DON'T JUST SAY IT, DO IT !

Issues for consideration when planning for behavior change in hygiene education programs

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Sanitation & Family Education
(SAFE) Pilot Project

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Contents

What is the purpose of this booklet?

As the title of the booklet suggests there may often be a gap between what is **said** and what is actually **done.** Health and Sanitation programs are no exception to this.

A village may have many latrines and tubewells (statistics suggest that almost every one in Bangladesh is within reasonable access to a tubewell) but unless these facilities are used regularly and properly, people will still suffer from diarrhea.

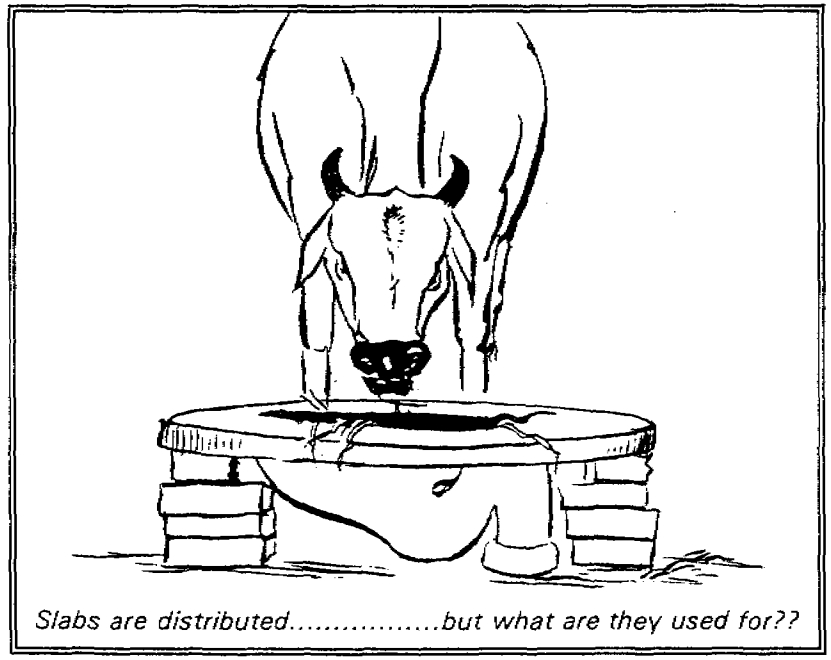
This booklet reviews the issues which require consideration when planning or supporting programs in water and sanitation where hygiene behavior change is the key objective. It asks the reader to review whether present hygiene education programs are doing enough to promote behavior change or if they are merely increasing awareness of hygiene issues.

It describes the lessons learned from the CARE Bangladesh pilot project called SAFE (Sanitation and Family Education) and makes recommendations for other organizations. These recommendations emanate from a synthesis of the CARE experiences and the feedback elicited from other NGOs during a two-day workshop held in November, 1994.

Who is this booklet for?

This booklet is aimed at those who are able to make or support policy decisions regarding program design for health and sanitation programs. These include the policy makers and planners from Government organizations, international agencies, international, national and local NGOs and donors.

It is intended that these policy makers and program planners will respond by ensuring that programs for which they are responsible adopt approaches which promote behavior change and not simply awareness.



Slabs are distributed.....but what are they used for??

How is the booklet organized?

The first section describes a familiar example of behavior change, **"giving up smoking"**. This example highlights the need to provide an enabling environment for sustained behavior change and the necessity for management of change through a series of small achievable steps.

The second section (**Package versus process approaches**) puts forward the advantages of a process approach in providing a supportive environment for behavior change.

The third section (**What did SAFE do?**) describes the approaches adopted during the two-year SAFE project and the fourth section (**What did SAFE achieve?**) highlights the achievements of their process approach.

The lessons learned are synthesized in section six (**What others can do**) to provide other organizations with recommendations for consideration when setting up behavior change focused health and sanitation programs. The final section (**Is your organization ready?**) reviews the organizational and training implications required to optimize the program implementation.

1.

"Giving up smoking" — An example of behavior change

People are intrinsically resistant to change. Bad habits are hard to kick. It takes time, a supportive environment for change and manageable small steps to change.

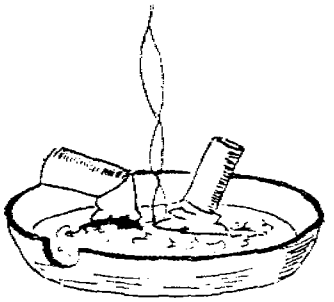
Think for a moment about a friend who has given up smoking. It is likely that for a long time he was well aware of national anti-smoking campaigns emphasizing that smoking is injurious to health, but he carried on smoking because he liked it. It is very likely that the influence which finally persuaded him to give up smoking came from within his immediate environment, either his wife, friends, children or colleagues at work.

What made him change was the concern for others.

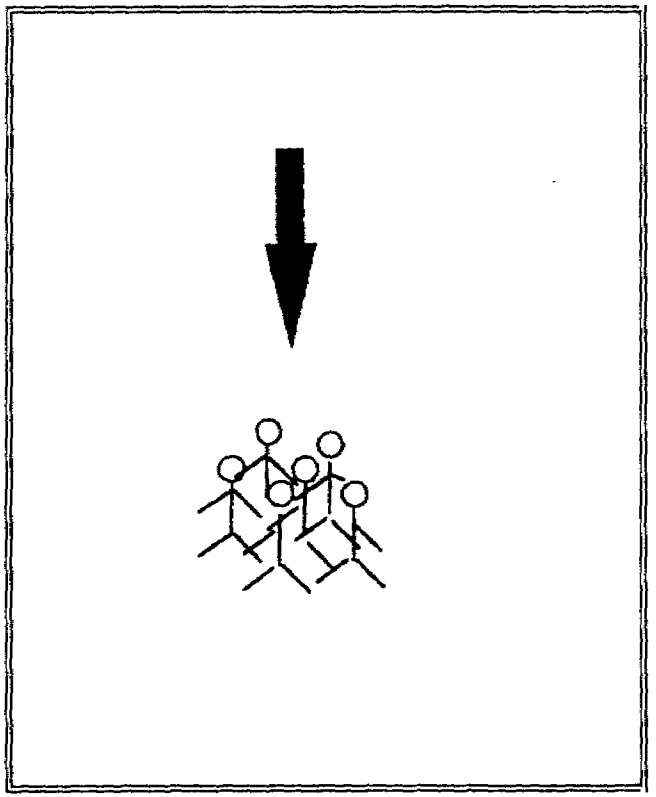
Now, what did he actually do to give up? Since smoking was part of his lifestyle, he was not simply giving up one activity, but needing to change aspects of his lifestyle. He was most likely to make the change in manageable incremental steps. For example, he might have cut down gradually, he might have substituted his usual brand with a lower nicotine cigarette, he might have replaced smoking cigarettes with smoking cigars or a pipe, he might have used nicotine patches or he might have needed to chew gum.

Each step of the process of change had a goal which was achievable. Setting the goal too high is de-motivating, too many constraints get in the way. If he had woken up one morning and said, "Today I give up smoking forever", his chances of success would have been small. Even as he made small steps towards change, he would have probably failed several times and needed constant encouragement to try again. He would have frequently felt like reverting to his old habits.

The fact is most people find it very difficult to switch behavior overnight. It takes time, a supportive environment for change and manageable small steps to change habits and behaviors.



2. Package versus process approaches



What is a package approach?

It is a generalized approach to promoting behavior change which is designed by experts ("top-down") for mass audience coverage. In other words, one approach is targeted to all no matter who they may be or where they may be.

It consists of

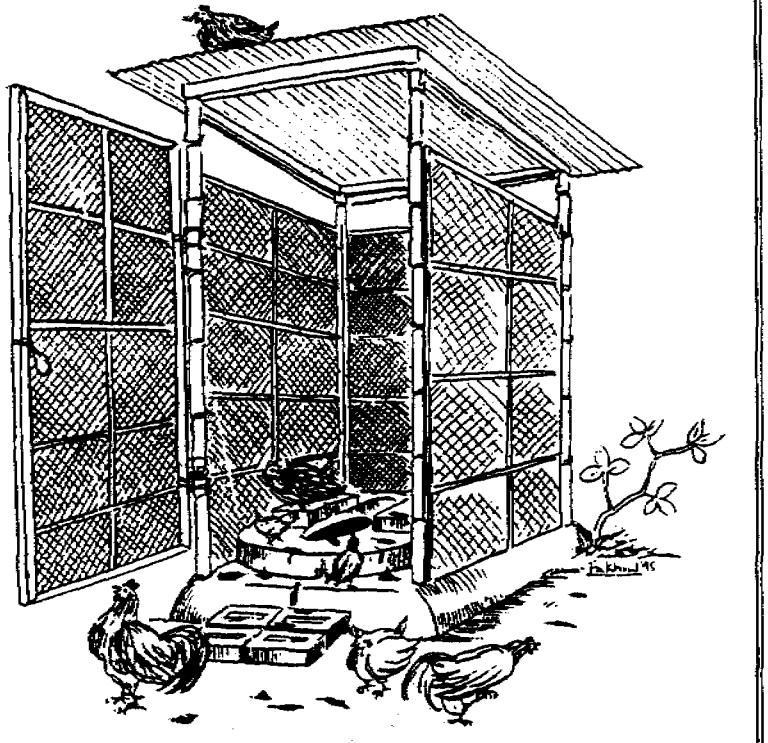
- **standard messages** (e.g. slogans, catch phrases, logos) which describe "perfect" behaviors
- **repetition of messages** (the message is promoted through multiple media e.g. posters, radio, jingles, television, songs)
- **ready made training materials** (e.g. lesson plans, flip charts, flash cards, videos)
- **one-way communication** (e.g. lecture style education programs, "infomercials"[1])
- **provision of hardware** (e.g. latrines and tubewells)

One of the main problems with package approaches is that achievement is often reduced to meeting quantitative targets. These targets indicate coverage (e.g. numbers of standard training sessions delivered, numbers of school children informed, numbers of posters distributed, number of minutes of radio broadcast, number of column inches of press releases, numbers of tubewells in the ground) and do not indicate the uptake of the behavior change promoted.

Project staff point to the fact that villagers can repeat messages as proof that they are now aware of good hygiene behavior. Increased installation of tubewells and latrines, or worse, merely increased distribution, is assumed to be proof that people are taking action to improve hygiene practice.

What is being measured is **coverage** not **behavior change**; it is measuring what is **said** and not what is actually **done**.

[1] Information supplied using methods usually associated with advertising/commercials



The latrine might be being used as a chicken house

This is not to imply that package approaches are all bad. Package approaches can be delivered by relatively unskilled persons since all the information is contained in the ready made package and may require minimal staff. The packages are often developed by both national and international communication experts who are expected to know something about their specialization. Investment in developing the package can be high because it will be used on a wide scale. However, whilst the package approach may be good in building general awareness about an issue, one should retain a healthy skepticism about how much it results in actual behavior change.

They may know the messages.....but do they do what they say??

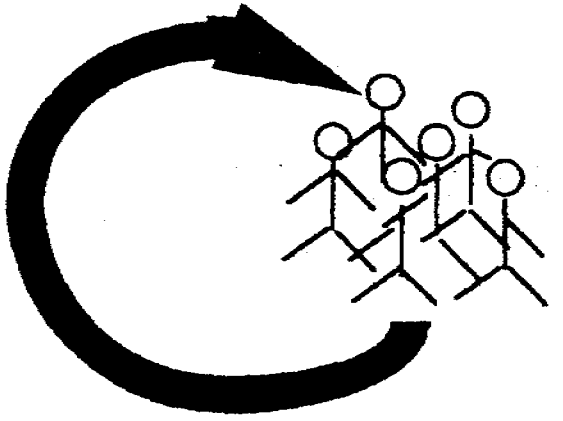
She knows ORS is good for her sick child.....but does she know how to mix it??

What is a process approach?

The process approach is quite different from a package approach. It recognizes that each local situation is different and requires an approach that is appropriate and relevant.

It consists of

- **community needs assessment** (what are the opportunities and constraints to behavior change?)
- **establishing the link between behavior change and personal benefits** (e.g. direct health benefits, financial savings, enhanced status, conformation to social norms)
- **a series of small steps to behavior change** (manageable, achievable and motivating)
- **learning by doing**
- **locally appropriate solutions** (worked out jointly with the community and therefore consistent with local realities, values, beliefs and practices)
- **continuous adaptation**
- **community driven** (need for change emerging from felt needs not externally imposed)



Achievements in a process approach are tracked step by step by the community themselves according to their own criteria. Continuous monitoring of behavior change by the community motivates collective action and helps to provide a supportive environment for sustained behavior change. Behavior change gradually becomes absorbed into the social norms expected by the community (e.g. open defecation or leaving the communal tubewell dirty becomes socially unacceptable).

3. What did SAFE do?

The objective of SAFE (Sanitation and Family Education), a pilot project of CARE Bangladesh, was to develop effective hygiene education strategies to promote behavior change. It adopted an incremental approach to improving hygiene behavior, dealing first with the risk behaviors most strongly associated with diarrhea.

The focus was on behavior change and helping community members to understand the relationships between health, environment and behavior.

SAFE used a **process approach** to achieve its goals.

The program was conducted in two thanas in Chittagong and was able to test out two different outreach models.

In both cases the approach consisted of a number of innovative steps:

step 1: community assessments

step 2: joint identification with the communities of achievable goals

step 3: joint identification with communities of implementation approach

step 4: establishment of behavior-based monitoring

step 5: continuous adaptation and improvement of the approaches

Step 1: Community assessments

The hygiene education strategies were based on small quantitative and qualitative research activities.

Field workers were selected from the locality. They were trained to be **facilitators** so that they could help communities to assess their present situation and examine options for improvement themselves. *Field workers were trained not to offer information, advice or impose recommendations in the assessment and planning stages.* Their role was primarily to listen and then to assist in communities identifying viable solutions.

What are facilitators?

Facilitators are different from trainers in a number of important ways. The facilitator's role is to support the learning and discovery process by the learner him/herself. The pace and direction of the learning is thus dictated by the learner. The facilitator provides advice and guidance as it is sought by the learner but does not impose his/her ideas, skills, knowledge or opinions.

"I/m not eating that, the vegetables are brown and taste horrible"
"But, husband, I cooked them with tubewell water as you told me"

Each community was helped to analyze its own situation. For example, in some cases the access to tubewells was noted to be constrained by distance and ownership. Villagers did not have the economic means or influence to tackle these constraints directly and so used pond water. Since the baseline survey results showed no increased risk of diarrhea was associated with using pond water for non-drinking purposes, it made sense to recommend collecting, storing and using the tubewell water, accessed with difficulty, for drinking purposes only.

The result of planning with the communities was a program which was responsive to communities' needs and priorities and which accommodated as far as possible local beliefs and practices rather than a program based on so-called experts perception of what the community should do.

This is risky but okay as long as she is not going to drink it

Step 2: Joint identification with the communities of achievable goals

Those behaviors most closely linked to diarrhea transmission and most amenable to change in the short term were focused on first. It was assumed that if these were dealt with, then there would be a high likelihood of an observable impact on health, which, in turn would motivate people to continue to seek further improvements in behavior.

Through several discussions with a variety of community members a number of realistic goals were agreed upon. The community members themselves felt that these were achievable behaviors (not "asking too much").

For example, it was not considered practical to promote the idea of *"use tubewell water for all purposes"* (a "perfect" behavior), but to

- **promote drinking only tubewell water**
- **limit uses of pond water which increase the risk of diarrhea**, e.g. adding pond water <u>after</u> cooking, mixing pond water with tubewell water for drinking
- **promote careful collection and storage of tubewell water,** particularly keeping hands out of the water, using narrow necked storage containers and keeping containers covered

Similar manageable objectives were defined for latrine use, environmental cleanliness, hand washing, food hygiene and diarrhea management.

Step 3: Joint identification with communities of the approach

Community mapping

Through focus group discussions and community mapping, appropriate community information channels and opinion leaders were identified by the community.

In one thana, **local tubewell caretakers (model 1)** and their spouses were identified as outreach communicators and, in the second, a **wider range of community information channels** in addition to the tubewell caretakers (**model 2**). These included schools, child to child activities, community opinion leaders as well as a stronger drive to get men involved.

In model 1, tubewell caretakers (men and women) who had been previously selected by other organizations (Government and NGOs) were assisted by SAFE to disseminate hygiene education to villagers. In addition to their caretaking activities (carrying out simple repairs and maintenance, keeping the tubewell area clean), they were expected to disseminate hygiene education through courtyard sessions with tubewell users groups.

In model 2, the multiple channel model, different approaches were developed which were adapted to reach people in different ways as described in the box below:-

Types of approach tested

Several approaches to disseminate hygiene education were developed and tested. These included using

- **courtyard sessions**
- **teashop sessions**
- **children's programs**
- **key community persons**

Courtyard sessions were lively sessions conducted by field workers or tubewell caretakers with mostly women's groups. Participatory action learning techniques ("learning by doing") and other interactive training methods (role plays and group discussions) were used to help villagers make the connection between good health and good hygiene practices. Rather than describing the installation of hygienic or pit latrines, villagers were shown how to do this. Villagers themselves shared their experience of building and modifying latrines suitable for the specific village situation. After each session, participants stated what they would do differently to improve their hygiene behavior.

Teashop sessions

It was not easy to gather men together for courtyard sessions and so tests were made using more appropriate venues, notably teashops and clubs, where men gather in their free time.

The discussions were led by the community members themselves, with the field worker playing the role of facilitator in the background.

Children's programs, based at schools and in the villages, involved field workers conducting sessions to encourage children to play interactive games which incorporated the understanding of the link between good hygiene behaviors and improved health.

The principles behind using games as a means for education are that the learning becomes enjoyable, children can all participate actively and like to repeat the games many times, resulting in many opportunities to reinforce the learning process.

The games were based on indigenous games and adapted to serve an educational purpose. They were tested again and again and discussions with children led to modifications and improvements in the way the games were played.

Field workers also held discussion sessions with children at all levels in schools during school hours.

Key community persons were selected by community members as people to whom they turned for advice and guidance and were therefore not necessarily official leaders. Examples include a teashop owner, school teacher, a woman who sets bones and a social worker. These key community persons were not expected to be outreach workers but rather repositories of sound information and to lead by example.

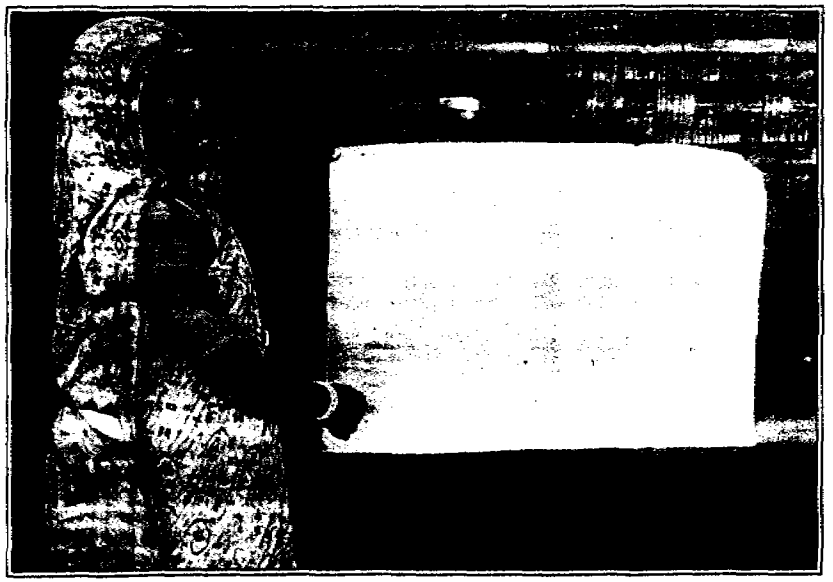
SAFE provided them with the information and shared experiences with them so as to enhance their role model and advisory capacity.

Step 4: Behavior-based monitoring

Another important and innovative component of the SAFE program was the development of a behavior-based monitoring system. Such a system identifies what people actually do rather than what they say they do. For example, regular observations of households, individuals, at pond or tubewell sites were carried out to examine actual hygiene practice. Community members were encouraged to be involved in the monitoring activities (e.g. observing behavior, children counting feces inside and outside the yard etc.).

Focus group discussions and key informant interviews were conducted. Monitoring information on existing behaviors was visualized in the form of maps and bar charts which were readily understood by villagers. These formed the basis of discussion about change and future plans to gear up the program. Field workers shared their observations with the villagers and together they analyzed the reasons for the gap between knowledge and practice and identified the constraints preventing the adoption of behavior change.

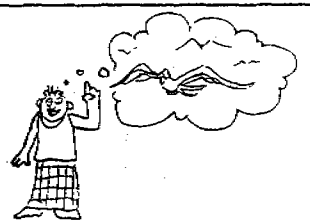
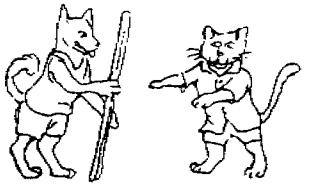
The program was thus modified on an ongoing basis according to the discussions and suggestions.



Step 5: Continuous adaptation of the approaches

The approaches to hygiene education evolved slowly as communities themselves made suggestions and provided feedback. This process of continuous adaptation to the local needs can be best illustrated with examples from the SAFE experience:

Example 1: How children themselves developed the story of Pushi and Bhulu

 *SAFE field workers discussed with the children various folk stories they liked*	 *Children indicated that they liked comic pictures*	 *it was decided that the story would contrast good & bad behaviors. The "boy" would be bad & the "girl" good. The boys objected!!*
 *Some suggested the story should be about birds, but birds are too different from humans*	 *It was suggested that the story should be about a dog & a cat*	 *They called the characters Pushi & Bhulu They dressed them & described their homes*
 *The children play with the comic series and get to know the story*	 *it has been suggested that the cards are too static. Models with moveable limbs may be used*	*What's next?* *The children in different areas will make their own adaptations...*

Example 2: Adaptation of Ludo

Any game adapted for educational purposes should fulfill certain criteria. It must be enjoyable, participatory and easy to understand.

Ludo is a very popular game and is commonly played in villages. It is easy to play and enjoyed by young and old alike.

It was fairly easy to adapt this game to give it an educational dimension. When a player lands on a square with a ladder, he/she is asked to explain what in the picture depicts good hygiene behavior. If the answer is judged correct by the others, the players advances up the ladder. However, if the player lands on a square with a snake, the player has to explain the picture which depicts poor hygiene practice.

Children enjoying a game of "educational" Ludo

Discussion session at a teashop

Example 3: Getting more men involved

Men play an important role in decision making in the rural context in Bangladesh. For example, they are regarded as responsible for the decisions to purchase and install tubewells and latrines. They also exercise considerable influence on the shaping of society norms which might, for example, affect the freedom of movement of field workers and the opportunities for women to gather together to attend education sessions. Furthermore, it is often the men who continue to defecate in the open even when they have installed latrines (which are often installed only for the sake of privacy for their womenfolk).

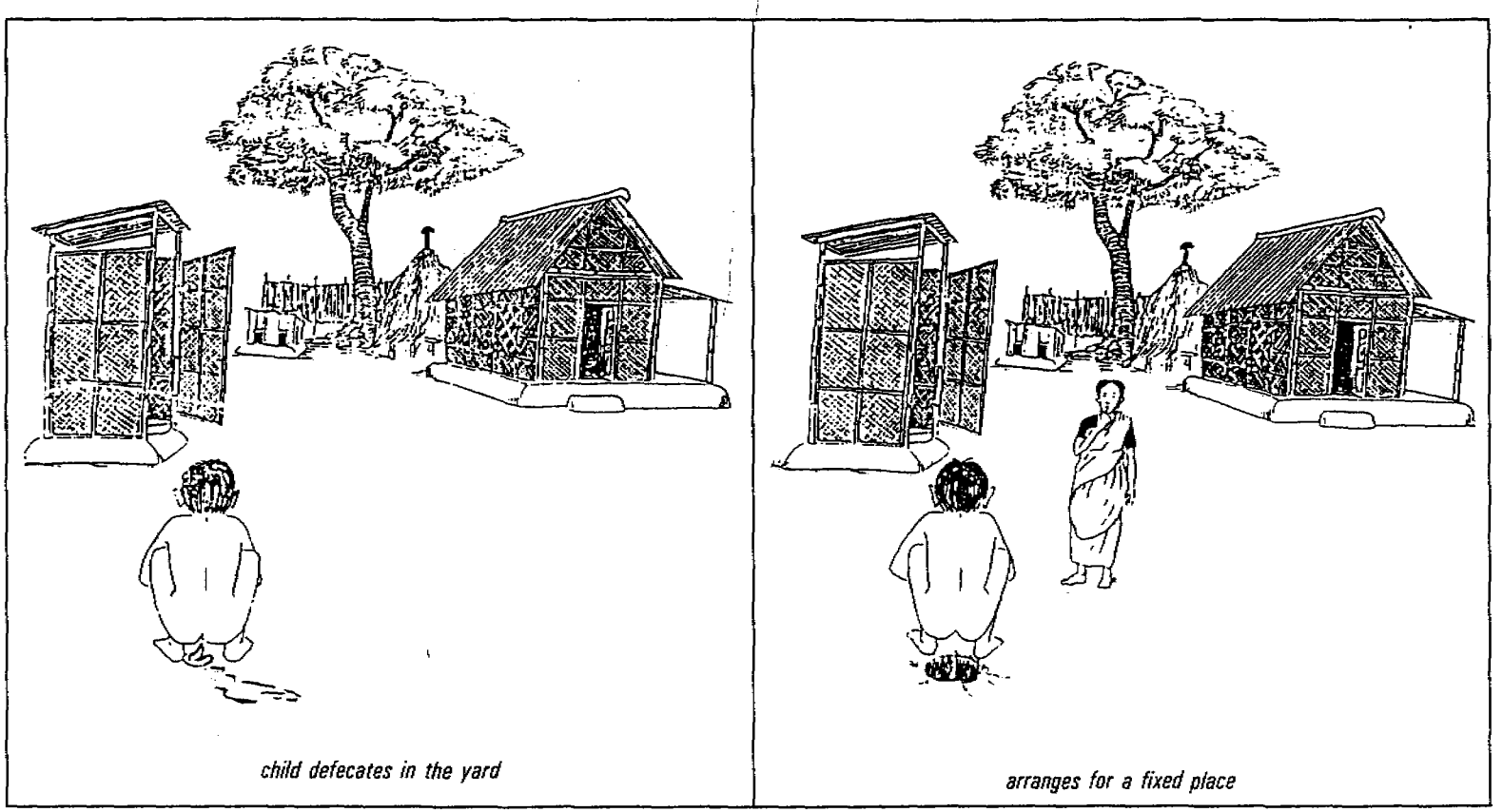
Everyone agreed that it was vital to include men in the outreach program to ensure their support and co-operation.

Although the separate courtyard sessions were intended for men and women, in practice only two or three men ever attended their sessions. The sessions were being conducted when men were busy. Those who did come lost interest, assuming that these sessions were really only for women and they, themselves, did not need health education.

At this point, the community members suggested that sessions should be conducted at teashops and clubs where men gather when they are free.

These proved highly successful. Men enjoyed the discussions and have actively given support to other activities of SAFE. However, male staff are now conducting the sessions as it did not prove to be easy for young female staff.

Example 4: Mothers come up with their own solution for small children's defecation



child defecates in the yard

arranges for a fixed place

Example 5: Women come up with their own solution to drying hand hygienically

women often use the corner of their saris to wipe bottoms

then, they use the same sari to wipe their hands

the women realized this was unhygienic

next time she washed her hands....

she decided to air dry them but she didn't like the feeling of wet hands

in one discussion session another woman suggested keeping a separate cloth

4. What did SAFE achieve?

Baseline surveys were conducted in model 1 and 2 areas and nearby control areas at the beginning of the project in April/May, 1993 (at the peak of the diarrhea season). Two questionnaires were used; one for households, focussing on water collecting and storage procedures, latrine access and use, hygiene knowledge and behavior (particularly hand washing and diarrhea prevention and treatment) and the other concerning tubewell maintenance and use. A final evaluation was conducted one year later.

The SAFE areas and control areas were generally comparable in terms of socio-demographic characteristics and water access. The baseline data in both intervention and control areas were generally similar. Thus, the subsequent differences between the SAFE intervention and control areas in the final survey may be interpreted as a good estimate of the effect of SAFE.

Key Findings of the final survey

	Model 1		Model 2	
	intervention	control	intervention	control
• knowledge of the causes of diarrhea (six or more causes known)	84%	0	100%	4%
• knowledge on diarrhea prevention (six or more means of prevention known)	90%	1%	100%	7%
• reported latrine use				
mothers, men and children over five usually use the latrine	91%	54%	90%	58%
live in a community where more than 66% of all mothers, men and children over five usually use a hygienic latrine	43%	10%	83%	0
• observed hand washing technique (all five correct elements demonstrated)	74%	3%	82%	16%
• observed environmental cleanliness				
no feces in the yard	99%	82%	99%	76%
no feces inside the latrine	88%	53%	99%	85%
• impact on diarrhea diarrhea prevalent in at least one child in the household in the past 2 weeks	23%	65%	20%	57%

There was no hardware component in the SAFE program and yet the installation of hygienic latrines in the SAFE areas rose dramatically compared to the control areas (between 50 and 90% compared to between 7 and 20% in baseline and control studies). SAFE created a market demand for latrines even though this was not a specific objective.

5. What other organizations can do:

SAFE was innovative; hygiene education strategies were developed with community involvement and based on community assessments of prevailing practice and beliefs rather than provision of stock education messages. The objective was **behavior change**. It focused on the relationships between behavior, the environment and health. Your program can be innovative too.....

Strategic principles

It is recommended that other organizations adopt the following strategic principles in their program design:

- **community involvement in planning**
- **location-specific approach**
- **multiple channels approach** to ensure a supportive environment for change
- **step-by-step approach focusing on key behaviors** to ensure that each small step towards ideal behaviors are manageable and realistically achievable
- **ongoing behavior-based monitoring** and community involvement in the analysis and generation of solutions for improvement of the program

A further important issue in defining strategy which SAFE has yet to test is

- **reinforcing and maintaining behavior change**

community involvement in planning

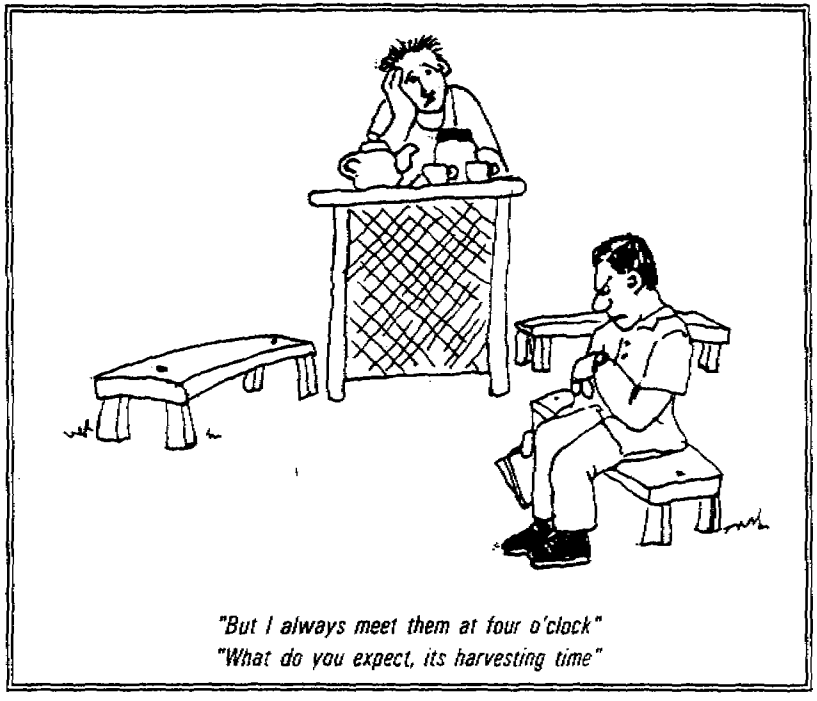
Involving the community in planning ensures that their priorities are taken into consideration. Their expressed perceptions and values will help to identify the areas of concern and define the approaches needed to support behavior change. It ensures that the program approach is appropriate and goals are realistic.

A participatory approach to planning enhances the relationship between the field staff and communities, building rapport and mutual respect.

Community involvement in planning bestows a sense of ownership of the program. The problems have been recognized by the community themselves and they have committed themselves to trying to solve them. They take on responsibility to make it work.

Since planning will be a continuous need in a process project, your organization must ensure that there are mechanisms to involve the community all the way along (design, development of approaches, continuous monitoring, regular review, problem solving and adjustment).

Community planning meeting



"But I always meet them at four o'clock"
"What do you expect, its harvesting time"

location specific approach

Understanding the local value system can enable identification of education approaches which are not only in line with it but better still may confer reinforcement of the value. For example, in some very religious areas of Bangladesh, recognition that one serves Allah by contributing to the maintenance of a clean environment could support the goals of the hygiene program.

Beware the temptation to import a set of materials painstakingly developed in one area into another... it might not work. For example, two neighboring villages in the SAFE intervention area had quite different practices regarding water carrying and storage. In one area, it was considered bad luck to cover water containers during transportation and in the neighboring village the practice of covering the kolshi was perfectly acceptable. Clearly the direct message, "Cover kolshi when transporting and storing water" would not be appropriate in the first situation. The reason for this belief would need to be uncovered and another approach would need to be considered.

The working and social activities vary from one area to another and should be considered when planning interventions. As already mentioned, employment patterns which vary from one area to another may dictate when people are available for educational sessions. For example, farmers are available at different time from fishermen. In some areas, men might gather to play cards or carom, which may be an opportunity to conduct informal sessions. In others, such social interactions may not exist. In some areas, women move about freely, in others, they are restricted to the houses. Programs will have to be adapted to these situations.

changing community norms through the multiple channels approach

The approach of working through multiple information dissemination channels was more effective than working through limited channels (SAFE's model 2 area showed greater improvement than model 1). It is easier to ensure that everyone receives the same information when there are many information channels. It is also much harder to ignore information when it is coming from a number of different sources. Information following through multiple channels gradually creates community norms which become increasingly difficult to violate. One's behavior is subjected to scrutiny and comment from many angles and pressure for change grows.

Since people want to conform to community norms, assistance should emphasize developing a collective community consciousness.

The benefits of a clean environment for everyone in the community and the recognition that one's own unhygienic behavior may affect the health of neighbors are strong influences on behavior change.

Programs should continually seek out and examine other information dissemination opportunities and extend the number of channels. For example, could ring/slab makers provide information on hygienic practices to their customers? Could employers save man days lost due to illness by advising their employees on hygiene issues?

"You can't do that there!!"
The power of community norms

step by step process leads to behavior change

Your program should identify which behaviors in a certain location are most associated with increased diarrhea and focus only on these. It is not promoting ideal behaviors.

There is no prescribed intervention. The intervention must respond to the local context and needs constant review and reflection as it proceeds. It is a dynamic process which evolves as the community needs change.

When these key behaviors have been successfully addressed, it will be necessary to identify jointly with the community the next layer of behavioral priorities.

For example, the community members may have agreed that key behavior changes would be to drink only tubewell water and cover stored water. As a first step, they would concentrate on making sure that they drink only tubewell water and always store water in a covered kolshi. Once these domains of behavior have been internalized and most households are practicing these behaviors, a further domain of behavior change could be identified and focused on, for example, hand washing behaviors and not priming tubewells with pond water. Meanwhile the behavior changes concentrated on first should be continually reinforced.

The step by step process will take time and this needs to be allowed for in your program design.

Taking change step by step

mothers discuss how to improve the fixed defecation site for their children

they arrange a stick for the child

then, bricks for his feet are suggested

now he is big enough to use the latrine, his little sister uses the fixed place

behavior-based monitoring to ensure that you are monitoring not only what is said but what is done

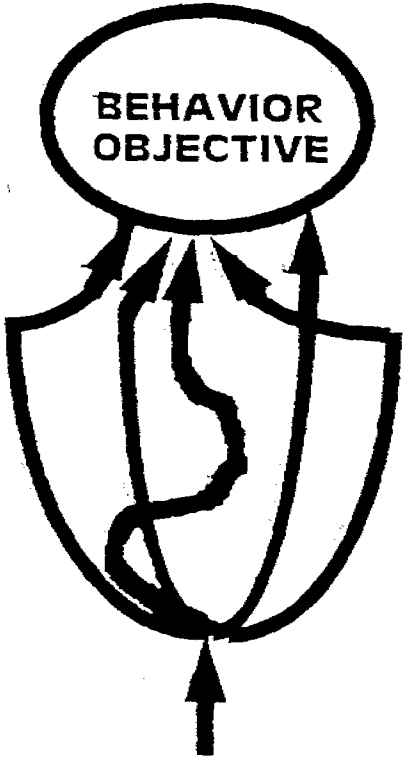
Setting targets are the basis for developing a monitoring system. However, **how does one set targets for a process approach?** You will know where you are heading, but you will not know exactly how and when you are going to get there. Those of us who are used to managing target driven approaches (or blueprint projects) find this uncertainty initially difficult to handle.

However, just like the blueprint project, the management of the process approach is also by results. Performance indicators will need to be set for different phases of the approach, each phase having a clearly defined objective (e.g. more than 50% family members in a community defecate in a hygienic latrine). Regular monitoring and review is essential for the evolution and inclusion of new activities, in response to new learning and experiences, to ensure that each phase objective is reached.

When reviewing and deciding upon the indicators for achievement with communities ensure that the indicators **really reflect behavior change.**

The number of new latrines installed since the start of the program may be cited as a valued indicator. Where is the problem in this? An example will illustrate that it can be a problem if this is assumed to indicate behavior change.

Children may be inspired by the school-based hygiene education program to dig pit latrines for relatives and neighbors. Community members and field workers alike will feel this is a major achievement.....but without monitoring whether the relatives and neighbors actually **use** the new latrine properly and keep it clean, there is no evidence of behavior change. One has to remain skeptical of these types of indicators of achievement.



You know where you are heading but not exactly how you are going to get there

Likewise, the fun surrounding the educational games and stories and the eagerness to participate can lead one to conclude that the education program is successful. Once again, it is important to check if children's improved knowledge is transferred into action.

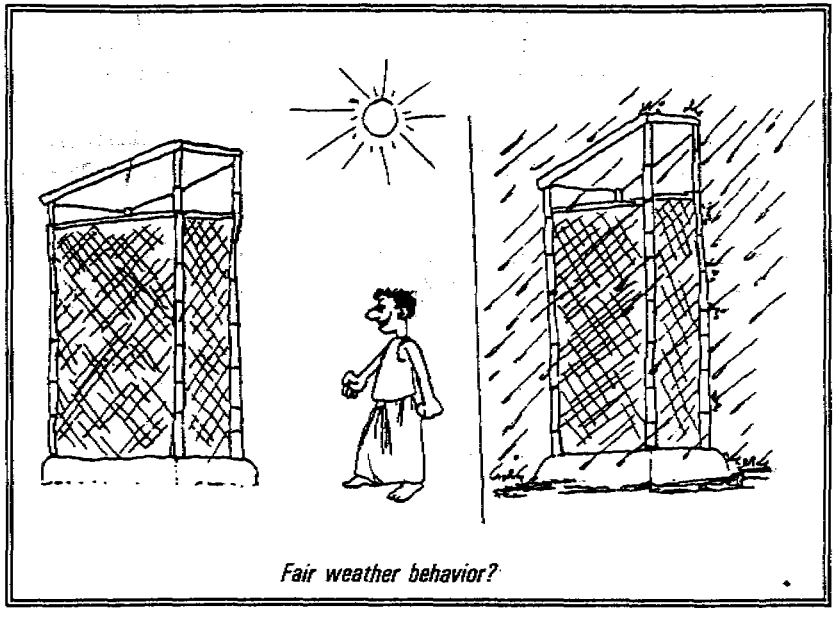
Field workers and family members should carry out informal checks on children's actual practice in different situations. What, for example, does a child do when his/her sibling in his/her charge defecates? What happens when the children are outside their own yard, where do they go to defecate and wash their hands? Perhaps the child washes his/her hands before eating the main meal of the day, but does he/she recognize the need for washing hands before eating peanuts or other snacks?

The point is that improved practices are relatively easy in the home environment if provision has been made to enable these, but what happens when the child is outside of this environment?

Conducting monitoring observations only during the day and in fine weather can be misleading. People may well display good hygiene behavior under optimum conditions; but what happens at night, during the monsoon or when the weather is extremely cold? The program should devise ways to check practice during these less than optimal situations.

Your project should discourage linking and rewarding the performance of field workers or community members with achievements in coverage (e.g. conducts x number of education sessions, increase in number of latrines installed in their extension area etc.). This is very hard to do in fact, as people like to have tangible results of their work. It is satisfying to show others the increase in numbers of latrines in the area in which one has been working. It is difficult to demonstrate behavior change.

Instead, your project should recognize analytical and problem solving with community members, innovative skills and qualitative changes in intervention areas as performance indicators.



Fair weather behavior?

reinforcing and maintaining behavior changes

SAFE was a pilot project which looked at different strategies for hygiene behavior change. SAFE has demonstrated that changes can occur in the short term when the right processes are used. One aspect of this pilot phase which has not been examined is the sustainability of the behavior changes over time. This needs to be followed up.

Eventually, the project intervention should be phased out. Mechanisms to ensure that individuals and communities maintain behavior changes must be considered in the planning and implementation of the program. The idea behind providing information to key community persons in SAFE areas was to ensure there would be permanent advisors on hygiene issues. Tubewell caretakers were assisted to become permanent educators. There are many other ways to devolve the responsibility for organizing and supporting good hygiene behavior to the community.

6. Is your organization ready?

The following are important elements which should exist so that your organization can optimize its chances of implementing a successful behavior change focused hygiene program:

- **enabling organization**
- **skilled and motivated staff**
- **motivated and supportive community**

enabling organization

Managing process approaches is not easy and quite frankly, not all organizations will be able to undertake this. Below is a checklist of organizational arrangements which will need to be in place in order for your project to consider being able to manage a process approach. If they do not exist in your organization then you should work on developing them and meanwhile, select the elements of the process approach that you can manage.

- a bottom-up orientation; recognition of the importance of involving communities in the design and implementation of programs
- results-oriented planning and monitoring systems (emphasis on qualitative aspects of the program intervention)
- opportunities for regular review with communities and at all levels of the organization
- an environment which encourages participation at all levels of the organization and encourages original thought and creativity
- sufficient staff at field level to ensure that enough time can be given to village sessions
- staff with a high level of self-motivation and ability to work with uncertainty since the program will constantly be evolving
- flexible approach to working hours (discussion and observation sessions may need to be conducted outside of normal office hours)
- a donor which understands that behavior change takes time, supports process approaches and will be satisfied with agreed performance indicators rather than on coverage indicators

skilled and motivated staff

Staff should preferably be recruited from the locality to ensure they can be well accepted, they understand colloquial language and can provide insights during revisions of approaches and educational materials based on first hand experience.

Comparison of skills and attitudes needed by field workers for a process approach versus a package approach

package	process
○ sees self as a trainer whose role is to impart knowledge, instruct and educate	○ recognition that community members can plan, implement and monitor behavior change themselves, sees self as a facilitator
○ ability to deliver ready made training modules	○ ability to respond to opportunities for learning as they arise
○ good verbal communication skills (one-way communication)	○ good listening skills and questioning skills (two-way communication)
○ no expectation to adapt or change materials	○ ability to use materials flexibly and creatively, to "think on his/her feet"
○ no expectation of analytical skills	○ ability to analyze why some approaches work and others do not

The skills expected of the field worker facilitating a process approach are not all capable of being acquired by training. Your recruitment procedure must ensure that the field staff have the potential to manage the process approach. If your staff have been used to handling a package approach, then training should be provided to improve communication skills, analytical skills and to encourage innovation and creativity. The training should be experiential and include on the job training and cross-visits as well as training sessions.

Wherever possible, field staff should be encouraged to develop their own materials. These should use indigenous low cost materials where possible. Making their own materials has several advantages:

- the materials will be customized to the needs of the communities with which the field staff is working
- field staff will feel comfortable working with materials they have developed themselves
- it will encourage the spirit of creativity which in turn makes the field staff feel able to contribute and consequently feel more commitment to the program
- the materials can be made and adapted as needed

Field staff developed the materials

Team work is very important in a process approach. The process orientation assumes that field workers will be able to share experiences on a regular basis with a view to continuously improving interventions. Involvement in reshaping approaches and exploring new ones confers importance to the activities of each individual field worker and encourages self review. Feedback sessions should stimulate field workers to become innovative and try out new approaches.

The supervisor-supervisee relationship needs to be rather different than the traditional one. The supervisor must trust the field staff to make good judgment about their scheduling and approach and encourage innovation and experiment. Your organization may in fact want to consider renaming "supervisors" since the connotation usually implies controlling or policing, which is inconsistent with the advisory or counselling role required of senior staff in process approaches. Your organization should decide on the appropriate name (such as field advisor or team leader).

Staff will have to be very co-operative as regards working hours. The timing of sessions, whether courtyard, school of at other venues must be convenient for the participants and not merely convenient for the project. Staff terms of reference should indicate that working outside of traditional office hours are likely to be a normal practice.

The routines of community members should be examined and appropriate times for meetings arranged. For example, women often like to meet around noon when they have finished cooking. Men like to meet in the early evening after finishing work and bathing. However, it is necessary to check everywhere what times are suitable and also remember that convenient timing will change with seasons.

Field staff should allocate sufficient time for sessions to address the issues which a particular community group is eager to learn about. In package approaches, it is easy to allocate fixed periods for sessions. Process approach sessions may vary considerably in length. Staff have to be sufficiently motivated by their desire to see behavior change that they should not be clock watching when running sessions.

The behavior-based monitoring involves conducting observations by field workers and their team leaders. These may be day-long observations at household or schools or may be shorter observations at tubewells or ponds. Spot observations of latrines, kitchen, yard and tubewell areas will also need to be carried out. Adequate time to observe properly must be scheduled into the program. It may be useful to conduct cross observations, in other words field workers could observe in areas other than their own and provide feedback and analysis on what they observed.

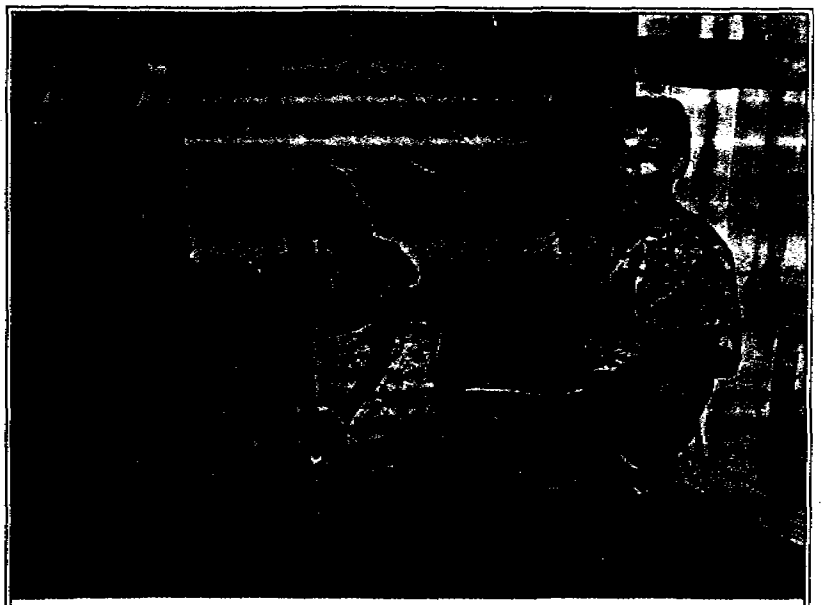
The process approach lays much emphasis on learning and adapting as we go along. It is therefore important to schedule regular review time, probably as frequently as once per week. Field teams should sit together and discuss issues which have arisen, constraints they are facing and new experiences gained.

Reviewing experience

willingness and support of the community

The process approach requires **all** target communities to be involved in needs assessments, testing of materials and education strategies, discussion of problems, monitoring achievement and developing solutions as well as participation in education sessions. In contrast, the package approach would require only participation in sessions (the development and field testing having been done already).

You should not underestimate what a major investment of **their time** this represents. Has your organization established rapport and a basis for a good working relationship with the community? The community has to trust the organization and feel that it can really assist them. You will need to regard and treat the community as equal partners.



Hand washing demonstration: learning from the community

NOW...
DON'T JUST
SAY IT,
DO IT !

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