Module On

Hygiene Behaviour Change Programming

Prepared by
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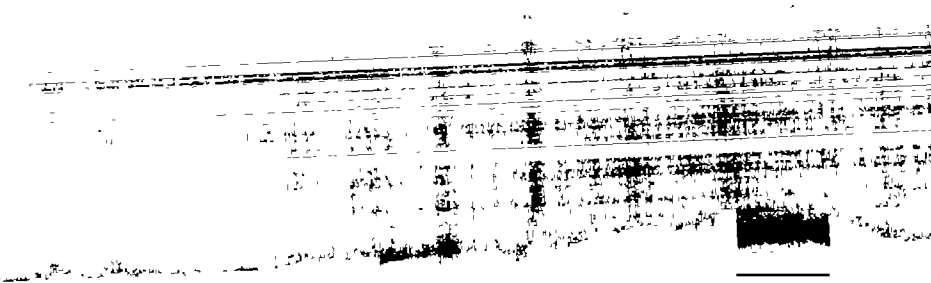
November, 1997

Sanitation and Family Education Resource (SAFER) Project

CARE
BANGLADESH



ABSTRACT

This handbook under the headline of "Hygiene Behaviour Change Programming" in five volumes is developed and designed [01] to identify the existing knowledge, attitudes and practices relating to water, sanitation and health hygiene and it's reasons behind such practices among the community (villages) people, to explore how to get into the community and get the community people involved in the problem solving and decision making process as well, [02] to develop step by step support for behaviour changes, [03] to ensure participatory involvement both on the part of the organization staff and the community people, [04] to develop participatory monitoring and evaluation in order to ensure that the mission is in the right track and/or if the mission needs any improvement/changes in the strategy and [05] to gear up & groom up the organization involved in such mission along with the community people.

PREFACE

This handbook is the outcome of the effort of Dr. Dee Jupp with the extensive support of the staff members of SAFER project of CARE Bangladesh. With the enormous success of the SAFE project in the area of hygiene behavior change regarding water, sanitation and hygiene, it was decided to cover an wider area and crowd (160 NGOs) through dissemination of information regarding the project interventions and strategies by organizing workshops. In order to do that it became necessary to develop a comprehensive workshop module handy to the specified target groups. The module has highlighted in detail the following objectives/areas: [01] to identify the existing knowledge, attitudes and practices relating to water, sanitation and health hygiene and it's reasons behind such practices among the community (villages) people, to explore how to get into the community and get the community people involved in the problem solving and decision making process as well, [02] to develop step by step support for behavior changes, [03] to ensure participatory involvement both on the part of the organization staff and the community people, [04] to develop participatory monitoring and evaluation in order to ensure that the mission is in the right track and/or if the mission needs any improvement/changes in the strategy and [05] to gear up & groom up the organization involved in such mission along with the community people. This handbook is also a very useful tool for the project's staff (esp. for the field level staff who quite often do require to undertake workshops and hygiene behavior change program) for the assigned PNGOs in their respective area.

ACKNOWLEDGEMENT

The module was developed by Dr. Dee Jupp for dissemination workshop for exploring the principles of behavior change related to water and sanitation program to the NGOs working in the field of water, sanitation and hygiene in Bangladesh.

This workshop module was developed and designed through a number of workshops separately with SAFER project staff and NGO managers as well. We would like to thank those who contributed in developing the module, all SAFER project staff, all the participants of the NGO workshops held in Chittagong and Sylhet in July '96 and November '96, and all the community people for their cooperation in the field, who did most of the of the content design work for the module. We would also like to pay our thanks to Mr. Fakrul Islam who made all the cartoons interesting that are being used in this module.

We express our sincere thanks to Dr. Florence Durandin, Abu Md. Habibullah and Alok Majumder for their constructive assistance in getting a shape the module. Finally, we would like to extend our special and warm thanks to all SAFER staff as depicted below:

Anjona Chakrobarti
Archana Das
Chinu Prova Debi
Mita Barua
Rinku Bhattacharjee
Sarwar Jahan
Shaheen Parvin
Shahin Jahan Chowdhury
Shamima Akter
Shelley Das
A K M Mahmud Hassan
A K M Zahidul Islam
Keya Sultana
Md. Hasanul Islam
Md. Sharifuzzaman
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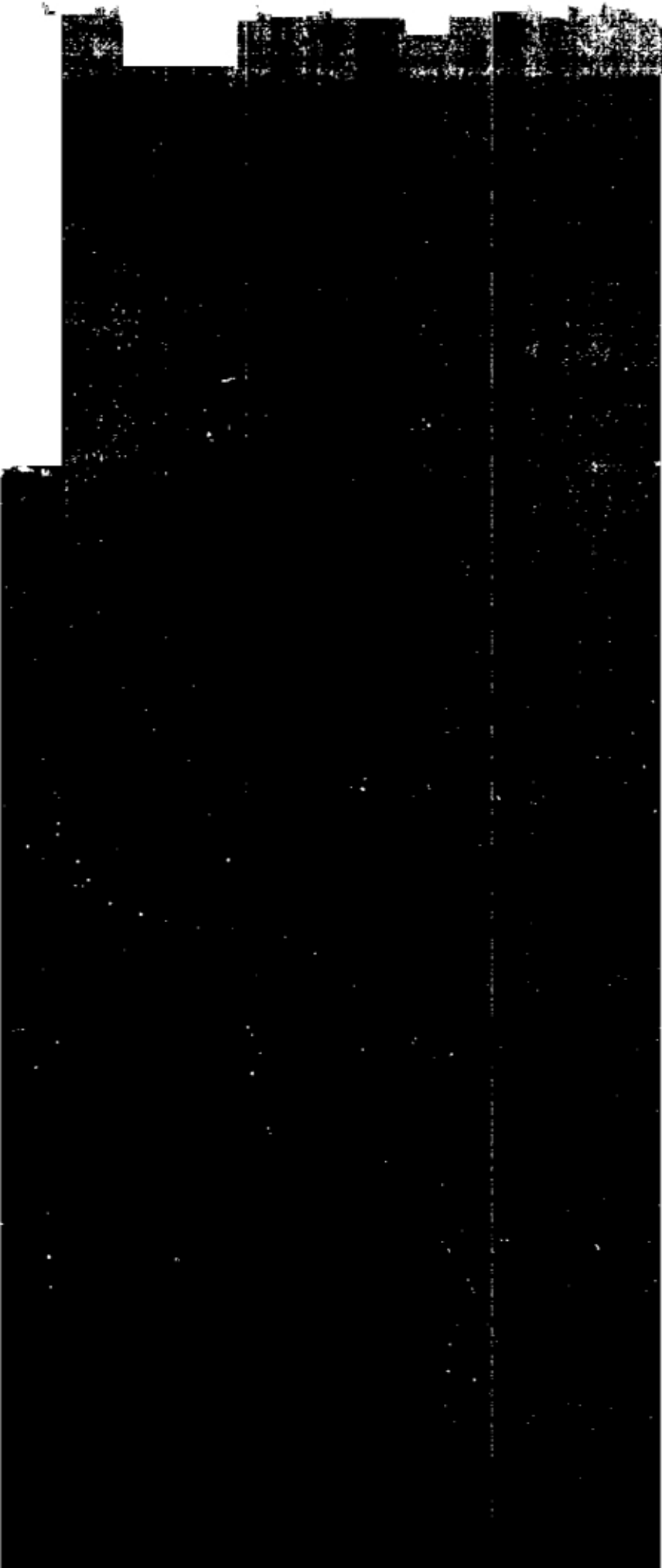
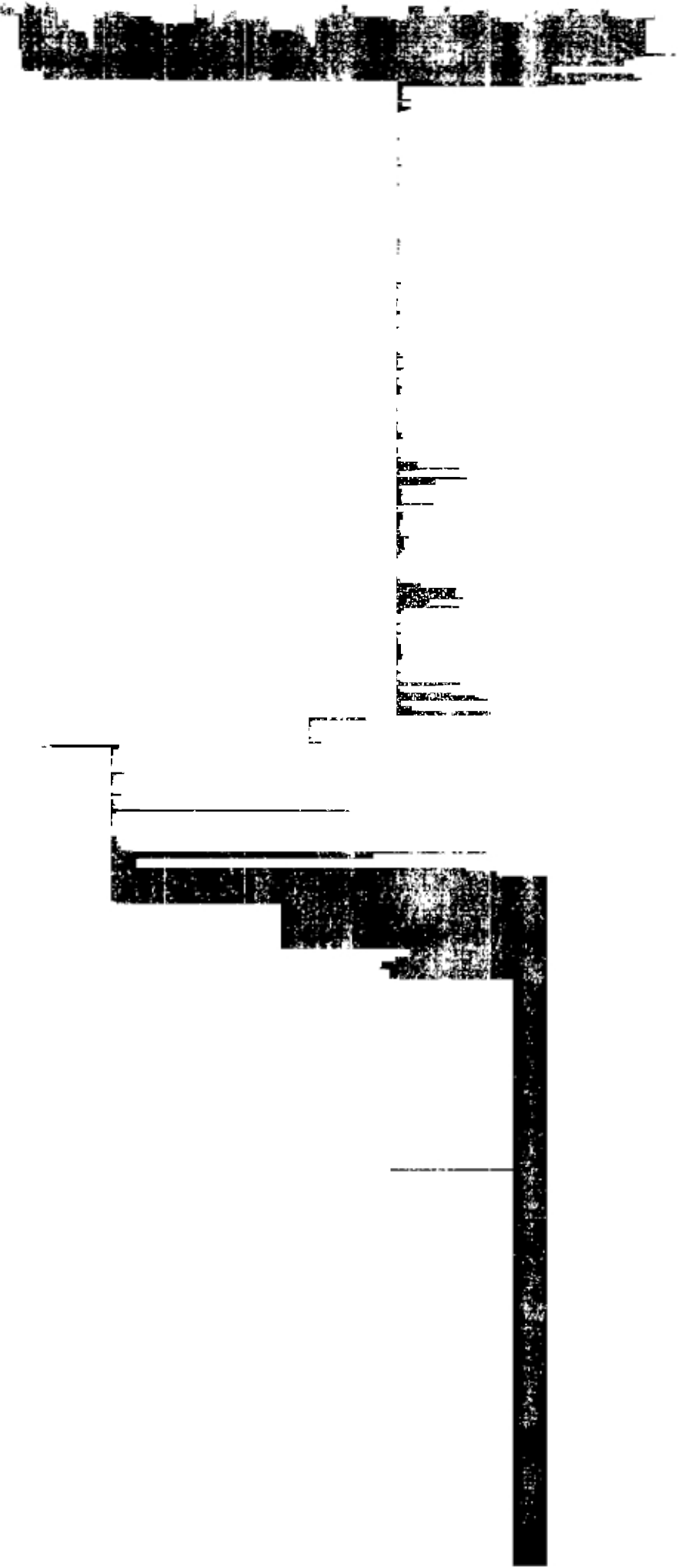
Handbook 1

Introduction and Getting Started

Sanitation and Family Education Resource (SAFER)





1: The sanitation coverage/diarrhoea prevalence conundrum

The 1995 national figures published by the Bangladesh Bureau of Statistics in association with UNICEF (Progotir Pathey, Jan. 1995) indicate that

- 96% rural population have access* to safe drinking water (tubewell, ring well and tap)
- 44% rural population use water seal and pit latrines

However,

- 4 out of every hundred rural children under five die as a result of diarrhoea
- in at least thirteen districts of Bangladesh, the prevalence of diarrhoea[1] in the under five is above 20%

WHY?

[1] The percentage of children under five age group who had three or more instances of loose or watery stools per day or blood in the stools in the last 15 days from the date of the interview. (WHO agreed definition)

2: What does survey data show us?

Survey data is usually collected through questionnaires. These ask questions such as:

- Number of hygienic latrine installed
- Number of users
- Number of times tubewell mechanics motivated households on hygiene and sanitation
- Were the participants/users briefed on the importance of

  i. All purpose use of safe water
  ii. Ase of latrine by all the family members
  iii. Proper hand washing by all

- Does the village sanitation centre (VSC) have promotional materials available to buyers/visitors
- Number of households in which all members practice hand washing after defaecation using soap or ash
- Number of households in which the excreta of children under 3 years are safely disposed
- Number of households in which every member of the family wear sandals during latrine visit
- Number of households in which family members cut finger nails on a regular basis
- During the last six months how many motivational and awareness building activities have so far been conducted by the trained staff?

* The first four sample questions are taken from the current UNICEF-WES Monitoring system

* the subsequent six sample questions are taken from the current NGO Forum for sanitation monitoring of their training and promotional programme.

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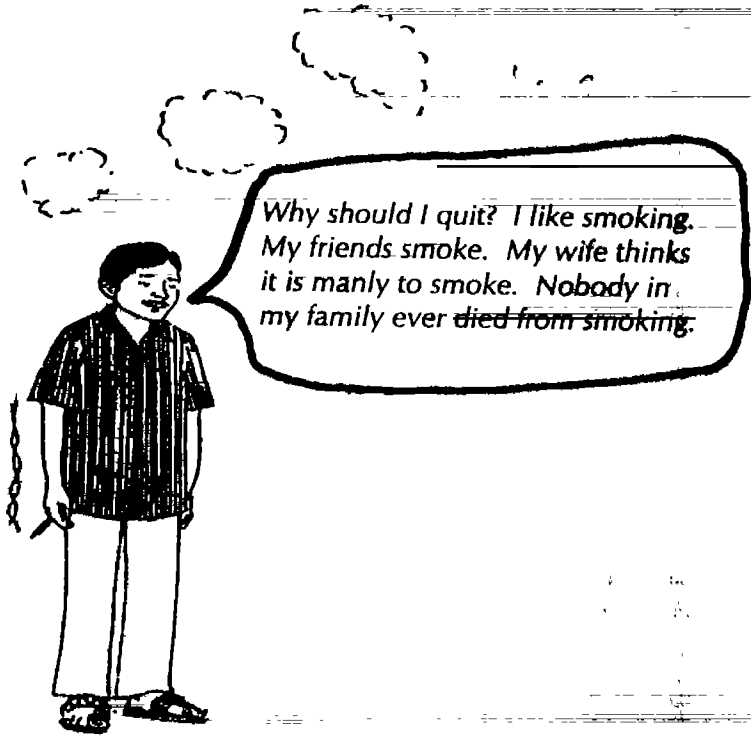
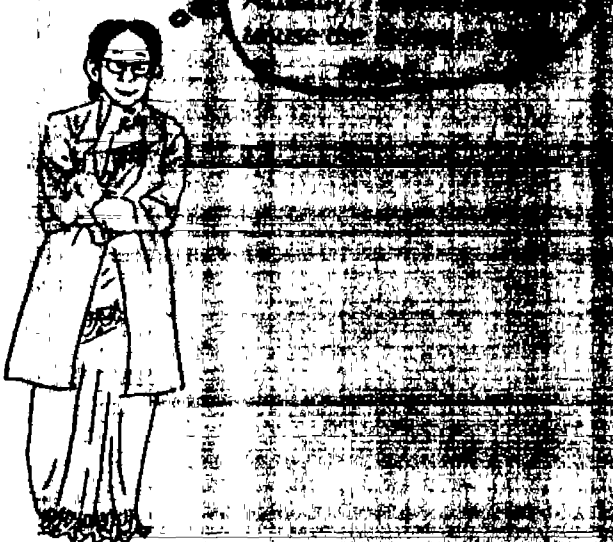
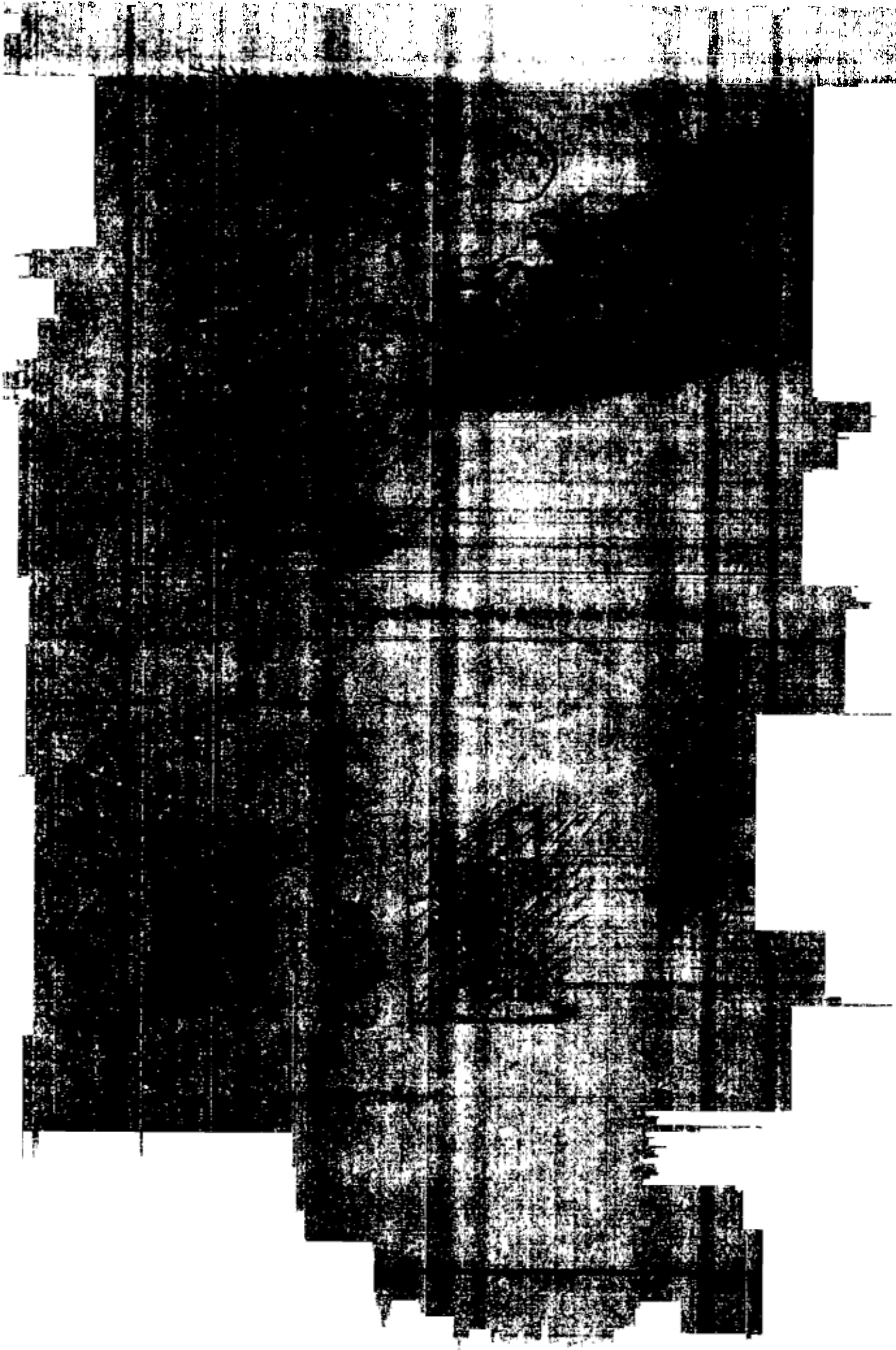

Why should I quit? I like smoking. My friends smoke. My wife thinks it is manly to smoke. Nobody in my family ever ~~died from smoking.~~

4 b : Some reasons why use of latrine may be limited

- At night, ghosts and devils inhabit the latrine
- Ring slabs are quickly filled, to avoid having to replace them, people use the open for defaecation at night so they will not be seen
- Pregnant women are not supposed to go out on the night
- The latrine is a far distance from the house and people are afraid to go there at night for fear of night
- Children fear the enclosed space of the latrine and are afraid of falling in when they might fall into
- During the monsoon, the latrine gets flooded
- During heavy rain, it is easier to defaecate close to the house
- The latrine faces west
- Too much trouble to return home from working outside or in the fields





6 : How to promote behaviour change

- **The benefits from practising [illegible]**

  These benefits must be [illegible] behaviour requires changing.

  A definite link between [illegible] must be demonstrable.

  Sanitation behaviour change [illegible]

  - Less work [illegible] cleaning or caring for others with diarrhoea
  - Less money [illegible]
  - Personal [illegible] being seen by the family and community as a [illegible] mother' etc.
  - Social acceptance [illegible] community norms of cleanliness

- **Information must come from [illegible] understood**

  Information should be [illegible] through credible sources (the most powerful being those who have changed themselves and can empathize with those in the process of change through peer approach)

  Language must be understandable

  Information must be in harmony with social norms and values

- **Change must be realistic and [illegible]**

  Facilities or practical means of change need be available to enable change, simple practical solutions must be worked out to meet emerging difficulties related to maintaining behaviour change

  Nobody should be expected to change overnight, small incremental steps to change should be encouraged [illegible]

  Alternative options should be available and their comparative advantages and disadvantages should be [illegible]

- The person/community must be fully involved in the change process.

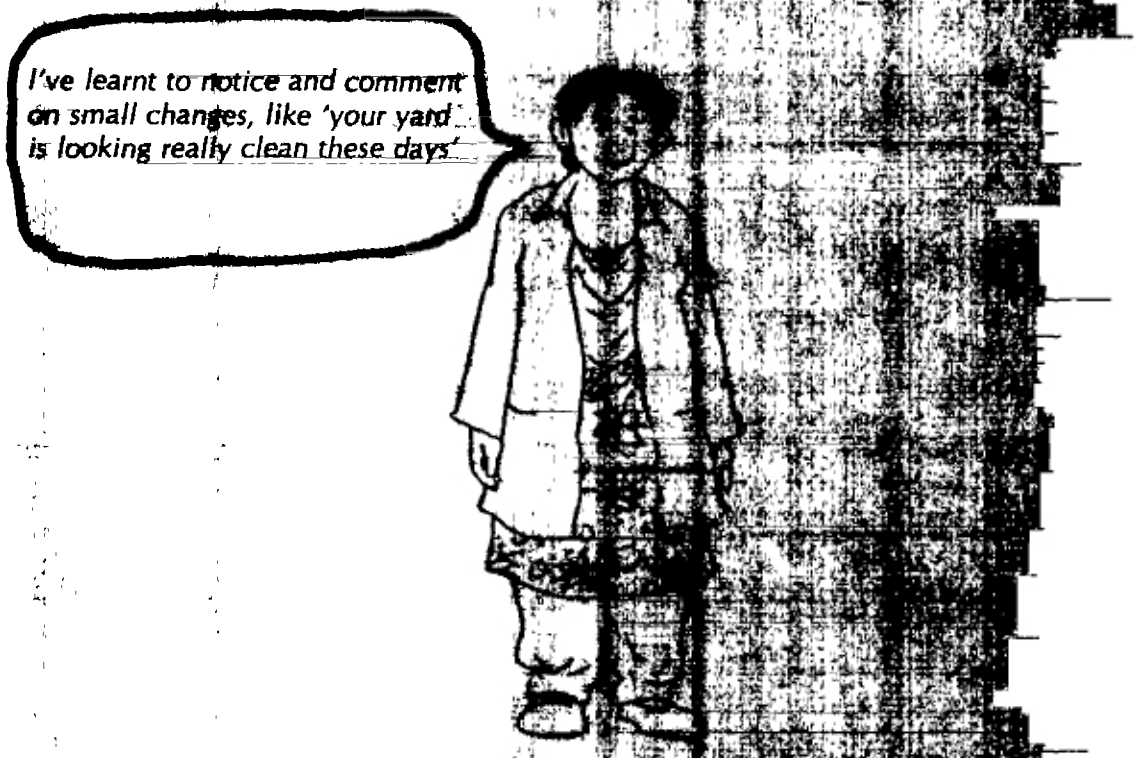
  Active participation leads to commitment not compliance. The person sets his own targets and monitors his/her progress. Change will not be imposed from outside. The behaviour changes will not be to please the external change agent but to please him/herself. This leads to *sustainable behaviour change.*

- A strong environment of support for change must be provided.

  Regular and sincere encouragement, even of small changes.

  Multiple channels of support (family, friends, extension staff, doctors, local decision makers etc.)

  Linkage with peer models, others of similar socio-economic background who have successfully changed.



7 : The most [illegible] ...ses of [illegible], a pr...

The final evaluation ... Project (April/May, 199... only) indicate ... 50% in diarrhoeal ... literature for hygiene ...

The revised behaviour ... for drinking. In ...

Although there was ... increased.

However, all these results ... more significant is the post ...

Sustainability of the behaviour changes

Diarrhoeal prevalence is still low, more or less at the level it was ... period. Mothers have been interviewed recently (May-July, 19... diarrhoea. The following is a list of the behaviours they cherish ... years, which have enabled them to control the incidence of ...

- We all drink tubewell water (some even cook with it now)
- We wash our hands ... before eating food, ... children and always ... after defaecation and cleaning babies' bottoms
- We use latrines and ... children to use them
- We tell our children not to drink ... well water with dirty ... has been kept open. ... such other of this kind
- We dispose of ... faeces in a sanitary way with ...
- We keep the yard ... and house clean

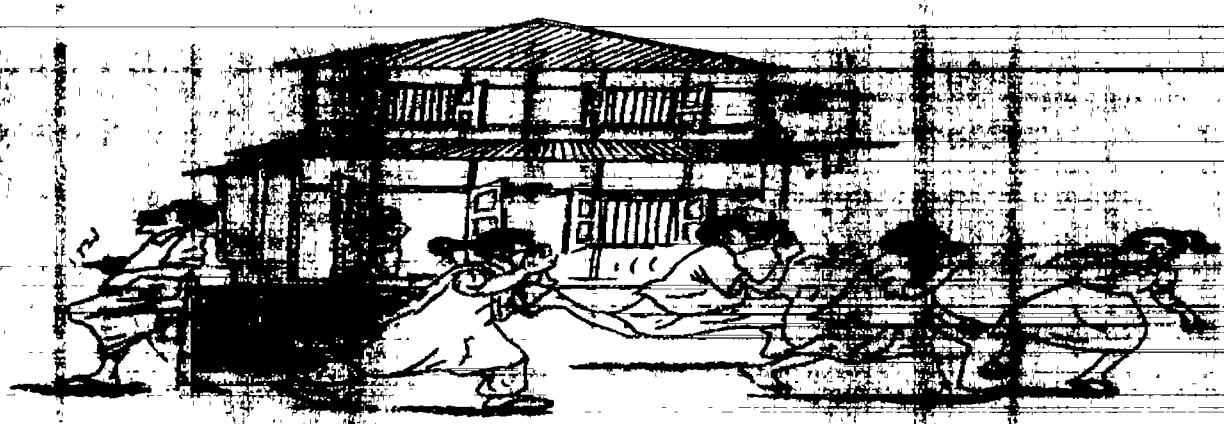
Other practices have become ... 1993,* many households ... people used to prime the ... it was considered ... without any second thought.

* SAFER Project ...

8 : Criteria for

criteria	source of inform
1. latrine coverage	DWHE records
2. incidence of dia	newspapers, Govt.
3. inadequate water sanitation and/or hea services	DWHE, Dept. of Social
4. working tubewell	DWHE
5. acceptability of activities	

NB. SAFER found no correlation between hygiene behavi



...I agree there is no co... between economic level... behaviour. In one of ... the UP chairman ... 'upstairs latrine'. Just ... excreta and...

9: Getting to k

This initial pe
However, m
when con

The purpose is:

- Familiarization
- Orientation
objectives, the
- Motivation
themselv
- To
- To
- To
- Establis
situation
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An impo
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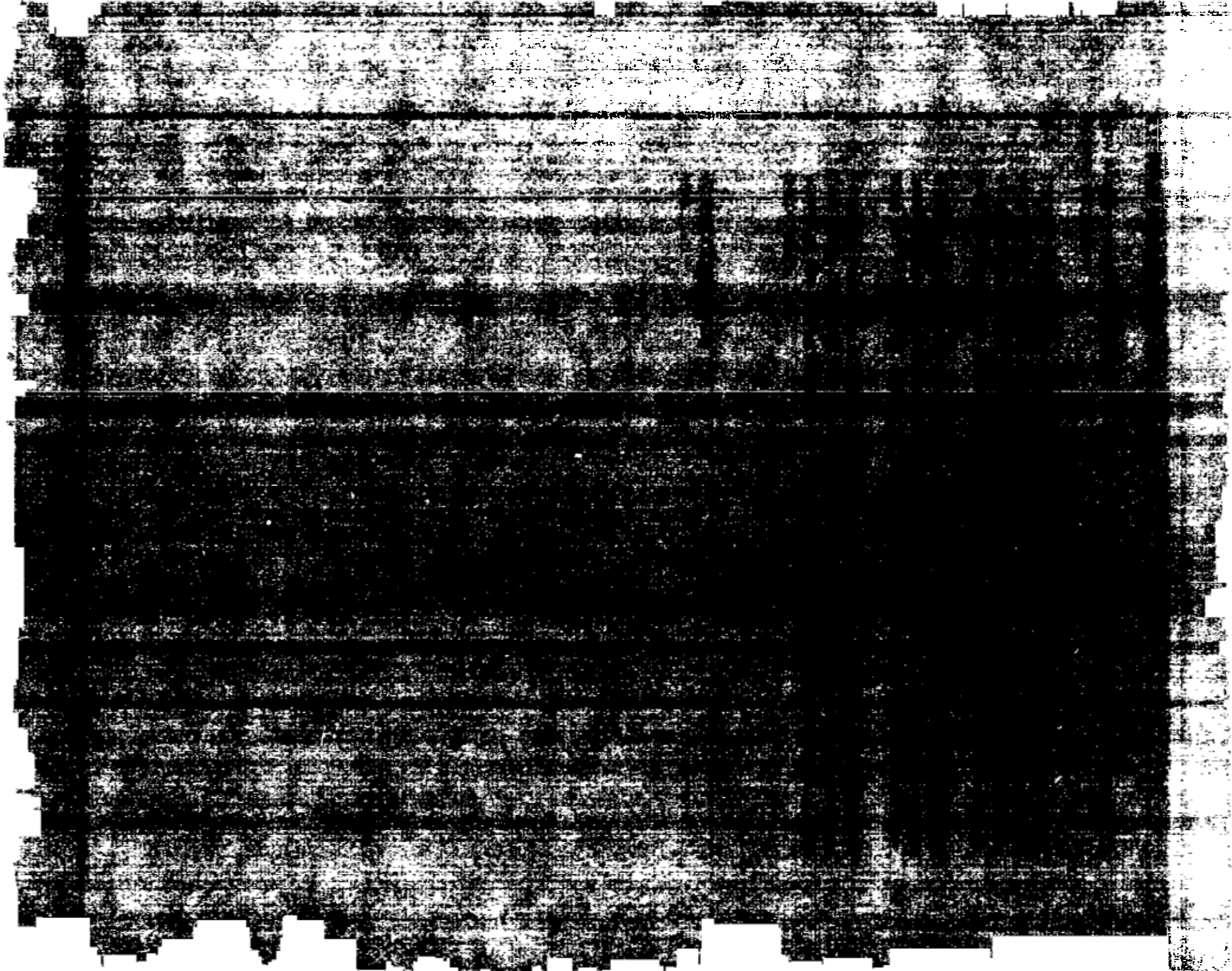
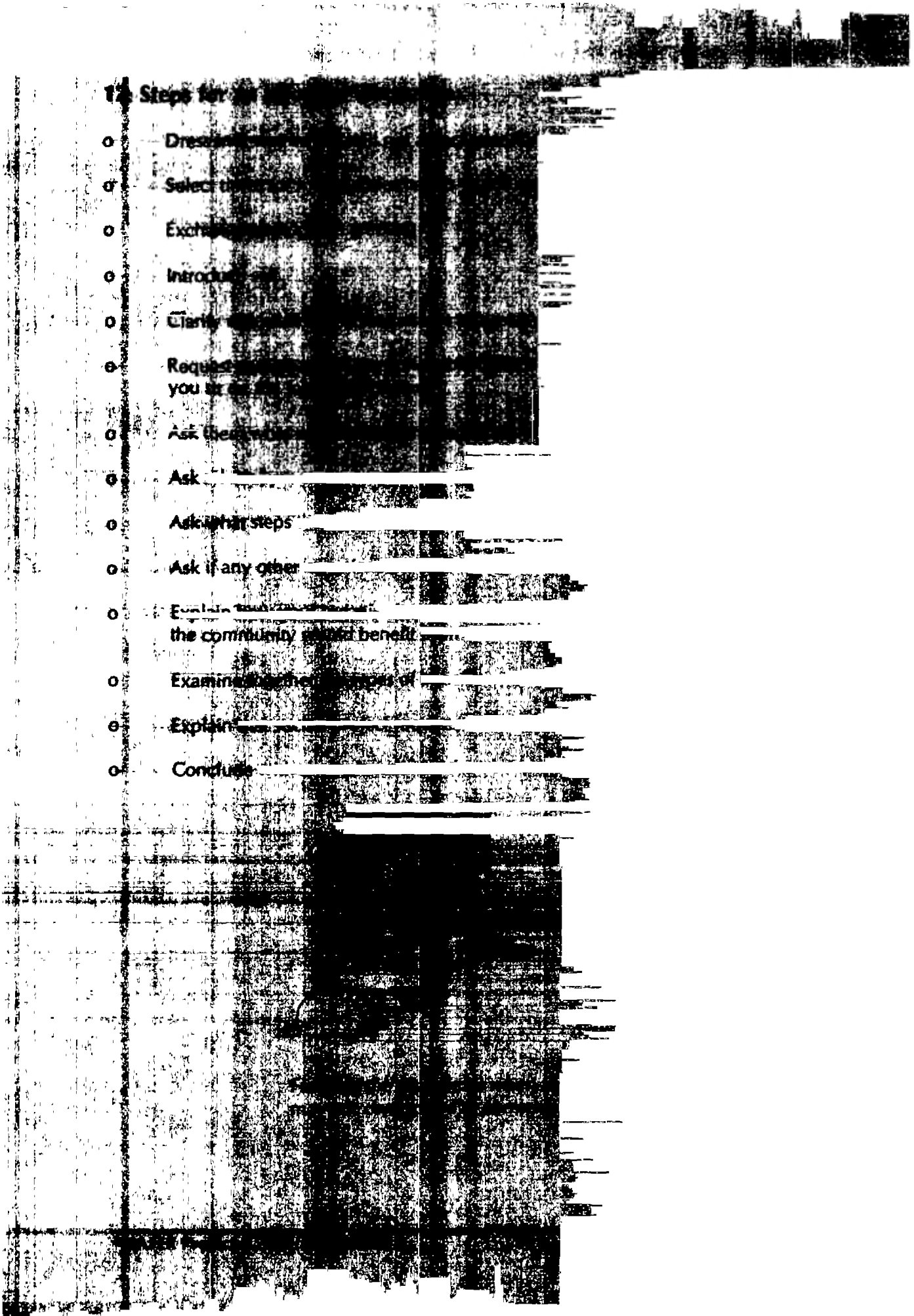
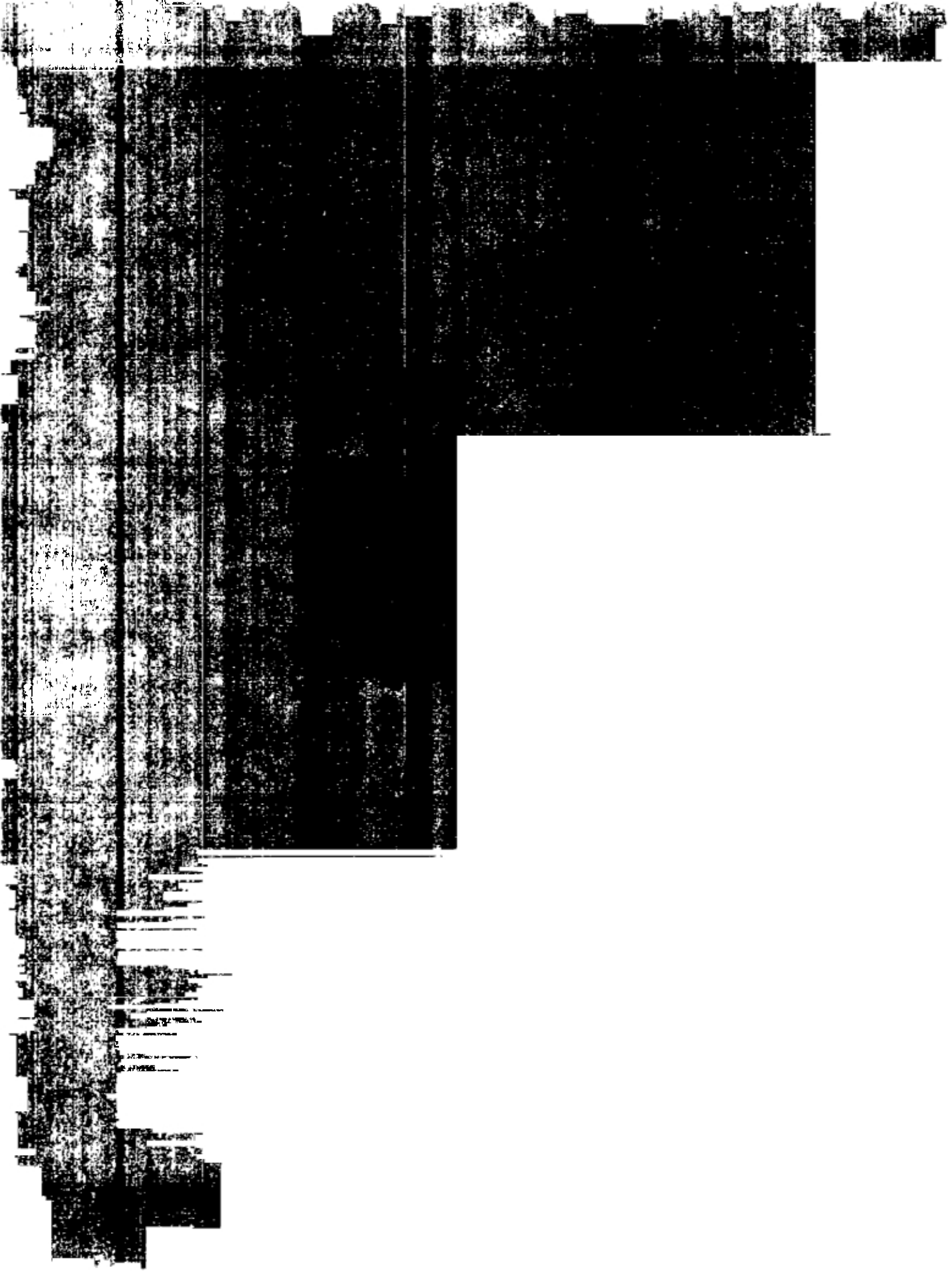
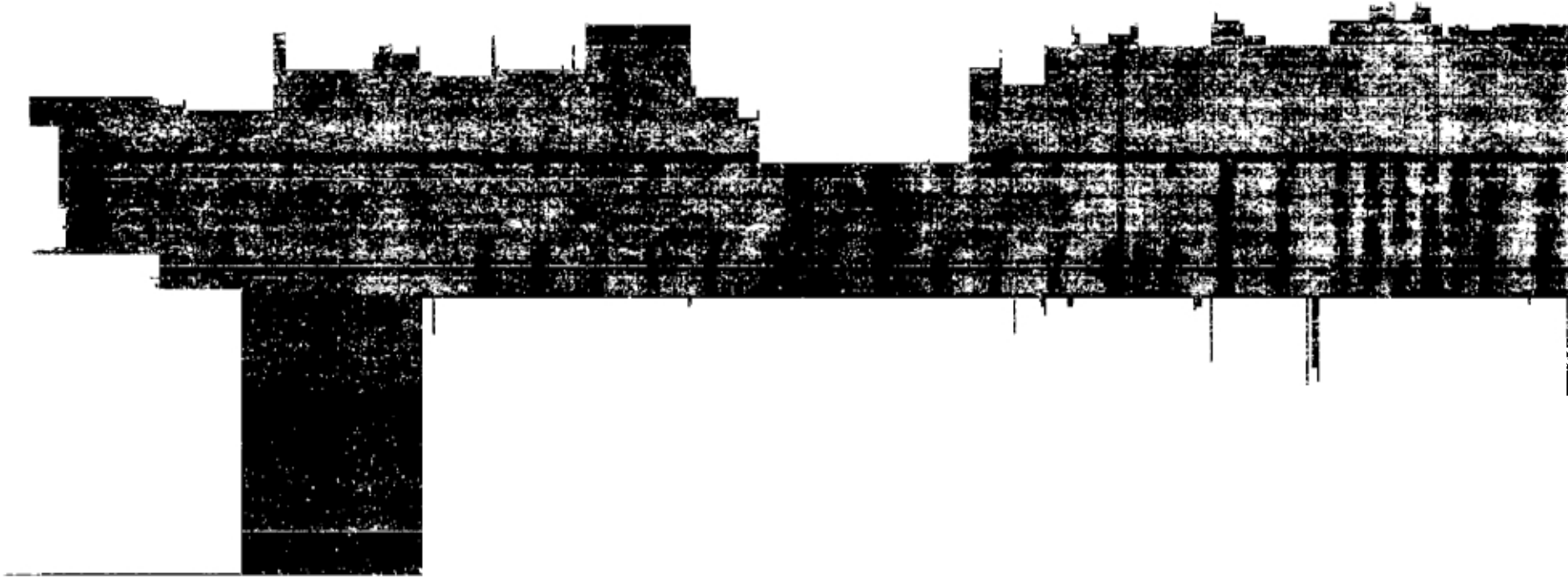
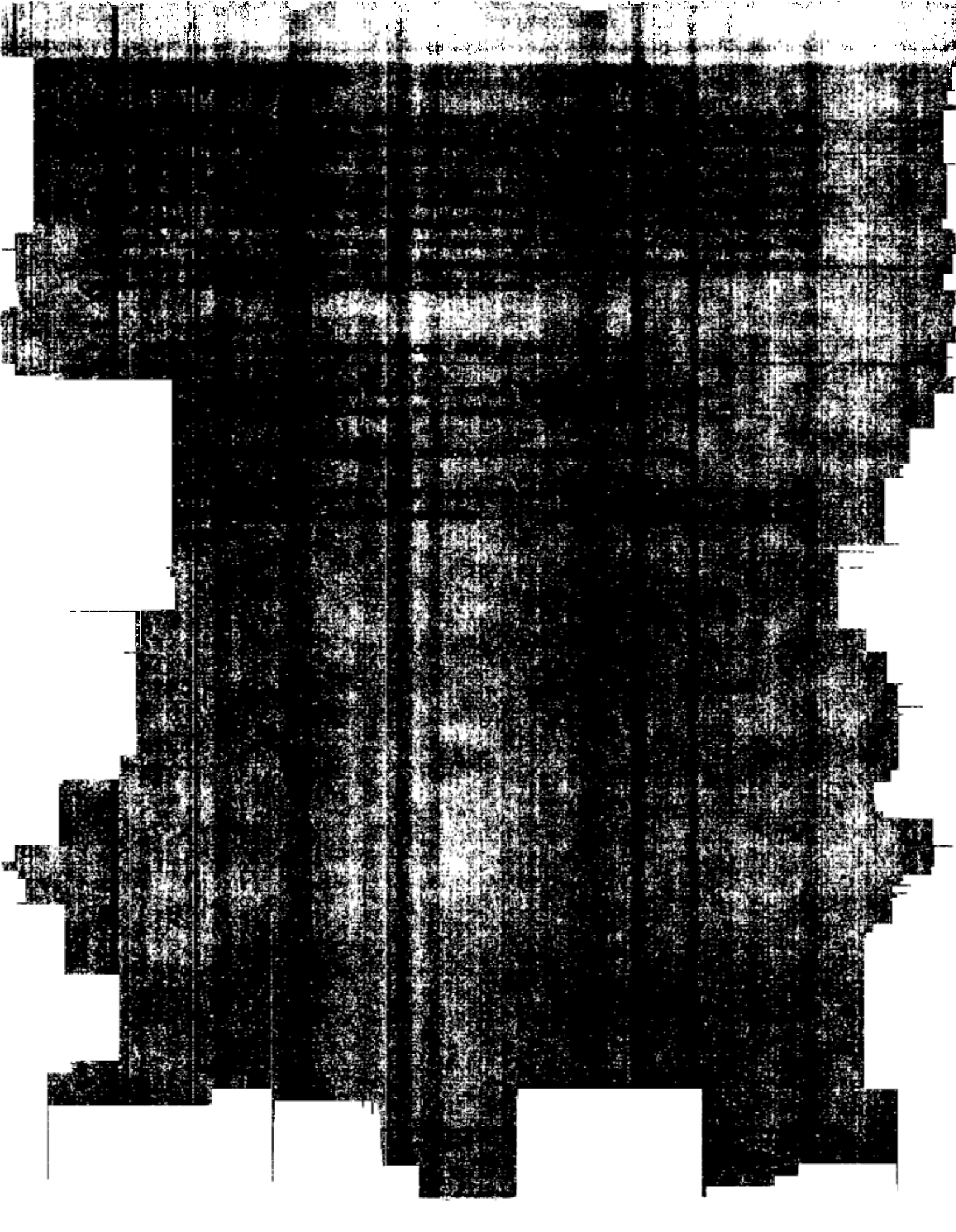










13.2 In depth [illegible] discussions

It is recommended to select [illegible] reduction in the prevalence of [illegible] the vulnerable "under fives" [illegible]

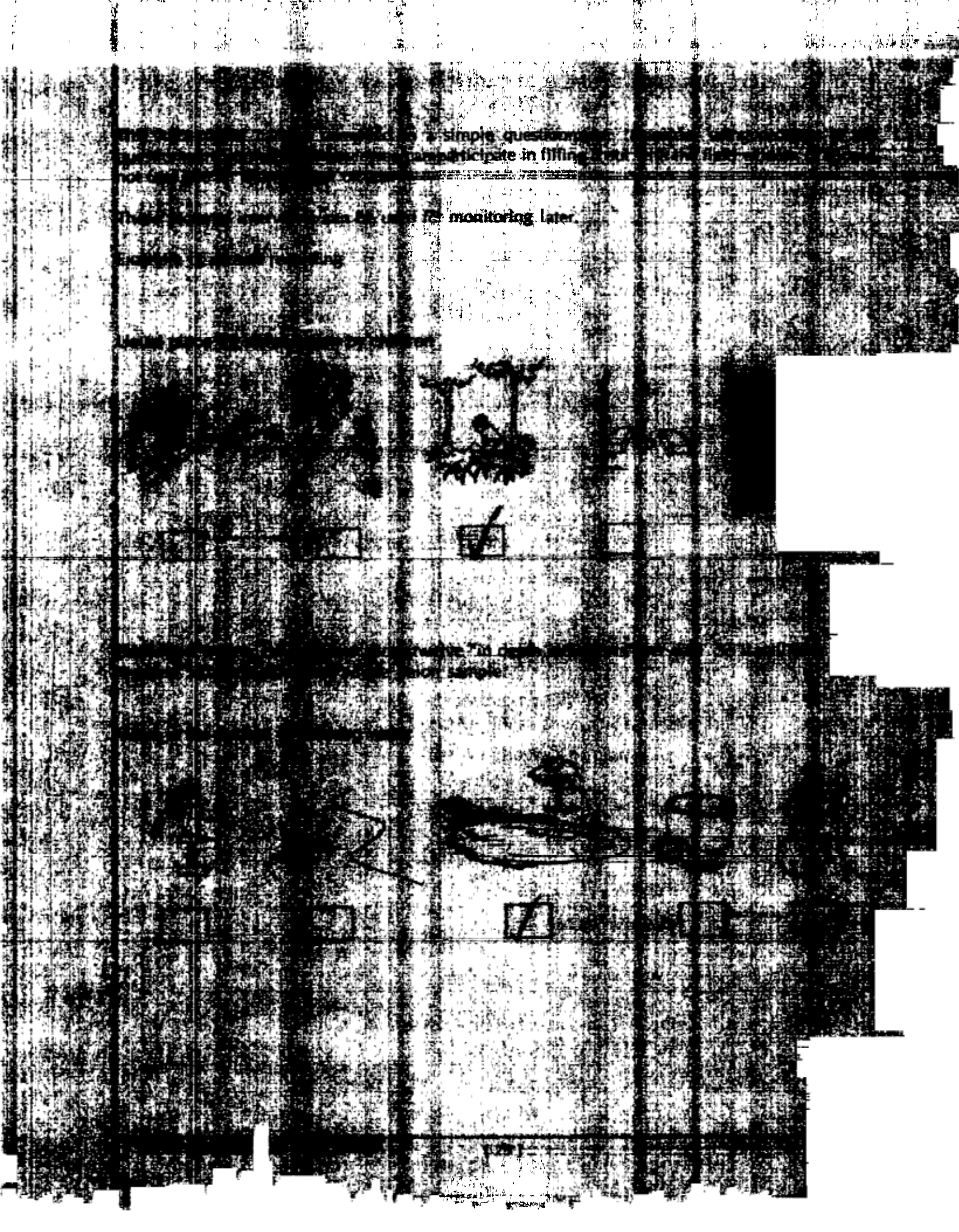
Sampling

- select 30 tubewell [illegible] for the project support
- select 6 mothers with children [illegible]
- thus 180 (30 x 6) mothers from [illegible]

information required

- number of children
- diarrhoea* prevalence
- [illegible]
- constraints against [illegible] husband working [illegible]
- access to [illegible]
- usual defaecation places for [illegible]
- constraints against [illegible] only etc.)
- management of [illegible] babies bottom)
- environmental cleanliness [illegible] in the yard, inside/outside [illegible]
- knowledge on causes [illegible]
- demonstrated hand washing [illegible]
- knowledge and correct [illegible]
- observation of cover [illegible]

* defined as three or more episodes of [illegible]
** be careful that the timing of the [illegible] assessment at the peak of the [illegible] conducted in the equivalent period in [illegible]




sit beside
She points
represents her
she uses my
tick

13. [illegible]

Each [illegible]

ensure that [illegible]

The [illegible]

should be based on:

- The [illegible]
- [illegible]
- Major [illegible]

Examples [illegible]

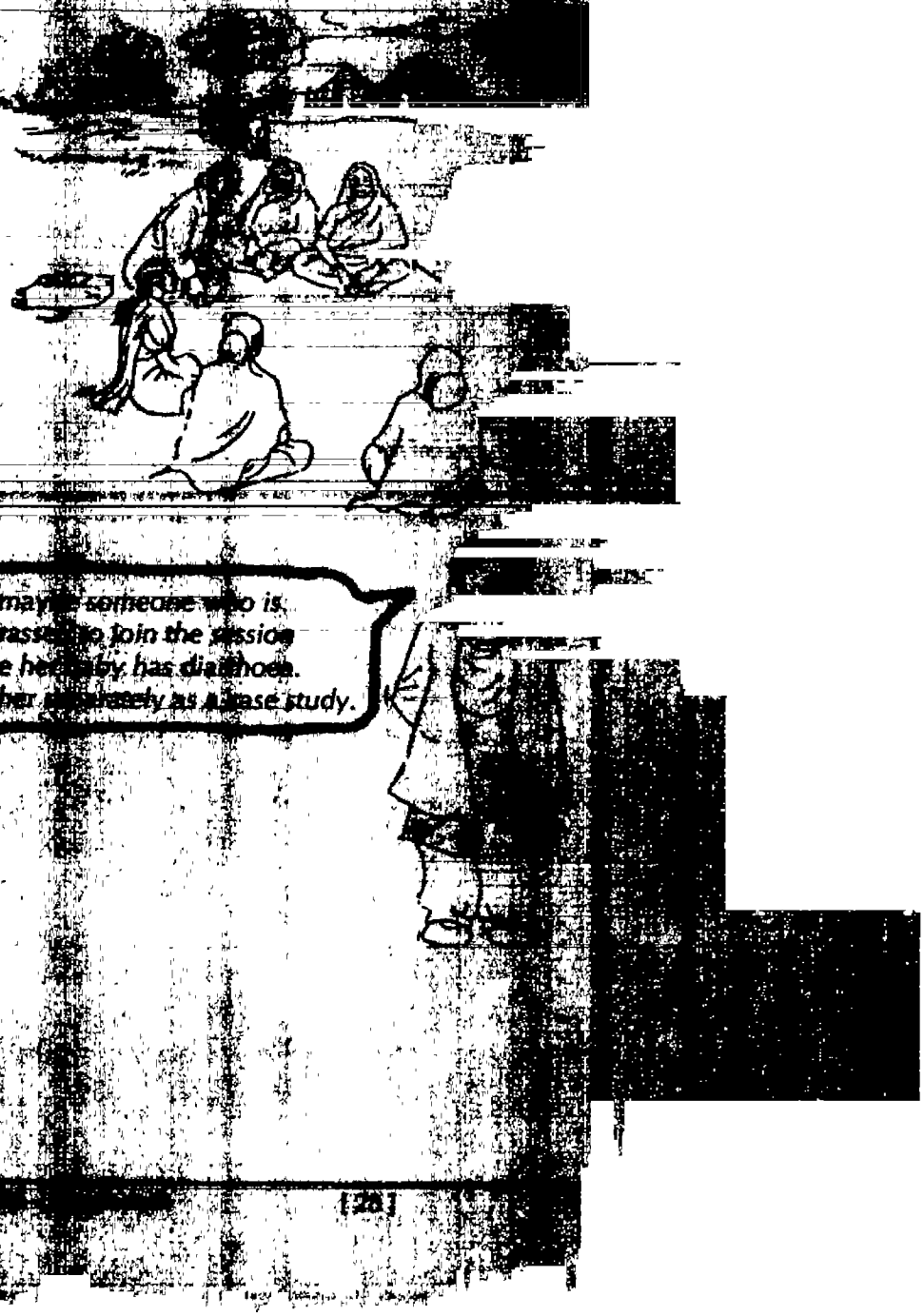
- Deforestation [illegible]
- Water [illegible]

Each PGD [illegible]

13. 4: Case Studies

These should be in-depth discussions with mothers whose children have had diarrhoea to establish:

- Knowledge of causes of the diarrhoea
- How they are managing the diarrhoea
- The impact of dealing with a sick child on the family (economic effect on other members of the family, costs etc.)
- What they will do to try to prevent further diarrhoea



13.5: Direct observation

Field workers should spend time walking around the community and observe hygiene behaviour and water and sanitation facilities.

Ideally, these observations should not be restricted to office hours. Early morning and dusk observations will enrich the understanding of normal practices.

13.6: Analysis of the data

The maps, records of individual discussions, notes from FGDs and KIs and direct observation should be compiled by the field workers and cross-checked. An analysis of the main water and sanitation problems of the village should emerge through discussion with the SAPS.

Field workers should be careful to avoid making assumptions when analysing data. All information should be treated as valid and field workers should remain open-minded.

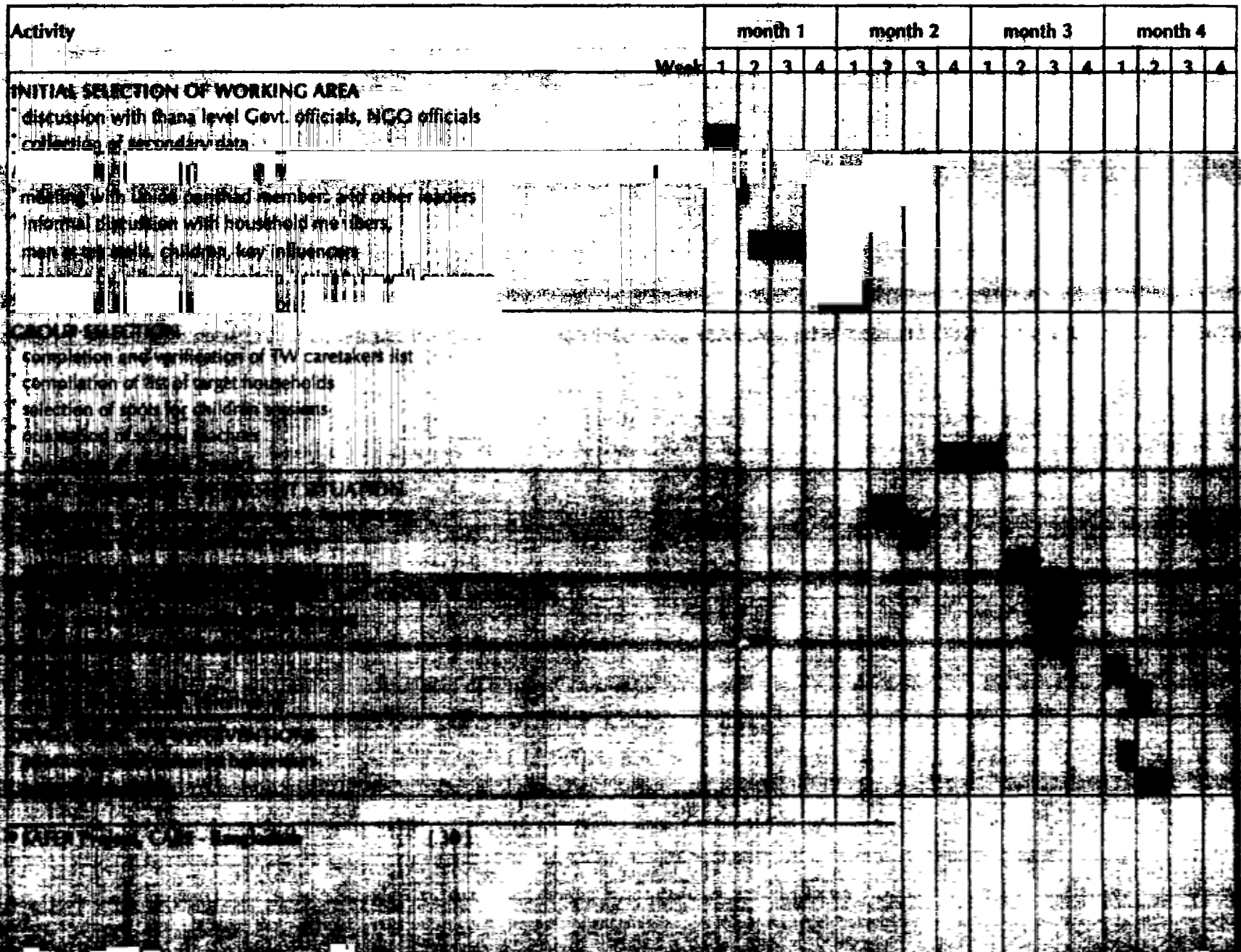
13.7: Feedback with the community

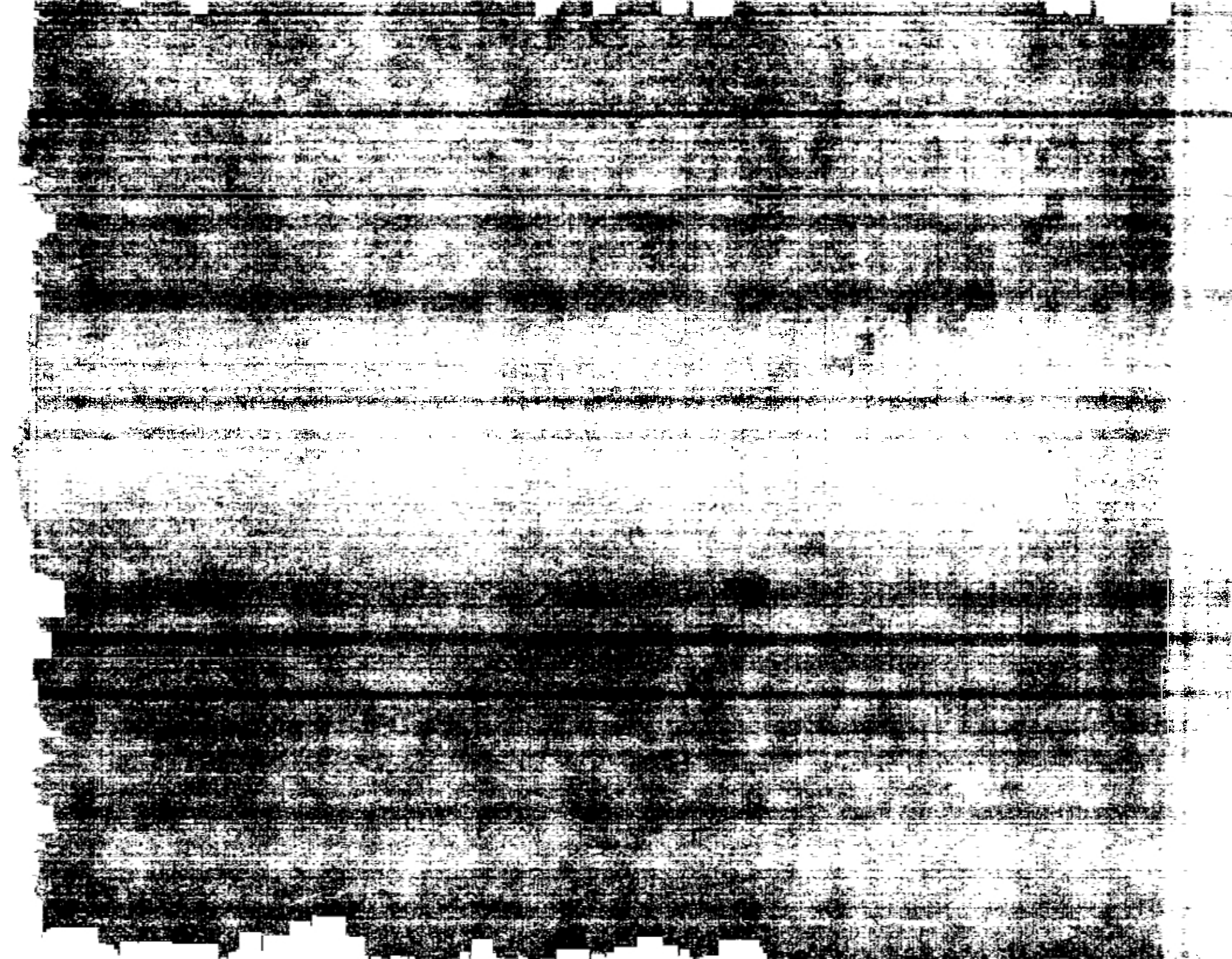
The information gathered should be shared with members of the community at a suitable time and venue. This could be done through a community workshop. During the workshop, the field workers need to help to build a community understanding of the problems that exist. Suggestions for solving these problems should be sought from the community.

Such a workshop contributes greatly to building on the principles necessary for behaviour change, i.e.,

- Full involvement
- Clear and relevant benefits understood
- Identifying trusted sources
- Identifying realistic steps to change
- Providing an environment of support

TIMELINE FOR STARTING UP A PROJECT IN ONE UNION



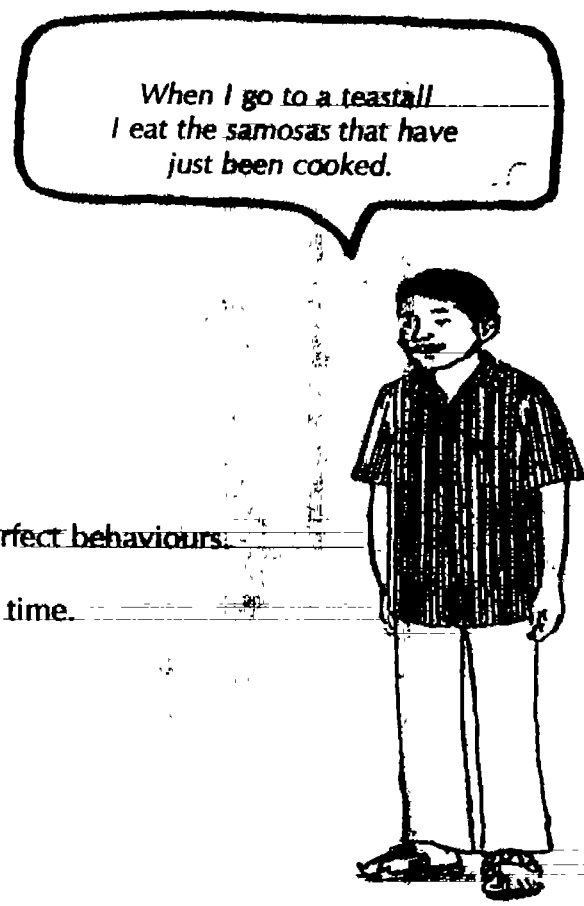


Handbook 1

Developing step by step support for change

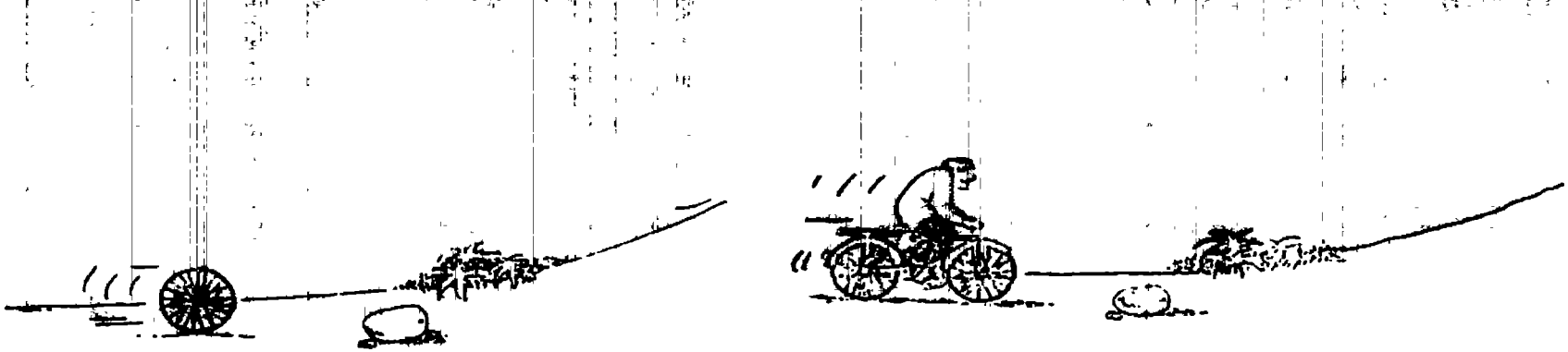
Sanitation and Family Education Resource (SAFER) Project

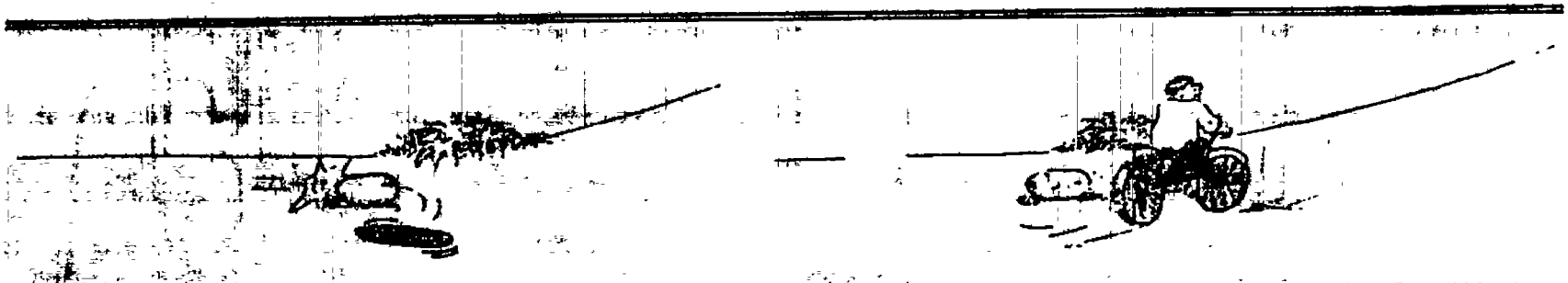
We want to go beyond making people "ready for action".
We want them to ACT!!

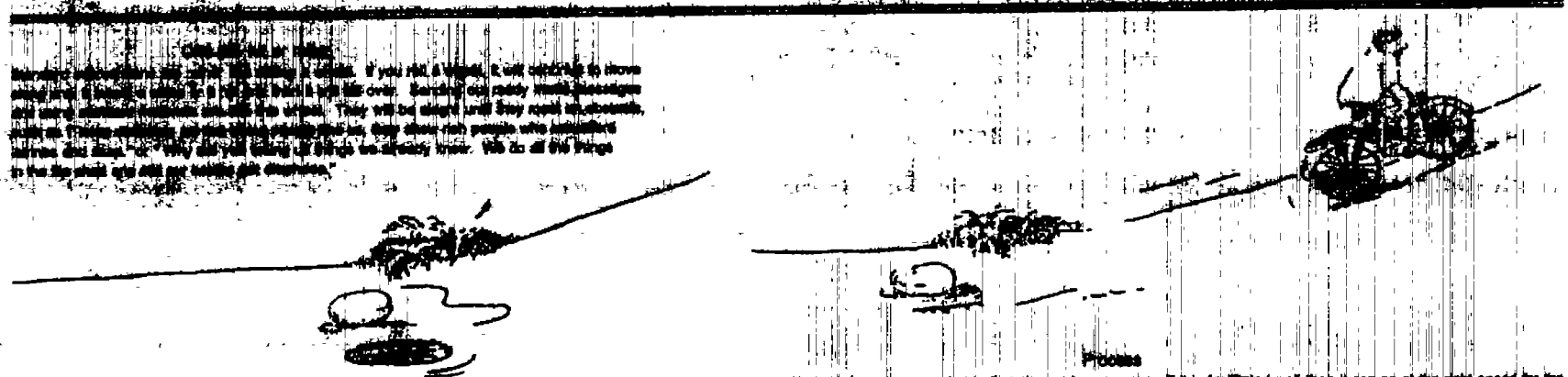


It is not always possible to practice perfect behaviours.

We assess risk ourselves all the time.







Process

What we have to recognise is that change is a process. If it is facilitated well then it can go at the right speed for the community and can deal with the obstacles as they arise. Initially the field worker may be providing the momentum for change (like riding the bicycle), but eventually the community itself will be able to provide that momentum themselves (and take over riding the bicycle).

15: Risky behaviours

Participants in the workshop provided with behaviours written on cards and were asked to rank them in order of risk of diarrhoea. All the behaviours carry some risk but some are much more risky than others. If you were going to a place where there was no tubewell, for example, what would be your next best alternative for drinking water?

The following is SAFE's assessment of relative risk:

Highest

open defaecation by most members of the community (high number have no latrine, family members defaecate in woods and bushes, children defaecating in the yard)

high number of unhygienic latrines (hanging latrines, unsanitary disposal from pit latrines and apparently pucca latrines)

contaminated water for drinking (mixing pond water with tubewell water for drinking, using open well water, wetting rice (panta bhat) with pond water, gargling with pond water when taking bath, eating ice cream if water source not known)

inadequate handwashing (not done after handling children's faeces or before feeding children or before eating, using dirty rag for drying hands, no ash/soap available, long and dirty finger nails)

food not covered

latrine not kept clean (faeces lying about)

unhygienic use of tubewell (uses left hand (after defaecation) on the tubewell handle handle, primes with pond water)

garbage and animal faeces, which attract flies etc., left lying around

does not wear sandals to go to latrine (if yard/latrine are kept free of faeces, this should not be necessary)

using pond water for washing cooking utensils

taking bath in pond (only risky if brush teeth, gargle with water)

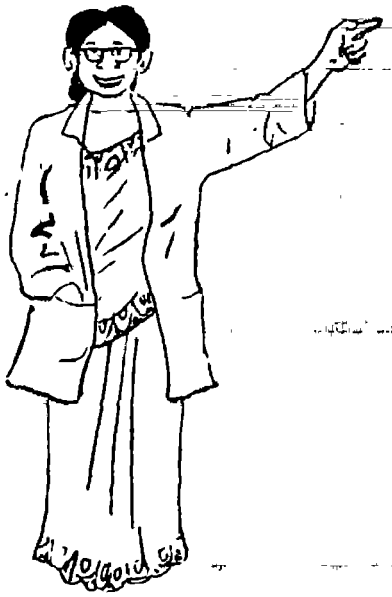
cleans vegetables in pond water before cooking (heat destroys the germs)

cooks with pond water (heat destroys the germs)

lowest

drinks boiled pond water (as long as boiled for long enough and stored in clean, covered container)

Remember: Only focus on those behaviours most associated with the high prevalence of diarrhoea.



...and which can realistically be expected to change.

16. Exercise on "Developing step by step support for behaviour change"

You are provided with some data from simple assessment of the present situation (SAPS)[1] of a fictional union, which we shall call Khushiganj.

Your task is to review the data and decide what is important and what is not important. Then, you must decide what are the risky behaviours which are prevalent in this community which lead to high incidence of diarrhoea. Having identified these risky behaviours, you need to decide which ones you should target first (remembering that you are taking a step by step approach).

What approaches will you adopt? Who will you work with? Why?

You have been given the data in several sections

1. Secondary data
2. Information from general focus group discussions
3. Information from in depth discussions with mothers of children under five years old
4. Information from case studies with mothers who had children suffering from diarrhoea
5. Field workers observations
6. Mapping

1. Secondary data (data obtained from official records, published documents etc.)

Area	5.51 sq miles
Total population	20,016
Male	10,016
Female	10,000
Number of villages	16
Total number of households	3,413
Number of Government primary schools	7
Number of non-Government primary schools	3
Number of high schools	2
NGOs working in the area	3 (ASA, SEBA and Grameen Bank)
Registered clubs	8
Madrashas	1
Distance from thana headquarters	3 km
Information from DPHE	
Number of tubewells	214
Number of sanitary latrines	378
Number of trained tubewell caretakers	153

ADAB reports that there have been no incidence of anti-NGO activity in this area, but it is a very conservative area.

[1] This data is simplified. Data from a genuine SAPS would be more extensive

2. Information from general focus group discussions

i. Sessions with men at teastalls

Their comments:

- Diarrhoea is a big problem particularly in April, May
- Several babies (exact number not clear) have died this year from diarrhoea. Also an old man in Titapara died.
- Most of the people in the area are farmers, a few (about 5%) are fishermen who go away from home for long periods of time. At least 30% of the farmers go to another district for agricultural labour work for between three and four months every year
- Most say that diarrhoea is caused by drinking dirty water, but it is okay if it is heated. The teastall owners all use pond water to make the tea and everyone thinks this is okay. They informed that tubewell water would make the tea black and would not taste good. Wanted to know if there were other causes of diarrhoea
- Most teastall customers visit everyday and stay for between 30 mins and one hour.
- Most say they would like to have latrines but it is too costly

Our observations:

- Water for drinking is stored in an earthen pot and a metal cup is communally used for drinking this.
- Snacks in five of the eight teastalls visited were stored uncovered
- There was no soap available for washing hands at any teastall. In three teastalls there was a dirty gumcha available for drying hands after washing, the others had nothing.

ii. Sessions with youth clubs

Their comments:

- Diarrhoea is caused by dirty water and dirty hands (they have heard from the TV)
- Mostly the members of the clubs are unemployed, sometimes work as day labourers
- There is no problem with open defaecation as the sun dries it up and it is such a small size that nobody will be harmed by it.
- All say they drink tubewell water, but some of the tubewells are not working
- Take baths in the pond every day and wash hands with tubewell water before eating

Our observations:

- o No tubewells near to the clubs
- o Youth eat snacks without washing hands

iii. Session with local elites

Their comments

- o School children hardly ever use the latrines at the school. The yard behind the school smells very bad (presumably open defaecation)
- o The people of the area are "uneducated and simple - they do not know about cleanliness"
- o Everyone should use tubewell water all the time and adults should use a latrine

3. Information from in depth discussions (with mothers of children under five)

I. interview answers

Reported water source:

i. For drinking

tubewell	98%
pond	2%

ii. For cooking

tubewell	54%
pond	46%

iii. For washing utensils

tubewell	9%
pond	91%

iv. For bathing

tubewell	12%
pond	88%

Reported latrine use

mother	89%
men in HH	78%
child over 5	55%
child under 5	3%

Latrine access

water seal latrine	18%
pit latrine	1%
hanging latrine	48%
no latrine	33%

knowledge of proper disposal of babies faeces	0

Effective handwashing demonstrated by 0

Knowledge and demonstration of preparation of LGS	21%
Diarrhoea present in at least one child in the HH during the last two weeks	11%

II. Observations

Latrine cleanliness

Faeces lying around inside the latrine

none	37%
one pile	46%
two or more	17%

Faeces in the yard

none	37%
one pile	26%
two or more	37%

Household/yard cleanliness

Clean yard (no garbage, no animal excreta)	10%
food kept covered	88%
water kept covered	100%
ash/soap available	3%

4. Case studies (with women with children suffering from diarrhoea)

- o Diarrhoea lasted 2-3 days
- o All the family drinks tubewell water and use pond water for other purposes
- o All had a latrine and claimed that the children usually use it
- o They said the diarrhoea was due to eating stale food
- o They all wash cooking utensils with pond water and then rinse with tubewell water
- o The doctor was called and gave saline and medicine
- o They tried to give their children sagu and rice but they refused or vomited

5. Observation of field workers

Pond water use:

- o Mothers wash soiled clothes in the pond
- o Cattle are washed frequently in the ponds

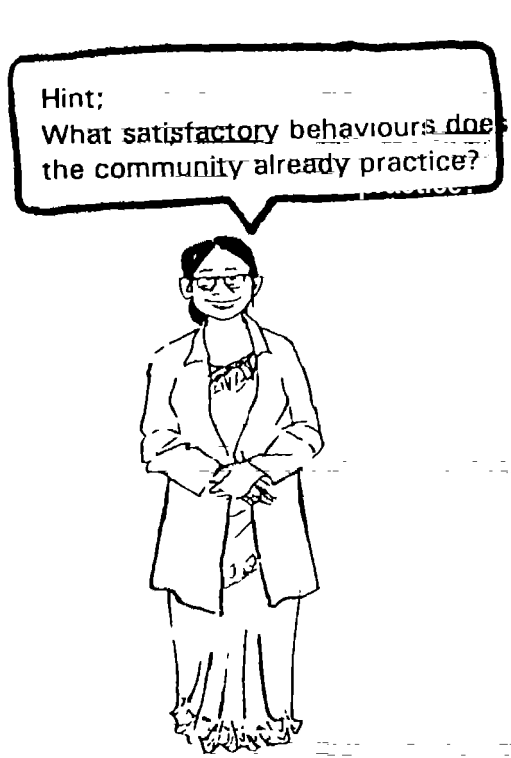
- In many places observed children washing their own bottoms or mothers washing them in the pond
- In fourteen villages women usually collected pond water for cooking
- Utensils are mostly washed in the pond. No observation of rinsing in tubewell water
- Mostly vegetables and rice are washed in the pond

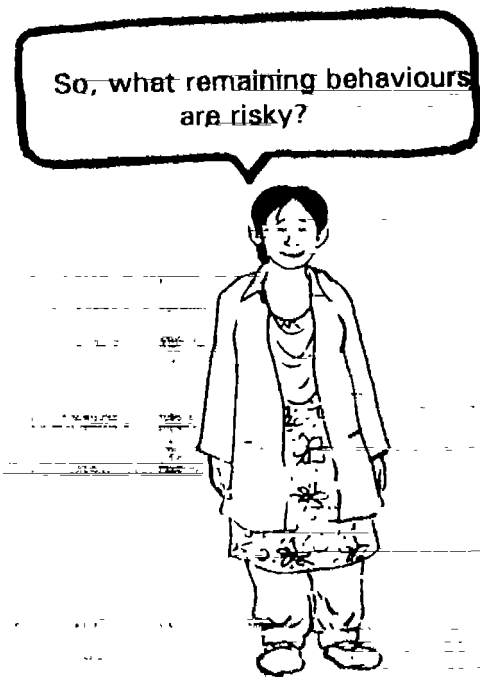
Latrines

- Only adults and older children are using latrines
- Hand washing after use is usual, using pond or tubewell water. Only a few (3%) use ash or mud (rarely soap)
- Small children defaecate in the open, mothers generally ignore unless it is in the yard. Then, they dispose using straw and throw it into the ditch, pond side or bushes. No observation of hand washing after faeces disposal

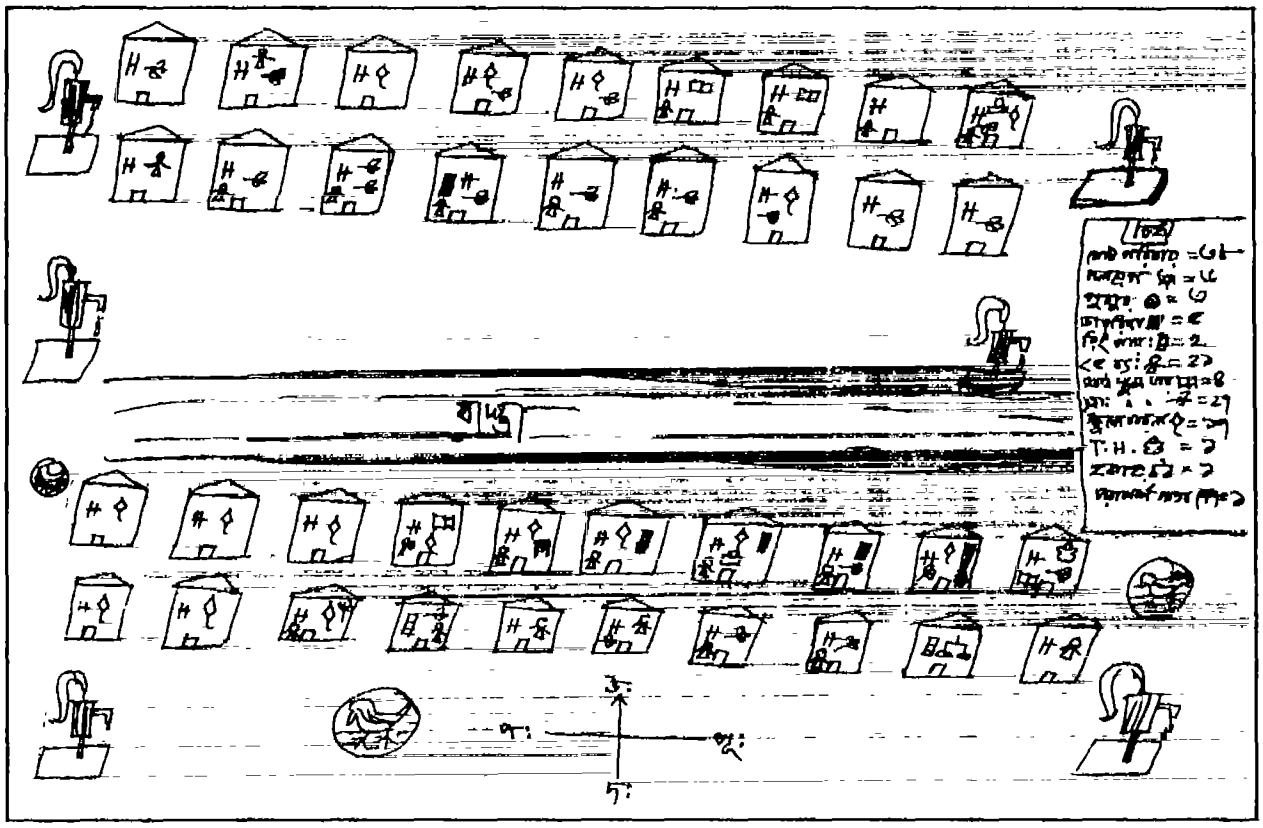
Tubewell use

- Children drink straight away with their hands
- Most tubewells and platforms kept fairly clean
- All adults let the tubewell water run a bit before collecting in a pot
- In 50% of tubewell observations, people brought water from home to prime the tubewell





6. Map (drawn by community)




Write here the support for change that you would give the Khushiganj community first.

Participatory extension

Sanitation and Family Education Resource (SAFER) Project

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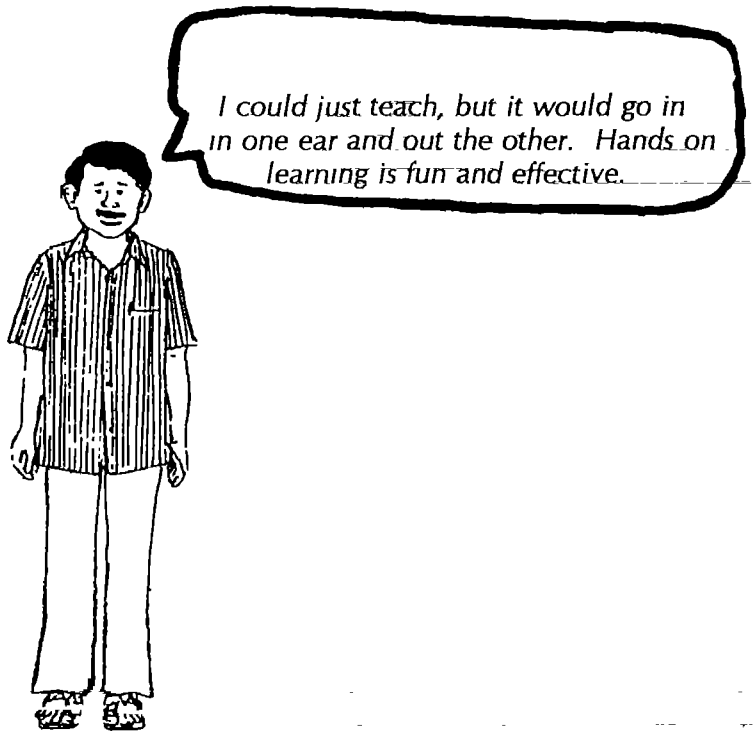
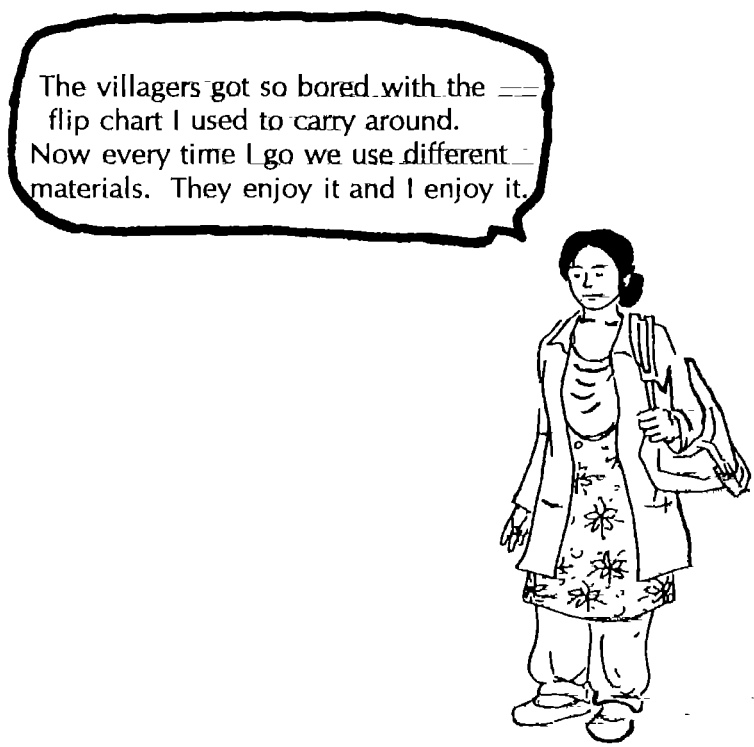




17: Principles of participatory action learning (PAL)

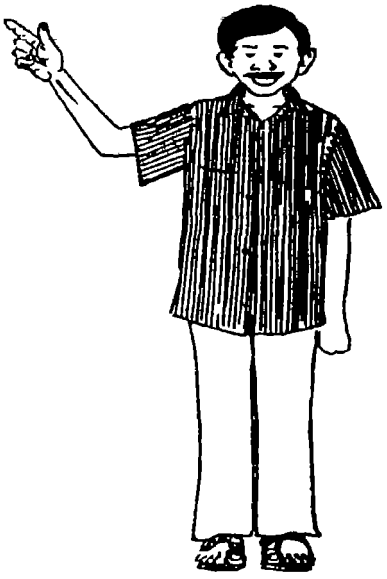
Participatory	participants are fully involved, participants must feel that it is relevant and important
Action	participants experience the situation themselves, they actively experiment
Learning	draw conclusions themselves, reflect, build capacity to apply to *new* situations, reinforce existing knowledge

Involving people in their own learning is.....

motivating,

enables them to dictate the speed and direction of the learning

enables them build the skills to adapt and apply their learning in the future without the help of a facilitator.



18: Problems with ready made materials

"Ready-mades" have many disadvantages:

- the pictures may not be clear to the participants (particularly pictures which show cross sections, perspective, disconnected parts of bodies (e.g., hands without the body) "thought bubbles" or are in unfamiliar forms such as caricatures/cartoons)
- the pictures may not be relevant to the area or the audience (e.g., showing materials, facilities which are not available (e.g. plastic buckets, soap dishes), showing unfamiliar roles of men and women, people employed in jobs not relevant to the area, unfamiliar dress, assets which indicate a higher economic status than that of the audience (e.g., pucca house, large quantities of fruit to be consumed by the family, fancy furniture etc.)
- flip charts often have too many messages, which confuse the audience
- repeated use of the sequence of a flip chart becomes boring and, worse, encourages the audience to memorize rather than understand and be able to apply their learning. The repetition of learned messages leads assessors to assume that the villagers now know the right behaviours.
- it is difficult to use ready made materials in a flexible and responsive way to questions and problems raised by the community.
- ready made materials are often very expensive and difficult to preserve in good condition.

19: Adapting ready-mades

You may already have made a big investment in ready made materials or feel that you do not have the artistic ability to develop your own. With a bit of imagination, you can adapt the ready made materials you have (with the help of a photocopier!) to meet the needs of action learning i.e., develop open ended materials. The following are some ideas you might like to try:

- **sorting exercises**

  Pictures can be sorted e.g. good and bad behaviours, what we do and what we should do, costly vs. costless changes, enabling and constraining factors.

  Sorting exercises reinforce that learning is understood and provides a good basis for discussion when people sort differently (why do you think this picture should be in this category?)

- **sequencing/story telling**

  Pictures can be mixed up and the participants asked to put them in sequence (e.g., to indicate when handwashing should be done, sequence of drinking from a TW, washing hands after defaecation etc.). Pictures which do not fit the sequence can be included to confirm learning.

  Pictures can be used to make a story - the participants make up the story and tell the others using the pictures or the facilitator can start a story and ask the participants to complete it. Alternatively, the beginning and end of a story can be given and participants have to fill in the gap.

- **ranking**

  Pictures can be ranked in order of importance (e.g., most important behaviours), risk (e.g., most risky behaviours), frequency/commonness (e.g., most common behaviours).

  The pictures can be put in order, voted on or scored (with stones, seeds, leaves etc.)

- **models**

  Pictures can form the basis of three dimensional models (e.g., latrine construction) or can have moving parts which can be manipulated by the participants and changed (e.g., puppets, flannel board, matching parts, opening doors etc.)

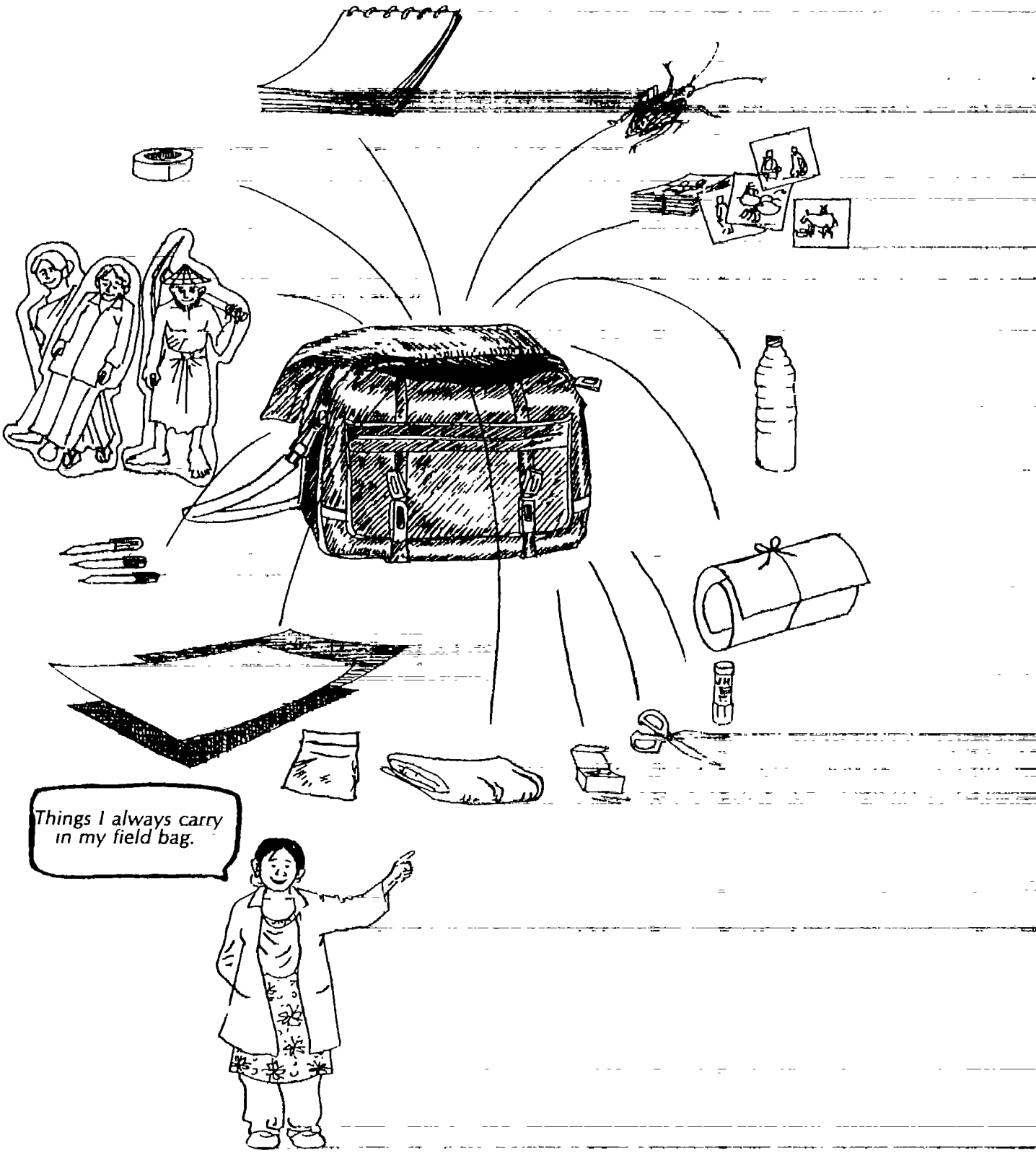
- **problem posing/analysis**

  Pictures can be given to pose a problem. Participants select other pictures which would solve the problem.

  Participants can pair up cause and effect pictures.

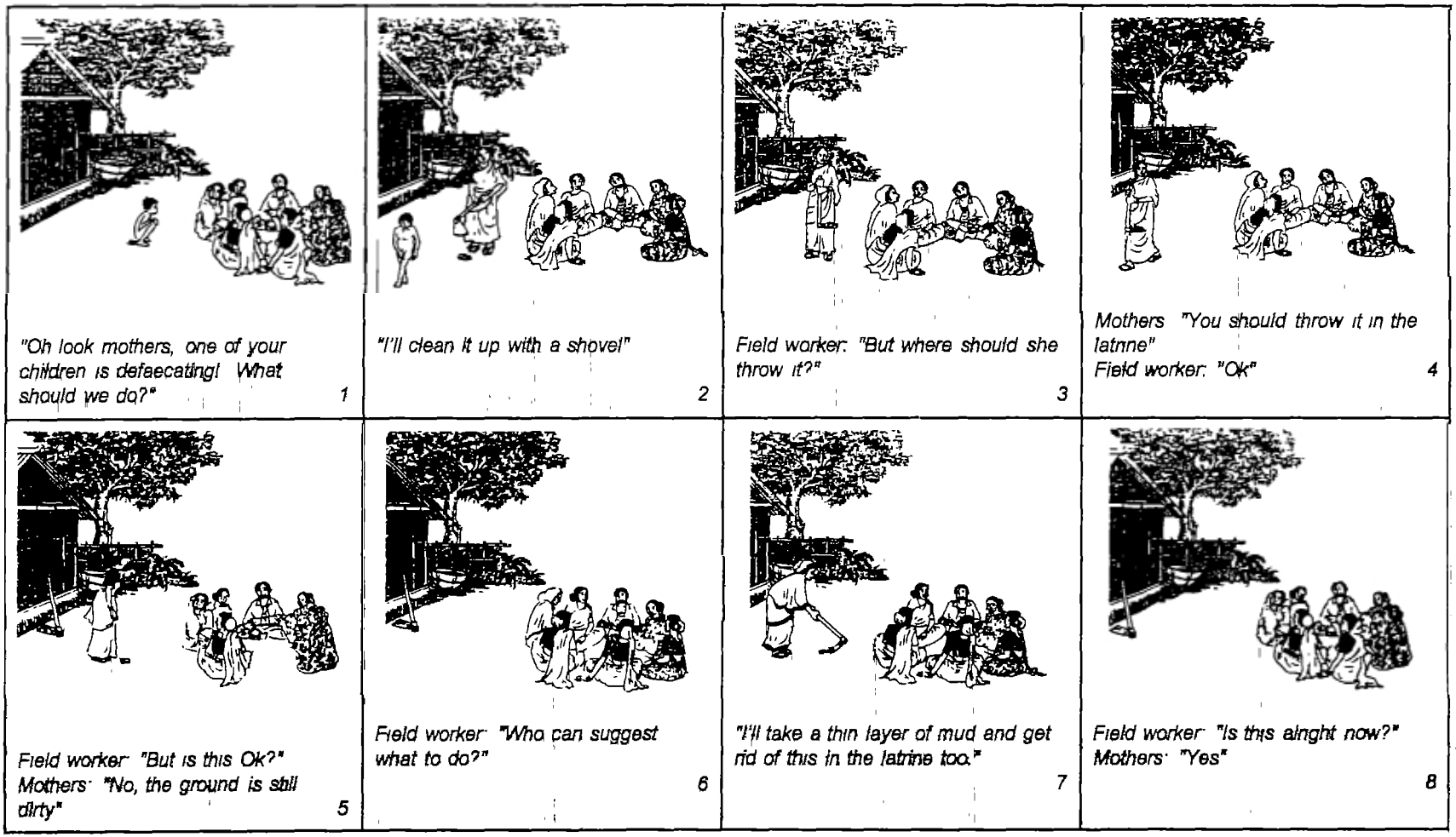
- **illustrating maps**

  Pictures can be stuck onto maps as symbols (e.g. identifying key community people, types of latrine, key points of concern e.g. specially dirty areas in the community, tubewells and their status (working, needing repair, private, public etc.)



Example of the process of a Participatory Action Learning (PAL)

The mother is constantly encouraged to improve on the disposal. The process is slow and step by step Nobody tells her, "You must dispose with a spade". She figures this out for herself. This means she will have understood why the initial manner of disposal was not acceptable and why using the spade is. She will apply this learning in the future.

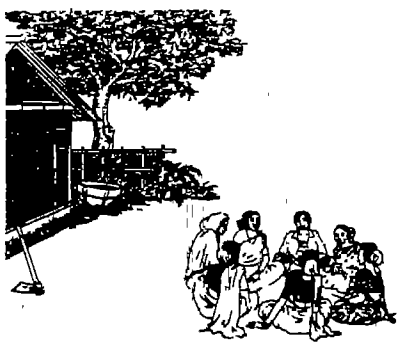


Field worker: "Now, let's go through this again. I have coloured this mud with dye The dye represents the germs in the faeces " 9

"I'll take this and a thin layer of mud and throw in the latrine"
"Good" 10

Field worker: "Is there anything wrong with the shovel?"
Mothers: "Yes, there is some red dye on it" 11

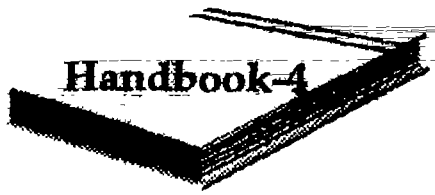
Field worker "So what does this mean?"
Mothers "The shovel has germs on it" 12



Field worker: "Is this a problem?"
Mothers: "If our children play with the shovel, or chickens walk over it, then the germs might be spread" 13

Field worker: "So, what should you do?"
Mothers "Put the shovel out of reach" 14

"Or we could wash it"
"Good" 15



Participatory monitoring and evaluation

Sanitation and Family Education Resource (SAFER) Project

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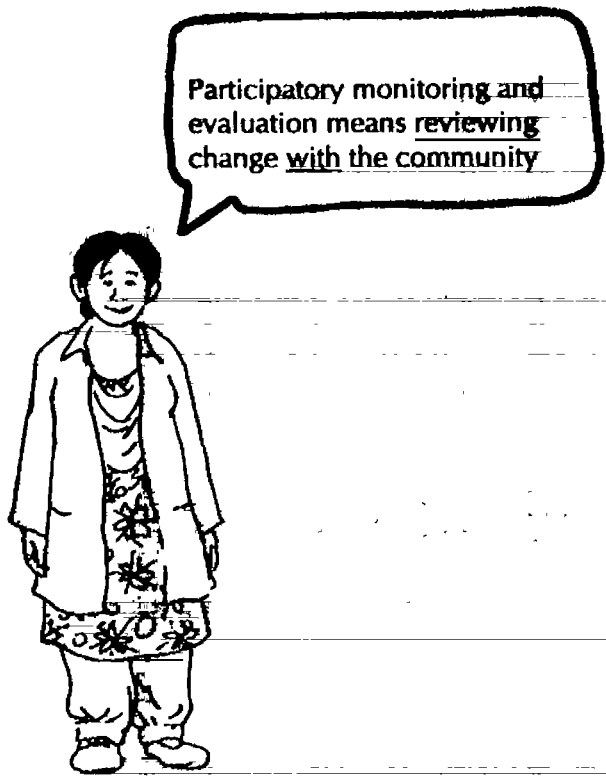

Participatory monitoring and evaluation means reviewing change with the community

20: Purpose of monitoring

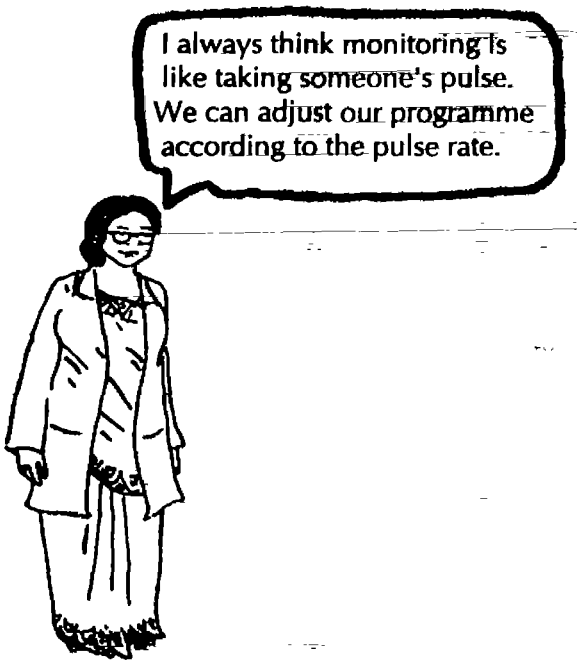
The questions being asked in monitoring are "How are we doing?" and "
"How did we do?"

Monitoring and improvement go hand in hand. There is no point in
information is shared, analyzed, reflected upon and adjustments a
the interventions and extension approaches.

Monitoring should not be regarded as a mechanism to "check up" on staff. It is a
transparent process to track progress. Staff and community members
themselves and review the shortfalls in expectations as well as the
shortfalls together will enable the staff and community members to
approaches in an attempt to improve on the results obtained.

The monitoring and improvement system strengthens the programme by

- refining initial intervention design
- adjusting interventions to accommodate new priorities as they
  about pit latrines which have filled up)
- reinforcing success (motivates staff and the community)
- maintaining dynamism-keeping attuned to community needs and
  for participation.



21 : What should be monitored

Monitoring should focus on a few key indicators rather than gathering a large amount of information. A balance should be sought so that there is sufficient *(just enough)* information to lead to programme improvement.

The monitoring should focus on behaviour change not on knowledge retention.

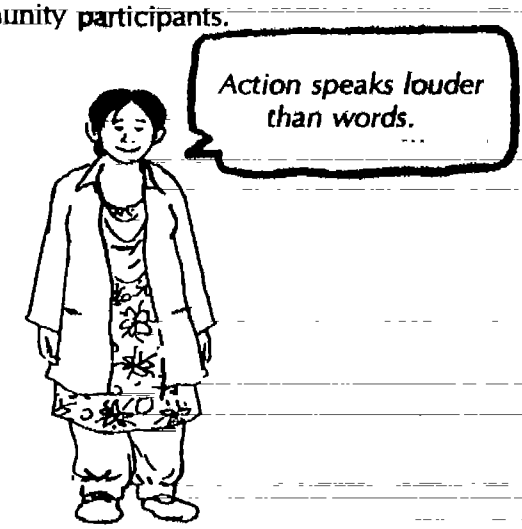
The following guideline should be borne in mind when considering the reliability of an indicator of behaviour change.

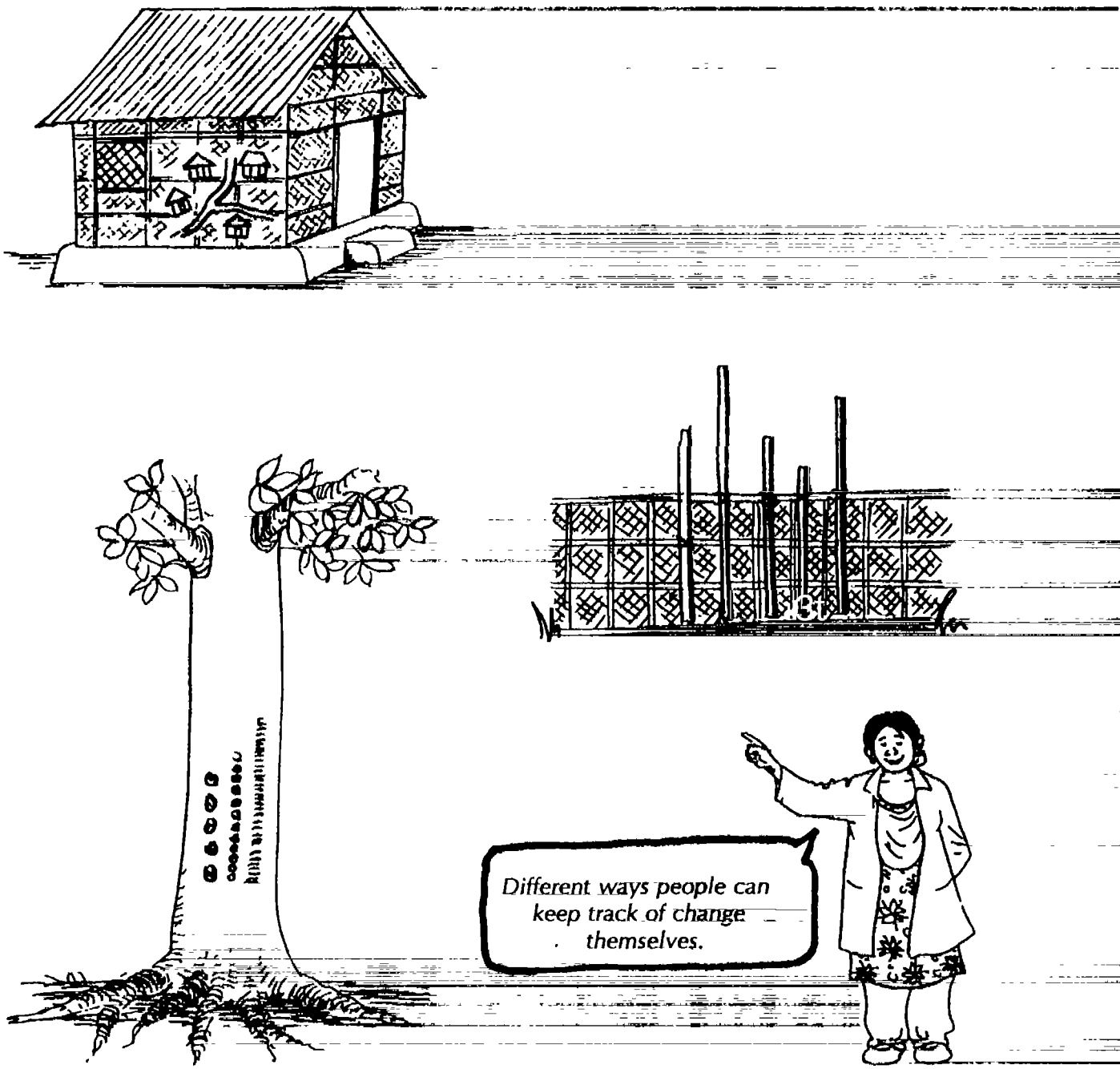
BEST

- observation of changed behaviour under normal conditions (e.g., latrine use)
- observation of signs of behaviour change (e.g., soap available, easily accessible and obviously used)
- demonstrations i.e., showing that a new behaviour has been learnt (e.g., demonstration of sanitary disposal of children faeces)
- answers to questions relating to specific practice (e.g., how do you prime a tubewell?)
- answers to questions relating to general practice (e.g., where does the water you drink come from?)
- answers which demonstrate knowledge/memorization (e.g., what are the six key handwashing times?)

WORST
(Less Useful)

Monitoring of staff should focus on the processes they use, their analytical and creative skills, their attitude towards community participants.




Different ways people can keep track of change themselves.

22. Who should be monitored? and how?

SAFE monitored their project area every quarter. This was considered a reasonable period over which one would expect to see behaviour change.

SAFE attempted to use tubewell caretakers to monitor the diarrhoea situation in their areas. However, this did not work as they regarded it as an extra burden, lacked interest and inadvertently caused embarrassment by asking mothers in front of others why their children kept having diarrhoea.

SAFE field workers used

- simple questionnaires and observation of mothers
- simple questionnaires for tubewell caretakers
- simple questionnaires for key community persons
- spot observations
- field diaries (records of anecdotes, noteworthy changes)

SAFER will try to involve the villagers more in the collection of monitoring data in the future. People should feel part of the process, judging by themselves their progress according to their criteria, not feeling judged from outside.

If in the simple assessment of the present situation, "in depth interviews" are conducted using pictures, these same pictures can be used in the monitoring process.

Who analyses?

SAFE field workers analyzed the information together with their supervisors during one day "monitoring workshop". The feedback cycle should be short.

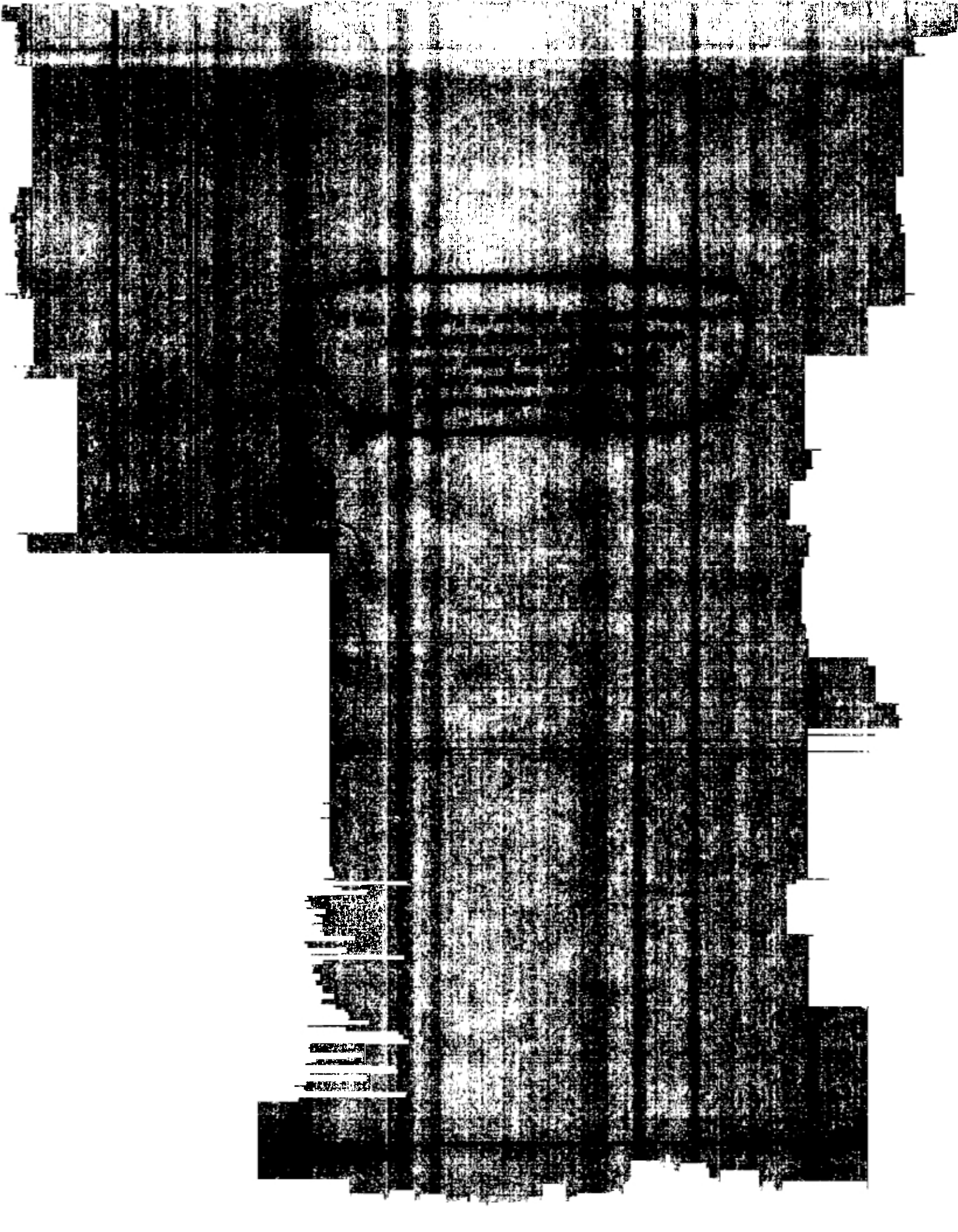
The results were put into pictograms to facilitate sharing with the communities in "community monitoring analysis sessions". The problems were highlighted and solutions sought from the community.

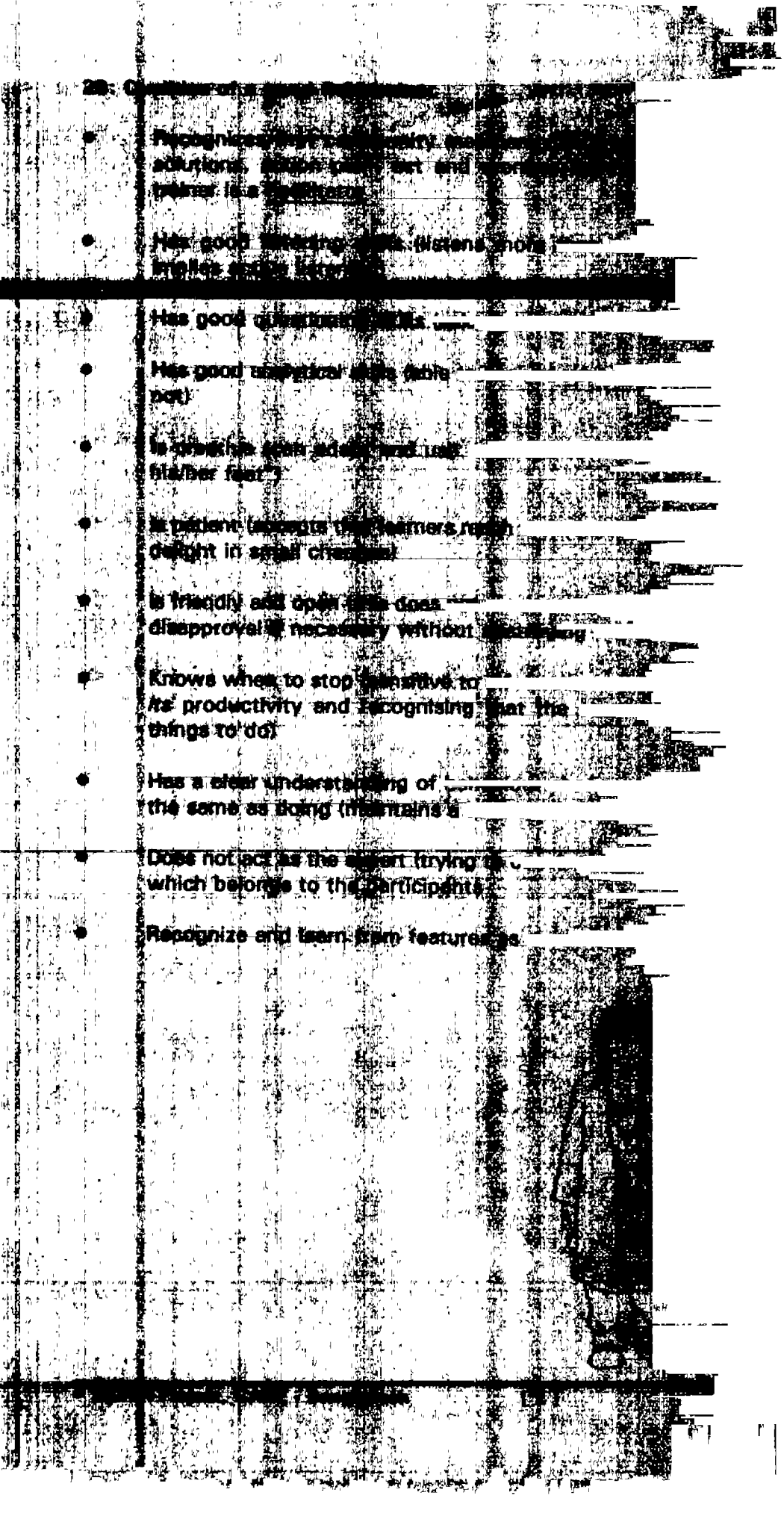
SAFE encouraged villagers to make maps to track progress (e.g. latrine installation). These maps often ended up as kites! SAFER will look into ways of enabling communities to keep track of their progress themselves, e.g., painting maps on walls, nicks of trees, trends analysis.

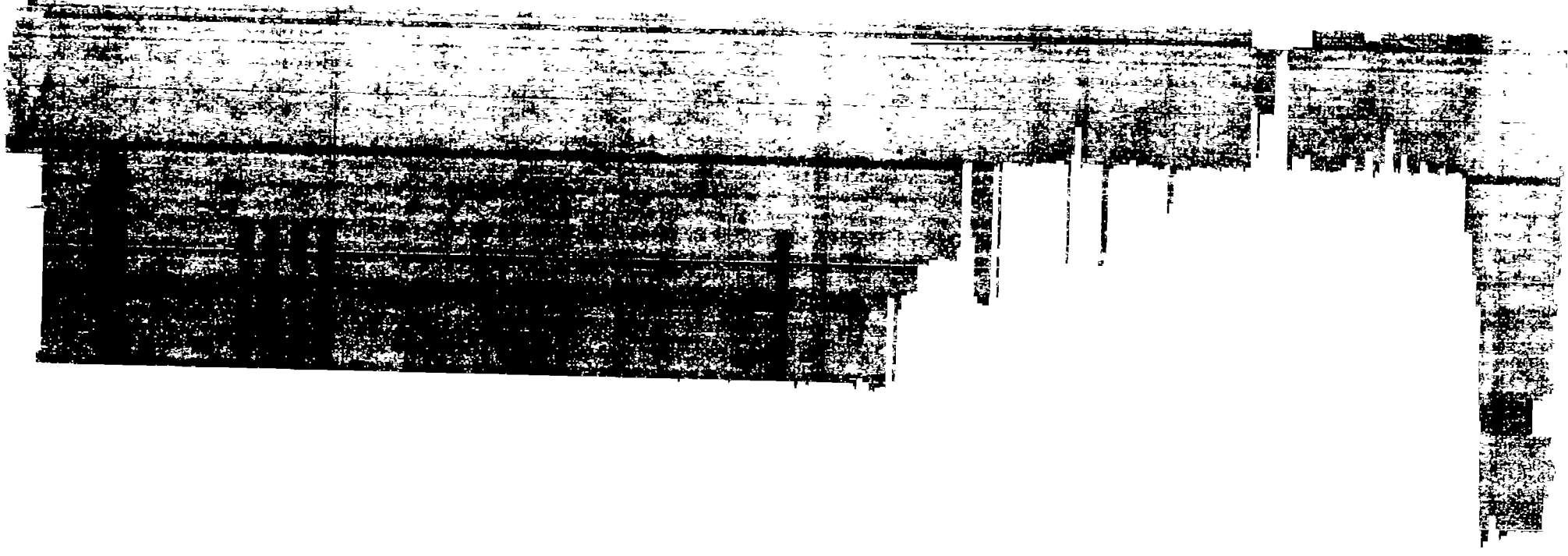
Monitor the monitoring system

It is important to continually review the appropriateness of the monitoring system. For example, it may be necessary to -

- drop an indicator that is not useful or cannot be effectively monitored,
- change the person doing the monitoring,
- add indicators which might be more useful,
- add indicators to monitor new or developing situations,
- change methods of problem identification and solution development.







[redacted]

- **Staff resistance to change**

  Nobody feels comfortable with change. Field staff [illegible] in a new way (as facilitators rather than implementors). [illegible] support (software rather than hardware). In fact [illegible] acceptance of the community of their approach.

  In the past, the approach has been [illegible] inputs (credit, tubewells, latrines, pumps etc.). The [illegible] however, expects them to be active partners and [illegible] feel that the community will not be interested to [illegible] hardware inputs.

  The same arguments that will be used with the [illegible] need to be used to convince the staff. Relief and [illegible] someone a latrine and in one year it will be filled up [illegible] is not affordable. However, teaching someone how [illegible] will enable him/her to continue to replace the structure [illegible] ***give him fish, but show him how to fish***".

  Some staff might suggest that the hygiene education [illegible] receiving loans, subsidized or free inputs. This [illegible] motivation for behaviour change programme should [illegible] incentive. The behaviour change will probably not be sustained as long there is a "carrot".

  There will be protestations that package programmes [illegible] experience to use these. They will wonder why only [illegible] and not all "unsustainables" (such as not clipping [illegible] latrine etc.). They will question why they need [illegible] project without achieving anything. There will have [illegible] discussion sessions to work through these anxieties. [illegible] and dealing with these rather than ignoring them will help [illegible]

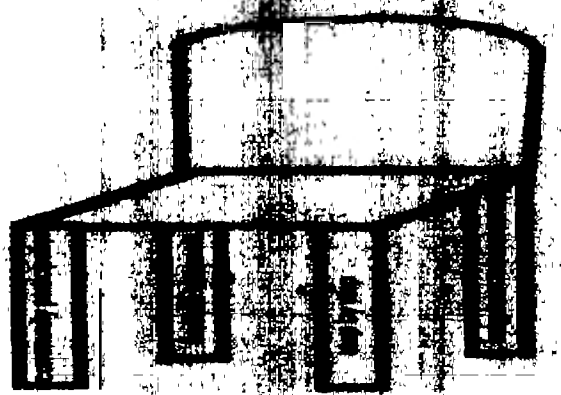
- Willingness to take a community approach.

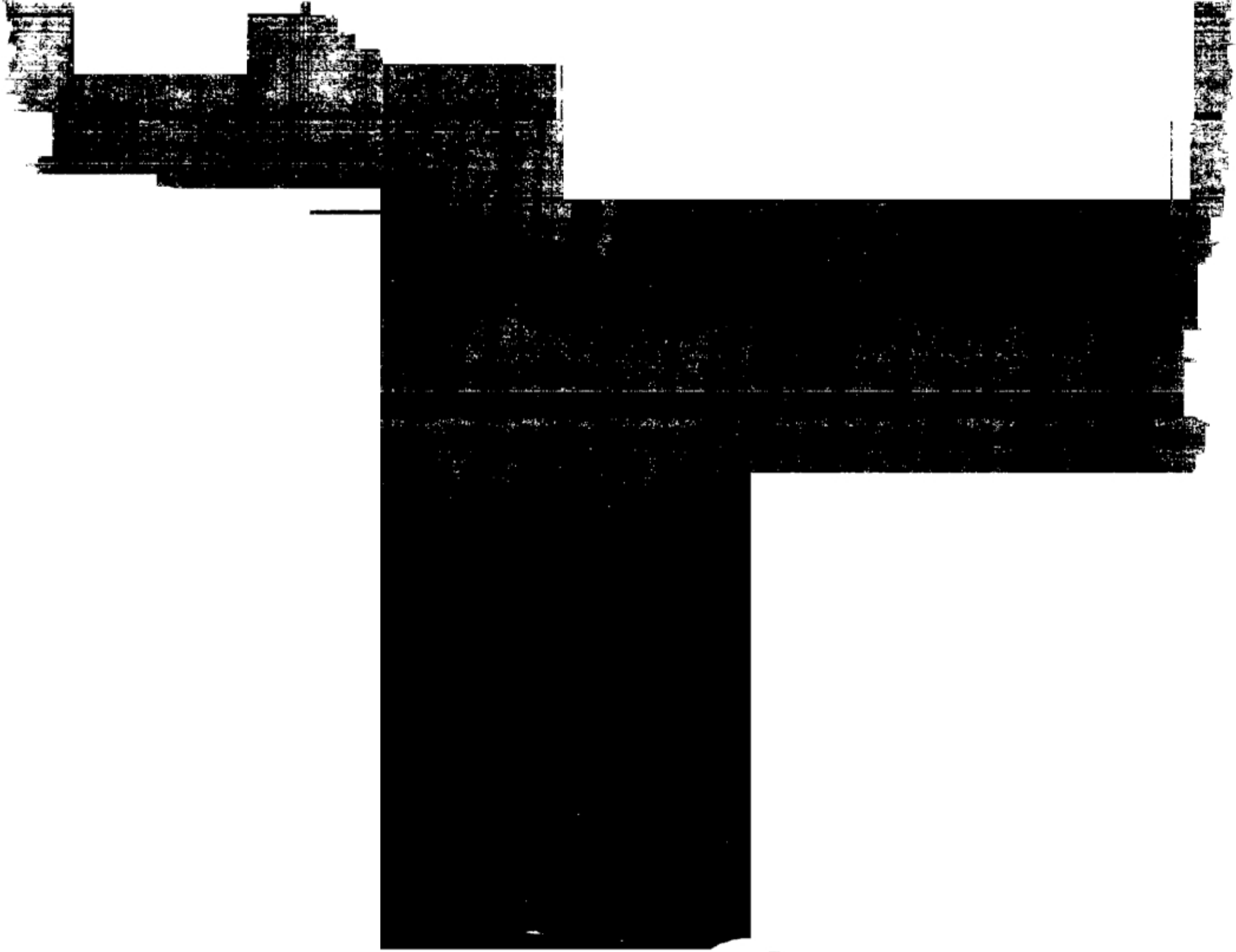
SAFE is a community-targeted programme. If a [illegible] about hygiene and his neighbour is not, he and his family is still at [illegible] has to realise that although it may have a specific target group [illegible] adopts an holistic multiple channel approach without recognising [illegible] beyond the target group. It may do this itself or by partnership with other organisations working in the same community.

Using participatory methods to encourage [illegible] will definitely be an improvement on one-way [illegible] even if you have a specific target group, SAFE can still help you [illegible] your programme.

However, without a broader community focus, the success and sustainability of the behaviour change will always be diluted.

All legs of the chair are important in the [illegible] take any one away and the chair might fall over.





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