATION FREE (Ladder)

PROCEDURE

Explain the following ODF ladder and the types of toilet

	Higher Cost/lower risk
	Flush to septic tank/sewerage
Technology options	Pour-flush
	EcoSan
	VIP with concrete slab
	TPL upgraded with water seal pan with hand washing facilities with soap
	Traditional Pit toilet (TPL) with hand washing facilities with soap
	Open defecation buried (Cat's method/trench)
	Designated place for defecation
	Defecation in the open (indiscriminate)
	Defecation in the compound
	High Risk

Session 4

- SESSION OBJECTIVE** By the end of this session, the participants will:
- familiarize themselves with different types of toilets that are feasible at the community level

Activity 3.5

TYPES OF TOILETS

Lead the discussion on different steps of ODF ladder.

Ask participants about the current situation of the community they will be working.

Tell participants that it is not necessary to start with cat's method as people can start flushing to septic tank provided the situation permits. However, cat's method can also be used if there aren't any toilets in the village.

Explain different types of toilets and techniques to participants as it is important for them to know before their field visit for follow-up of the triggering work.

Review and evaluation Of the day

Request one of the participants to lead the review process.

Encourage everyone to reflect on what they have learned today.

Note all the reflection on the board.

Sum up key learning points of the session.

Reference

Refer to the CLTBC in H and S Trigger's Training Manual, Resource-Material No 8 in Nepali.

DAY FOUR: NEGOTIATING CHANGE PROCESS

Day Four

Time	Activity No.	Activity
8:30 a.m.		Opening Formalities Reporting and Announcement Objective of the Day
9:00 a.m.	4.1	Negotiation for Change
	4.2	The Home Visit – Negotiation for Change
	4.3	Criteria for Conducting the Home Visit
11:30 p.m.		Lunch
12:30 p.m.	4.4	Preparation of Follow-up Visit
4.30 p.m	4.5	Field Reflection, Reporting and Feedback
5.30p.m		Wrap up, Daily Evaluation and Closeing of the day Four

OPENING OF DAY 4

Start the day with following quotation

"When we feel stuck, going nowhere -- even starting to slip backward -- we may actually be backing up to get a running start." - Dan Millman

To change, we must go through a transition zone. It is not easy being in transition. Thoughts, beliefs and habits are all in flux. It can create a sense of groundlessness, of being in a void that can be quite uncomfortable.

When we are in the void, our first impulse will be to revert to old habits because they feel comfortable. Our goal is to hang in there until the change is complete. Knowing that TRANSITIONS ARE PART OF THE CHANGE PROCESS helps us muster the courage to put up with the discomfort, the uneasiness, the void.

Change requires a letting go of what we have always known and done to allow in something new. We need to trust ourselves and higher forces to unfold a new reality for us.

"Every positive change - every jump to a higher level of energy and awareness - involves a rite of passage. Each time to ascend to a higher rung on the ladder of personal evolution; we must go through a period of discomfort, of initiation. I have never found an exception." Dan Millman

Session 1

SESSION OBJECTIVE	By the end of the session, participants will be able to: <ul style="list-style-type: none">• negotiate with the community on SDA for behavioral change• monitor home visit for negotiating SDA for change• facilitate the negotiation and dialogue process during the home visit
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Activity 4.1

NEGOTIATION FOR CHANGE

PREPARATION	Arrange flipchart with five key behaviors
PROCEDURE	Start the session by asking participants to think about their tooth brushing habit. Ask someone who is not a regular brusher: Do you think it will be hard for you to brush your teeth after every

meal?

How about if I ask you to try brushing your teeth once a day?
Would it be easier?

And if I told you [throw in some benefit... a non-health benefit] for instance ..., [for a single young man.. tell that his winning smile will win the hearts of many ladies, or if a woman, her radiant smile will get her a place at the front of the line or a better price when bargaining with the merchants...]

How would that be?

Continue..., if I told you that you do not have to brush by using a FCHV stick. Would that make it easier to clear your teeth once a day in the evening?

Explain participants that this is the pattern of **negotiations for improved practice**, or DIALOGUE.

Elaborate further on:

- Assessing current practice
- Identifying the households to try SDA to improve the situation
- Work with community people to identify and solve problems on the spot
- Offering benefits and reducing barriers

Begin the second session.

Ask participants what influences behaviors, particularly the five key behaviors **(point to the flipchart with the five key behaviors)**.

Facilitate a brief discussion highlighting on the key factors influencing our behaviors. Remind them that knowledge does not always lead to improved practice. At times, people need access to products to perform the improved practice. Furthermore, addressing barriers and motivations are essential for total behavior change.

Shortly after the discussion, explain participants that once we get commitment from the community through the ignition exercise, their job is to work with individual households to help negotiate improved practice.

Activity 4.2

THE HOME VISIT-NEGOTIATION FOR CHANGE

PROCEDURE

Tell participant that we are using the phrase a lot.... Total behavioural change. How do you actually support total behavioural change in households?

Note!

This session focuses on the home visit. It assumes that some groundwork has been done, priming the community for action and change. Refer to the PHAST manual that helps to 'ready' a community for a focus on hygiene and sanitation promotion.

Reference

Refer to the PHAST Manual

Explain participants that this session focuses on the home visit and reflects on:

- How do you enter the home?
- How do you organize discussions?
- How do you assess risk and identify promising practices to build on?
- How do you negotiate change?

CHATting TECHNIQUE FOR HOME VISIT (20 minutes, optional):

Note!

Facilitator should know that *this exercise A is **optional**, depending upon the experience of the group.*

Request two persons to volunteer.

Ask them to decide who wants to be the WASH Promoter/ Home Visitor and who wants to be the householder. Then ask the WASH Promoter to knock on the door and try to get the attention and interest of the householder.

Encourage the householder to improve their H and S practices... "PLAY!"

At the end of the play, discuss:

- What technique was used by the WASH Promoter to get into the house and to get interest and attention?
- What worked best to gain the trust and interest of the

householder?

- What worked best to assess the current practices and identify risk?
- What could be improved?

How did the WASH promoter try to motivate the householder?

Activity 4.2.1

NEGOTIATION FOR CHANGE: DIALOGUE

PROCEDURE

Explain participants that in order to change householder's behavior, we may also need to change our OWN behavior. Instead of telling householder what to do, we should work in partnership to help identify risk, prioritize one or two SDAs and work with the householder to realize the change.

ORGANISING A GOOD DISCUSSION ON PROBLEMS (20 minutes)

Follow the GALIDRAA Method

Inform participants that the GALIDRAA Method can be used to conduct a proper household visit. The method serves as an entry point to the households and helps to carryout the negotiation process well. It is a simple technique to help remember key steps to negotiate change, which leads to household commitment to improve S and H practice.

- G - GREET** the householder, ask about the family, work, the farm, current events etc. build the rapport. Tell the householder where you come from and your intension. Take permission to stay for a few minutes and discuss a few issues while they are working.
- A - ASK** about current H and S practices and other health issues.
- L - LISTEN** to what the women/men in the house say.
- I- IDENTIFY** potential problems from what is said by the women/men. (Barriers for change include unavailability of products, shortage of supplies, money, or knowledge.)
- D - DISCUSS** and suggest women/men the different options to overcome the barriers.

- R - RECOMMEND and NEGOTIATE** SDAs. 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.
- A -** If the women/men **AGREE** to try one or more of the options, **ASK** them to repeat the agreed upon actions.
- A -** Make an **A-APPOINTMENT** for a follow-up visit.

EXERCISE

Role play in pairs

One of the pair is the WASH promoter and other is the householder. Use the GALIDRAA steps for Negotiating Improved Practices to identify the most critical problems and possible behaviors the householder must be willing to try.

Allow 15 minutes for the role play.

After all the pairs have tried the role-play, invite **a pair to demonstrate in front of the whole group.**

At the end of the play, discuss:

- What technique was used by the WASH Promoter to get into the house and to get interest and attention?
- What worked best to assess the current practices and identify risk?
- What worked best to identify the SDA the household would try to change?
- What could be improved?

If there is resistance by the householder, stop the action and ask “*What happened?*” And, then ask “*What other approach might be used?*”

Continue this process of stop-start role-play until the group have identified the factors and strategies involved in getting into a home, creating some interest and trust. Identifying feasible behavior(s) for change and negotiating with the householder to make the changes happen.

Explain participants that one way to help negotiate improved practices are to understand the advantages and disadvantages the householder faces in practicing the new behavior. This should always be done from the point-of-view of the household, NOT the point-of-view of a sanitarian.

Reference

Refer to the CLTBC in H and S Trigger's Training Manual, Resource- Material No 12 in Nepali Language.

Activity 4.3

CRITERIA FOR CONDUCTING THE HOME VISIT

PROCEDURE

THIS CAN BE USED TO SELF-ASSESS OR CONSTRUCTIVELY REVIEW PEERS!

Greeting	Identify yourself (be honest and motivating) I'm from the VWASHCC, and we've come to see how we can help reduce diarrhoea in the household...
Build rapport	Be mindful of tone... be open, friendly; Do not scold or 'preach'. Consider gender, context (men should not try to enter the home on first visit if the man of the house is not present. Ask where he is, or if the mother in law might join...
Identify purpose	Be clear, Be motivating
Suggest	partnership, problem-solving
Ask/Assess/Observe	Use the WASH form
Ask questions	Listen
Identify	Options for SDP
Find	practices that are risky, changeable and appropriate to the context
DISCUSS	Negotiate Problem solve Have them try/model the behaviour Ask about reservations, doubts Try to resolve Get commitment to try until next visit Set next appointment

REMEMBER THE GALIDRAA STEPS:

Explain Procedure

- Work in teams of 3 or 4 ... fan out, go to houses...

- Each team member should take the lead on one house
- Between each house visit, group should provide feedback on the visit
 - Use the criteria in the worksheet to specifically critique the visit
 - Was a SDA (or two) identified?
 - Was it an appropriate choice? (Was it risky, changeable at the 'right' stage of change?)

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

- Get all the responses typed, printed and distributed to all participants as another set of resource material produced during the training program.

Thank everyone and close the session!

Session 2

SESSION OBJECTIVE By the end of the session participants are able to:

- Identify Small Doables and develop negotiation skills

Activity 4.4

PREPARATION FOR FOLLOW UP VISIT

PROCEDURE

Debrief

- Review skills, ask: How was it?
- Identifying small doables? Negotiating? (Ask peers to comment on each other...)
- How was the receptiveness? Any barriers to cooperation?
- Did you feel different from previous visits? If yes then How?

Session 3

- SESSION OBJECTIVE** By the end of this session, participants will be able to:
- present report of the follow-up field visit and reflect on their feeling
 - explore key learning from the field
 - develop strategies to translate field learning into action

Activity 4.5

FIELD REFLECTION, REPORTING AND FEEDBACK

PROCEDURE

Allow each small group to present their field report in the agreed format and process.

Allow 10 minutes for report presentation to each group.

On completion of presentation by all small groups, initiate discussion with following key questions.

- Do you think it is possible to replicate the triggering action in your community? If no, why; and if yes, how?
- What is the most important lesson that you learned from the fieldwork?
- How do you think your learning can be best translated into action when you work in the field?

Post three different flip charts on the wall. In three different colors meta cards, write the three heading (a) Possibility of replicating triggering actions (b) Key lesson learned (c) Strategies to translate learning into action. Put these headings into three flip charts.

As one facilitator facilitate the discussion, the other one should write key words of all responses and post in the flipchart with appropriate headings.

By the end of the discussion, three sets of documents are ready.

- Pros and cons of replicating triggering action in the community
- Key learning
- Strategies to replicate the field learning into action

This exercise will also help to assess the attitude of the participants towards the triggering tools and ignition exercise.

Review and close the day!

DAY FIVE: MOBILIZING COMMUNITY FOR BEHAVIOURAL CHANGE

Day Five

Time	Activity No.	Activity
8:30 a.m.		Opening Formalities Reporting and Announcements Objective of the Day
9:00 a.m.	5.1	3 M demand after Triggering,
10:30 a.m.		Tea Break
10:45 a.m.	5.2	Steps to Mobilize Communities in TBC in H and S
12:15 p.m.		Lunch
2:15 p.m.	5.3	WASH, ODF and TBC
	5.4	ODF and TBC Declaration and Rewarding Process
3:45 p.m.	5.5	Role Of Lead TBC Facilitator
4:45 p.m.		Wrap Up Daily Evaluation and Close of Day Five
Evening Session		Talent Show

OPENING OF DAY 5

Start the day with following quotation:

"Tori ma til ma cha tel bharilo, aphai kaha jharch ra, palnai parch bina prayatna muka mai ayera ke parcha ra?"

Session 1

SESSION OBJECTIVE

By the end of this session participants are able to:

- explain 3M demand from the community and their need of 7M model for sustainability of the changed behavior

Activity 5.1

3 M DEMAND AFTER TRIGGERING

PROCEDURE

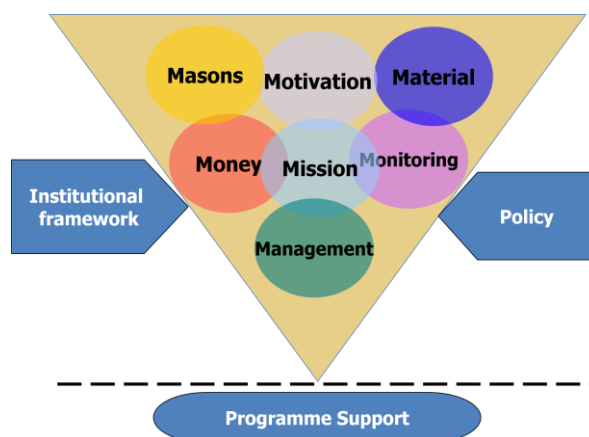
Ask participants if they are ready to identify community expectation after triggering?

Inform that the community will demand the following 3 Ms:

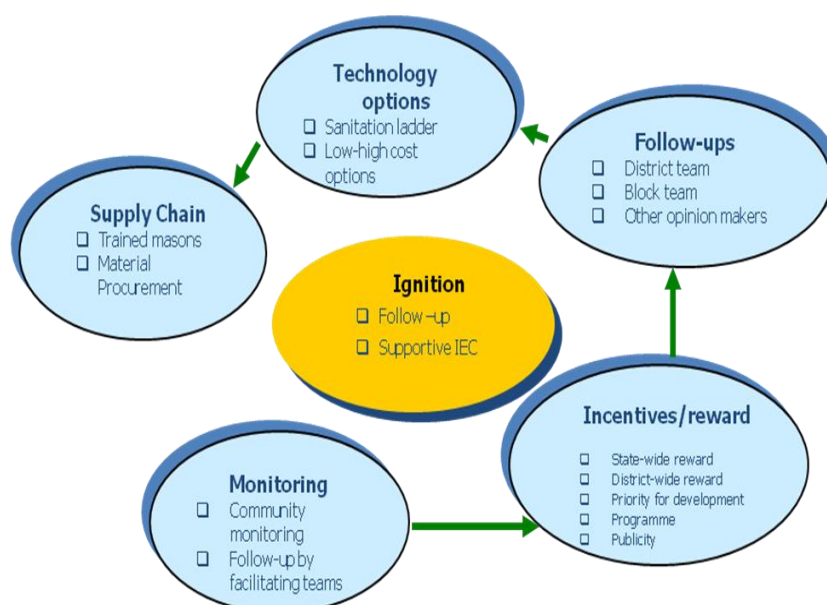
- **Trigger** should be a skillful negotiator.
- **Mason** should be a skilled person to support community people in constructing low cost toilets.
- **Materials** should be non local are available in their village or nearby village. The cost of the materials should be affordable and accessible to all.

Explain that for the sustainability of the behavior, the following 7M model has to be addressed.

7 M model to
sustainability for behavior
change in H and S



Explain The following hygiene and sanitation cycle after discussing the 7 M model.



Reference

Refer to the CLTBC in H and S Triggers' Training Manual, Resource-Material No 9 in Nepali Language.

Session 2

SESSION OBJECTIVE

By the end of the session participants are able to:

- Identify and explain different steps of community mobilization essential for total behavior change

Activity 5.2

STEPS TO MOBILISE COMMUNITIES IN TBC IN H and S

PROCEDURE

Explain that this part spells out the steps for VDC and village/cluster level actors to create a sustained behavior change in Hygiene and Sanitation. The “bottom line” is to end open defecation and support in creating clean and sanitized communities. It is essential for everyone to practice the five key hygiene behaviors:

- Hand washing with Soap or Cleaning Agent at four critical times
- Safe disposal of feces
- Safe handling and treatment of Household Drinking Water
- Regular nail cutting, bathing, cloth washing, daily combing, Proper tooth brushing
- Proper waste management in and out of home

Inform participants that to lay strong foundation for sustainable total behavior change, the VDC must:

- Create an organization at VDC level such as VWASHCC
- Identify and train volunteers from each village/cluster to produce TBC triggers
- Plan and carry out village/cluster ignition
- Establish community and household activities that motivate and mobilize communities such as :
 - tea/coffee for Sanitation Chautari
 - community conversation
 - sanitation/clean-up campaigns and
 - household DIALOGUE to negotiate SDA, which move householders toward improved H and S practice

Note!

Facilitators should emphasize that these activities keep the process of change always on motion. As it has been learnt from successful initiatives in other countries, a behavior change program cannot be a onetime campaign but a continuous process of interaction with communities and Facilitators. Moreover, creating these conditions will help the FCHVs, natural leaders, lead mothers, teachers achieve their targets effectively and efficient, and are the cornerstones of a sustainable community-led total behavior change in H and S program in the village/clusters of all VDCs in the district.

After the FCHVs and natural leaders in the VDC are trained in basic behavior change approaches, the VDC Chairperson, schoolteachers, community stakeholders and elders are exposed to in a one-day multi-stakeholders meeting. The next step will be for all these VDC level

health, development and political leaders to come together and use all their knowledge and experience gained to change the H and S condition of their VDCs.

The following process is therefore a summary of what has been discussed in the training program. The process shows what all especially the FCHVs, NLs, the VDC Secretary and others who have committed to change this shameful act of unsanitary living have to do after you go back to your village.

Starting the Process

VDC Organizes and Facilitates a VDC Stakeholder Meeting

Purpose:

- To inform the VDC stakeholders mainly, the religious leaders, elders, community based organizations, school teachers, women and youth groups and other stakeholders about H and S situation.
- To identify responsible body from the VDC other than government workers who will follow and support the change process such as the VWASHCC
- To select volunteers from each village/cluster to serve as TBC triggers
- To design and develop a time line for village/cluster ignition

The VDC Secretary takes the lead to inform the VDC stakeholders about the need to change conditions of poor H and S. S/He calls for a meeting and reiterates the responsibility given to him/her by government to expedite the roles and responsibilities of the FCHVs, natural leaders, lead mothers, teachers in the VDC to achieve universal access of H and S.

Responsibilities of VDCs

- Plan, control, supervise, evaluate and coordinate the activities of TBC triggers
- Mobilize and coordinate activities of TBC triggers with other governmental and non-governmental organizations active in the VDCs
- Participate in selecting and training of TBC triggers and observe that they are working together with FCHVs

WHO PARTICIPATES?

The VDC Secretary invites the following VDC people for the meeting:

- All VDC council members
- VDC religious leaders,
- VDC based social organizations
- Representatives from institutions i.e. schools, health facilities
- Women and youth association members
- Known innovators and gatekeepers
- Others who are assumed to help in promoting H and S situation in their VDCs

Meeting Agenda:

- VDC responsibility towards the TBC triggers mission
- Implementation of the commitment made during the District Whole System in a Room (WSR) meeting and the meaning of the banner -- ending open defecation, and reach 100% toilet use, hand washing, and sanitized communities
- Review the TBC triggers plan for a sustainable change in H and S
 - Organize
 - Train
 - Ignite
 - Establish a sustainable, community-led empowerment system at village/cluster level

The **TBC triggers**, with the support of VDC Secretary should also be prepared to lead the overall program to catalyze a change in their VDCs. Main points that TBC triggers should prepare and discuss with the VDC representatives at the meeting are as follows:

- TBC triggers Plan for Sustainable Change in H and S
- Establishing a VDC H and S Ignition Team (VIT)
- Selecting and training FCHVs or natural leaders from each village/cluster as per the guidance given by the VWASHCC
- Designing timelines to start up village/cluster level ignition
- Agreeing on the processes at village/cluster level

During the VDC meeting, all the issues which are pertinent to start a sustainable behavior change in H and S program throughout the VDCs should be thoroughly discussed and agreed.

Session 3

- SESSION OBJECTIVE** By the end of this session, participants are able to:
- explain the WASH planning process and its key components including institutional WASH plan

Activity 5.3

WASH, ODF AND TBC

PROCEDURE

Explain participants the concept of WASH.

Safe water supply refers to the withdrawal or abstraction of surface or ground water including rainwater harvesting, and its subsequent treatment, storage, transmission and distribution for drinking and other purposes including economic. The water supplied for drinking purposes should meet Nepal's National Drinking Water Quality Standards, 2005.

Define the concept of sanitation as the safe management of human excreta, including the hardware (toilets, etc.) and software (regulation, hygiene promotion, etc.) needed to reduce faecal-oral disease transmission.

Tell also about the environmental sanitation by referring to the wider concept of controlling all the factors in the physical environment that may have a deleterious impact on human health and well-being. It normally includes drainage, solid waste management, and vector control, in addition to the activities covered by sanitation.

Highlight that the use of safe drinking water combined with good hygienic habits will significantly control waterborne diseases and minimize health expenses incurred in treating such diseases.

Relate this to the rural village situation where many diseases are because of contaminated water and sanitation.

Further, exemplify the drinking water situation of the country by informing that most people living in the Mountains and Hills are provided with tap or pipe water, whereas in the Terai tube wells equipped with a hand pump are the main sources of drinking water. The national average of access to basic drinking water service is 76.6% and 45.8% to sanitation. Tap water is said to be safe water. In rural village, most drinking water is provided through public taps. Rural poor used other water sources such as wells, tube wells, waterspouts and rivers.

Refer to the Three Year Interim Plan for the set targets on water and sanitation where by the end of fiscal year the planning period i.e. end of 2066/67, 85% of the population have been covered with basic drinking water service and 60% with sanitation service. The target as per 'rural water supply and sanitation policy 2004' is to provide the service of water supply and sanitation to all the people by 2017. GoN investments in water supply and sanitation, and the coverage target by 2017 are primarily targeted by its Twenty-Year Vision (1997-2017), and the National Water Plan (2002-2017).

The primary objective of water and sanitation related hygiene promotion program is to protect the health of people by reducing the risks of ingestion of germs that are present in excreta. Human excreta may contain germs that cause diarrhea and many other diseases such as jaundice, typhoid, worms etc. Diarrhea alone can lead to malnutrition and death particularly in case of small children. These diseases are transmitted when the germs present in the excreta reaches the mouth of a healthy person. People need to understand the routes of this transmission and ways by which the routes be blocked, as explained in the following two sections. Diarrhea, being the most killer, particularly for children, is considered an indicator of this group of disease.

Reference

Refer the state of environment topic for rural sanitation of Nepal.

WASH Institutional Ignition

Introduction:

Typically, the immediate school environment may demonstrate gross open defecation site from where the shaming process starts.

VDC could arrange giving out prizes (exercise books, books, pen

which are small but meaningful to school children) to be given to the first ones who persuade or help accomplish in abating open defecation in their household and neighbor.

Institutional WASH refers to safe feces disposal, hand washing facilities 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 schoolchildren 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.

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

Facilitate School WASH

Schoolchildren need a healthy learning environment. They are quick learners, respond to Peer influence, and can make a positive impact on H and S conditions in the home. Finally, safe, convenient, private facilities should be shown to boost enrollment and attendance of adolescent girls coping with adolescence and menstruation.

Purpose:

- To improve H and S at schools for a positive impact on performance, enrollment, and attendance, particularly for girls who need safe, private, hygienic toilets (during menstruation).
- To provide children the skills and knowledge to reach out into their communities and households to support improved H and S practices.
- To improve H and S conditions in other institutions.

The Process

Schools and schoolchildren could be made the most important stimulus for H and S promotion in their households and community at large. The process of igniting schoolchildren to carry out a behavior change program in their community follows the same process that is used to ignite the Village/clusters. 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.

VDC 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.

Schoolchildren could also be mobilized to dig their own toilet at their schools. A behavior changed in schools is a behavior changed for life. Therefore, teachers, the community, the VDC, DDC 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 post/health centers, and other institutions
- Meet with principals and school committees
- Advocate for use of school curricular supplements prepared by District Education Office
- Conduct orientation 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, 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 toilets, hand washing stations, and water treatment systems

Session 4

SESSION OBJECTIVE

By the end of this session participants are able to:

- explain and facilitate the ODF and TBC declaration and rewarding process

Activity 5.4

ODF AND TBC DECLARATION AND REWARDING PROCESS

PROCEDURE

PREPARATION FOR ODF DECLARATION

Process

The ultimate goal of all community-led efforts is to achieve an Open Defecation Free community/Ward/VDC/District. Once open defecation practices stopped and use of toilets is prevalent in the cluster/community/VDC/District, it can declare ODF status. A VDC can reach to the ODF declaration stage in between three to nine months depending on the size and complexity of the VDC. In case of district, it may take one to three years again depending on the size of the district.

At the community level, the declaration can be done in one of the following situations:

- Immediately after completion of toilets
- After a few weeks of completion of toilets
- After stopping open defecation but before completion of toilets
- After first rainy season when they demonstrate rebuilding and upgrading of the collapsed toilets
- Also according to the decision and criteria set by the community

Certification criteria

An ODF community should be certified by using a set criterion. The following definition of a faecal free Community, Ward, VDC/District is proposed:

- All households should have access to toilets with proper use
- All institutions must have toilet access for males and females
- All schools must have toilet access for males/boys and females/girls
- There is no open defecation found in the respective community/Ward/VDC/District

Verification

Verifying ODF status is a key activity of ODF declaration process. Verification entails inspection to assess whether a community/Ward/VDC/District is ODF.

Certification is the confirmation of the status and its official recognition. Especially where there are rewards for ODF status, communities and officials may have incentives to seek certification before ODF status is fully achieved.

Caution!

Where certification leads to community rewards, cases are known of deception and corruption. To guard against this, and to assure sustained ODF standards, many different approaches have been used. Inspections can be carried out by combinations of:

In case of community/ward level ODF declaration:

- VDC representative, VWASHCC - Mandatory
- People from neighboring communities
- Natural leaders and others from ODF communities (if there is any)
- District level representatives
- Staff of service provider, NGOs/CBOs
- Teachers
- Public and TBC triggers of the respective community/ward
- Journalists

In case of VDC level ODF declaration:

- District Development committee representatives, DWASHCC-Mandatory
- People from neighboring VDCs
- Staff of District level government offices
- General public and TBC triggers of the respective VDC
- Journalist

ODF Declaration process

Some useful principles and practices in carrying out the ODF declaration process, and to test the standards of the declaration and certification are presented below.

- a. Organize a walk of pride, rally, singing, dancing, street drama as much as possible
- b. Display the declaration on a hoarding board (compulsory for VDC level declaration) in the public places to increase the ownership and commitment of the people
- c. Make the participation of many people from all community/wards/VDC as well as neighboring communities/wards/VDCs/District
- d. Local musical band can be used to electrify the event

Declaration program:

- Chair the program: VDC Secretary Or locally recognized person
- Welcome speech, welcome song (if possible)
- Speeches from key people i.e. lead mothers, TBC triggers, LTBCF, teachers, natural leaders, VDC Secretary and representatives from the district
- Rewarding to TBC triggers, HHs, LTBCF, Service providers, etc...
- Declaration either by VDC Secretary or from the community people

Rewarding

VDC/CHSAC/WUSC can design a rewarding system. Rewards can be a public recognition and/or conditional cash or material support. The community should be given authority to utilize the

reward, but it is recommended that the reward should benefit poor and excluded who cannot afford to upgrade their toilets from temporary to permanent.

Other rewards can be provided to the households with outstanding performance such as most beautiful toilet, the cleanest toilet, the first toilet, most innovative toilet, best performance in carrying out sanitation activities, etc.

Alternatively, other community development activities can be initiated as an incentive. Based on the local situation, community development infrastructure such as public toilet, public shower, cloth washing etc. can be constructed after the declaration of ODF.

Based on the rewarding criteria developed by DDC/VDC/institutions together with CHSAC could decide the type of prizes to be given to each category (e.g. toilet, hand washing, cleanliness, wastewater management etc.).

Since ODF is a very important development achievement government, donors, and NGOs will be motivated to support significant rewards to the winning individuals, households, clusters, Wards, institutions, VDC, or District.

Appropriate rewards such as career/training opportunities for the best performing TBC triggers, FCHVs, Health Promoters, institution focal persons, women's association representatives, or supervisors (WASH) can also be considered.

ODF declaration and oath taking by lightning the candles



PREPARATION FOR TBC DECLARATION

Process

This is the longest and most demanding process. In this step, people expect to change their behavioral habits in H and S. Selected and trained TBC triggers, natural leaders, lead mothers, health workers and FCHVs play important role in this process of behavioral change. **This is called “Negotiation For Change”.**

Start Small Doable Action (SDA)- Negotiation for Change

In this process, the communities are empowered to solve their own problems, encourage to take a planned action, enable the communities to analyze their strengths and weaknesses in solving their problems, create a sustained community-led or community managed behavior change program in each Ward or Cluster and to monitor progress in cleaning and beautifying their living environment. Negotiation for change can start immediately after the triggering.

The Negotiating H and S Change 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 help 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.

In this program TBC triggers, natural leaders, lead mothers, health workers and FCHVs will visit each household. They talk with the household about current household H and S practice

They refer to the ignition activities and the impact of open defecation contributing to the whole community ingesting feces! They empower the household 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. They discuss what makes it difficult to carry out the improved practice and what helps make it easier. They work with the householder to come up with feasible solutions. (This is “the negotiation.”)

The possible methods of keeping the community always in motion for behavior change program is by establishing community based systems

or empowerment so that communities can plan and control their own affairs...

Certification criteria

- All households should have access to toilets with proper use, and there is no open defecation found in the respective community/Ward/VDC/District
- All institutions must have toilet access for males and females as well as hand washing facilities
- All schools must have separate toilets for males/boys and females/girls as well as hand washing facilities
- All institutional toilets must have access to all including differently-able children, youths, adults
- All individuals have practice of 5 key hygiene behaviors
- All HHs, individuals, institutions, schools have practiced of SDA
- General cleanliness is prevailing in the village.

Verification

Same as ODF declaration process

Reference

Refer to the CLTBC in H and S Trigger's Training Manual, Resource-Material No 13 in Nepali Language.

Session 5

SESSION OBJECTIVE By the end of the session, participants are able to:

- understand the role of Lead TBC Facilitators

Activity 5.5

ROLE OF LEAD TBC FACILITATOR

PROCEDURE

- 1. PREPARATION FOR VILLAGE /CLUSTER IGNITION AND ACTION**
- 2. ESTABLISHMENT OF A VDC IGNITION TEAM (VIT)**

A VDC Ignition Team (VIT) consisting of FCHVs, natural leaders, lead mothers, teachers should be established for the following main purposes:

- To support TBC triggers' in mobilizing communities
- Arrange large scale community meetings
- Act as an extended arm of the VWASHCC in the process of promoting H and S
- Support the VWASHCC in selecting volunteers that are keen to promote hygiene and sanitation
- Support VWASHCC in selecting best achiever village/clusters or individuals
- Prepare a monthly review meeting on hygiene and sanitation

VIT numbers and establishment processes

Criteria for selection:

- Prominence or good reputation in the VDC
- Leadership quality from previous experience
- Pro-change attitude
- Interest for community development
- GESI responsive

Establishment process:

- VIT includes both sexes from among important and respected people of the VDC
- FCHVs, natural leaders, lead mothers, teachers, health workers should be members of the Team so that they can easily communicate plans, programs, constraints, challenges and new strategies of H and S with the VIT
- VIT members should not exceed more than nine people but having wide representation
- Divide the VDC village/clusters into manageable clusters to guarantee expanded representation

3. SELECT TBC TRIGGERS (FCHVs, NLs, lead mothers, teachers, health workers)

Training and using TBC triggers is one of key components of the triggering activities. These volunteers are very important in carrying out the following activities:

- Act as development role models in their community
- Preach or raise the issues of H and S and other health matters
- Support organizing and facilitating in some cases community conversation, tea/coffee in sanitation CHAUTARI, and sanitation campaigns in their village/clusters
- Collect information on the number of toilets constructed, hand washing stands, number of home visits and the results, compost pits dug, improved stove constructed, etc. and report to the VWASHCC every month

4. TRAIN TBC TRIGGERS

The FCHVs, NLs, Teachers, lead mothers, health workers should be trained simple and basic aspects of H and S along with other health related training. Concerning H and S the training package will include the following topics.

- Facts and figures on sanitation
- National sanitation policies and MDGs
- Approach of CLTBCHS
- Importance of hand washing
- Triggering tools
- Simulation exercise- creating ODF village/VDC
- What happens after triggering in the community
- ODF ladder, Types of toilets
- 3 M model, 7 M model for sustainability
- Negotiation for change- SDA in H and S
- Media and communication strategy
- Role of TBC triggers
- What is WASH?
- Process of ODF and TBC declaration and rewarding
- Cross cutting issues
- Action Plan

Reference

Refer to the CLTBC in H and S Trigger's Training Manual, Resource- Material No 12 in Nepali Language.

1. IGNITE VILLAGE/CLUSTERS

Given that there are now trained TBC triggers on igniting changes in H and S behavior: the VIT is established and know their TOR; the TBC triggers are selected and trained in basic sanitation and hygiene behaviors and simple technology; the VDC is ready to ignite changes in hygiene and sanitation at village/cluster level.

Pre-ignition Process

- TBC triggers visit a village/cluster to be ignited
- Discuss the issue with elders, youth, children and other government representatives about TBC with regard to hygiene and sanitation
- Select a convenient day and take appointment for all village/cluster people to participate in the ignition process

Start the shame, disgust and fear Ignition

- As has been indicated above ignition at village/cluster level is crucial and the ignition process should be conducted skillfully
- Ignition should be conducted on the day already agreed.
- Facilitators introduce themselves and why they are there and ask permission to continue the process of improved hygiene and sanitation in their village/cluster

2. Action Planning

The last question for these groups of people is what are they going to do about it? Tell them that:

- It will be up to them to keep on eating or drinking feces
- You did not come to their community to impose anything but to assess conditions with them. If you think you have a problem it is only you that should solve it. If you think it is not a problem you can live with it. For all eventualities and for the record ask those people without toilets to come out front and stand near you so that you can take their photograph.
- Try to motivate innovators to come forward who may suggest that they have to build toilet to contain and prevent the environmental pollution process. **(Admire such move and ask everyone to clap hands for this person)**. Ask if there are others

also with the same attitude and readiness to solve his problem. When others expressed their willingness to dig toilets, ask the participants to clap their hands for them also.

- List the names of those who are willing to dig toilets and ask them when they will finish it, whether they need any technical help during construction etc. but not subsidy or support with materials or money.
- Agree that those who want to change conditions in the community should name a date to discuss their achievement or constraint. This date will eventually be used to start a community conversation program for the whole village/cluster.

Finally thank everyone for their patience and willingness to sacrifice their time.

3. Establishing Community Mobilization system for Behavior Change

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 develop hand-washing behaviors.

The possible methods of keeping the community always in motion for behavior change program is by establishing community based systems or empowerment so that communities can plan and control their own affairs. Some of the methods are mentioned below.

7.1 Establish Household DIALOGUE program

Once the community ignition is done the TBC triggers should start an intensive house-to-house visit program in the village/cluster that is just ignited.

The household level DIALOGUE focuses on identifying feasible and effective practices. These feasible and effective actions identified by the DIALOGUE technique are termed “small-do-able actions” to reflect that while not necessarily the complete and ideal set of behavior leading to maximum public health outcomes, they reduce risk and move towards the ideal.

For Negotiation or DIALOGUE technique, use the GALIDRAA method described in day four.

7.2 Establish Sanitation CHAUTARI

After the successful ignition program and the relationship forged with the households after the DIALOGUE program in the

village/cluster, the second important development that should take place is to establish "Sanitation CHAUTARI" program for neighborhoods. At this juncture, the village/cluster members are discussing about the ignition and the DIALOGUE where some have already started changing some behaviors or constructing toilets. This motion should be reinforced by conducting meeting with 10-15 neighbors on improving hygiene and sanitation in their houses and neighborhoods.

Main Objectives

- a. To enable neighbors discuss their H and S behaviors of their neighborhoods and design an action plan
- b. To help establish a competition spirit among neighborhoods in the village/cluster

Establishment process

Follow these steps:

- Go round with the TBC triggers and FCHV and divide the village/clusters into xxxx neighborhood cluster
- Give name or numbers to the cluster and register names of households in the VWASHCC, VIT
- While registering house to house ask their permission to meet at a set time in a known convenient and centrally located place within the day
- When you see them, first time, discuss the objective of why they were invited
 - a. Discuss the importance of toilet construction (privacy, dignity, health) and proper feces disposal of all adults and children
 - b. Discuss the importance of hand washing practices (prevention of childhood diarrhea, other fecal-oral disease transmission), SDAs
 - c. Discuss the importance of improving sanitary condition of their living environment (prevent breeding of flies and rodents and provide clean surfaces)
 - d. Discuss the importance of protecting food and food utensils from contamination
 - e. Discuss also on how to keep water safe for drinking

purposes.

- f. Discuss about the importance of ventilation (air movement in the house), energy saving stoves

After the short discussion agree with them on the need of establishing "Sanitation CHAUTARI " club so that they will discuss hygiene and sanitation related issues, take their own decision/action to improve condition of their neighborhoods. Promise them that you will help them in identifying different hygiene and sanitation problems and bring it to their attention in their meetings for their action and in some technical matters such as toilet construction, energy saving stove and shelves for food and food utensil storage.

Discuss and agree on:

- a. Where they want to have the Sanitation CHAUTARI. (could be a big house, a tree shade but somewhere near and center to all)
- b. Frequency of the meeting (should not be less than twice a month)
- c. Who will buy the tea/coffee and the snacks (NGOs, contribution, FCHVs, TBC triggers etc.)

When conducting the first meeting and many meetings after that meeting follow the following steps.

First meeting

- a. Don't jump directly on any H and S issue but ask them and discuss the weather, the upcoming holiday preparation or the last one just finished, talk about any other issue such as the market, health condition etc.
- b. Ask the members what their opinions are with respect to H and S problems in their neighborhoods
- c. Discuss from your side some of the H and S problems prevailing in the neighborhood from the list of things you collected during your home visits, surveys and other encounters prior to this meeting. Do not mention names but identified problems.
- d. Ask participants to identify items that are difficult to change. What makes them difficult? (unavailability of products, lack of money, technically difficult to do etc.)
- e. Ask them again which ones are easy to do or are do-able. Why are they do-able? (can be done by anyone in a household, does

not demand money or time etc.)

- f. Agree with the participants if they could correct the conditions by the next meeting.

Second and subsequent meetings

- a. Start slowly and do not jump to discuss agenda of the day.
- b. At the first agenda, ask how many participants finished their assignments. Count numbers.
- c. Ask the reason why some of the participants did not finish their assignment. Is it something that the group could help? (if so ask volunteers to help)
- d. Organize a quick tour to see the houses of volunteers who want to show off their accomplishments.
- e. Congratulate achievers.
- f. Come together again and plan for the second round doable actions.
- g. Set the next meeting date and conclude.

7.3 Establish Community Conversation program

Community conversation program is the same as “Sanitation CHAUTARI” neighborhood club. The differences are as shown in the table below. Community conversation program should be planned at the time of Village/cluster ignition.

Community conversation	Sanitation CHAUTARI
community conversation is done with the whole village/cluster community members to discuss an issue or on the status of an action plan	Sanitation CHAUTARI is for neighborhoods discussing do-able-actions
Community conversation is conducted once a month	Sanitation CHAUTARI is conducted once in every 15 days
Community Conversation is facilitated in the presence of the VDC Secretary	Sanitation CHAUTARI is facilitated mainly by the FCHVs, NLs, teachers, lead mothers, health workers
Community conversation prepares the village/clusters to compete with other village/clusters	Sanitation CHAUTARI prepares neighborhoods to compete with other neighborhoods.

7.4 Establish Sanitation Campaign

Sanitation campaign is another community action that should be planned for the Village/cluster. Children, women, men, religious leaders etc should be out once a month to clean up their communities. Prior to the sanitation campaign, the TBC triggers should do the following.

- Try to identify focus areas which need to be cleaned
- Discuss what need to be done with other key people such as the school teachers, Village/cluster 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 village/cluster people about the date, time and particular place they have to be and what they need to come with –shovels, pick axe, sickles etc.

Tips for Skillful Facilitation During Village/Cluster Ignition Meeting

- Introduce yourself and the team members as a learning team (studying hygiene behavior and reasons for open defecation practice) and not as sanitation agents promoting toilet construction with or without subsidy.
- Make it clear to the community that you are not there to ask anyone to stop Open Defecation or change their present hygiene behavior practices. Make it very clear that you are no way associated with providing subsidy or prescription of toilets.
- During the process of ignition (especially when people ask for household subsidy to construct toilets) humbly request them not to misunderstand you as sanitation agents trying to sell toilets or convince them to change their age-old habits. They must feel free to continue open defecation if they like to. In extreme cases, you could show them some of the unused toilets provided freely by other agencies in the past. Remind them that you understand that they decisively discarded use of toilets and wanted to continue open defecation and you did not want to intervene in their local decision at all. They were free to continue OD. You just wanted to understand the reasons for the community decision to continue OD. That is all you wanted to learn from them
- At the end of the ignition exercise if you still don't notice any growing tempo amongst the community to fight OD collectively, ask them if you could take a picture of them or report in your study the name of their village where people are decisively eating each other's shit and are willing to continue that. That is fine and unique. Why should they change their age-old practice? They might say that they would stop OD soon. Tell them to feel free to continue OD and not to misunderstand you or get influenced.
- Encourage and empower them to decide for themselves what was good or bad

rather than get influenced by outsiders even if they provide free cash or materials. Local people are the best judges for their village context.

- In most cases, you will find immediate resistance from the community. Ask them to raise hands who would defecate in the open the next morning. If none raises hands, ask what they would do instead. Some might say that they would need time to construct simple pit toilets. Some might say that they would carry a shovel when they went out, would dig a small hole on the ground, and would cover it with soil after defecation. Ask if everyone would do that. What would be the immediate impact if all did that from tomorrow? Encourage and clap on their explanation.
- Ask everyone to clap every time anyone mentions any initiative to stop OD. Clap heavily and encourage others. It might so happen that some more people join the early initiators and raise hands. Clap them all. Ask if anyone else would do anything differently.
- Most likely, someone would emerge from the crowd and declare that he/she would see the construction of a simple pit toilet. Ask when he or she would construct that. Ask if anyone would be interested to come and see the construction of simple pit toilet. Clap thunderously and encourage.
- Invite all those who took courageous decisions to initiate early action to come forward. Now, ask them if you could take a group photo of the small group who wanted to stop OD and start immediate action.
- Request them to raise their hands and take a snap. After that seek their permission for another picture/photograph of the entire community covering the larger group who wanted to continue OD and a small group, who were separated from the large groups, who wanted to stop it. A big tension and confusion might begin at this stage. Do not intervene; let them settle it themselves.

Note!

At this stage you might find someone from the local community who was close to a local political party or power or associated with Govt./NGO subsidy/material distribution program acting as 'gate keeper' and trying to block/stop community from being self-mobilized. Such persons generally have vested interest who might control local community and allure them with free materials and goodies. Handle them carefully. Take them away and keep them busy with serious discussions. Tell them how knowledgeable he/she was and how much his/her information would help you understanding the sanitation profile and the local practice deeply. Offer him/her tea, cigarettes at place away from the triggering venue, listen, and take note of whatever the person says.

- *One of the easiest ways could be to locate a community very close to such 'challenging' villages, which was not contaminated with subsidy, and trigger CLTS there first. Once that one becomes ODF, it would be easier to trigger in the more challenging village then.*
- *Please feel free to innovate many other ways using your own best judgments. This is not very difficult.*

Review and Evaluation of the day

- Distribute a red meta card to half of the participants and green to another half
- Ask the red card holders to think of any questions related to the training contents covered so far in the training program
- Ask the green card holders to write answer any question of their imagination but again within the training contents
- Allow about 5/7 minutes to write the question and answer
- Ask the red card holders to stand on the right side of the training hall and green card holders in the left by facing each other
- Ask the red card holder to read the question and the green card holder in the front to read the answer. Some time the question and answer matches – if it matches, it is a fun. Often it does not matches – this is also fun
- Anyway, the participants are forced to think about the training content either to write the answer or question and it helps to review the proceeding

Evening Session

In the evening session, ask the participants to demonstrate their talent in the form of songs, street drama, poem or any other talent. The talents will be used to trigger the community and ignite them.

DAY SIX: COMMUNICATION STRAGETIES AND ACTION PLAN

Day Six

Time	Activity No.	Activity
8:30 a.m.		Opening Formalities Reporting and Announcements Objective of the Day
9:00 a.m.	6.1	Media and Communication
10:30 a.m.		Tea Break
10:45 a.m.	6.2	Cross Cutting Issues
12:15 p.m.		LUNCH
1:15 p.m.	6.3	Training Recapitulation with Mind Mapping Exercise
	6.4	Training Post Test
	6.5	SWOC Analysis and Action Plan
2:15 p.m.		District Level Action Plan
3:15 p.m.		Presentation of Action Plan and Discussion
4:15 p.m.	6.6	Welcome of Natural Leaders and interaction about the field triggering, What happened after the triggering in their villages.
5:15 p.m.	6.7	Final evaluation, Closing Formalities

OPENING OF DAY 6

Start the day with the following quotation:

"Koralchha challa tyati matra pothi, nyano bhuwa le jati sakchha chhopi"

National Poet Madhav Prasad Ghimire

Session 1

SESSION OBJECTIVE By the end of this session participants are able to:

- Develop communication strategy
- Identify the appropriate IEC/BCI materials
- Understand cross cutting issues
- Develop action plan

Activity 6.1

MEDIA AND COMMUNICATION

PROCEDURE

Start the session with a communication game.

Explain that the overall goal of the CLTBCHS is to increase the wellbeing of the target communities through better hygienic practices and total sanitation through total behavior changed in hygiene and sanitation (TBC) of individuals, households, communities and institutions. In order to achieve that a specific, well planned and researched and realistic media and communications strategy and action plan needs to be developed at the district level.

The district may develop the strategy and action plan itself or it may give the task to the Support Team.

Expected behavioral objective of the communications and media strategy and plan is to create total behavioral change in hygiene and sanitation. This means that people in the target areas internalize and realize the importance and impact of hygienic practices to their health and wealth and through this realization adopt more hygienic practices and start improving the sanitary situation in their respective communities.

For the strategy preparation purpose, an **analysis on the prevalent situation** should be carried out since all communities are different and thus different kind of messages will work better in some district than others. For this, the baseline studies carried out during the planning phase of each VDC WASH plan can be used, but a separate analysis from communications perspective should be done and if needed additional Focus Group Discussions and/or interviews can be carried out. Following points should be considered:

- Current situation: what is the knowledge level, attitude, current behavior of the community?
- Segmentation: what are the different target groups (children, elderly, leaders, women...)? Are there any priority target groups to whom special messages be developed?
- Needs/wants/desires: Is there a sense of need towards the issues being addressed through CLTBCHS? What do the people wish and desire? What are their priorities? Are there any inconsistencies in their needs and wants? What is the 'cost' in people's mind related to the value promised if behavior changed? How is the behavior perceived now? What would be the preferred behavior in people's minds?
- Communication situation: What are the preferred communication channels? Which previous campaigns have been successful? Why are they successful? Who are the key credible persons in delivering messages? How does information flow in the community and in families?
- Previous campaigns: Which already existing IEC materials are there? How does the community perceive these materials? Have the campaigns been successful?
- Further research on communications: Any other research needed?

Based on the research carried out it is possible to present an overall communications and media strategy that is integrated to the CLTBCHS approach.

Ask participants and give 5 minutes to think about what the strategy should consist of.

Explain that the strategy should consist of the following:

1. Behavioral Objective (as presented above)
2. Communication Objectives, which need to be achieved in

order to achieve the behavioral objective (for example creating awareness on something, imparting knowledge on something, projecting an image, shaping attitudes, stimulating a want or desire etc.)

3. Outline of the Communication Strategy should present broadly the proposed actions for achieving communication and behavioral results.

Think based on the prevailing situation - efficient, fun and innovative ideas. And of course if something has worked in the past no need to reinvent everything, just go with the strategies that have proved to be successful in the past!

For example the following can be thought of:

- Public relations/Advocacy/Administrative mobilization (stakeholders' meetings, staff meetings of different stakeholders, radio messages, community meetings and discussions, newspapers, etc)
- Community mobilization (street dramas and competitions, song competitions, school involvement, etc)
- Personal selling (through individuals such as FCHV, community leaders, children, faith-based leaders, etc)
- Advertising and promotion (radio, TV, newspapers, pamphlets, banners, T-shirts...)

4. Plan of Action and Scheduling

The plan of action should be presented in this part - the timeline, human resources needed, frequency of activities, budget etc. It is important to match the action plan with the CLTBCHS approach, the approach already provides a general framework for the communication activities.

5. Management

In this part, the management structure should be described. Who is responsible for managing which part of the media and communications plan? Is there need to outsource the preparation of the plan at the district level?

The roles and responsibilities should be clear to all, but there should also be room for natural leaders and other volunteers and unexpected resources to take on responsibilities.

Keep in mind the following facts:

- Emphasize solutions and hopes
- Have clear simple message
- Stay on the message, don't change it
- Do research
- Do plan

On completion of presentation and discussion on the theories of communication

Divide the participants into four small groups.

Assign the small groups to:

- explore some practical and doable communication strategy by mobilizing mass media in general
- develop at least 10 clear messages for behavior change

Allow the small group to discuss for about half an hour

Ask the small group to make their presentation of their conclusions

Generate plenary discussion on the presentation summarize

Add some strategies such as

- promoting network of the WASH journalists at the VDC and district level
- involving local celebrities in local FM talk show and other mass gathering to disseminate TBC messages
- organizing Dohori Geet competition at local and district level
- strengthening traditional communication system such as 'katuwal' and others to disseminate TBC messages

Sum up by key learning points from the session.

Reference

Refer to the CLTBC in H and S Trigger's Training Manual, Resource Material No 11 in Nepali.

Activity 6.2

CROSS-CUTTING ISSUES

PROCEDURE

Explain participants the following issues:

- a. Promotion of the rights and the status of women and girls.
- b. Promotion of gender and social equality.
- c. Promotion of the rights of groups that are easily excluded, particularly children, people with disabilities, indigenous people and ethnic minorities, and the promotion of equal opportunities for participation.
- d. Mainstreaming HIV and AIDS, through BCC/IEC activities, the training for health service providers will ensure the continued mainstreaming of hygiene and sanitation care and improved water supply.
- e. Ensure that project beneficiaries do not over-utilize diminishing natural resources, that they restore forests, and that they learn about improved cooking stoves and biogas units as ways to reduce dependency on forest wood as fuel.
- f. Child protection activities are included in the trainings given in WASH. Communities gain an understanding of legal and civil rights, and of the importance of registering their own birth and the births of their children.
- g. Disaster Prevention and Mitigation
- h. Beneficiaries are encouraged to save money, join health insurance systems and available community banking and making decisions about how savings will be utilized. The nutrition component helps to create employment opportunities and introduce livelihood practices to men and women through trainings and activities designed to increase family income and improve the quality of life.
- i. Combating Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) as health and social problems as well

Session 2

SESSION OBJECTIVE By the end of the session participants are able to:

- summarize what they have learnt during 7 days training

Activity 6.3

TRAINING RECAPITULATION

PROCEDURE

Ask the participants to close their eyes and reflect back to the Check in Day when everyone entered the training hall and participated in the candle light opening of the training.

Guide them to the following sessions – everyone was introduced, code of conduct was developed, expectations collected etc and on the second day the training was formally opened after keeping silence for two minutes in memory of 300 people who lost their lives due to diarrhea in Jajarkot... subsequently national sanitation situation was discussed.... CLTBCHS approach was discussed.. no subsidy for total sanitation ...etc.

Ask them to think deeply the events, discussions and games with closed eye from the beginning till to date.

Post a large sheet of brown paper – probably four brown papers together – write "Lead TBC Facilitator's Training" in the middle of four sheets of paper in a circle.

After about ten minutes:

Ask them to open their eyes and then what events or process was striking to them most while they closed their eyes.

Note down all the reflections from the participants in different part of the brown paper with obvious connections. If they come out with the broad issue or topics then probe them to explore the details. Then the following picture should emerge:

Conclude the session by asking how did they feel?

Session 3

- SESSION OBJECTIVE** By the end of the session participants are able to:
- answer the post-test questions

Activity 6.4

TRAINING POST TEST

PROCEDURE

- **Distribute** the post test form and ask them to fill up within 20 minutes
- **Collect** the forms and enter the score in format along with the pre test score
- **Compare** the result

Session 4

- SESSION OBJECTIVE** By the end of the session participants are able to:
- do self evaluation what they learnt from the training
 - develop action plan for next 6 months

Activity 6.5

SWOC ANALYSIS AND ACTION PLAN

PROCEDURE

Depending on the level of participants explain the concepts and theories of **S**trengths, **W**eakness, **O**ppportunity and **C**onstraints.

If the participants lack basic knowledge of SWOC, in-depth discussion for some time is necessary, otherwise

Ask everyone to explore their own SWOC to execute the role and functions of LTBCF

Describe following guiding questions:

- What do you think are your areas of expertise that will help you most to work as a LTBCF?

- What are the factors that will impede you in your work?
- What are the external supporting factors that will help most in your work?
- What are the external factors that will impede your work?

On completion of the SWOC analysis, ask the district team along with DSA and Focal Person to develop the triggering action plan to be implemented within next three months in the district.

Allow the district team to work for about an hour to develop the action plan

Ask the district group to present the action plan to the plenary and generate discussion to improve the action plan further.

Reference

Refer to the CLTBC in H and S Triggers' Training manual, resource-Material No 14 in Nepali Language.

Session 5

SESSION OBJECTIVE

By the end of the session, participants are able to:

- interact with the natural leaders
- review the field triggering and follow up of triggering work

Activity 6.6

WELCOME OF NATURAL LEADERS and INTERACTION

PROCEDURE

Instruct participants to identify 3-5 natural leaders during the field triggering and follow up of the triggering work. The natural leaders are those who are ignited during the triggering work and they start to do something to stop open defecation in their community.

These natural leaders are requested to come to the training hall and share about their feelings and commitment to take action towards the sanitation revolution.

In this session, welcome the Natural leaders by clapping, introduce them to the participants, interaction about their feelings and commitment, and discuss about their action plan to make their village ODF.

Have tea and *kahja* with the natural leaders and farewell the natural leaders. If they wish to stay in the closing session, let them stay.

Session 6

- SESSION OBJECTIVE** By the end of the session, participants are able to:
- Share what they learnt during the training
 - assess their own status in one of the Blast, Fire, Fence seating or Try again after participating in the training program

Activity 6.7

CLOSING SESSION

PROCEDURE

Allow 30 seconds to each participant to reflect on the overall training program with focus on the contents, methods, logistics, management, facilitators and any other issues for improvement.

Ask them to assess their own status in one of the Blast, Fire, Fence Seating or Try Again after participating in the field level triggering exercises and entire training program.

Distribute the participation certificate

Thank everyone and close the training.

References

1. *Training in Community-led Total Behavior Change in Hygiene and Sanitation*
(The Amhara Experience in Line with the Health Extension Program, Amhara National Regional State Health Bureau, Ethiopia)
2. *PHAST Manual*
3. *District WASH Implementation Manual (draft 2009, Rural Water Supply and Sanitation Project, Western Nepal*
4. *National Sanitation and Hygiene Master Plan (Draft 2010-2017), DWSS , Nepal*
5. *CLTS Handbook, Kamal Kar*
6. *TBC Triggers' Training Manual 2010, RWSSP-WN, Pokhara, Nepal*
7. *Project Document, RWSSP-WN, Pokhara, Nepal*
8. *Self –Help Group Manual: A work Manual about Saving and Credit, Chhabi Goudel, Nepal*
9. *The Three Year Interim Plan 2064/65- 2066/67, Government of Nepal*