Training of Trainers Manual on:

Sanitation Marketing

Community-led Total Sanitation

Handwashing with Soap

WSP TANZANIA
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This training manual builds on curricula developed by:

- WSP India
- WSP Indonesia
- Mr Kamal Kar, initiator of Community-led total sanitation
- WSP Ethiopia and the USAID Hygiene Improvement Project
List of Abbreviations

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<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>CBO</td>
<td>Community-Based Organization</td>
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<tr>
<td>DWST</td>
<td>District Water and Sanitation Team</td>
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<td>GoT</td>
<td>Government of Tanzania</td>
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<td>IE</td>
<td>Impact Evaluation</td>
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<td>LGRP</td>
<td>Local Government Reform Program</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MKUKUTA</td>
<td>Kiswahili translation of the National Strategy for Growth and Poverty Reduction</td>
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<td>MoEVT</td>
<td>Ministry of Education and Vocational Training</td>
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<td>MoF</td>
<td>Ministry of Finance</td>
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<td>MoHSW</td>
<td>Ministry of Health and Social Welfare</td>
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<td>MoWI</td>
<td>Ministry of Water and Irrigation</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>NWSDS</td>
<td>National Water Sector Development Strategy</td>
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<td>PIP</td>
<td>Project Implementation Plan</td>
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<td>PMO-RALG</td>
<td>Prime Minister’s Office – Regional Administration and Local Government</td>
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<td>SHWG</td>
<td>Sanitation and Hygiene Working Group</td>
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<td>SM</td>
<td>Sanitation Marketing</td>
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<td>TS</td>
<td>Total Sanitation</td>
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<td>TSSM</td>
<td>Total Sanitation &amp; Sanitation Marketing</td>
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<td>WB</td>
<td>World Bank</td>
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<td>WSDP</td>
<td>Water Sector Development Programme</td>
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<td>WSP</td>
<td>Water and Sanitation Program</td>
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<td>WSP-AF</td>
<td>Water and Sanitation Program-Africa</td>
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<td>WSP-TZ</td>
<td>Water and Sanitation Program-Tanzania</td>
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<td>WSS</td>
<td>Water Supply and Sanitation</td>
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Session 1
The Hygiene and Sanitation Challenge in Tanzania

Key Messages
- Inadequate sanitation and hygiene adversely impacts human well-being.
- In Tanzania basic latrine coverage is high but this still constitutes inadequate sanitation.
- Some families continue to defecate in the open.
- Handwashing with soap is not practiced consistently or at the key junctures.
- WSP is implementing a project to scale up access to improved sanitation and hygiene in Tanzania.

What is Sanitation and Hygiene?
Sanitation refers to interventions for the safe management and disposal of excreta, with the principal safety mechanism being the separation of excreta from all future human contact. It includes both hardware (e.g., latrines, sewers) and software (e.g., regulation). Hygiene refers to the practices of ensuring the separation of excreta from human contact (e.g., handwashing, safe disposal of children’s faeces).

How does Poor Sanitation and Hygiene Impact Well-being?
Sanitation and health: poor sanitation is one of the key causes of diarrheal diseases, which take a heavy toll of lives, especially children’s lives, in developing countries. Most of the diseases that result in diarrhoea are spread by pathogens found in human excreta. These pathogens can enter the mouth through a number of routes, as shown below in the ‘F-diagram’ of the fecal-oral transmission routes.

Hygiene and Health: handwashing with soap can not only prevent diarrheal disease but research has shown that handwashing with soap can also dramatically reduce the number of acute respiratory infections (ARIs) especially in young children. ARIs in the form of coughs, colds, flu and pneumonia cause a significant burden of disease in Tanzania. Consistent use of latrines can reduce diarrhoea by up to 40% but handwashing with soap at key junctures can reduce diarrhoea by up to 50%.

Sanitation and human dignity: surveys have found that people value household latrines, more for the resulting convenience, privacy, safety, prestige (e.g., families are ashamed when they cannot offer guests proper toilet facilities) and aesthetic benefits (sight, odour), than for their health benefits. The privacy afforded by adequate sanitation gives a sense of dignity to people, especially women. In addition, school latrines have been proven to be linked with continued education enrolment of teenage girls and young women, particularly at puberty.

Sanitation, hygiene and the environment: improperly disposed human waste is a major polluter of rivers and aquifers. This depletes waters of oxygen that is needed to sustain aquatic life. Investment in hygiene and sanitation can dramatically improve the quality of water bodies.

Poor Hygiene and Sanitation economic impact: sanitation and hygiene remain two of the biggest development challenges across developing countries. Consider these facts:

- 400 Million people in Africa do not have access to improved sanitation
- In Africa every hour, 100 children die from diarrhoea
- Illness and death linked to poor sanitation contributes to malnutrition, loss of productivity and has repercussions on the educational enrolment of children, especially girls.

Rural Sanitation and Hygiene in Tanzania

Sanitation
Tanzania reports a high level of sanitation coverage – over 80%, but this is basic sanitation, unimproved latrines with no slab or cover which is demonstrated in the relatively high diarrheal prevalence at 12.6% for under-5 year old (<5) children, children under 2 years suffering the most (as a comparison, <5 malarial prevalence is 16.5%, and HIV is 0.6%). This demonstrates the relative severity of diarrheal disease compared with other leading diseases. It also indicates that the quality of the latrines is poor and that people are living in a fecaly-contaminated environment. The incidence of open defecation (not using a latrine) is poorly documented, but recent research reported about a 10% prevalence amongst adults, and amongst young children it is likely to be higher. However, a basic latrine without a cover has been referred to as fixed-point open defecation, since it poses the same threats. Without moving people onto the sanitation ladder in addition to improving existing latrines and the immediate environment (by eliminating open defecation), the health benefits of water supply and sanitation will never be realized.

<table>
<thead>
<tr>
<th>Age (months)</th>
<th>Diarrheal prevalence (previous 2 weeks)</th>
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<tr>
<td>&lt;6</td>
<td>7.4%</td>
</tr>
<tr>
<td>6 to 11</td>
<td>25.4%</td>
</tr>
<tr>
<td>12 to 23</td>
<td>22.3%</td>
</tr>
<tr>
<td>24 to 35</td>
<td>10.4%</td>
</tr>
<tr>
<td>36 to 47</td>
<td>6.9%</td>
</tr>
<tr>
<td>48 to 59</td>
<td>4.8%</td>
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</table>
**Handwashing**

Research has shown that handwashing with soap is not practiced widely or consistently with around 13% of mothers washing their hands with soap after visiting a latrine or after cleaning a child who has defecated. Less than 5% of mothers washed their hands with soap before feeding a young child.

Many people wash their hands with water but this is not sufficient to remove the dirt and germs which cause diseases such as diarrhoea and acute respiratory infections (coughs, colds, flu, pneumonia). It is important that people learn how to wash their hands correctly, with soap and at the important times (or junctures).

Handwashing with soap can prevent all routes of fecal oral transmission if hands are washed before eating, before handling food, before feeding a child and after defecation or cleaning a child who has defecated. This is why handwashing is such an important behaviour.

**The WSP Scaling up TSSM and HWWS projects in Tanzania**

The World Bank Water and Sanitation Program of the Africa Region (WSP-AF) is supporting the Government of Tanzania (GoT) in scaling up hygiene and sanitation in rural settlements in order to meet the MDG target to halve the number of people who have access to improved sanitation by 2015.

WSP’s sanitation and hygiene project in Tanzania has three components. The first is the **Total Sanitation and Sanitation Marketing (TSSM) project**, with the following objectives:

1. To increase the improved sanitation coverage in rural Tanzania through developing large scale and sustained demand for improved sanitation, and simultaneously supplying it with appropriate products and services.
2. To learn the most effective ways to do the above, and how to replicate it on a large scale and in other contexts.

The second is the **National Handwashing with Soap (HWWS) Campaign** and has the objectives of:

1. Planning and implementing a large-scale, sustainable handwashing with soap program in rural Tanzania.
2. Learning and documenting program impact and effective approaches to triggering, scaling up, and sustaining improved handwashing behaviours.

The third is the **Impact Evaluation** (IE), which has the objective of estimating the direct impact of the two components above on the health and welfare of the rural poor in Tanzania. A thorough baseline survey of the target population will be undertaken to determine:

1. the range of sanitation technologies they use
2. rates of handwashing
3. current rates of diarrheal incidence and acute respiratory infections

The sanitation and hygiene project is to be implemented in 10 rural districts in Tanzania: Iguana, Irving, Kara we, Kite to, Condo, Mesas, Mpwapwa, Mimosa, Rufiji, and Sumbawanga.
TSSM

The TSSM focuses on improving sanitation and hygiene practices at the community and household levels by highlighting the problems caused to all community members by poor sanitation within and around the community. The TSSM approach marries the generation of demand both at the household level (through Sanitation Marketing) and at the community level (through Total Sanitation).

Total sanitation focuses on stopping open defecation and moving to hygienic sanitation at the village or community level. This is done by encouraging the community to work together to address the issues by ensuring that every household builds, uses, and maintains its own low-cost toilet, or has access to and uses a shared toilet. The community-based approach creates demand for improved sanitation and hygiene practices by building upon a combination of peer pressure at the community level and collective action to help destitute members of the community and public facilities (schools and hospitals) have hygienic sanitation solutions.

Sanitation Marketing is an approach that stimulates and facilitates improvements in the supply side of sanitation services by working with utilizes small to medium scale private sector providers in the provision of sanitation services. Sanitation marketing uses techniques of commercial marketing to generate demand for sanitation services and product.

HWWS

The HWWS campaign seeks to achieve widespread and sustained increases in improved handwashing with soap at critical times (after contacting feces and before handling food) among rural mothers and caretakers of children under five years old.

In summary this first session has highlighted the sanitation and hygiene challenge in Tanzania that the WSP TSSM and HWWS projects are aiming to address. In the next session of this manual you will read about the different implementation activities that the resource agencies will be involved with.
Implementation

The primary aim of both the TSSM and HWWS projects is to change behaviour. One is to change behaviour with respect to stopping people defecating in the open or in basic latrines. The second is to increase handwashing with soap behaviour. In order for behaviour change to take place amongst the rural population of Tanzania, the project has to be implemented. Implementation covers all the different activities that are done on the ground that will directly lead to behaviour change. There are a range of activities as part of implementation from talking directly to families and households about sanitation and hygiene through to working with and training masons to build improved sanitation facilities. This means that there are very many different organisations and people (or partners!) in the implementation process. To ensure that everyone knows what they are doing and when they should be doing it, we have contracted resource agencies to train everyone in how implementation will take place. This manual covers the material that will form the basis of the training for the different implementing partners.

Working with implementing partners

For sanitation and hygiene programs to be successful it is important for many different organisations and groups to work together. Firstly, there is a need for as many people as possible to be working on sanitation and hygiene because for years it has been neglected and here is a lot of catching up to do. Secondly, since sanitation and hygiene practices are something that affect every single person, then in order to reach everybody, it is essential that there are as many people as possible working on sanitation and hygiene. Finally, we know from other research that people need to hear messages from many different sources if they are going to change behaviour. The more places that a person hears about changing behaviour from the more likely they are to act upon them. It is important that all the different agencies, and people working on sanitation and hygiene are giving the same messages consistently. However the form in which they deliver a message can vary significantly. For example messages on handwashing with soap might be given on the radio in the form of a song or jingle, they might be given by a during a road show in a market place, they might be given by a nurse to a mother or they might be given by a 10-cell leader or village chief.
Consistency of approach and messages

Part of the emphasis of training partners and front line staff is to ensure the consistency of the approach to both TSSM and HWWS and the messages but not the consistency in the way it is delivered. So for example, all frontline staff carrying out inter-personal communication, direct consumer contact (DCC) firms and all media have to give the same messages but the way they do it can be different. For some people in the community they will be more likely to change their behaviour if they hear the message from a trusted source such as their 10 cell leader or village chief. Others will be more likely to make changes in their behaviour if they here the messages in a humours way that make them laugh and then discuss what they saw or heard with their friends. Having a radio campaign in support allows people to get constant reminders about changing their behaviour.

Repeated exposure to messages in different formats

It is difficult for us to anticipate how much DCC work we need to do, how much IPC work we need to do and how much use of media we need to do. Further down the line as we get results back from monitoring we will be able to see which approach seems to be having the most effect. However results from other similar projects have shown that there is a relationship between increased behaviour change and the number of times you hear a message and the number of different places you get it from.

The different channels of communication serve several different purposes:

- They enable targeting of different sub-groups within a population who are more likely to utilise one channel over another
- They lend themselves to different purposes and different types of communication
- They will have different impact and different amounts of time with an audience

The diagram below shows how much time you have with an audience depending on the channel of communication you choose:

**Media Exposure Cone**

![Media Exposure Cone Diagram]

Source: PSI, Washington D.C.
Different channels of communication have different strengths and weaknesses. In general the mass media benefits from high coverage rates and thus being able to target a larger proportion of the target population. However one of the main disadvantages of mass media (which conversely is a strength of personal communication such as health talks, and community drama) is that it does not allow for two way communication. As such it can be difficult to ascertain whether messages have been correctly understood. This is why it is important to work through a range of channels.

### Campaign Strategies

Two campaigns have been designed. One is primarily for improved sanitation (sanitation marketing) and the other is for handwashing with soap. Each campaign has its own strategy which delineates the rationale behind the messages that are being promoted. It shows how these were built on particular insights drawn from consumer research. The campaigns delineate the different channels to be used (e.g. radio, drama, DCC, personal contact) and the phases of the campaign. There are a number of different phases which each have a different objective. To being with, for example, the campaigns will ‘awaken’ consumers to the idea that the need to change their sanitation and hygiene behaviours. The next phase is about explaining to them in more detail why they need to change and what they need to do and how it can be done. The campaigns then ramp up to amplify these messages and to encourage and empower people to act on them and to encourage their neighbours and communities to act on them also. The final stage are messages to sustain behaviour change.

### Media

The mass media can best be defined as any printed or audio visual material designed to reach a mass audience. The campaigns are principally going to be aired on radio but the companies responsible for developing them have also put together print, poster, scripts and other materials (e.g. caps. T-shirts) that can be used for implementation. The companies which have put together these materials will provide guidance for their use.

It is now generally accepted that the mass media are less able to directly influence behaviour in the absence of other implementation activities but have other roles including supporting behaviour change through a combination of channels. The mass media can fulfil a number of functions as they are able to:

- Reach a wide audience
- Reach hidden groups within the population
- Place the health issue on the public agenda
- Legitimate and support interventions at other levels
- Trigger initiatives and additional interest

The media is more effective if it is:

- Part of an integrated campaign including other elements such as one-to-one advice
- The information is new and presented in an emotional context
- The information is seen as being relevant to those who are the intended recipients

What the mass media do less effectively is:

- to convey complex information,
- teach skills,
- shift attitudes and beliefs and
- change behaviour in the absence of other enabling factors.

This is why the campaign strategies also focus on DCC (Direct Consumer Contact) and IPC (Interpersonal communication) in order to cover those areas where the media are less effective.
**Direct Consumer Contact**

Direct consumer contact (DCC) is a mixture of entertainment and education that can attract large audiences. To be successful the educational content should not be too blatant or hard-sell or else the audience will reject the messages. The effects of DCC are increased when the strategy is accompanied by supplementary messages to form an integrated communications campaign.

DCC can take many forms the most widely used are:
- Drama or Theatre
- Mobile Video Units
- Music / Poetry
- Road shows

**Street theatre and drama** offer a method of providing health messages in an entertaining way for those who have no access to mass communication channels such as TV or radio. There are a number of different approaches that can be taken to community drama. For example a combination of drama on public address system and posters of key characters can be used to raise interest and discussion in the community between different episodes. Posters can include questions on major topics of discussion.

There can also be benefits of using the community themselves in the development of drama. Drama is particularly suited to discussing sensitive issues. It has been suggested that “theatre provides a mirror through which a community can observe itself”. Because theatre can be constantly updated and tailored it has an advantage over written materials. It also allows for two way communication and clarification of messages. It is also fun and entertaining. If certain words or expressions referring to particular activities are unacceptable to an audience, characters can act out those situations and make them understandable without speaking – this is important in developing countries where performances are held in open areas with a cross section of the community of all ages. Participatory theatre can go further. An actor can get audiences to speak out about sensitive topics in the context of the show where ordinarily they might be shocking. Although theatre cannot always reach large segments of the population but it can reach the right segment.

In many developing countries, TV ownership is not yet high enough to make television a realistic and cost-effective medium of communication as too few of the targeted audience (who in general tend to be the rural poor) have access to TV sets. One method round this is to use mobile video unit. These can work in similar ways to television in terms of using key characters and a storyline to present sensitive information and show the change in attitudes and behaviour by characters who the audience identify with. Mobile video units have been used by commercial companies for years.

To maximise effectiveness, MVUs should involve the following:
- advance promotion of MVU visiting a community;
- film footage of interviews of local health officers, teachers or religious leaders to help the audience identify with the resources within their own village;
- question and answer period that is simultaneously broadcast onto the screen;
- interaction with the audience to help re-enforce messages and encourage two-way communication
- a relevant engaging film.

A further benefit of mobile video units is their ability to draw a large crowd. In countries where people have little entertainment, an MVU show is considered an event worth attending. Because they use large screens and public address systems, MVUs can combine the advantages of street theatre/drama and TV, and can ensure that the messages are heard by large crowds.
Road shows can include aspects of theatre, drama, poems, mobile video and songs. They are usually used to draw large crowds and are most often used to launch a program or campaign. Because of the scale of the event, road shows are effective at advocacy because they usually involve politicians and dignitaries which means that there may be free newspaper, TV and radio coverage.

Interpersonal Communication
Interpersonal communication can either be in the form of group discussions or on a one-to-one basis. Communication with groups and working with existing social networks within a community or village can be very effective. Facilitating a discussion within an existing group can help to generate further discussion and action. If the facilitation is done well - whereby the facilitator is not being prescriptive but acting more as a resource for information and advice it is more likely to be acceptable and effective.

It is important for all IPC to be participatory. The strength of IPC lies in the opportunity people have to ask questions, clarify issues and explore their beliefs and values about a topic. Traditionally health talks were given in a very dictatorial manner reminiscent of didactic teaching and were rarely entertaining; we now know that those methods which include entertainment are often more successful. IPC can include entertainment in the form of activities which encourage people to explore the topic.

A further strength of IPC is that new ideas have to be communicated in a way that have relevance for peoples lives and that fit in with their community and for which they feel they can do. IPC can move at the pace needed by the person or group. It can be tailored specifically to their situation and in addition solutions can equally be tailored for them.

There is some evidence that combining IPC with written or visual material increases effectiveness. Sometimes it can be useful for those carrying out IPC to have props in the form of flipcharts or posters and leaflets which they can use as an aid to the discussion and which they can also leave behind as a source of information for the person/community once they have gone.

There will be two main forms of IPC. There will be general IPC in the form of communicating messages on improved sanitation and handwashing. The second form of IPC will be the specific work with communities to trigger and facilitate the community-led total sanitation process.

Training
As well as using campaign materials and working with partners the most important aspect of implementation is training. There are three key areas of training that the resource agencies are responsible for:

1. Training facilitators who in turn will train and work with frontline staff working within districts (e.g. health workers, village health committees, ten-cell leaders etc) about how to communicate the key messages for handwashing with soap and improved sanitation.
2. Training facilitators to carry out the trigger process for CLTS in villages
3. Training masons, artisans and builders in latrine technology options, in handwashing station options and in marketing and sales

Attitude of the Facilitator
Hygiene and sanitation education is about helping people to understand, firstly, what causes some of their health problems and, secondly, what preventive measures might be possible. It needs to be approached in a sensitive manner, with a great deal of respect being shown to local beliefs, customs and practices. Following the core beliefs of Community-led total sanitation, it is
important not to preach to villagers about the importance of hygiene and its health benefits. Instead, use approaches that:

- Respect and build on their knowledge
- Learn about their motivations and barriers to changing behaviour
- Facilitate the process of overcoming barriers and maximising motivations;

**Methods of training**

Since the resource agencies will be training a variety of trainees and in a variety of different subjects, this manual is advocating for a participatory training approach. This approach caters better for a range of experience and ability as well as for a range of educational backgrounds. The next session of this manual goes over the participatory approach to training.
Session 3

Participatory Training

Key Messages

- Participatory training builds on the knowledge and experiences of participants, which is more conducive to adult learning than conventional training methodologies.
- Effective facilitators help participants to discover their own capacities, instead of directing or dominating the learning process.
- In a participatory training, new information appears continuously. Therefore, the training design must remain flexible to accommodate the expressed learning needs of the participants.

Conventional vs. Participatory Training

Training should be viewed as a learning process which involves the creation and acquisition of knowledge, awareness and skills. In the following table, the main differences between conventional and participatory training methodologies are summarized.

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<tr>
<th>Elements</th>
<th>Conventional Training</th>
<th>Participatory Training</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Learner's Role</strong></td>
<td>Follow instructions. Passive participation. Receive information. Little responsibility for learning process.</td>
<td>Offer ideas based on experience. Active participation (ask questions, make mistakes as part of the training process). Share ideas and experiences. Take ownership of learning process.</td>
</tr>
<tr>
<td><strong>Trainer's Role</strong></td>
<td>Is an authority figure. Ignores learner's knowledge and experiences.</td>
<td>Is a facilitator. Respects participants' knowledge and experiences.</td>
</tr>
<tr>
<td><strong>Training Content</strong></td>
<td>Trainer-controlled. Little choice provided on topics.</td>
<td>Learner-centered. Based on participants' training needs.</td>
</tr>
<tr>
<td><strong>Method Focus</strong></td>
<td>One way flow of facts/information from trainer to learner.</td>
<td>Two-way communication building on knowledge and experiences of participants and trainer.</td>
</tr>
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</table>

Source: Adapted from CEDPA (1995).

Look at the table above. Can you think of other strengths and weaknesses of each approach? Which type of training are you most used to?
Why use Participatory Training?
Conventional training is not a very effective methodology for training adults as it ignores the integral role that adults play in their own learning process. Adult learning is based on principles and conditions that are different from the formal set of learning principles. The key principles of adult learning are summarized below along with their implications for training in the form of a ‘facilitator’s checklist’.

Principles of Adult Learning Facilitator’s Checklist

| Adults are voluntary learners and will perform best when they have decided to attend a training session for a particular reason. | Do you know why participants are attending? Has the selection of participants followed the checklist outlined in Attachment 1 of the Trainer’s Notes? |
| Adults learn best when the context of the training is relevant to their own lives and experiences. | Have participants been asked to share their expectations and what they hope to achieve by the end of the training program? Do you have a system for guiding participants whose expectations are not well matched to yours or the group’s? |
| Adults have experience and can help each other learn through an atmosphere of sharing. | What prior knowledge may trainees have about the subject matter of training? Will your training methods build upon and use the ideas and skills of participants? |
| Adults learn best when they are actively involved. | Does the training include regular opportunities for feedback, reinforcement and practice? |

What makes a Good Facilitator?

Facilitation literally means to ‘make things easy’. In a participatory workshop, the role of a facilitator is to make things easy by creating a learning environment conducive to sharing ideas and experiences.

To create this learning environment, a facilitator does not have to be an expert but needs to develop a broad base in three main areas: knowledge, attitude and skills. For example for knowledge the trainer should know something about the subject matter; for skills the facilitator should have good communication and listening skills and it is also helps to have good organisational skills; for attitude it helps if facilitators have a friendly and open attitude and can remain calm and patient.

What other knowledge, attitudes and skills do you think a good facilitator should have? Take a minute to think what a good facilitator should be like.

As with other walks of life, in facilitation too, practice is the key to success. The most effective facilitators work hard to prepare for trainings and are always learning and improving their skills.
Designing a Participatory Training Program

Here are seven basic steps for designing a participatory training program. These steps are not listed in a particular order and some steps may need to be repeated. Remember, as this is a participatory training, new information will appear continuously. Therefore, the training design must remain flexible to accommodate the expressed learning needs of the participants.

1. Get support and commitment
   Before any training program can be started, support is needed, including staff, budget and logistics. Also required, during and after the training program, is commitments from key decision makers to achieve the objectives of the training.

2. Identify learning needs
   This entails finding an answer to the question: why should this training program be conducted? A wide range of sources can be tapped to answer this question, e.g., learners themselves, others who know the learners, job requirements, and work plans. Knowing learning needs accurately and precisely is crucial to determining the quality and effectiveness of the training program.

Think about how you could identify learning needs. For example, through a questionnaire or through a meeting? How else could you do it and how long will it take?

3. Interpreting training objectives
   Training objectives should be based on the identified learning needs and resources available to meet those needs. Some factors to be considered when setting training objectives are: potential and limits of training, background of the learners, needed competency or skills, and available resources (financial, administrative and logistical).

4. Select resource person(s)
   Select an overall coordinator to provide support for all aspects of program implementation, from initiating the design to evaluating participants’ feedback. Training can be made more effective by working with another facilitator as it helps to share tasks and responsibilities during the training, e.g., explaining theory, setting up equipment, facilitating group work, assessing participants’ energy levels and so on. Additional resource persons can also be invited as experts on specific topics.

5. Select participants and size of group
   Participants should be selected based on their interest and willingness to work on Hygiene and sanitation issues. Care should be taken to ensure gender diversity and include people from different cultural and religious backgrounds so as to prevent dominance of any one group. Group size should be based on the best allocation of available resources.

6. Training content and methods
   Choice of content and methods depends on identified training needs and objectives, the level of the learners, the size of the group and the resources available.

7. Monitoring and evaluation of the training
   Participatory program design means that two-way communication is necessary to feed information back into the design at every step.
Suggested Structure of the Training Program

A suggested structure for the training program is as follows:

- **Workshop opening and introductions:** welcome participants and enable them to get to know each other and the facilitators. You can make this a fun activity by making it a game or a competition with a small prize.

  e.g. If participants need to work in the same small groups throughout the training then getting them to organise themselves into ‘training teams’ is a nice start exercise. Ask them to name their group and to draw a logo and provide a motto for their team.

- **Logistics:** give information on boarding, lodging, venue facilities, travel arrangements and per diems, if any. Also explain where the toilets are and where refreshments will be. Also provide an indication of the start and finish times.

- **Setting norms:** set ground rules so everyone has a shared understanding of how to work together.

  e.g. Ground rules might include: switching mobile phones off or to silent; sticking to time; building on one another’s ideas rather than criticising.

- **Expectations:** clarify participants’ expectations from the workshop.

  e.g. Get people to write their individual expectations on small pieces of paper and then group them into themes. Go through the themes and compare it with the timetable to check that you will meet the majority of expectations.

- **Objectives and schedule:** outline the objectives, content and timings of the workshop. Although shared with participants at the start of the workshop, schedules are often flexible and changed to meet their needs and interests. Agree start and finish times that suit participants but allow you to get all the training done in the time you have. Keep reviewing the objectives and schedule as you move through the training so everyone knows where they are.

- **Energizers:** helps participants to relax and lifts their energy and enthusiasm. Energizers are best when they involve movement, and fun! Encourage participants to sit in different seats and with different people. You can do this in fun ways - for example playing musical chairs.

- **Presentations:** give information on a particular topic or share experiences.

  e.g. Presentations work best where they build on participant’s knowledge. Sometimes it is better to have a presentation after group work to ‘fill-in’ the gaps in participant’s knowledge rather than ‘bore’ them with what they already know!
Group work: discussion in small groups makes the program lively and provides a quick overview of participants’ views. Group work allows participants to learn from one another - they may have valuable knowledge, skills and experiences to share.

Fieldwork: enable participants to learn by practicing new skills.

Recaps: provide a summary (usually by participants at the start of each day) of what has been covered so far. Also recap at the end of a session before starting the next subject.

‘Parking Lot’: a sheet for participants to ‘park’ i.e., stick or pin, issues that need to be covered but are not appropriate for that moment in the workshop.

Mood barometer: a sheet with three moods (can be ‘smiley faces’ with three different expressions, ranging from happy to normal to sad) where participants tick what they feel describes their attitude best at the end of each day.

Action plan: for participants to clarify what concrete steps they will take after the workshop to use the new skills and knowledge they have gained.

Workshop evaluation: enables participants to address the strengths and weaknesses of the workshop.

After Action Review: to discuss ‘what worked’ and ‘what did not work’ in the training program and identify improvements for the future.

This session has outlined the approach to participatory training. The next session goes into more depth on the different approached to sanitation and hygiene that will be implemented.
Traditional Approaches to Sanitation

Household investments in basic sanitation have become the norm since the first post-independence Tanzanian president, Julius Nyrere, implemented a latrinisation program in the 1970s. This rapid, top-down approach produced both wide coverage of latrines and also the habit of household investment for latrines. However, most of the latrines have fallen into disrepair or are of poor quality and cleanliness.

In many countries, rural sanitation programs were based on the assumption that people defecate in the open because they are too poor to construct a toilet. Therefore, traditional rural sanitation programs provided subsidies for identified poor families to construct toilets of a specified design. This assumption was proved wrong because open defecation is not a reflection of poverty but a traditional practice, and at the same time improved sanitation is not a felt need. Therefore, the key issues of motivating behaviour change to end open defecation and use improved sanitation were not addressed by the traditional approach to sanitation, leading to its failure.

Key reasons for the failure of the traditional approach to sanitation include:

- Negligible community participation.
- Limited attention to hygiene education or school sanitation.
- Promoted single standard design of latrines that was often of high cost relative to household incomes and not responsive to consumer preferences
- Latrine construction took place largely through coercion, often as an obligatory condition for access to development projects e.g., water supply schemes.
- Offered relatively high hardware subsidies that could not be sustained by the Government or donor.
- Was not effective in reaching the poorest members of communities.

Why do you think that the latrinisation program of the 1970s stopped working in Tanzania? Why didn’t people continue to maintain their latrines?
The Total Sanitation Approach in Tanzania

This Total Sanitation Sanitation Marketing (TSSM) project seeks to stimulate demand via social marketing and community-led total sanitation approaches in order to either move households up the sanitation ladder or onto it at the appropriate level, and to encourage appropriate use and maintenance of latrines. In order to supply the anticipated demand, the local private sector will need to be strengthened in terms of supply chains for goods, technical skills, quality assurance, marketing and the provision of information.

Sanitation Marketing (SM), or the household-centered approach, can be defined as an approach that utilizes the power of the small- and medium-scale private sector in the provision of sanitation services and uses techniques of commercial and social marketing to generate demand for these services which in turn, leads to behavioural change. It also treats the household as a viable consumer, which has to be researched to better understand the consumers motivators and barriers to purchasing latrines. It employs a range of methods from media campaigns and direct consumer contact to stimulate demand to accreditation and training for small business providers to improve supply.

Traditionally, Total Sanitation (TS) or the community-based approach, focuses on stopping open defecation at the village level by highlighting the problems caused to all residents by open defecation within and around the community and by ensuring that every household builds, uses, and maintains its own low-cost toilet, or has access to and uses a shared toilet. The approach can also be used to stimulate demand for improved sanitation by building upon a combination of peer pressure at the community level and collective action to help destitute members of the community and public facilities (schools and hospitals) have sanitation solutions. The generation of demand for sanitation services moves from the individual to the community level. Governments at the central and local levels support total sanitation programs by providing a “software” subsidy to cover the promotion and mobilization costs and offer village-level grants to reward achievement of the community-level open defecation-free status, which is determined through independent certification.

For the implementation component of this project, the overall approach is to capitalize on the existing, high-levels of unsatisfactory latrines in an effort to move households up the sanitation ladder. Open defecation and basic pit latrines (without a slab or surface that can be cleaned and without a cover for the hole) are considered unacceptable since they do not separate people from excreta sufficiently well. All latrines should also have a convenient handwashing station close by.
Demand
The plan is to encourage households to invest in hygienic sanitation facilities (moving people up the sanitation ladder), through retrofitting existing latrines with sanitation platforms (SanPlats), which will also be incorporated into any new latrines constructed in the period. To do this, the Program will stimulate demand through both sanitation marketing and the total sanitation approach, which will identify individuals and communities still practicing open defecation and fixed point open defecation.

Thus a family or household is likely to get messages from the radio, from theatre or road shows as well as from key workers in the community as part of the sanitation marketing approach to stimulate demand for improved sanitation at the household level. In addition their community will be identified for the triggering process (more about this follows) and as members of a community they will be targeted to stimulate demand for improved sanitation within their community.

Supply
To supply the demand, we will work with fundis (local artisans, builders, and masons) on developing their skills to construct the necessary hardware (e.g., SanPlats) to improve latrines. In addition to developing their practical skills, the project will work with them to improve their sales and marketing skills. If those working in the supply side can better understand their consumers wants and needs they are more likely to be able to meet them, and to be able to improve their business. As part of improving the supply side, the project aims to develop quality assurance mechanisms to make sure that suppliers provide the correct products at the correct specification so that consumers know that they have purchased quality items which will be durable and meet the requirements of improved sanitation.

The supply and demand work will be closely integrated with counterparts from the Ministries of Water and Health, as well as local government and other key stakeholders such as NGOs, and civil society groups working in the sector.

Why do you think it is important that the project works in collaboration with local government, NGOs, and civil society groups?

Community-led Total Sanitation in Rural Areas

Community-led total sanitation in rural areas was pioneered in 1999 by Village Education Resource Centre and Water Aid in Bangladesh. Since then, this approach and its variants have spread within Bangladesh and has been introduced in many countries in Asia and Africa. A participatory approach to total sanitation contends that it is not just availability of toilets but changing the behaviour of the people at the collective level that is important for safe sanitation to take effect.

In this approach, through a process of participatory facilitation, community members analyze their own sanitation status, including the extent of open defecation and the spread of fecal-oral contamination that adversely affects each one of them. Once people are convinced about the need for sanitation, field experiences have shown that communities construct latrines on their own at the household level, according to their own capacity, and more importantly, use it regularly due to a strong sense of ownership. A Community-led approach does not require high subsidies, but it does need greater understanding of the individual and collective ‘triggers’ or factors that motivate people to change their perceptions about the need for safe sanitation.

The shifts in mindsets and practices required by a participatory approach to total sanitation...
can be summarized as:

- From teaching and educating to facilitating communities’ own analysis.
- From ‘we must provide toilets’ to ‘communities can do it’.
- From ‘we persuade and do it’ to ‘we motivate communities to take independent decisions and action’.
- From top-down standard designs to bottom-up innovations (‘they design’).
- From hardware support to supporting people and processes (adapted from Kar 2005).

How is Community-led Total Sanitation different from a Traditional Approach Focused on Toilet Construction?

The table below illustrates some of the key differences:

<table>
<thead>
<tr>
<th>Elements</th>
<th>Traditional Approach</th>
<th>Community-led Total Sanitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td>Latrine construction.</td>
<td>Stopping open defecation.</td>
</tr>
<tr>
<td>Technology</td>
<td>One fixed model.</td>
<td>Menu of options.</td>
</tr>
<tr>
<td>Motivation</td>
<td>Individual subsidy.</td>
<td>Igniting behaviour change through self-realization of harmful effects of open defecation.</td>
</tr>
<tr>
<td>Financial</td>
<td>Individual upfront hardware subsidy given.</td>
<td>Subsidy as incentive routed through collectives.</td>
</tr>
<tr>
<td>Monitoring</td>
<td>Focus on number of toilets constructed.</td>
<td>Focus on meeting ODF outcome at community level.</td>
</tr>
<tr>
<td>Outcome</td>
<td>Increase in number of latrines.</td>
<td>Sustained behaviour change and open defecation free villages.</td>
</tr>
<tr>
<td>Impact</td>
<td>Negligible; high cost.</td>
<td>High; at lower cost.</td>
</tr>
</tbody>
</table>

The next three sessions go into more detail on key priorities of sanitation marketing, CLTS and Handwashing with soap.
Sanitation Marketing: Key Principles

! Key Messages

The key principles can be summarized as follows:

- Sanitation marketing focuses on the simultaneous scaling up of supply as well as stimulating demand for improved sanitation.
- The produces and services available in the market must meet consumers wants, needs and preferences.
- Stimulating behaviour change in addition to stimulating demand is the added value of a sanitation marketing approach.
- Suppliers need to really understand their local consumers and the constraints and opportunities in their local market.

Sanitation Marketing

As mentioned in an earlier session, a lot of money has been poured into sanitation programs and it has had little impact on the overall scale of the problem. Progress has been seen within markets - where private suppliers or builders provide sanitation hardware and services for individual households. There is not sufficient money from Governments of donors to subsidize the required improved sanitation needs of a country like Tanzania, the only sustainable approach to meeting this need for sanitation is to support the sanitation market.

Commercial marketing has long been used as a means to getting people to purchase and use products or change behaviours. When we analyse commercial marketing we see that the elements used to motivate behaviour or encourage purchase of a product are not always the most direct or obvious. Marketing appeals to both people's short term immediate needs as well as more long term, emotional desires, wants and aspirations.

Stimulating demand

When this is applied to sanitation, we see that although the most tangible and immediate benefits of improved health, convenience and comfort are motivators, research has also shown that longer term benefits such as dignity and social status can sometimes be more powerful motivators.

Because the aim of sanitation marketing is to create demand by households for improved sanitation, there is no hardware subsidy provided. The financing of the improved sanitation facility comes from the household themselves. The demand creation aspect of the marketing also encourages behaviour change in terms of installing the appropriate latrine, using, cleaning and maintaining the latrine. When households have assessed the benefits of having an improved latrine and have taken the steps to invest in one, then they are far more likely to use it and maintain it.

What are some of the different ways that you could stimulate demand? Think about how you can reach people effectively in rural communities.
Improving Supply.
Sanitation marketing also involves the improvement in the supply of sanitation goods and services to meet consumer preferences and needs. This is all aspects of supply from the supply chain (for example the raw materials such as cement and sand) through to completed products such as a SanPlat / Slab or latrine cover. Improving supply is also about making access and availability to products and services easier for households, as well as ensuring quality, consistency and affordable prices.

Why are consumers preferences so important? Think about the last time you bought something big like a mobile phone, or a radio or fridge. Did you spend time looking at the different options comparing functions and price?

Sanitation Marketing and Social Marketing
Sanitation marketing is based on the principles of marketing and social marketing. As stated above marketing consists of activities to reach consumers and persuade them to use a product or service. Marketing works on the principle of voluntary exchange between the consumer and the supplier/producer. Consumers get the benefits that they want and the supplier makes a profit. Social marketing uses these same marketing techniques to reach social objectives (not necessarily to make a profit). In social marketing the end point might be changing a behaviour, it might be selling a product such as a condom or mosquito net.

Commercial marketers only want to sell a product; social marketers also want consumers to use it correctly and to behave differently.

Marketing (both social and commercial) focuses on the wants and needs of consumers and how they can be met. Marketing is about trying to find the best way to reach customers and persuade them to buy and use a product or service.

Marketing is much more than just advertising. There are four main components of marketing often referred to as the 4 p’s: product, price, place and promotion.

<table>
<thead>
<tr>
<th>Product</th>
<th>A product, service, or practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Price</td>
<td>The nature of the exchange - it may not be a financial cost.</td>
</tr>
<tr>
<td>Place</td>
<td>The channels used to reach the consumer or suppliers; where to get products and services and information</td>
</tr>
<tr>
<td>Promotion</td>
<td>Means by which the product/service/practice is communicated to the consumer. For example Mass media advertising to word of mouth, theatre, road shows, health workers.</td>
</tr>
</tbody>
</table>
The 4 p’s of Marketing sanitation

Product
Latrine designs must respond to what people want rather than what suppliers, NGOs or the government believe they should have. The community have to be consulted and this is usually done through what is referred to as ‘market research’. For example in Mozambique market research showed people wanted a round concrete slab to meet their needs for a safe durable latrine cover. Since most people were used to open defecation they did not want a solid superstructure but were happy with grass matting or a cloth fence to provide them with some privacy.

In Indonesia where a pour flush latrine was more desirable, consumers wanted a choice of colours. The two photos below show how two different sanitation markets have responded to create products that are locally appropriate meeting the ‘wants’ of consumers in the local market.

Within any market it is important that there is a range of products to suit a variety of circumstances and also the amount that different consumers can pay. In commercial marketing consumers often get around this by providing models of a product which have less function, or made from less durable materials. For example if you think about mobile phones, there are many different makes and models. Some mobile phones have many additional functions such as they can take pictures or have a radio. But for people on a limited budget you can buy a cheap mobile phone which does the job of making calls but little else.

Price
Those who need it most (the poor) can afford it least. It is important to keep costs down so that options are available to everyone. By having a range of options available different groups (segments) of the market are able to have a choice about what they do to improve their sanitation situation. Options can include making parts out of different materials or by having altogether different technology options available. In some countries people barter or share the costs of upgrading their latrines. For example one person may offer to dig pits for free for himself and his neighbours in return for his neighbours helping him with the cost of cement. Another approach might be for several families to club together to pay for the costs of the cement and other materials since one bag of cement will make more than one slab. Finally in some places, families have provided the raw materials and then paid the artisans labour costs to help them construct their latrines.

In commercial marketing prices must cover all costs whereas social marketers might choose to subsidize certain items. Once subsidy has been introduced it is hard to take it away. For example if everyone is aware that the cost of a subsidized sanplat is 20US$ and then when the
subsidy is removed the price goes to 40US$ then people are reluctant to suddenly have to pay double the price. One way around this can be by introducing output based aid in the form of vouchers or subsidies to particular households. For example, you means test households within a village to identify those with the lowest income, those households are then given a voucher for a proportion of the price of a sanplat. The price can still stay at 40US$ but the poorest families have a voucher for 20 and pay 20 themselves. That way the subsidy does not distort the market.

**Place**
The product or service needs to be available to the consumer so that access is not a barrier. The places where products and services are available can be very different. For example they might be available through commercial outlets, through masons workshops, through NGOs or through some kind of village project or co-operative.

For sanitation marketing it is important that the product is delivered to the right place and that means having a latrine built in the consumers home. Thus the supply chain has to reach down to the household level.

Countries which have had successful sanitation marketing programs have found that training local masons to build latrines and to do their own marketing of their products and services has been an important component. Simple solutions can sometimes improve the penetration that masons can have in their local market - for example, providing simple transport such as a handcart can enable masons to take their products to consumers who are further away from their workshops.

Some countries have experimented with having one stop shops selling a range of sanitation options at the same place so consumers can compare and contrast a range of products.

### Why market sanitation?

1. People choose to get what they want at a price they are willing to pay
2. Sanitation marketing is financially sustainable
3. It is cost effective and can easily be taken to scale
4. Provision of hardware not enough – need behaviour change. If person motivated to purchase then more motivated to use.

### Matching supply with demand

Before demand is stimulated in any market it is important to have robust supply otherwise there is a danger that you get demand-resistant communities. This is where you have raised demand for a service of product but the community does not have access to getting the product or making the necessary changes. They soon switch off and don’t listen to the messages any more because they can no longer identify with it.

In order to maximise supply it is important to thoroughly understand the limitations an opportunities that small businesses have in the area you are working. Do they have problems
with accessing raw materials? Do the have problems communicating or marketing their products to consumers? Do they have training needs? Do they have problems with cash flow?

In order to meet demand the supply side needs to be built up. Firstly fundi/masons need to understand what their consumer wants. They need to put themselves in the shoes of their consumer and think through the problem from their point of view. What are the main barriers that consumers have to accessing an improved latrine; what would be the main motivators for consumers in their area to upgrading their latrine. They need to use this information to market their products and to design and build products which consumers want to buy, at a price they can afford.

Secondly, masons, builders and fundis may need access to finance/credit systems and the necessary building materials and tools. This may be particularly true whilst they scale up their operations. There may be a number of ways to help with the financing and credit; for example by working with existing micro-finance projects or revolving funds. Another approach might be for villagers to work together with a particular mason and club together to pay a deposit for a certain number of latrines and then pay off the latrines as they are built. Working with both the community and the masons will ensure opportunities to reach viable solutions for both sides. Another approach to think about is having a tool store, where masons can hire out tools from a central point without having to purchase the more expensive items.

**Stimulating demand**

Demand needs to be motivated at a community-wide level. Firstly building on the CLTS triggers of shame and peer pressure, but using a well designed campaign, communications can build on more subtle, long term motivations such as pride, comfort, and knowing that you are doing the best you can for your children’s future.

For example in Tanzania, the primary audience is rural heads of households with children under five years old. They have many competing priorities in their lives for their time and limited resources. Their livelihoods are based on agriculture and they spend a lot of time in fields and gardens. They are poor, semi-literate, probably have many children and live in small, cramped spaces; privacy is a luxury. They are good at making ends meet with what they have and are driven by hope. Status, aspiration and respect are also key motivators; it is important to be respected as an upstanding member of the community who does their bit, and follows the village norms. They are aware that they have power and control over their health and their children’s health

The following table shows the demand creation campaign has to do and what it has to change:

<table>
<thead>
<tr>
<th>What the audience does, thinks, feels before the campaign</th>
<th>What we want the audience to do, think, feel in the future after the campaign</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Do</strong></td>
<td><strong>Think</strong></td>
</tr>
<tr>
<td>• Defecate in the open where there is no latrine or latrine is too poor/dirty/unsafe to use</td>
<td>• People who defecate in the open are disgusting and put the whole community at risk even though they may do it themselves</td>
</tr>
<tr>
<td>• Use a basic latrine which is unsafe &amp; unclean</td>
<td>• There are other problems such as poverty, or lack of clean water more important than sanitation</td>
</tr>
<tr>
<td>• Have little experience of using an improved latrine</td>
<td>• Households that improve their latrines are good members of the community</td>
</tr>
<tr>
<td><strong>Think</strong></td>
<td><strong>Do</strong></td>
</tr>
<tr>
<td>• People who defecate in the open are disgusting and put the whole community at risk even though they may do it themselves</td>
<td>• Continuously seek ways to improve, upgrade and maintain their place of defecation</td>
</tr>
<tr>
<td>• There are other problems such as poverty, or lack of clean water more important than sanitation</td>
<td>• There are people in my community who can help and support me to improve my latrine</td>
</tr>
<tr>
<td>• Households that improve their latrines are good members of the community</td>
<td>• Improving our sanitation status is one of the most important things we can do for our children, ourselves and our community</td>
</tr>
<tr>
<td></td>
<td>• Upgrading a latrine is simple and easy to do</td>
</tr>
<tr>
<td></td>
<td>• The sanitation situations in our village is</td>
</tr>
</tbody>
</table>
Households cannot expect any help from others to improve their latrines
The sanitation situation in our village is poor

Feel
- Ashamed of our poor sanitation practices and lack of latrines
- Unsatisfied with our place of defecation
- Confused and unsupported about how to improve our sanitation status
- Vulnerable, embarrassed and dirty about our poor sanitation practices and lack of privacy

excellent
Feel
- Proud of our status in the community as a consequence of upgrading our latrine.
- Confident about how to improve our sanitation facility
- Relaxed, comforted and safe in the knowledge that our household and community have improved their latrines
- We've found clever solutions to our sanitation problems and are less burdened now

The information in the table above is based on a lot of consumer research that has been carried out in Tanzania. The consumer research has indicated that some of the best motivators for households is to convince them that peace of mind from shame, disease, discomfort and disgust will only come when the entire community has improved sanitation. To help them get to this stage it is important that a second part of the demand creation is providing them with the tools/knowledge to continuously improve their sanitation practices to achieve this.

There were four main themes as to what motivates behaviour with respect to sanitation in Tanzania; the insights from the research findings which led to these themes are listed after each of them:

- **Status and aspiration to be modern** - based on these insights: just because you are financially poor you can still be rich in terms of dignity, respect, power; aspiration, enhancement and progression are all innate values for humans - we constantly strive to progress to be modern; it is important to show your status to know where your place in the community is; power and status are the opposite of humiliation and shame; even the poor can have dignity; aspiration and empowerment are linked; success can be status, success is being modern

- **Vulnerability** - based on the following insights: being caught with your pants down creates vulnerability; vulnerability leads to feelings of weakness and being defenceless; empowerment, privacy, cleanliness, and dignity overcome your vulnerability; everyone has to practice improved sanitation or else the community is vulnerable; embarrassment and stigma of poor sanitation lead to vulnerability; people want a private clean place to defecate

- **Ownership and responsibility** - this relates to the following insights that sanitation is everybody’s business; “your problem is my problem”; people care more about what they own or feel responsible for; taking responsibility for something you know you have to do will give you comfort; just get on with what you know you have to do; there are rules and norms around sanitation which have to be followed;

- **Comfort and Convenience** this builds on the following insights: defecation can be a pleasant and pleasurable experience; comfort is derived from cleanliness, privacy, safety and dignity; without privacy and dignity then defecation becomes an animal act; respect your right for comfort and convenience
The single most important thing that campaign communicates is that improves sanitation is the responsibility of individuals, households and communities. It only takes one person who is not complying to make everyone vulnerable.

In summary
For sanitation marketing to be successful it is important for demand and supply forces to both grow and mutually sustain and reinforce one another. If there is demand without supply then people will soon become disinterested and focus on other needs and issues. If there is supply without demand then small businesses are likely to fail or produce products which are not tailored to the preferences of their consumers. As part of sanitation marketing, the market needs to be assisted in terms of scaling up supply and creating demand.
Session 6
Community-led Total Sanitation: Key Principles

Key Messages
Community-led total sanitation is a significant departure from the way that rural sanitation programs are usually implemented. The key principles can be summarized as follows:

- Focus on outcomes rather than building toilets.
- Focus on collective behaviour change rather than mobilizing individual households.
- Accommodate a variety of technological options to get people on the sanitation ladder.
- Promote private suppliers/entrepreneurs to respond to demand.
- Appropriate institutional frameworks are key to achieving scale and sustainability.
- Focus on incentives that reward outcomes rather than provide upfront hardware subsidy.
- Good facilitation is key to the success of CLTS

Why Focus on Outcomes as Opposed to Latrine Construction?
Traditionally, rural sanitation programs measured success by counting the numbers of latrines constructed in a given time frame. By contrast, Community-led total sanitation measures its success on the basis of outcomes, i.e., achievement of communitywide open defecation free (ODF) status. Latrine construction means little if open defecation continues alongside it because the overall risk of bacteriological contamination remains high. Therefore, latrine construction is only a means to an end, i.e., improved public health outcomes, but not an end in itself. For this reason, Community-led total sanitation focuses on triggering collective behaviour change to stop open defecation rather than meet construction targets. In Tanzania where there is less open defecation and more households using basic sanitation or ‘fixed point’ open defecation (refer back to session 3), then the focus is on improving the latrine to have a washable surface and lid to prevent fly and human contact with faeces.

Why Focus on Collective rather than Individual Behaviour Change?
Sanitation is a private practice that has public consequences. Therefore, public health benefits can be achieved only by targeting the collective instead of focusing on motivating individual households to construct toilets, as illustrated by the case study below.
Community-driven Total Sanitation: Why Target Collective Behavior Change?

A rapid assessment in Himachal Pradesh reveals that in villages with around 30 percent household toilet use, the incidence of diarrhea was reported as being around 40 percent. Even villages with 95 percent household toilets, still reported around 25 percent diarrheal incidence. Only open defecation free villages with 100 percent toilet usage have reported significant drop in diarrhea to less than 10%. In effect, even if a majority individual households switch to using toilets, the overall risk of bacteriological contamination and incidence of disease continues to be high.

Why Accommodate a Variety of Technological Options instead of Prescribing a Single Latrine Model?

In the past, rural sanitation programs provided limited technology options. Decisions were made by technical experts and handed down to community members, who typically contributed by providing labour for the construction of a predecided design. This top-down approach, with no community participation in decision-making, has proven unsustainable because toilets built in this way were either not used or used for alternative purposes, e.g., storage. The lesson learnt
from this experience is that the choice of sanitation technology adopted has to come from the people using the latrine. This is the same for sanitation marketing or CLTS.

In addition, it has been observed that improvements in sanitation systems generally occur incrementally rather than in a single leap. What is promoted in Community-led total sanitation is a switch from open defecation to a safe yet affordable sanitation option. While affordability is naturally determined by individual household circumstances, the availability of relatively low-cost options particularly helps those who are uncertain about changing their habits to get into the habit of using a toilet. The significance of the first relatively low-cost toilet is enormous in terms of breaking the habit of open defecation (Kar 2005). Experience with Community-led total sanitation shows that the users of relatively low-cost toilet models adopt upgrades or graduate to more expensive models, using their own resources, when the design life of their first toilet is over.

What Role do Private Sanitation Demand and Suppliers Play in Promoting a Total Sanitation Approach?

Obviously, if communities are upgrading their toilets, there will be a market for private suppliers to sell sanitary goods and provide the required services. Thus, Community-led total sanitation stimulates entrepreneurs to produce and market latrine hardware, such as different types and grades of pans, rings and slabs. Field experience shows that in response to demand for sanitation products and services, local innovations have resulted in a range of differently priced products, and a spontaneous and competitive market has developed. Private suppliers have also taken the initiative to undertake promotional activities for their business.

Why are Institutional Frameworks Key to Achieving Scale and Sustainability?

Institutions matter and experience shows that local governments are ideally placed to promote total sanitation in order to ensure public benefits and are well suited to address the issue of scaling up due to their outreach and mandate. In addition, local governments are in a good position to undertake or facilitate the long-term monitoring and support of rural sanitation services. NGO interventions have been successful in demonstrating the total sanitation approach but experience shows that local government involvement in partnership with civil society organizations accelerates scaling up.

Why does Community-led Total Sanitation Support Incentives to Reward Outcomes?

A key feature of the total sanitation approach is that it is not in favour of upfront hardware subsidy. Experience with Community-led total sanitation shows that:

- Subsidy is not effective in creating demand for safe sanitation as people defecate in the open not because they can’t afford latrines but because safe sanitation is not a felt need.
- Subsidies raise community expectation of getting free money from outsiders and community initiative to change its own sanitation status takes a backseat. For example, the Government of India has spent a large amount of money on subsidies in the past two decades but around 80 percent of people in rural India continue to defecate in the open.
- Stopping open defecation and upgrading basic latrines does not require large sums of money as there are a variety of affordable technological options available.
Toilet Construction-driven Approaches vs. Triggering

Traditionally, rural sanitation programs targeted individuals with predetermined messages focusing on latrine construction without emphasizing why latrines should be used. By contrast, participatory total sanitation relies on a triggering approach which tries to find locally relevant triggers or factors that can be used to motivate behaviour change in a community. The differences between conventional toilet construction-driven approaches and triggering are detailed below:

<table>
<thead>
<tr>
<th>Toilet Construction-driven Approach</th>
<th>Triggering Behaviour Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assumes that if people are better educated or informed, they will change their behaviour.</td>
<td>Seeks to ‘find out’ what causes people to change their behaviour.</td>
</tr>
<tr>
<td>Has a predetermined set of core messages.</td>
<td>Innovates to establish core messages driven by local factors.</td>
</tr>
<tr>
<td>Has a predetermined approach of who does what and how.</td>
<td>Allows plenty of freedom as to ‘who does what’ in each particular context.</td>
</tr>
</tbody>
</table>

Triggers

Triggers broadly fall into two categories: Individual and Community.

Individual Triggers

Some of the individual triggers related to sanitary behaviour are:

- Dignity and privacy.
- Shame (amongst women when ‘watched’ by passers-by or among men – ‘how can you allow the women of your house to publicly defecate in the open when people may be watching?’).
- Safety of children and elderly against falling down during rainy season or night-time.
- Fear (of darkness, wild animals, loss of money due to medical expenses, etc.).
- Prestige (when guests from urban areas visit, families feel embarrassed at being unable to provide adequate toilet facilities).
- Convenience (for the elderly, infirm, pregnant ladies and children, during bad weather or sickness).

Community Triggers

Community triggers are factors or situations that concern and affect a community as a whole, thus prompting every member within it to change a behaviour that is collectively perceived as hazardous. Some of the community triggers related to eliminating open defecation are:

- Health.
- Water quality.
- Prestige.

When the community realizes that their health is at stake due to their own habit or the habit of
others to defecate in the open, the community collectively resolves to change its behaviour. Once the process is initiated, members begin to monitor each other’s behaviour within the community. Thus, those who have a tendency to ‘fall back’ are also prevented from doing so due to the social pressure created after such a collective resolution. Behaviour change, when triggered by such collective concerns or situations, is more likely to be sustained.

What are the Expected Sources of the ‘Triggering’ Process?
Outcomes of total sanitation triggering exercises can be classified into four broad categories. These are:

- ‘Matchbox in a gas station’: refers to a situation where everyone agrees to stop open defecation and start the action immediately.
- ‘Fire under ash’ or ‘promising flames’: is the situation where most of the people have agreed.
- ‘Scattered sparks’ or ‘hope’: is the situation where the majority is undecided, but few individuals in the community agree to act promptly.
- ‘Damp matchbox’: is the situation where Community-led total sanitation exercises are not able to trigger any positive response at all.

Attitude of the Facilitator
According to Kar (2005), the key to success is the attitude and approach of the facilitator. At the outset, it is important that the facilitator should understand his/her own motivation for undertaking the task, his/her own perceptions toward sanitation and the type of relationship he/she has with the people of the village. An unequal, superior-subordinate relationship will hinder rapport-building. The facilitator must be convinced that people have the capacity to do it themselves, they just require ‘facilitation’ to move in that direction. Therefore, the facilitator must never lecture or advise on sanitation habits and should not prescribe toilet models, at least in the first instance. The aim of facilitation is purely to help community members see for themselves that open defecation has detrimental consequences and creates an unpleasant environment. It is then up to community members to decide how to deal with the problem and to take action.

CLTS in Tanzania
PLAN (an international NGO) are leading the CLTS approach in Tanzania. They have developed their own manual and training of facilitators to ignite the triggering process. The WSP TSSM project will work closely with PLAN to ensure a consistency of CLTS approach, and will use the PLAN manual for CLTS training and guidance. This manual will be provided separately during the specific CLTS training.
Session 7
Hygiene behaviours - key principles

！ Key Messages

- Improved Hygiene practices can dramatically reduce ill health
- The key practices to promote are handwashing with soap and safe disposal of child feces
- For hygiene behaviours to effectively impact on disease they must become habitual
- Trigger behaviour change by understanding what motivates people and helping them to overcome barriers.

Hygiene behaviours
For communities to achieve total sanitation as part of the CLTS approach it is important that they adopt key hygiene behaviours. There are a huge range of hygiene practices such as safe and appropriate treatment, storage and handling of drinking water, food preparation, personal hygiene. This manual focuses on two key hygiene practices which are an essential part of communities achieving the total sanitation status. They are:

- Handwashing with soap at critical times
- Safe disposal of infant’s feces

Motivating Hygiene Behaviour
Identify those factors which are most likely to influence (motivate) people to wash hands and those areas which are barriers they need help in overcoming. In different communities, the trigger for hygiene behaviour change will vary – some may be influenced by the health argument, others by concepts of cleanliness, others by the messages bought home by children from school, or by pride of knowing their hands are clean. While promoting the hygiene messages, the catalysts should identify which type of intervention will trigger the community to adopt improved hygiene practices such as handwashing with soap, and practice it sustainably.

Help communities identify the barriers to why they do not carry out the behaviour. Is it because of a lack of opportunity: there is no soap, or there is no convenient place to dispose of child feces). Is it because they don’t have the ability: they do not know how to wash hands properly, or they did not know how dangerous child feces can be. Is it because they don’t have the motivation: they are busy with other things, they don’t believe handwashing makes a difference to health. Identifying the barriers is crucial to changing behaviour. Whatever the barrier, work with communities for them to suggest ways they could overcome the barrier.

By working to overcome barriers and build on motivations you will have more success in getting communities and individuals to change their hygiene practices.

Handwashing with soap
In session 2 we reviewed current handwashing practices in Tanzania which are low for handwashing with soap at the key junctures.

The most important times to wash hands are:
- After defecation
- After cleaning a child who has defecated
- Before touching or preparing food
- Before Eating
- Before feeding a child
Handwashing with soap at these times can prevent fecal-oral transmission and substantially reduce diarrheal disease and acute respiratory infections both of which kill many children under the age of 5 each year in Tanzania.

Although many people understand the importance of handwashing they do not always know which are the key times to wash hands, or the need to wash hands with soap. Handwashing should be a ‘habitual behaviour’ that is it is a behaviour which should be a habit since ideally it should be practiced many times in a day.

**Washing Hands after Defecation and Before Meals**
Due to not washing hands or washing hands only with water after defecation, feces get stuck in the nails and on the hands (even if you can’t see it with the eye). On eating food with the same hands it can lead to ill health. So washing our hands properly after defecation is very important. It is also equally important to wash our hands properly before eating to make sure that there is no form of dirt on our fingers and nails. For example, you may have been touching animals, money or other items which have many germs on them which cause disease.

**What is the proper way of washing hands?**
Hands are believed to be washed properly only when there are no bacteria, pathogens or any other dirt left on our fingers or under our nails after washing. For this, we need to wash our hands with SOAP and WATER.

**Handwashing stations**
It is important for household to construct handwashing stations by the latrine and in the kitchen or place where they prepare and eat food. Handwashing with soap must become a habit. As such, the place to wash hands must be convenient and should always have soap and water available. Just by having a handwashing station close to a latrine or in the kitchen becomes a cue to remind people to wash their hands with soap.

**Type of soap**
Handwashing can be done with any type of soap. It does not need to be expensive perfumed soap. It can be bar soap, it can be multi-purpose soap, it can even be powdered laundry soap or
Stimulating handwashing behaviour change

Based on consumer research the handwashing campaign has identified the following specific changes in behaviour it seeks to stimulate:

<table>
<thead>
<tr>
<th>What the audience does, thinks, feels before the campaign</th>
<th>What we want the audience to do, think, feel in the future after the campaign</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Do</strong></td>
<td><strong>Do</strong></td>
</tr>
<tr>
<td>• If hands are visibly dirty, they will wash hands with water (no soap) or just wipe hands on clothes to remove dirt and dust.</td>
<td>• Always wash hands with soap after using the toilet and before feeding children</td>
</tr>
<tr>
<td><strong>Think</strong></td>
<td><strong>Think</strong></td>
</tr>
<tr>
<td>• Being overly clean is an extra burden - a waste of time, for overly picky 'urban women' or rich people with lots of time and money</td>
<td>• HWWS is simple and quick</td>
</tr>
<tr>
<td>• They are too busy to wash hands with soap – and everything is dirty and dusty anyway.</td>
<td>• HWWS makes life easier – saves time and money</td>
</tr>
<tr>
<td>• Diarrhoea is part of growing up</td>
<td>• HWWS will have an impact on a child's wellbeing</td>
</tr>
<tr>
<td>• Generations before have survived without systematically handwashing with soap</td>
<td></td>
</tr>
<tr>
<td><strong>Feel</strong></td>
<td><strong>Feel</strong></td>
</tr>
<tr>
<td>• They are surviving.</td>
<td>• Finally, somebody recognizes that as a mother I play an important role</td>
</tr>
<tr>
<td>• Their family trusts them when it comes to managing the household and hygiene issues</td>
<td>• Empowered by HWWS and confidant that it can help them care for their children</td>
</tr>
<tr>
<td>• They feel nobody notices their efforts</td>
<td>• More than just surviving, they can feel proud about the role they play</td>
</tr>
<tr>
<td></td>
<td>• We have found a clever solution and are less burdened in our role</td>
</tr>
</tbody>
</table>

Safe Disposal of Infant’s Feces

Why is it important to know where is an infant’s feces thrown?
This is important because an infant’s feces is known to have five times more pathogens (germs) than the feces of an adult. This is because children have weaker immune systems than adults so their feces are full of the diseases they are fighting. They can also contain live pathogens as a result of vaccination. So, casually throwing an infant’s feces in the open is as dangerous as defecating in the open and, in turn, it pollutes our water sources. It is, therefore, very necessary that an infant’s feces is disposed in a safe manner.

Which is a safe place to dispose an infant’s feces?
A safe place to dispose of feces is a place where the feces cannot cause infection and contaminate the water sources. A clean latrine is such a place. If a hygienic latrine is not available, a shallow pit can be dug which is about 1.97 ft. wide and 2 ft. deep to dispose of an
infant’s feces.

Care must be taken that an infant’s feces is disposed in such a way that:

- Feces are not exposed to other people or domestic animals.
- Feces are not exposed to flies.
- Feces are not moved or used as manure on the field before they have become harmless.
- Feces should not drain through the soil into water supply sources.

These last three sessions have focussed on the key principles and demand side of both sanitation and hygiene. The next session is on sanitation technology and hardware solutions.
Session 8
Sanitation Technologies

Key Messages
This session provides basic information about three aspects of sanitation technologies:
- Components of a toilet.
- Sanitation technology options and their relative merits.
- Factors that influence decision-making on sanitation technology options.
- Ways to adapt sanitation technologies to difficult conditions.

Focus on ‘Community Led’ solutions
The total sanitation approach strongly discourages sharing any kind of information on sanitation technologies with the community without an expressed demand from their side. Even if there is a demand from the community for information on sanitation technologies, a facilitator should not prescribe models. Instead, a facilitator should try to share general principles of design or technical parameters, e.g., distance of latrine from water source or depth of pit.

This is the same with a sanitation marketing approach. Sanitation solutions have to reflect consumers wants, needs and desires. Solutions have to combine meeting technical specifications for improvements in sanitation but at the same time meeting consumers preferences on issues such as appearance, styling, cost etc.

Components of an On-site Sanitation System
On-site sanitation is a form of sanitation where human excreta are contained at the site of defecation in a manner that is environmentally safe, hygienic and affords privacy. A basic form of on-site sanitation comprises three building blocks:

- A substructure to isolate and contain excreta.
- A platform with a squatting pan or hole.
- A superstructure for privacy and protection from climatic factors.

This basic form can be modified by adding features or components that facilitate hygiene, operation, maintenance, aesthetics or safety, e.g., a screened vent pipe can be installed for controlling smell and flies, a water seal can be provided for odour control and improved look and appeal, an additional pit can be dug to increase the working life, and so on. Naturally, as features are added, the cost of a latrine goes up.

Latrine Substructure
A substructure should isolate and store excreta in a way that prevents harmful pathogens being carried to a new host. A substructure can be a pit or a tank and these are described briefly below:

- In a dry pit, excreta comes in direct contact with the soil. This option has many drawbacks such as odour and insect nuisance and is generally not recommended for
individual household application. However, if constructed on the outskirts of a place that is usually used for open defecation, this can be an entry level option for developing the habit of using a toilet.

- In a **leach pit**, liquid and gas components of the excreta get absorbed by the soil through holes in the pit, while solids are decomposed into manure. It is preferable to line leach pits to prevent the walls from collapsing. Lining can be done with a honey-combed brick wall, perforated concrete rings, twigs, split bamboo matting, modified drum, stone masonry, etc.
- A **septic tank** comprises a watertight settling tank with one or more chambers through which waste is deposited into the tank. This system does not decompose the wastes. The pathogen-rich sludge deposited inside the tank needs to be pumped out once the tank fills up.

### Differences between a Leach Pit and Septic Tank

The differences between a septic tank and leach pit are summarized below.

<table>
<thead>
<tr>
<th></th>
<th>Septic tank</th>
<th>Leach pit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost</strong></td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Space</strong></td>
<td>More</td>
<td>Less</td>
</tr>
<tr>
<td><strong>Required Design Life</strong></td>
<td>10-20 years</td>
<td>Varies, but around 3-5 years</td>
</tr>
<tr>
<td><strong>Time for Construction</strong></td>
<td>7-10 days</td>
<td>One day</td>
</tr>
<tr>
<td><strong>Sludge</strong></td>
<td>Unsafe</td>
<td>Safe</td>
</tr>
</tbody>
</table>

Despite the differences between a leach pit and septic tank, it is important to note that a leach pit has lower initial cost and requires practically nil daily maintenance. The decomposed excreta becomes harmless bio fertilizer and needs to be removed once in three to five years and not daily, making this advantageous from an environmental point of view. By contrast, wastes are not decomposed in a septic tank and need to be pumped out mechanically once the tank is full. The sludge deposited in the tank needs to be safely disposed.

### Latrine Platform with Squatting Pan or Hole

This is the floor of the latrine on which the user sits to defecate. The platform needs to be made of materials which provides a smooth cleanable surface e.g., concrete, fibre-reinforced plastic, ceramic. It can have a squatting hole (pit latrine) or pan (flush latrine) fitted in it through which excreta travels to the pit.

There are different types of pans used by different people according to their availability and affordability. The steeper the slope of the pan, the less water it needs for flushing. A pan can be fitted with a water seal to prevent odour and improve how it looks.
Superstructure
Superstructure is a room for housing the latrine. Its design is irrelevant to the operation of the latrine but crucial to the acceptability of the latrine to the user, as it provides privacy and protection from climatic factors. Superstructures range from a simple shelter of sacks or sticks to a building of bricks or blocks which can cost more than the rest of the latrine! The choice of superstructure will reflect the income, customs and preferences of the user.

Sanitation Options
Improvements in sanitation systems generally occur incrementally rather than in a single leap. Experience with Community-led total sanitation shows that users of relatively low-cost toilet models upgrade to more expensive models when the design life of their first toilet is over.

This section provides a description, and advantages and disadvantages of different technology options, from simple to complex (see figure of sanitation ladder). These options bring out variations in the three components of a latrine discussed above (substructure, platform with pan/hole and superstructure) as well as their applicability to different physical conditions.

Shallow Pit/Cat Method
Description
Farm workers, seasonal labourers and migrants can dig a small hole each time they defecate, and then cover the feces with soil. This is known as the ‘cat method’. In addition, this can be used as a temporary method immediately post-ignition in triggered communities. In this option, excavated soil is heaped beside the pit and some is put over the feces after each use.
Decomposition in shallow pits is rapid because of the large bacterial population in the topsoil.  

### Advantages and Disadvantages

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
</table>
| - Low cost and easy to understand and construct.  
- Benefit to farmers as fertilizer. | - Short life as shallow pit is soon filled.  
- Odor.  
- Considerable fly nuisance.  
- Spread of hookworm larvae. |

### Unimproved Pit Latrine

#### Description
An unimproved pit latrine consists of a slab over a pit which may be 6.56 ft. in depth. The slab should be firmly supported on all sides and raised above the surrounding ground so that surface water cannot enter the pit. Sides of the pit can be lined to prevent walls from collapsing. A squatting hole in the slab is provided so that excreta fall directly into the pit. The pit, in most cases, is designed to be used till it is filled up and then it is left to digest the excreta. A separate pit is then dug and used for defecation.

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
</table>
| - Does not need water for operation – appropriate for areas with water scarcity or snowfall.  
- Simple to construct: can be built by a person with minimal external assistance.  
- Helps get people on the sanitation ladder; amenable to incremental improvements.  
- If properly built, provides an effective barrier to disease that is at least as good as other sophisticated methods.  
- Small land requirement on plot. | - Odor.  
- Fly and cockroach nuisance (and mosquito nuisance if pit is wet) unless there is a tight fitting cover over the squat hole.  
- Excreta may be visible.  
- Risk of falling into the pit.  
- Need to shift superstructure each time a new pit is dug, increasing overall costs. |

### Ventilated Improved Pit Latrine

#### Description
Fly and odour nuisance in a simple pit latrine can be substantially reduced if the pit is ventilated by a pipe extending above the latrine roof, with fly-proof netting across the top. The inside of the superstructure is kept dark. These incremental improvements are sufficient to convert a simple pit latrine into a ventilated improved pit (VIP) latrines.
There are two types of VIP latrines: single pit and alternating pit. For the latter, there are two adjacent pits below the toilet room and one pit is used at any given time. When one pit becomes full, it is sealed and the other pit is used. By the time the second pit becomes full, the first has fully decomposed and its contents can be used as manure. The pit is then emptied and returned to service till it becomes full.


<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same as simple pit latrine.</td>
<td>Does not control mosquitoes.</td>
</tr>
<tr>
<td>In addition: control of flies and odor.</td>
<td>Need to keep interior dark (deters flies).</td>
</tr>
<tr>
<td>Amenable to incremental improvement.</td>
<td></td>
</tr>
</tbody>
</table>

### Pour Flush Latrine

**Description**

A pour flush latrine has a bowl with a water seal trap. Excreta is flushed down into the pit by pouring water into the bowl. The water seal prevents flies, mosquitoes and odours from entering the latrine from the pit. The pit can be under the latrine or may be offset from the latrine by providing a short length of pipe or covered channel from the pan to the pit (see pictures).

### Advantages

- Control of flies and mosquitoes
- Absence of smell
- Contents of pit not visible
- Offset type gives users the convenience of WC
- Latrine can be in-house

### Disadvantages

- A reliable, even if limited, water supply must be available

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#### Deciding Sanitation Options

Factors that influence decision-making on sanitation options can be divided into two types – demand factors and technical factors.

**Demand factors** relate to customs and socioeconomic conditions. They are crucial to the design and acceptance of a sanitation option by a user and ultimately on the user’s willingness to invest in and use a facility. Examples of demand factors include:

- Affordability.
- Social customs and traditions.
- Personal hygiene practices (e.g., material used for anal cleansing).
- Preparedness for emptying.
- Preparedness for maintenance.

**Technical factors** relate to physical parameters. They determine the feasibility of planning and design, and ultimately the effectiveness of the chosen option. Examples of technical factors include:

- Availability of water.
- Availability of space.
- Level of groundwater table.
- Soil permeability.
- Risk of flooding.

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#### Adapting Sanitation Technologies to Difficult Conditions

**Lack of space is a problem and that is why people do not construct latrines...**

Experience with Community-led total sanitation has shown that the reason why people don’t adopt safe sanitation is not due to lack of space but due to lack of a felt need at the collective level for safe sanitation. Some innovative ways in which this issue has been tackled include:

- In many villages, latrines have been constructed on land donated by the local government or wealthy members of the community.
- Two neighbours can have separate superstructure and squatting slabs but share a common pit.
- Households which do not have adequate space in the house for building toilets can come together to construct community or group latrine facilities.
There is a severe water problem in our block/district. Community-led total sanitation has worked even in drought-prone areas. Therefore, the issue is not availability of water but lack of a felt need at the collective level for safe sanitation. This is because:

- Using a toilet takes as much water as people use for anal cleansing when they defecate in the open.
- Water use can be reduced by using other materials for anal cleansing, e.g., leaves, stones, paper.
- The slope of the pan can be so designed that it uses minimal water.
- Before defecating, pour a little water in the pan. This, along with the slope of the pan, will ensure that feces does not stick and also maintain cleanliness.

What type of latrine can be built where there is hard rock close to the surface?
It can be difficult and costly to dig a pit where hard rock is close to the surface. Some strategies to deal with this are:

- A raised pit latrine can be built where the pit is partially above the ground level.
- Using the same concept as a raised pit latrine, mounds or platforms can be built whereby people defecate into drums or buckets and arrangements are made for safe disposal of the contents.

What type of latrine can be built where there is a high water table?
If water table is high and groundwater is used for water supply, a number of solutions can be applied to prevent contamination of groundwater, such as:

- **Raised pit latrine:** the bottom of the pit should be at least 4.92 ft. above the water table level. It is important to know how many people will be using the pit so that it can be sized accordingly. A large number of small capacity latrines, wide rather than deep, are preferable to fewer large capacity latrines.
- **Sand-enveloped pit latrine/raised pit latrine:** a sand envelope can be constructed around a lined pit to reduce risk of groundwater pollution. This envelope is usually 1.64 ft. thick.

**Raised Toilet Pits in Rocky Areas**

Toilet pit design modified to suit rocky terrain: part of the toilet pit is built above ground level to make the shallow 2-3 ft. pit a total of 4-5 ft. ‘deep’.
Building a handwashing station

All latrines need a handwashing station close-by. If a person has to travel too far from the latrine to the place where they wash their hands then they are less likely to carry out the behaviour. Handwashing has to be convenient - this means soap and water have to always be available next to the latrine.

The most basic handwashing station can consist of some type of soap and a container with water that can be used to first wet hands and then secondly to wash away the soap residue and germs/pathogens.

Water can be very scarce in some communities. Household can be encouraged to come up with innovative ways to conserve water for handwashing. Where households have a built superstructure on their latrine they can use rainwater harvesting for handwashing. Other methods include tippy taps (see picture below) or taps fixed to buckets of water on stands. The tippy tap works by filling a container with water and having a small hole which water can flow out of once it is tipped. The tipping is done by having a piece of string attached to a weight (a stick or stone) which can be pressed down with the foot thus controlling the flow of water.
Session 9

Monitoring

Key Messages

- Monitoring is essential to know what implementation has taken place
- In order for the Impact Evaluation to be rigorous it is essential that all implementation takes place in the appropriate treatment and control groups
- Monitoring inputs consists of the date, place, the audience and the content
- Monitoring outputs can be done with Event Impact Surveys
- For CLTS and IPC participatory monitoring is recommended
- Participatory monitoring recognizes the role that local people play in planning and managing their own environment and health

Implementation monitoring

It is essential that the project accurately documents all implementation. Because one of the main objectives of both the TSSM and HWWS projects is to learn about scaling up HWWS and TSSM we need to know what we did that led to the result we got.

Impact Evaluation

The Impact Evaluation (IE) seeks to identify and quantify which is the most effective intervention in terms of health and poverty improvements — is it improved sanitation, improved handwashing, both, or neither. Within the 10 districts, 200 eligible wards have been selected, and randomly assigned to one of four groups: (1) Handwashing activities, (2) Sanitation activities, (3) Handwashing and Sanitation activities, and (4) Control (no activities). In order for the impact evaluation to have credibility, it is very important that all implementation respect these ward designations during the implementation period.

In addition to the IE, other studies will research the range of existing sanitation interventions; the enabling environment; how best to stimulate consumer demand, as well as exploration of the behavioural determinants which affect the widespread adoption of sanitation upgrading, maintenance and appropriate use and handwashing with soap. The IE and other studies are being contracted separately (IE in Apr. 08, formative research in May 08).

Measuring outputs

One specific output measurement which ought to take place during implementation are event impact surveys (EIS). These are output measurements which measure a sample of audience before and after an event to see what they learned. They can be used for DCC events and for some forms of IPC.

The EIS methodology facilitates the measurement of impact of both promotional and educational events, or as is most common, a combination of both. When conducted regularly, EIS provides a valuable way of keeping up to date with ever-changing audience tastes and preferences. Judging the response and reception of messages and materials is critical to the overall impact of any
program. If research rules of thumb are followed, EIS is straightforward to implement. It can easily be adapted to measure the impact of any live performance, in any environment.

The EIS assesses the impact of live behaviour change communication events (e.g., concerts, mobile video unit shows, puppet show performances, launches) by measuring audience reception. Data are collected before, during, and after the event to measure:

- Comprehension and recall of key messages and information provided during an event
- Appeal of content and format of an event.

The EIS measures immediate change in knowledge and awareness, demonstrating the degree to which the audience comprehends the key messages communicated. It does not demonstrate long-term re-call, how the audience interprets the messages, or the effect on behaviour that such exposure might have. However, it can be assumed that as comprehension increases so too does awareness—which itself leads to an increased likelihood of behaviour change.

Measuring appeal of content and format is important if programmers are to develop the most compelling way to convey messages via this type of event. Evaluations from several edutainment efforts have clearly shown that message content alone is not enough to make a difference: in order to draw people’s attention and convey key messages, the event/performance itself must be of high entertainment value. Also, the quality of the media used has been found to carry weight with the audience and to enhance the performance’s impact.

Measuring inputs
The impact evaluation will be measuring changes in health status and changes in behaviour. But as mentioned above it is important to know what activities led to the greatest impact. Therefore accurate records of all implementation activities must be kept. This has to be an essential part of any training. All IPC and DCC work needs to be recorded. At a minimum it is important to record the location, the size of the audience and the broad content of the intervention. Forms are being designed to record this information.

This information needs to be recorded and sent in to the HQ team on a monthly basis. Maps of the districts with the treatment and control areas will be provided so that it is clear which areas which interventions can take place in.

In addition to recording what took place and where it is important that resource agencies carry out spot checks against the schedule of performances for DCC and interactions for IPC in the community. In addition to checking to see whether the event takes place it is also important to have a checklist of what was proposed for the event and what actually takes place. For drama groups, you can also check the script -since some drama groups evolve their storylines and scripts (playing for the laughs), this does not matter as long as the key messaging remains consistent and correct.

Spot checks provide you with indication of whether activities have taken place and whether the content is consistent and correct with the original design.

In order to encourage accurate recording of inputs we are recommending a participatory monitoring approach for IPC work and for CLTS.
# Conventional vs. Participatory Monitoring

Monitoring can be defined as the periodic and systematic measurement of variables and processes over time. Conventional monitoring typically comprises external experts using standardized tools to measure performance against predetermined hypotheses.

Participatory monitoring emerged in response to the recognized limitations of the conventional approach. By recognizing the key role that local people play in planning and managing their environment, it offers new ways of assessing and learning from change that is closer to the perspective of those directly affected by it. The key differences between conventional and participatory monitoring are summarized below.

## Elements Conventional Monitoring Participatory Monitoring

<table>
<thead>
<tr>
<th>Who Initiates</th>
<th>External expert.</th>
<th>Communities, often helped by a facilitator.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who Participates</strong></td>
<td>External consultants.</td>
<td>Community members and associated stakeholders at different levels.</td>
</tr>
<tr>
<td><strong>Role of the Community</strong></td>
<td>Provide information.</td>
<td>Design the self-assessment from data collection to analysis and learning from change.</td>
</tr>
<tr>
<td><strong>What is Measured</strong></td>
<td>Direct, quantitative outputs.</td>
<td>Wider qualitative and quantitative impacts, both expected and unexpected.</td>
</tr>
<tr>
<td><strong>Method</strong></td>
<td>Extractive (observation, survey and documentation).</td>
<td>Empowering; consultative (interviewing) and collaborative (PRA tools).</td>
</tr>
<tr>
<td><strong>Approach</strong></td>
<td>Predetermined.</td>
<td>Adaptive, flexible.</td>
</tr>
</tbody>
</table>

**Source:** Adapted from IDS (1998) and Pasteur and Blauert (2000).

## Key Principles of Participatory Monitoring

Participatory monitoring should not be confused with using participatory techniques in a conventional monitoring setting. It is a departure from the traditional approach and requires rethinking on not only ‘whose reality counts,’ but also ‘who counts reality’.

There are many different forms of participatory monitoring and early examples of its use date back to the 1970s. However, four broad principles that define this approach can be articulated as follows:

- **Participation:** which means including those directly affected in collection, analysis and use of information.
- **Negotiation:** this involves reaching a consensus on what to monitor, how often, which
methods to use, what the data means, how findings will be shared and action taken.

- **Learning:** participation and negotiation in monitoring leads to learning from change which forms the basis for further action.
- **Flexibility:** since the numbers, roles and skills of both those affected by change and the environment in which change is situated changes over time, flexibility is necessary (IDS 1998).

### Participatory Monitoring & Evaluation in Community-led Total Sanitation

Here are nine basic steps that can be followed to design a participatory monitoring initiative in the context of Community-led total sanitation.

1. **Identify possible participants:** who should be involved and who wants to be involved? For the process to be participatory, different stakeholders need to be included and not just the most vocal or accessible community members.

2. **Clarify objectives and expectations:** this step helps to clarify why we are undertaking monitoring. Some of the reasons include:
   a. To know if we are making progress toward our goal, e.g., ending open defecation.
   b. To learn from experience – are some pockets/areas performing better/worse than others? If yes, why is there a difference in performance? Can good practices/ideas be replicated?
   c. What are the key challenges and how have these been tackled?

3. **Define priorities:** sanitation is a private behaviour with public consequences. Therefore, the scope of issues that directly or indirectly impacts is potentially vast. However, for monitoring to be effective, it is essential to narrow down the scope to selected priorities. This must be agreed upon by the community members, taking the local context as well as resources available for monitoring into consideration.

4. **Identify indicators:** this is often the most difficult step as each objective can be measured by different indicators. A thumb rule for selecting indicators that will provide information needed is that they should be SMART i.e., Specific, Measurable, Attainable, Relevant and Timely. In the past, the most common metric used by sanitation programs was the number of latrines built. However, field experience has shown that construction of toilets must not be confused with usage of sanitation facilities. Therefore, under Community-led total sanitation, the focus is on facilitating behaviour change at the community level toward ending open defecation. Under this approach, constructing toilets is a means to an end, but not an end in itself. Accordingly, the focus of monitoring should be on the outcome (ending open defecation) and not on inputs (toilet construction).

5. **Agree on methods and responsibilities:** there is a vast variety of methods and tools that can be used for monitoring. In fact, many trigger tools can be adapted for this purpose, e.g., transect/walk, defecation mapping and flow diagrams. Some methods and their applications are discussed below.
In addition to the methods used for monitoring, it is important to decide responsibilities for monitoring. One way to do this is to ask community members to volunteer for membership of sanitation monitoring committees. Separate committees can be set up for different parts of the village, based on recognized administrative divisions or number of households, e.g., each committee of five members is responsible for monitoring the sanitation status of a cluster of 30-35 households. Members of these committees can be youths, mothers, children or residents of a particular section of the village. The committees can meet on a monthly basis or nominate a member to represent the progress in their area to the community leader responsible for the community’s sanitation status. It is important to note that participatory monitoring does not exclude the role of government or civil society organizations. Rather, successful initiatives demonstrate partnerships between communities and both government and nongovernmental organizations.

6. **Decide the timing and frequency of monitoring**: certain indicators are best measured at key moments or are heavily influenced by seasonality, e.g., incidence of open defecation may increase/decrease depending on time of day or season. To avoid confusion, those responsible for monitoring must agree on the timing and frequency of monitoring, possibly in the form of a daily/weekly/monthly calendar.

7. **Collection and analysis of data**: after the data is collected, it needs to be analyzed and shared with relevant people and groups. Consideration should be given to building the capacity of selected resource persons from the community such that they are confident of undertaking the analysis as per the standards required. Based on the analysis, the community should be able to understand and take decisions about:
   - What progress has been made?
   - What is working well?
   - What is not working well?
   - What more needs to be done?

8. **Using the information**: the same data and analysis may need to be presented in different ways to convey key messages to different groups. It should be used by each relevant group in the decision-making process to solve problems and/or plan for the future.

9. **Sustaining participatory monitoring**: to be sustainable, participatory monitoring must overcome certain common mistakes. These include:
   - Assuming that everyone will have equal enthusiasm to participate.
   - Imposing inappropriate indicators without adequate consultation or collecting unnecessary information.
   - Being unclear about how the information will be used and by whom.
   - Launching into the process with inadequate preparation (adapted from IDS 1998).