



FACILITATOR'S REFERENCE GUIDE

FOR TRAINING FRONTLINE ACTIVATORS ON
INTERPERSONAL COMMUNICATION



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Abbreviations

DCC	Direct Consumer Contact
HWWS	HandWashing With Soap
NGOs	Non Government Organizations
CBOs	Community Based Organizations
WSP-AF	Water and Sanitation Program of the African Region
GoT	Government of Tanzania
MKUKUTA	The Kiswahili translation of the National Strategy for Growth and Poverty Reduction
TSSM	Total Sanitation and Sanitation Marketing
FLA	Frontline Activator
RAs	Resource Agents
DCs	District Coordinators

Acknowledgement

This facilitator's guide was developed with inputs from Ethiopia's "Training in Community-led Total Behavior Change in Hygiene and Sanitation guide", "Building interpersonal communication skills manual" for UNICEF India, Global Handwashing Planner's Guide and training materials on the handwashing campaign from Uganda.

1.0 Introduction

This Facilitators Guide is designed to assist the facilitators to train Frontline Activators (FLA) on interpersonal communication skills to enable them promote handwashing with soap in their communities. The facilitator's guide is to be used as a detailed reference guide during the training of FLAs. It supports the training manual by giving more information on the topics being handled.

Each session of the overall training program has its own

objective, duration, materials, group work, lectures, role play, demonstration and procedure for conducting the sessions. For some units, we have added 'Facilitators Notes' outlining important points about the topic for additional background. Facilitators should use these notes to help them carry out the training and facilitate discussion for each topic. Some topics also have presentations which are also inserted in this guide to help facilitators carry out the workshop.

2.0 The HWWS Campaign

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

The goal of the HWWS campaign is:

"Establish the Behavior of Hand Washing With Soap after defecation, after cleaning a baby's bottom, before preparing food/cooking and before eating.

The objective of this project is:

- To make the mother who is the caretaker of the family believe that HWWS is a critical part of daily life and by teaching this simple habit in her family she is fulfilling her role and responsibility.

This objective will be achieved by:

- Having the mother believe that by teaching simple, hygienic habits like Hand Washing With Soap her children are less vulnerable to illness and can attend school regularly thereby ensuring a successful future.
- Hand Washing With Soap is easy and simple to achieve and maintain.

Campaign Strategies

The campaign will use 3 main strategies which will reinforce each other. These are mass media, direct consumer contact and Interpersonal communication.

Mass media: this includes printed and audio visual material designed to reach the mass audience. The campaigns messages are principally going to be aired on various radio stations in the project area.

Direct Consumer Contact (DCC): This is a combination of entertainment and education that can attract large audiences. DCC activities will include use of drama (both from the contacted group and community, video shows, music, poetry and road shows.








Interpersonal Communication: will mainly be in form of group discussions and/or on a one-to-one basis. The campaign will communicate with groups and work with existing social networks within a community or village to promote the behaviour of HWWS. Facilitating discussions with existing groups will help to generate further discussion and action. One of the key activities under the IPC component of the campaign is to train Frontline activators who will be responsible to conducting the community discussion and promoting HWWS.

3.0 Hand Washing with Soap (HWWS) Campaign

3.1 Key messages for the campaign:

- Teaching simple, hygienic habits like Hand Washing With Soap make children are less vulnerable to illness and can attend school regularly thereby ensuring a successful future.
- Hand Washing With Soap is easy and simple to achieve and maintain.

3.2 Background to HWWS campaign

<p> HWWS Campaign</p> 	<p> FINDINGS ON HWWS IN TANZANIA </p> <ul style="list-style-type: none"> ❖ Knowledge about the importance of handwashing for hygienic purposes is generally fairly high, but there is a lack of awareness of proper handwashing ❖ Majority of the respondents who wash their hands at key times do so using water only with a substantial number of them only washing one hand ❖ In the study, it was established that several people do not wash their hands at critical junctures. <p>3</p>
<p> Background</p> <ul style="list-style-type: none"> ❖ More than 3 million children die each year of Diarrhoea, Cholera and other Acute Respiratory Infections (ARI's) (UNICEF, 2005). ❖ Irregular proper handwashing practices, contribute to spread of these diseases that affect people in various communities. ❖ Yet studies show that handwashing with soap can reduce diarrheal incidence by 42-47% and can reduce the transmission of acute respiratory infections by over 30%. <p>2</p>	<p> FINDINGS ON HWWS IN TANZANIA </p> <ul style="list-style-type: none"> ❖ <i>After using the Toilet:</i> The importance of handwashing after visiting the toilet is well understood. In spite of this awareness, several respondents do not wash their hands after using the toilet. ❖ <i>Preparation of food:</i> There is very little knowledge of the importance of handwashing before cooking. Only 8% of respondents at the households mentioned that they washed hands before cooking. ❖ <i>Handwashing with soap:</i> 44% say they wash hands using soap. <p>4</p>

FINDINGS ON HWWS IN TANZANIA

Factors that drive handwashing practices

- (1) social reasons i.e., to be seen as attractive and acceptable to friends and the community
- (2) good habit carried through from childhood
- (3) health and the fear of diseases
- (4) care of children

Availability of handwashing facilities and soap

- ❖ 56% of the households visited had handwashing facilities.
- ❖ 29% of them had soap available.

Campaign Strategies

- ❖ **Interpersonal Communication:** will mainly be in form of group discussions and/or on a one-to-one basis. The campaign will communicate with groups and work with existing social networks within a community or village to promote the behaviour of HWWS. Facilitating discussions with existing groups will help to generate further discussion and action.
- ❖ One of the key activities under the IPC component of the campaign is to train Frontline activators who will be responsible to conducting the community discussion and promoting HWWS.

THE HWWS CAMPAIGN

Overall Goal

- ❖ To reduce the incidence of diarrhea and increase productivity of households

Behavioral Goal for the HWWS campaign:

- ❖ "Establish the Behaviour of Hand Washing with Soap after visiting the toilet or before feeding children".

Objective:

- ❖ To make the mother who is the caretaker of the family believe that HWWS is a critical part of daily life and by inculcating this simple habit in her family she is fulfilling her role and responsibility.

Campaign Design

- ❖ The campaign is being implemented in 10 districts.
- ❖ In each of these districts some wards have been selected to implement the HWWS campaign
- ❖ In these wards priority villages have also been identified for the implementation of the HWWS campaign
- ❖ Frontline Activators have been selected in each of these wards to promote handwashing in the villages.

HWWS CAMPAIGN

This objective will be achieved by:

- ❖ Having the mother believe that by consistently carrying out simple, hygienic habits like Hand Washing with Soap her children are less vulnerable to illness and can attend school regularly thereby ensuring a successful future.
- ❖ Hand Washing with Soap is easy and simple to achieve and maintain.
- ❖ NB: The father is not left out in the campaign. He also has a role to play by supporting the mother to acquire the tippy tap and soap which will help her teach and practice handwashing with soap.



Campaign Strategies

The campaign will use 3 main strategies which will reinforce each other.

- ❖ **Mass media:** this includes printed and audio visual material designed to reach the mass audience. The campaigns messages are principally going to be aired on various radio stations in the project area.
- ❖ **Direct Consumer Contact (DCC):** This is a combination of entertainment and education that can attract large audiences. DCC activities will include use of drama (both from the contacted group and community, video shows, music, poetry and road shows.

3.3 Five important facts about handwashing with soap

1. Washing hands with water alone is not enough!

Washing hands with water alone, which is a common practice, is less effective than washing hands with soap. Proper handwashing requires soap and only a small amount of water if you use a tippy tap. The soap works by breaking down the grease and dirt that carry most germs, facilitating the rubbing and friction that removes them and leaving hands smelling pleasant.

2. Handwashing with soap can prevent diseases that kill millions of children every year.

Handwashing with soap is among the most effective ways to prevent diarrheal diseases and pneumonia, which together are responsible for the majority of child deaths. Handwashing can also prevent skin infections, eye infections and intestinal worms.

3. The critical moments for handwashing with soap are after using the toilet or cleaning a child and before handling food.

Hands should be washed with soap after using the toilet, after cleaning a child's bottom (or any other contact with human excreta, including that of babies and children) and before any contact with food. The community can use simple, Tippy Taps which is not expensive and is within their financial and technological reach.

4. Handwashing with soap is the single most cost-effective health intervention.

Handwashing promotion is cost-effective when compared with treating a child who is suffering from diarrheal diseases, pneumonia, skin infections, eye infections and intestinal worms. Every home can afford to buy a piece of soap so it is a matter of cutting off a small piece that can be used for hand washing.

5. Children can be agents of change

When it comes down to sharing good hygiene practices, children – the members of society that are

often the most energetic, enthusiastic and open to new ideas – can act as agents of change by taking the “handwashing lessons” learned at school back into their homes and communities. The active participation and involvement of children – ideally situated at the centre of the home, school, and community – can ensure sustained behavioral change when combined with culturally sensitive community-based interventions. The campaign to the extent possible also aims at motivating children to embrace and share proper handwashing practices, and place them as “handwashing ambassadors” in their homes and communities.

3.4 How to wash your hands

1. First wet your hands with water and lather with a bar of soap.
2. Next rub your hands together vigorously and scrub all surfaces up to your wrists.
3. Clean under your fingernails to help control germs and keep them trimmed and short.
4. Continue for at least 30 seconds or about the length of a little tune (for example: the “Happy Birthday” song). It is the soap combined with the scrubbing action that helps dislodge and remove germs.
5. Rinse your hands well with running water (pour from a jog or tippy tap)
6. Dry them in the air to avoid recontamination on a dirty towel.

IMPORTANT INFORMATION

You can wash your hands with ‘dirty’ water, and still get clean hands, as long as you POUR it over your hands (no dipping in a bowl!) The soap “lifts” the dirt, and the water then washes off the visible and invisible germs.

Set up a hand washing station to make washing easier! Set one up by your latrine, and near where food is prepared and eaten. Making a hand washing device saves water, and makes the task easier

3.5 When do you Wash (Critical Times):

- ✱ After defecating in the field or latrine
- ✱ Before eating
- ✱ Before cooking or food handling
- ✱ Before feeding a child or breastfeeding
- ✱ After cleaning a baby



4.0 How to make a Tippy Tap

**BUILDING A HANDWASHING DEVICE CAN HELP TO WASH HANDS AT THE CRITICAL TIMES
EVEN WHEN WATER IS SCARCE!**



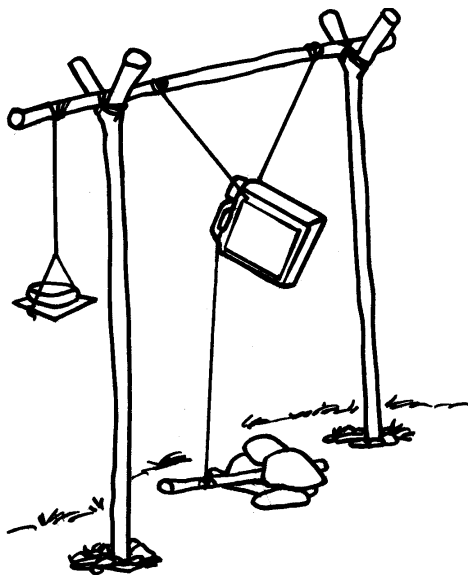
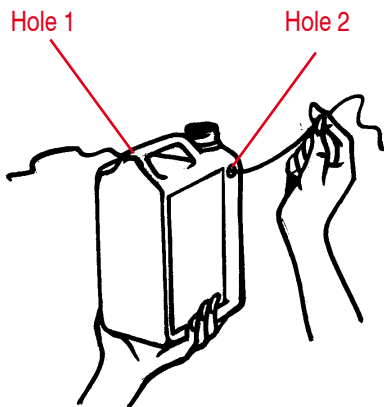
1. From a bush or forest near you, cut two strong fork-ended sticks and one straight stick ALL of a height of 1.5 meters.
2. Take two long steps away from the toilet door (approximately 2 meters) and mark the site you are going to use for your tippy tap.



3. Dig a hole (half a meters deep) and use the straight stick to measure how far to dig a similar hole and dig another hole.
4. Place the two strong fork-ended sticks in the two holes and cover the spaces in the holes with soil so that the sticks are firm and do not shake. Put the straight stick in the fork end of each grounded stick.



5. Get a small jerrycan (5 or 3 liters) and puncture it with holes at the points shown in the picture using a nail with a hot tip.



6. Get a nylon string or any long lasting string (about 2 meters long). Gently pass the string through hole 1 and hole 2 using your first finger through the snout of the Jerrycan and tie the Jerrycan on the straight stick.
7. Tie another string on the handle of the jerrycan and tie the other end of the same string to a strong small stick (half a meter long). Make sure that the small stick touches the ground but is at a slanting angle.
8. Get an empty mineral water bottle cut it in to a half and put a hole in the bottom end. Get a piece of soap (costs about Tz 200) and cut 1/3 of it. Make a small hole in its centre, put a string through it and tie tightly. Pass the other end of the string through the hole of the cut bottle so as to create a roof for the soap. (this ensures children do not lose the soap, goats do not eat it and the rain does not cause it to thaw).
9. Put water in the jerrycan, replace the cover and step on the stick like a car driver steps on peddles.
10. You can now use the tippy tap to wash your hands with soap everyday. (Remember to create a drainage channel for the trickling water so that mosquitoes do not have stagnant water in which to lay eggs)



5.0 Being a Frontline Activator (FLA)

Being a FLA isn't easy. To be an effective FLA, one needs to be able to communicate effectively. Having knowledge is only the beginning of this communication process. You need to be able to engage in mutual communication whereby you learn from the person with whom you are speaking and come to a common understanding.

5.1 Definition of a Frontline Activator

A FLA is a community member who is trusted and respected by their community and is interested in improving their communities. The FLA will be a responsible for promoting HWWS in their community.

A FLA can be selected from any of the following categories of people:

Health officers (ward level), teachers, Village health workers, religious leaders, community leaders, community development officers and Village WATSAN committee members. She/He can promote HWSS during formal and non-formal meetings, in a women group meeting, salon, community ceremonies, during church, in one to one discussions, and in a variety of other places and times.

The five key components of a frontline activator are:

- Providing accurate and relevant information
- Creating motivation for change
- Demonstrating needed skills
- Referring to resources and services
- Reporting on your progress

Some examples of events

Peer education can be informal or organized, meaning it can occur as part of a regular conversation or as a planned event. Here are some examples of peer education activities:

- **Include handwashing in existing meetings:**
As a FLA you can agree with your community leader that during each community meeting you be given at least 15 minutes to talk about handwashing.
- **Women groups:**
Work with organized women groups in your community to hold discussions on handwashing. If possible you can also involve a mason who can do some demonstration on how to make and use a tippy tap.
- **Local market days:**
Work with your community leader and market organizing committee to secure space for a stall on HWWS. You can also invite a mason who is near you to exhibit a handwashing facility so he can show people how to make and use one. Make sure you have some posters and flyers to give out to people who visit your stall. This activity can be conducted by FLA in the same community area.
- **Water collection points:**
As discussed a FLA can give information whenever possible. As you go to collect water you can talk to your fellow women on the importance of HWWS.
- **Health centers/clinics:**
Organize with the health-centre in-charge and staff to conduct discussion sessions on HWWS at the health facility. This could be in the waiting area as parents/guardians wait to see the doctor.
- **Community festivals:**
Plan with the organizing committee of the community celebration to be given 15 minutes to talk about HWWS.
- **Religious institutions:**
(target groups within e.g. Mothers unions, youth groups etc): Work with your religious leader to organize meetings or have a stall every other Sunday where you talk about HWWS and give out IEC materials whenever possible. Ask the religious leader

to also say something about HWWS at the end of every religious meeting or service. Make sure you have talked to the religious leaders and given them the correct information which they can also continue to pass as they conduct their daily schedules.

- **Youth groups:**
Plan with the youth leaders in your community to organize youth meetings or to attend existing youth meetings where you can promote HWWS.
- **Schools:**
Plan with school authorities in your community to hold discussions with children on HWWS

5.2 Benefits of being a FLA

A person's peer group has a strong influence on the way he or she behaves. This is partly because people get a great deal of information from their peers on issues that are especially sensitive or personal. This information can be of a factual nature, but it can also have to do with whether or not a certain behavior is acceptable or respectable. People often take these opinions of their peers into account when making decisions in their own lives. We call this process "peer influence", and it can be either negative or positive. Being FLA therefore creates opportunities to use peer influence in a positive way. Some of the benefits of being a FLA are:

- Being respected in your community
- Have the opportunity to be trained and learn more on how to be a better person and contribute to improving your community.
- You will receive a certificate after training during the launch activity in your community as proof that you have been trained and are capable of giving out correct information on HWWS
- You will have an opportunity to make new friends as you talk to new people and motivate wash hands with soap.
- You become an important source of information in your community on HWWS.

5.3 FLA Roles and responsibilities

The FLA you plays a central role in the campaign. All the other strategies mass media and direct consumer contact rely on the FLA to reinforce the campaign message. They put a face to the campaign message. This means the FLAs interact with the community promoting handwashing, encourage the community to listen to the messages aired through mass media, mobilize and participate actively in the DCC activities. Below are the specific roles:

- Promoting HWWS in both formal and informal settings
- Follow-up on homes/communities sensitized to encourage adoption of behavior
- Participate and mobilize communities for DCC events
- Demonstrating how to make and use a handwashing facility
- Demonstrating how to wash hands
- Referring community members to masons and other district staff for further help
- Collecting data
- Preparing activity reports and giving feedback

ROLES OF THE FLA IN DCC ACTIVITIES

The FLA will be the first point of contact for the DCC community in the community. They will link the DCC Company to the community leaders to ensure smooth implementation of activity. Specific roles for FLA in DCC events are to;

Mobilize the community to attend DCC events through:

- Distributing and putting up announcement posters for the events
- Informing the community leaders about the event with details on time and place.
- Making announcements in churches, mosques, community meetings, markets etc.

During the DCC event the FLA can participate in teaching activities, question and answer sessions etc.

5.4 Qualities that make someone a strong Frontline Activator

- Able to communicate clearly with their peers
- Good listening skills
- Accepted and respected by their peers
- Non-moralistic attitude
- Compassionate, especially to people who are marginalized
- Self-confident without being arrogant

5.5 Tips on talking to people about HWWS

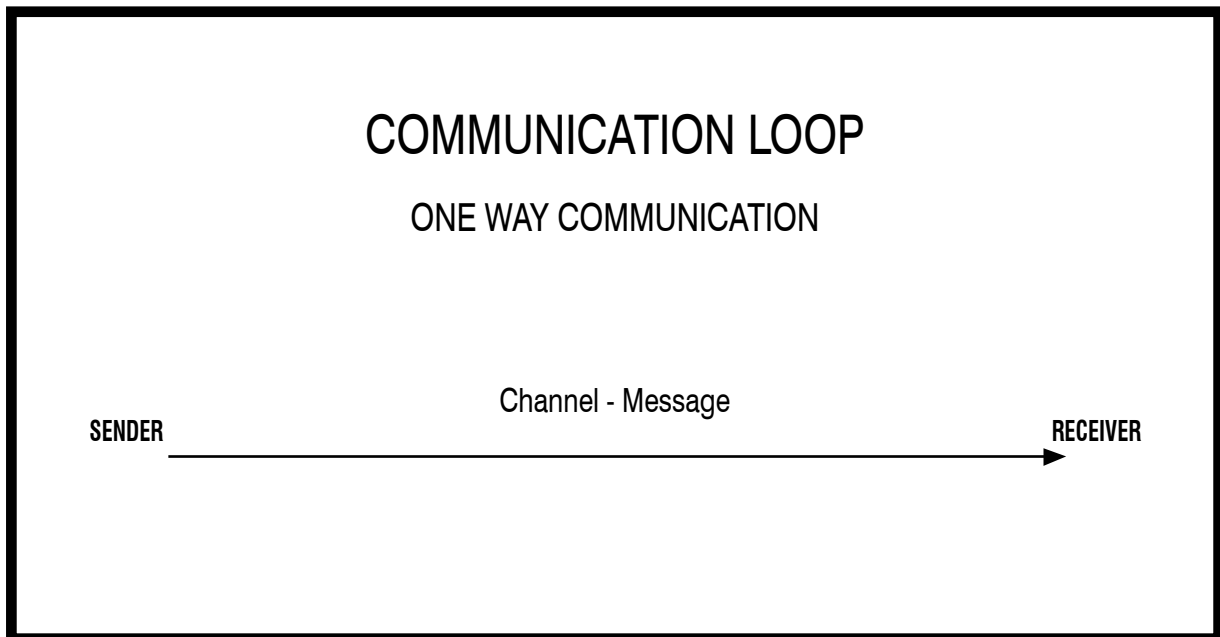
Below, find some tips about what to do and what not to do when talking to your community members.

What to do	What not to do
<ul style="list-style-type: none"> ✓ Listen attentively to your peers ✓ Respect and trust other people's experiences ✓ Provide needed practical information ✓ Apply what you know in your own life ✓ Help refer to the health service providers when they are in need ✓ Be creative and engage people about health issues in fun and relevant ways 	<ul style="list-style-type: none"> ▪ Lecture or preach ▪ Moralize or criticize others for their behaviors ▪ Embarrass people or reveal confidential information that they have shared with you ▪ Pretend you know an answer when you don't (and give incorrect information) ▪ Force people to tell you things that they don't want to tell you

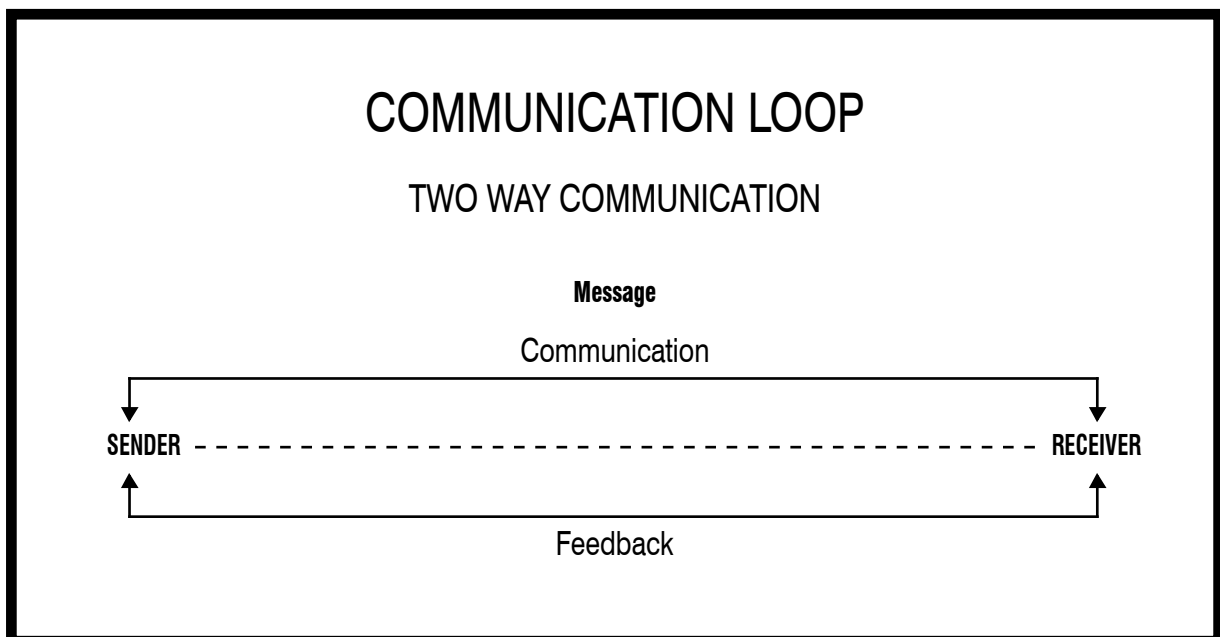
6.0 Effective Communication

Communication is a two way dialogue between two or more people who exchange information and come to a mutual understanding -- and ideally end with action and a shared vision. This means that two or more people come together to share information and experiences in order to come to an understanding together.

Picture 1:



Picture 2:



6.1 BARRIERS TO EFFECTIVE COMMUNICATION

The following are possible barriers to effective communication:

- Different assumptions.
- Different points of view.
- Misunderstanding of language.
- Use of difficult words.
- Lack of attention.
- Poor clarity of speech.
- Prejudices.
- Conflicting body language.
- Sending discouraging feedback.
- Cultural differences.
- Lack of trust.
- Too much information.

6.2 WAYS TO IMPROVE COMMUNICATION

- Become sincerely interested in the other person.
- Listen well. Check your own understanding of what the other person said.
- Try to see things from the other person's point of view.
- Use appropriate words.
- Speak clearly.
- Encourage questions.
- Know exactly what you want to communicate.
- Think: "How is it possible for someone to misunderstand my message?"
- Ask yourself: "Am I giving too much information or not enough?"
- Use encouraging non-verbal communication.
- Check people's understanding.

7.0 Interpersonal Communication

7.1 The six steps of "gather" and six principles of effective interpersonal communication: session 5

The six steps of Community/Individual Interaction.

1. **G**reet the community, participants.
2. **A**sk people about themselves
3. **T**ell people why you have come and what you can offer.
4. **H**elp people in decision-making – do they want to accept what you are offering. If there are choices help them to make a decision.
5. **E**xplain fully the information on their decision.
6. **R**eturn to the community to see how things are going and whether anyone has any problems or need any support.

I. GREET

- i) Whenever you organize/attend a meeting or visit a household, greet everyone as far as possible according to local tradition. Introduce yourself and your organization.
- ii) Introduce your organization in the local context. Example – my organization works to improve the conditions of the community. Just like your Local committees work for the development of the community, so do we function as an organization that works for development.
- iii) Share a few words about general development and how with little resources we can do many things for our community. For example: There are many things that affect the good health of children and a family. There are many simple things that you can do at home to make life better for yourselves at low cost. We have come to learn from you and share with you what we know.

Remember:

Be informal if your dealing with and informal group and formal when you are in formal gatherings like community meeting etc. Do not sit with an open note book. The community might mistake you to be a surveyor, etc.

2. ASKING

If in an informal setting after greeting and introduction, this is moment to allow the group/community to talk. Do not jump into issues on health because this is not what they may be thinking about at that moment. After they have opened up enough, you can become specific on HWWS. It is important for you to know some basic information on HWWS in the community you are in.

If it is a formal setting after greeting and introduction, you can ask a general question on health and development of the particular area/community you are in. Do not jump into issues on HWWS because this is not what they may be thinking about at that moment. After they have opened

up enough, you can become specific on HWWS. It is important for you to know some basic information on HWWS in the community you are in.

Other Queries

- Do you have children under five years of age? What kinds of illnesses do children get and why?
- Is there anything that the family or community can do to prevent this illness?
- Guide the discussion to HWWS.

Listening is a skill

Listening is a skill. Listening means encouraging others to talk. Listening means giving others space to express what they feel. Listening means – winning the heart and soul of someone who you would want to make a healthy decision.

- Do not compel them to give information.
- Do not impose information upon participants.
- Body language should be positive.
- Sit at the level of the people in the meeting. Try as much as possible to avoid sitting at the high table. Be part of the group. This will help the group to relax.
- Pay attention. While speaking, keep your eyes on the people not on your notebook or diary.
- If there is any interruption/obstacle, remove it immediately. Notebook and pencils can be a source of distraction.
- Give time. Do not hurry (Or look at your watch repeatedly).
- Ask open-ended questions-Because, the open ended questions allow them to share information in detail. The close ended question does the opposite and often results in either yes or no. The open-ended questions start with – What, why, where, how, when and who.
- Match the emotions by giving appropriate response. If someone is narrating a problem they are facing your response should be concerned and with empathy.
- Do not negate what the other person says, just because you feel that they may not be based on facts. Respect his opinions. At times you might have to conduct a prolonged conversation in order to elicit information/perception you are seeking. The answers you normally get will not structure what they want to

convey or the narration may become very long. But, do not lose patience. Pay attention to every little detail they are presenting.

Remember to use open ended questions as opposed to closed ended

EXAMPLE OF OPEN ENDED QUESTION

- How do you wash your hands?
- When do you wash your hands and with what?

EXAMPLE OF CLOSE-ENDED QUESTION

- Do you wash your hands with soap?

3. TELLING

FRAME YOUR ANSWER KEEPING IN VIEW

- What they already know about the subject.
- What they may want to know?
- What specific fears or myths they have about the subject?

USEFUL TIPS

- Do your homework thoroughly. Collect all sorts of information, be prepared to answer potential questions and, tackle fears and myths related to the subject. Study the IPC materials that are with you.
- Do not pretend to know everything. If not confident about some information, say clearly that you will return and reply to all their queries after consulting.

4. HELPING, FACILITATING, ENCOURAGING

In order the community change their behaviour or attitude (in favour of the information that you are giving them — wash your hands with soap at critical junctures — they need, in addition to factual information support and encouragement from all around, within their social environment, their peers and friends, other family members, the wider community.

This means helping them to overcome their personal fears

or beliefs. Many people do not wash their hands with soap because they think it is costly, or the husband has not provided the money, there is no handwashing facility near the toilet, culture says children's feces are not harmful etc. Therefore other community influential persons religious leaders, local clerics, health workers, spouses and other influencers belonging to their own community to take an active role in convincing family members to change their behaviour.

5. EXPLAIN

REMEMBER:

- Use educational/information materials. Choose those that are appropriate to the issue at hand.
- Visual materials explain better and have higher retention value. A popular media message evaluation study states – we recall 10% of the things that we hear, we recall 50% if we hear and see, we recall 90% if we hear, see and DO. This means, the motivator/volunteer needs to be fully ready with visual materials before a meeting etc.
- Use local examples, simple analogies, language, folklores etc.

6. REPEAT YOUR VISIT

Repeated visits win trust. Repeatedly meet the community. Maintain records of what they say and ask for.

EXAMPLES:

- If they have said they do not know how to make a tippy tap, try to link them up to a mason or help them make one if you can.

The six principles of effective Interpersonal Communication

1. **Treat** each individual well. Interact with them. Make eye contact, smile and speak in a normal pleasant voice and tone. Do not raise your voice or be in a hurry. Relate this to the Greet of GATHER.
2. **Interact** with the community. Ask them information about themselves and their lives. Relate this to the Ask of GATHER.

3. **Tailor** the information to the community/individual you are addressing. Say things that would be of interest to each group. Avoid too much information and provide what the community is asking for and say only relevant things. For example: talk only about HWWS. Do not get into details of other health problems that will derail you from your objective. Relate this to the Tell of GATHER.
4. **Help** the community to understand. This you can do through PLA (Participatory Learning for Action) techniques. For example: Use the village mapping and force field analysis for the community to understand and come up with their own workable solutions. Relate this to the Help of GATHER.
5. **Explain** the situation to the villagers. Yes they have enough soap to also wash hands. It's a matter of cutting a small piece that is used for handwashing. Yes their children die and that is due to diarrhea which can be prevented at low cost. These relate to the Explain of GATHER.
6. **Return** to the village and see how things are going. Help the community in their thinking and implementing processes. Do not do things for them which they should do themselves. But motivate and encourage them. Relate this to the Return of GATHER.

7.2 IPC: DEVELOPING IPC SKILLS OF PARTICIPANTS

Role plays: Session 5.1

SITUATION I

This is Ali's house. Ali is a fisherman. He goes for fishing and cleans the fish at home before he takes it to the market. Ali is busy cleaning the fish so he can dry it. His daughter is helping him with the cleaning. His wife is also present in the house doing the household chores. Mary the FLA of this village has come to meet him and tell him about the HWWS and how it would be beneficial for him to start promote the practice in his home.

She enters Ali's house without seeking any permission or knocking at the door. She is carrying a register and a pen. While Mr. Ali is sitting on the floor, she draws a chair

and sits on it. She is asking questions and is continuously writing in the register. Ali is replying without paying any attention. Mary is looking at her watch and seems to be in hurry. The suggested dialogue could be as follows:

Mary: (Mary is knocking at the door). Ali's wife opens the door and Mary just walks in.

Mary: "This is Ali's house I suppose?"

Wife: "Yes it is".

Mary: "Where is he?" (She pushes herself in).
Ali is sitting on the floor cleaning the fish.
His daughter is helping him. He is giving her instructions. Mary pulls up a chair and sits down.

Mary: "Ali. I hope you're the one?"

Ali: (Without looking up) "Yes".

Mary: "Ali, why don't you have a handwashing facility at your dilapidated toilet?"

Ali: Why should I have one?

Mary: (she is busy noting in her notebook):
"Why? Don't you know that if you do not wash hands after the toilet you will fall sick including all the family members?"

Ali: (continues working): "We are poor. We do not have money to waste on rich people's items like that.

Mary: Rich people? That is why your son died last year. You have such a poor mentality.

Ali: "Have you come to insult me in my home?"

Mary: "No I have come to tell you that you must wash your hands with soap after visiting the toilet". Am off, since I have given you the message. It's now up to you. I have already spent so much time here.

QUESTIONS FOR DEBRIEFING

1. What have you observed?
2. What was the conclusion of the visit?
3. What is it that the FLA should have done?

ROLE PLAY

SITUATION II

Elinike is a FLA. She has asked the women's group in her village to give her some time to talk about handwashing and to explain the importance of using soap at critical times – after defecation and before handling food. Elinike talks non-stop to the women, while reading from her reference guide given to her during the training. The women are agitated, yawning and some start leaving the meeting. However Elinike just goes on talking. When she is finished she thanks the women and tells them she has to

leave because another group is waiting for her.

QUESTIONS FOR DEBRIEFING

What you have seen?

Why did the FLA fail in setting up a dialogue with the group?

What should she have done?

7.3 IPC: USING ENCOURAGING NON-VERBAL COMMUNICATION: SESSION 5:3

Role Play

DEMONSTRATION A

With each demonstration, say exactly the same words, and try to say them the same way, for example: "Good morning, Maama John. Are you encouraging your household members to wash their hands with soap after using the latrine?"

1. POSTURE:

Does not help: stand with your head higher than the maama John's head.

Helps: Sit so that your head is at level with the maama John.

Write: 'KEEP YOUR HEAD LEVEL' on the flip chart paper.

2. EYE CONTACT:

Helps: look at her and pay attention as you speak.

Does not help: look away at something else, or down at your notes.

Write: 'PAY ATTENTION' on the flip chart paper.
(Note: eye contact may have different meanings in different cultures. Sometimes when a person looks away it means that he or she is ready to listen. Direct eye contact between opposite sexes may also be inappropriate. If necessary, adapt this to your own situation)

3. PHYSICAL BARRIERS:

Does not help: Sit behind a table, or write notes while you talk to a community meeting.

Helps: remove the table or the notes.

Write: 'REMOVE BARRIERS' on the flip chart paper.

4. TAKING TIME:

Helps: Make the community feel that you have time. Sit down and greet her without hurrying; then ask an open-ended question and wait patiently for members to answer.

Does not help: Be in a hurry. Greet the group quickly, show signs of impatience, and look at your watch.

Write: 'TAKE TIME' on the flip chart paper

7.4 IPC: USING RESPONSES AND GESTURES: SESSION 5.5

Role Play

DEMONSTRATION B

Communicator: "Good morning Maama John. How the new is practice of handwashing with soap going?"

Mother: "Good morning. It is going quite well, I think".

Communicator: "Mmm" (nods, smiles).

Mother: "Well, I a bit worried because the children tend to forget to fill the tippy tap when the water is finished and to replace the soap.

Communicator: "Oh dear!" (raises eyebrows, looks interested).

Mother: "I wondered if I should give each child a turn to fill the tippy tap and replace the soap.

Communicator: "Aha!" (nods in agreement).

Note to facilitator: The communicator asked a question to start the conversation. Then she encouraged the mother to continue talking with responses and gestures.

7.5 IPC: REFLECTING BACK: SESION 5.6

Role Play:

Demonstration C: Reflecting back.

Communicator: "Good morning Mother. How are you and baby James today?"

Mother: "He wants to feed too much-he is taking my breast all the time!"

Communicator: James is feeding very often?"

Mother: "Yes. This week he is so hungry. I think that my milk is drying up".

Communicator: "He seems hungrier since the diarrhea cleared."

Mother: "Yes and my sister is telling me that I should give him some bottle feeds as well".

Communicator: "Your sister says that he needs something more?"

Mother: "Yes. Which formula is best?"

Note to facilitator: The communicator reflects back what the mother says, so the mother gives more information.

Demonstration D: Mixing reflecting back with other responses.

Communicator: "Good morning. Mother. How are you and baby James today?"

Mother: "He wants to feed too much-he is taking my breast all the time".

Communicator: "James is feeding very often?"

Mother: " Yes. This week he is so hungry. I think that my milk is drying up".

Communicator: "Oh dear!"

Mother: "Yes, it is exhausting. My sister tells me that I should give some bottle feeds and get some rest".

Communicator: "Your sister wants you to give some bottle feeds?"

Mother: "Yes – she says that I am foolish to struggle on like this".

Communicator: "How do you feel about that?"

Mother: "Well, I don't want to give bottle feeds".

Note to facilitator: The conversation sounds more natural, but the communicator is learning more about how the mother feels.

8.0 Assessing and Analysing Problems Related to HWWS

8.1 STORY WITH A GAP TOOL: SESSION 6

Example of assessment and analysis

Handwashing (before eating/cooking) (after cleaning child's bottom).

Current situation

1. High mortality in the state/district due to diarrhoea/ infection.
2. Causes/reasons of the diarrheal disease and death-infection include hands not washed before eating/feeding, delay in response/referral belief in god's will/fatalism.

Desired future situation

1. Infant/child survival.
2. Community realisation that handwashing is critical for better child survival and health.

Task ahead

1. Is it possible?
2. Is it feasible?
3. What is the alternative desired practice?

What/who will be the barrier in carrying out the desired practice?

1. Water not available.
2. Soap not available.
3. No benefit.
4. Child stool not harmful.
5. Relief that not washing hands is not dangerous.
6. No services available close by.
7. Forgetfulness.

What/Who will facilitate the change? How? Why?

1. Advice by local head.
2. FLA trained.
3. Mother reassured.

4. Explained why hand washing with water and soap is necessary.
5. Explained how dirty hands are the cause of diarrhoea.
6. Benefit – prevention from disease saves you from cost of treatment/medicine, child survival, easy to do.

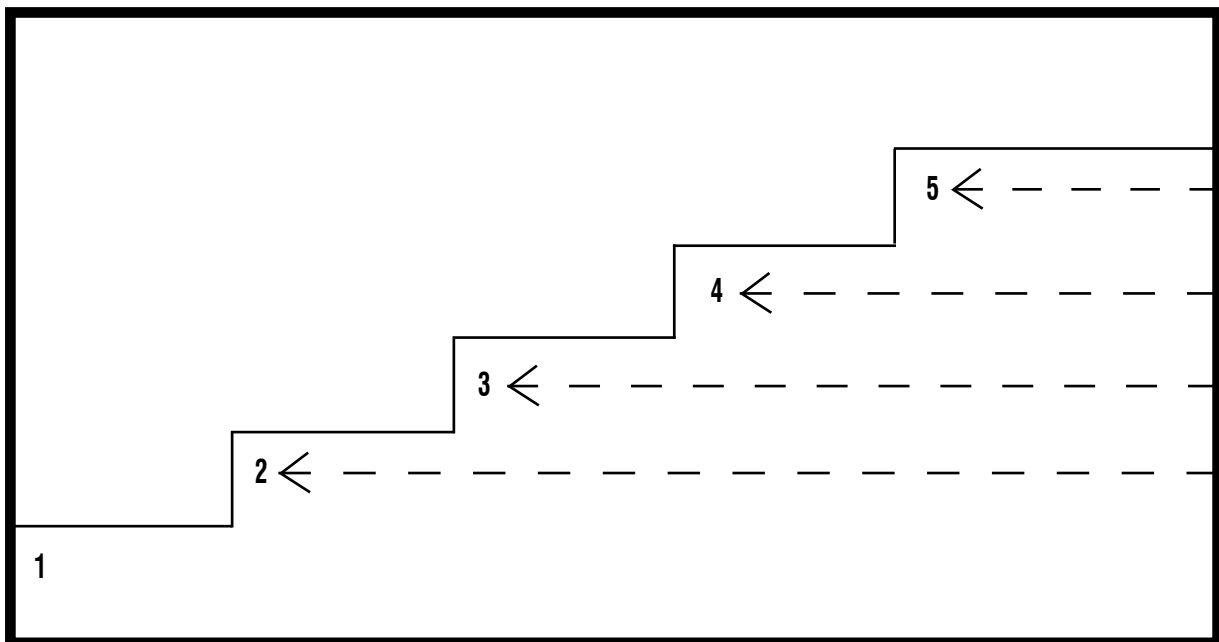
Who are the stakeholders?

1. Mother.
2. Child.
3. Mother in Law.
4. Health worker
5. FLA
6. School teacher.
7. Religious leader
7. Friend/peer.
8. Husband.

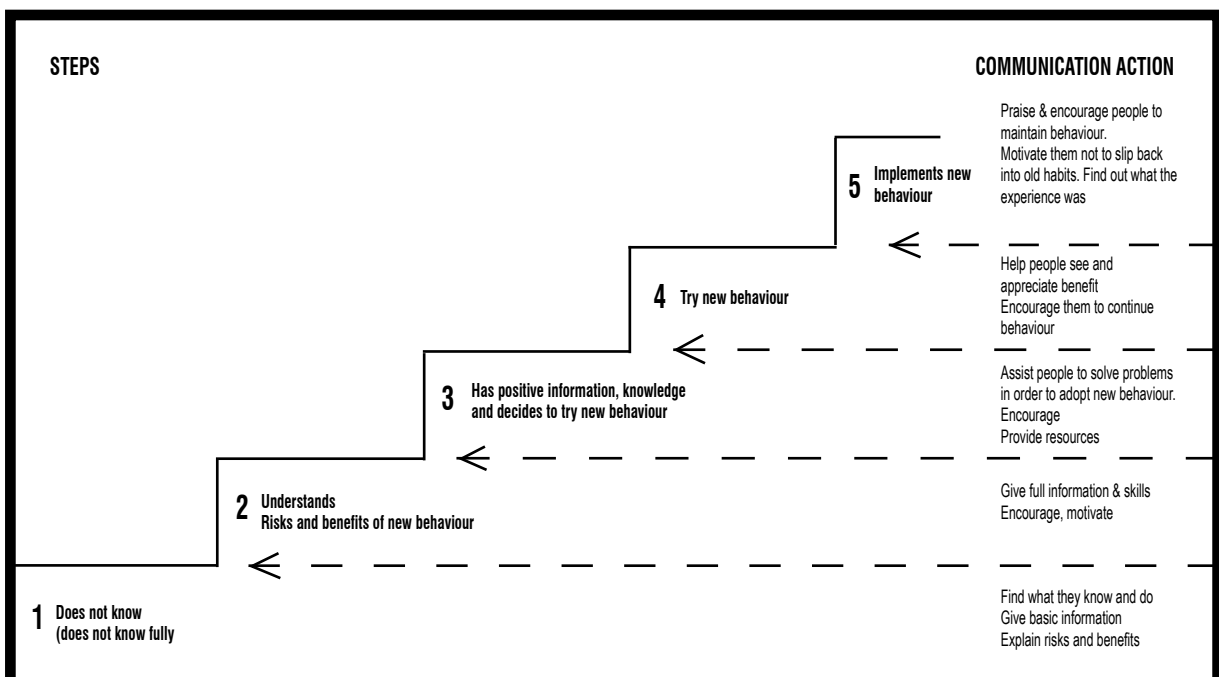
9.0 Behaviour Change

Behaviour change communication: is a research-based consultative process of addressing knowledge, attitudes and practices through identifying, analysing and segmenting audiences and participants in programmes by providing them with relevant information and motivation through well-defined strategies, using an appropriate mix of interpersonal, group and mass-media channels, including participatory methods.

Picture 1



Picture 2



10.0 Planning for Interpersonal Communication Activities

At the beginning of the planning exercise find do the following;

- draw their village map indicating all homes, landmarks like health centres, churches, schools, community halls, community market venues, football grounds, etc. Let them agree on how when they can organize events in areas like the churches, schools, health centers etc.
- identify the various women groups, youth groups and any other community groups that exist in their community.
- identify key allies you can work with to promote HWWS. These could include; religious leaders, women leaders, youth leaders, community leaders, elders in the community, health workers etc. Agree on how and when you can meet the allies and talk to them about HWWS. Remember you can get support from the WSP District Coordinators and Resource Agents to conduct some of these talks.
- Develop a plan using the matrix below:

FRONTLINE ACTIVATOR PLANNING FORM

Name:						
District:			Ward:		Village:	
No: of events per week:						
Sn.	Activity/Event	When	Where	Materials Required	Support Required	Planned Return Visit
1.	Meeting with the Mother's Union group	Sunday 4th August	Church hall	Materials for making tippy tap, posters, flyers on handwashing	RA, Mason	

10. How to organise a Community/Group Meeting

1. Introduction meeting: Visit and identify local leaders, formal and informal, leaders of the group you are going to talk to. Meet with leaders and explain the objectives of the meeting you hope to arrange. Agree on the time and place to meet. Get agreements that they will invite ALL the community or group members to come. Schedule meetings at convenient times of the week and convenient times of the day.
2. Arrange meeting date with the community or group in a suitable place and convenient time (where a large number of people can sit and work).
3. Introduce yourself and the team to the community or group. If possible let the group introduce themselves too. Remember the GATHER approach.
4. Have a small introductory talk if it is a small group and then proceed.
5. Explain the objective to the community and create an environment conducive to learning and sharing. You can tell the community that you and your team have come to work with the community to improve their well being.
6. Invite participants to share some of the common health problems they have in their community.
7. Inform the participants that you are specifically going to talk about HWWS and this is going to be a participatory meeting.
8. In plenary show them picture 1 of 'Story with a Gap' tool. Ask the participants if there such situations in their community. Direct the discussion to a point where the participants themselves decide that something has to be done to change the situation.
9. Having discussed the "before" situation introduce picture 2 with the "after" situation. Allow the participants to comment on what they see in picture 2 and let them discuss if such a family exists in their community.
10. Divide them into groups of 10 and ask them to think of steps they can take to move from the present situation (Before picture) to the desired situation (After picture). Let them write each suggestion on down on a paper.

11. Let the groups come together again and present their discussions to each other.
12. Ask the following questions in plenary:
 - what implications do the suggested steps have for the sort of action that can be taken?
 - Who are the possible most influential stakeholders they can work with to bring about the desired change?
 - What will happen if we don't achieve the desired change?
13. Wrap up by sharing on the benefits of HWWS.
14. Show them a tippy tap and demonstrate how it is used. Follow the steps to correct washing of hands with soap. Inform them that they can make one on their own using the flyer you have or a mason can help them. Mention that using a tippy tap saves water.
15. Give the key message:

Teaching simple, hygienic habits like Hand Washing With Soap make children are less vulnerable to illness and can attend school regularly thereby ensuring a successful future.

Hand Washing with Soap is easy and simple to achieve and maintain.

Critical times for HWWS

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

16. Ask the group to agree with their leaders on how they intend to promote and take up the new behaviour.

Note: Make an assessment of the group and decide if you can use the "SWAG" tool or not. In case you are not able to, conduct a plenary discussion and ask which factors hinder taking up the new behaviour of HWWS and how they can be overcome.

11.0 Using Visual Aids and other Informational, Educational, and Communication (IEC) Materials

Using a variety of visual aids and IEC materials enhances the effectiveness of IPC. Referring to a visual display or pamphlet is especially helpful when conveying information to patients on diseases, preventive and treatment programs, or medical devices. Also, giving reading materials to clients helps them remember important information after they leave the health facility.

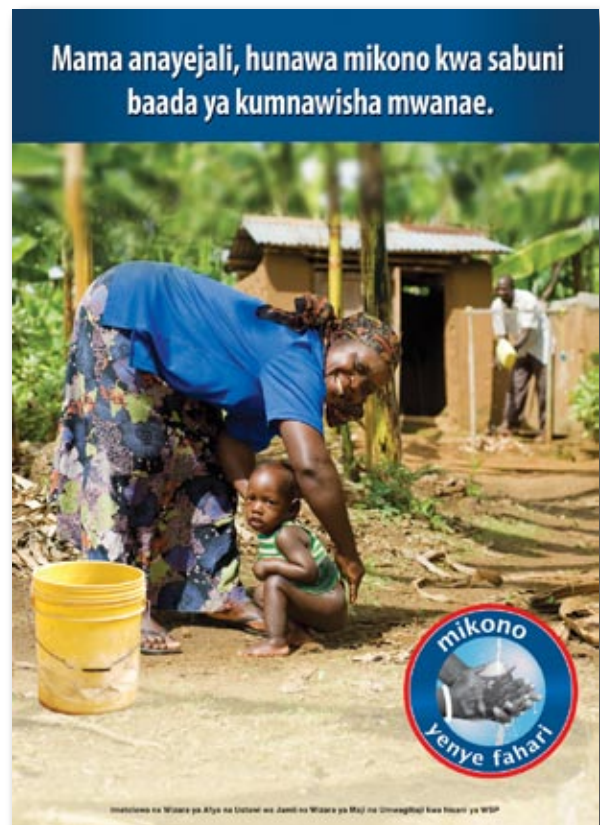
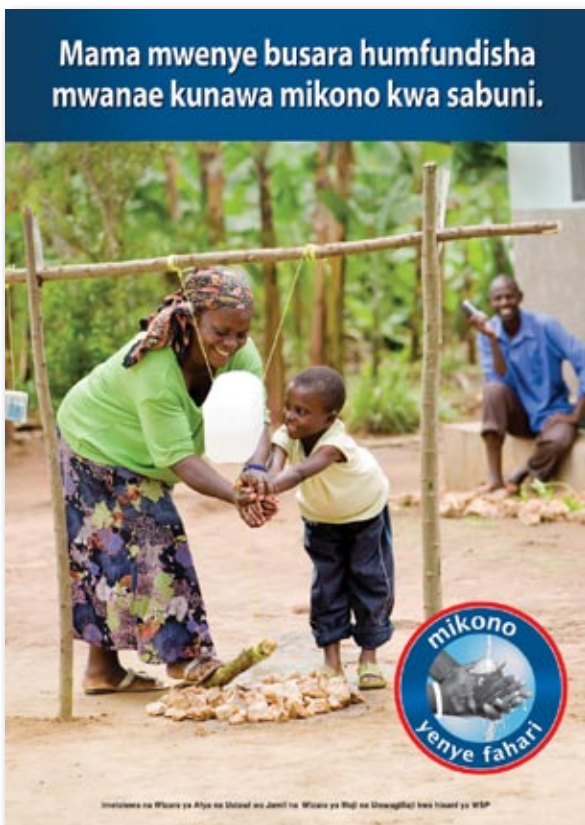
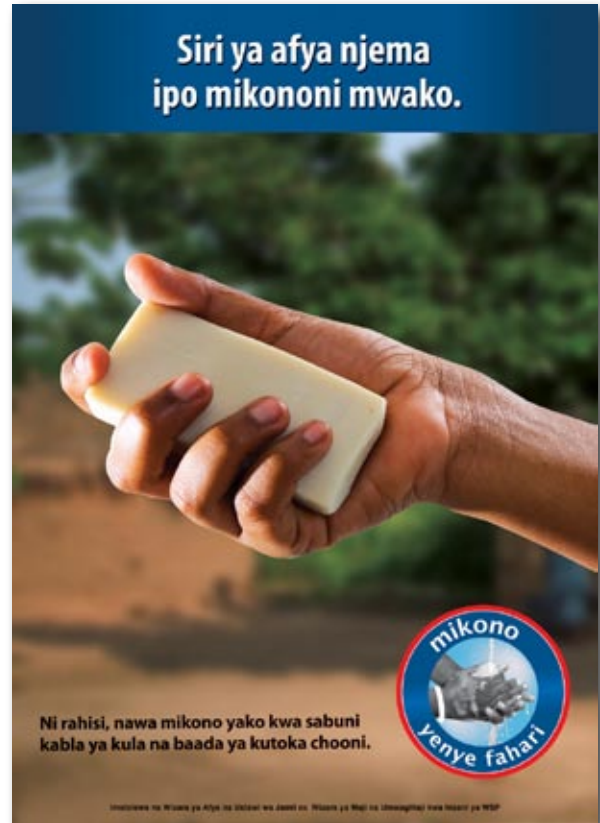
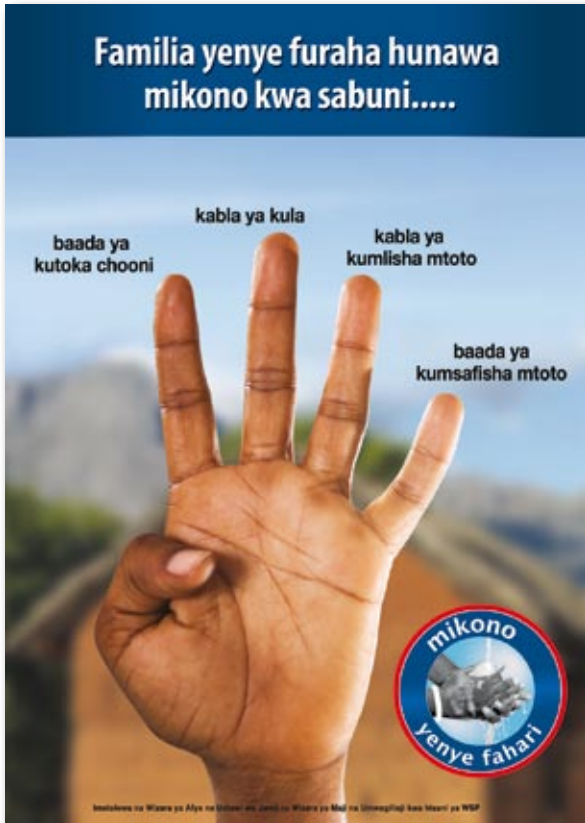
II.1 Benefits of Using Visual Aids / IEC Materials

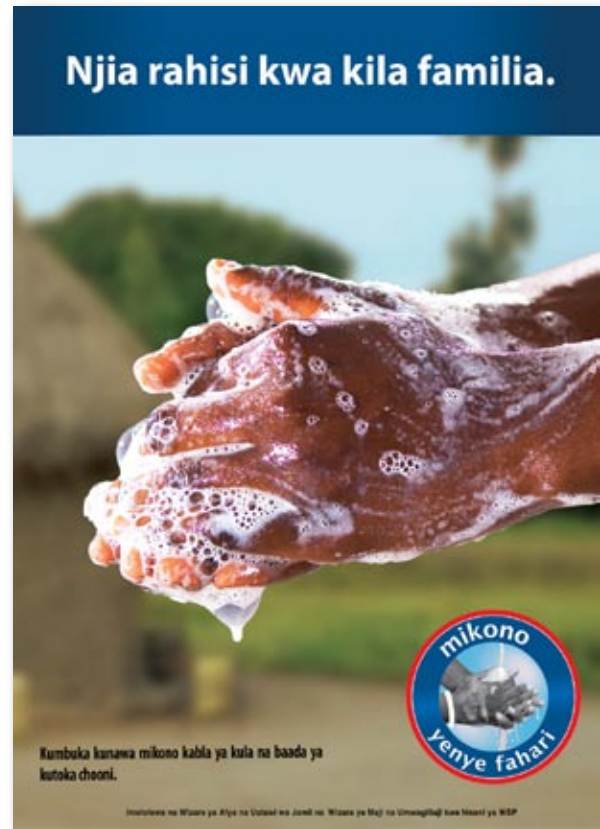
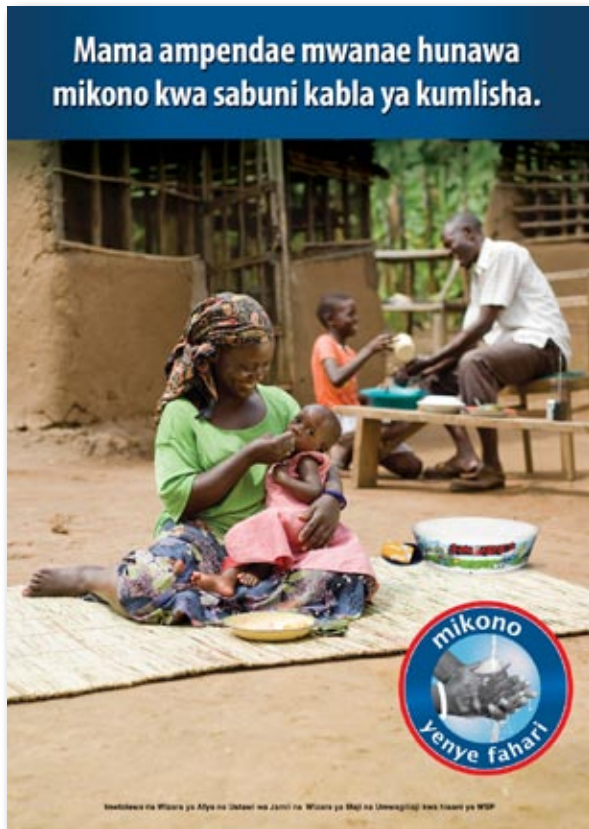
- Helps clients to remember.
- Makes complex information or tasks easier for the provider to explain and for the client to comprehend.
- Generates discussion.
- Makes small things big enough to be seen.
- Captures client's interest and attention.
- Helps to point out similarities and differences.
- Can make discussion of sensitive terms and issues easier.
- Re-enforces key points and health messages.
- Can save time in counseling sessions if clients have an opportunity to access information earlier.
- Prompts and reminds providers of important information points
- Take home materials help to disseminate accurate information when materials are shared with others.
- Reduces information overload by allowing clients to learn at their own pace and leisure.

II.2 When to Use Visual Aids / IEC Materials

- Group education sessions (health facility and community)
- Counseling sessions
- Service areas (waiting room, exam rooms)
- Social gatherings
- Community events (health fairs, rallies)
- Home visits

II.3 Types of Visual Aids and IEC Materials Available For the Campaign





II.4 General tips for Using Visual Aids

- Make sure you understand the poster before you discuss and distribute the visual materials
- Show the materials to the community/group. Make sure they can see the visual materials clearly.
- Ask them to mention what they see in the materials. Give them time to talk about what they see.
- Ask them if they can do the practice being shown in the material.
- Invite the community member to touch and hold the materials.
- If possible, give the community members the visual materials to take home. These print materials can remind community members what to do.
- Suggest to the community members to show take-home materials to other people who did not attend the meeting.

Remember to order more take-home materials before they run out.

12.0 Monitoring IPC Activities

Conventional monitoring can be defined as the periodic and systematic assessment of activities and processes over time. Conventional monitoring typically comprises external experts using standardized tools to measure performance against predetermined set targets.

How do we monitor?

- By recording what we have done, when we did it, where the activity took place, how we conducted the activity, and who we did the activity with.

What is monitoring?

Monitoring is very important part of the campaign. It involves collecting data as we implement to ensure that activities are running smoothly and going according to plan.

How do we monitor?

- When** refers to the date and time we conducted the activity
- Where** refers to the place where we undertook the activity (market, social gathering etc)
- How** refers to what aids/resources we used, For example was it a presentation, part of a DCC activity, community meeting. What approach did you use?
- Who** with refers to which people were present and how many (women, men, children), what type of group you met

Why do we monitor?

We monitor so we can know:

- how much work we have done and what progress we are making
- if our activities are running smoothly
- Correct what may be going wrong
- Learn from what is working well
- Sharing with our fellow FLAs and district staff what is working well so they can also learn
- What progress we are making and if we are meeting our targets

What are we going to monitor for IPC?

No. of FLAs per ward and district:	5 FLAs per ward, 45 per district, 450 in 10 districts	No. of people to be reached by IPC over 17 months per district	32,000
No. of supervisors per district	5 per district, 50 in 10 districts	No. of people to be reached per district per month	1,890
No. of supervisory visits per supervisor	2 visit per month	No. of people to be reached per ward per month	225
No. of events per FLA	5 events per month of 15 people each (You can have more events of smaller numbers but target to reach 15 people in a month)		



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

Participation: which means including those directly affected in collection, analysis and use of information.

Negotiation: this involves reaching a consensus on what to monitor, how often, which methods to use, what the data means, how findings will be shared and action taken.

Learning: participation and negotiation in monitoring leads to learning from change which forms the basis for further action.

Flexibility: since the numbers, roles and skills of both those affected by change and the environment in which change is situated changes over time, flexibility is necessary (IDS 1998).

12.1 Key Principles of Participatory Monitoring

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

12.2 IPC monitoring targets

Sn.	Description	Target
1.	Target population in 10 districts	1,521,123
2.	Target population to be reached by IPC in the 10 districts	320,000
3.	Cumulative No. of women 15-19 and children 5-14 to be reached by IPC	336,600
4.	No. of people to be reached by IPC over 17 months per district	32,000
5.	No. of people to be reached per district per month	1,890
6.	No. of people to be reached per ward per month	225
7.	No. of FLAs per ward and district	5 per ward, 45 per district, 450 in 10 districts
8.	No. of supervisors	5 per district, 50 in 10 districts
9.	No. of events per FLA	5 events per month of 15 people each
10.	No. of supervisory visits (supervisor)	2 visit per month

This means each FLA has to conduct 5 events per month of 15 people each. You can conduct an event with less than 15 people but your target for the month should be 15 people.

IPC MONITORING FORM

Monitoring of FLA Training	
Muda wa kuanza	Start time: _____ : _____
Muda wa kumaliza	_____ : _____
Tarehe	Date: _____ / _____ / _____
Jina la Wilaya	District Name: _____
Jina la Kata	Ward Name: _____
Aina ya Kata itakayo tathminiwa matokeo	IE type of ward: HWWS <input type="checkbox"/> HWWS+ TSSM <input type="checkbox"/>
Wakala watakaotekeleza usimamizi wa Mafunzo	Implementing Resource Agency: EEPCO <input type="checkbox"/> Achrid <input type="checkbox"/>
Jina la mkufunzi (wa)	Trainers name(s): _____
Idadi ya washiriki waliohudhuria	Mme M <input type="checkbox"/> Mke F <input type="checkbox"/> jumla Total <input type="checkbox"/>
Number of trainees present:	
Idadi ya washiriki waliomaliza mafunzo	Number of Trainees who completed training: _____
Haya mafunzo ni ya awali au ni ya ufuatiliaji?	Was <input type="checkbox"/> Awali Primary <input type="checkbox"/> Ufuatiliaji Refresher <input type="checkbox"/>
this a primary or refresher training?	
Mbinu zilizotumika kufundisha Training methods used:	
Nafasi ya kushiriki katika mada	Role play: _____
Uwasilishaji wa mada	Presentations: _____
Maonyesho maalum ya jinsi ya kunawa mikono na sabuni	
HWWS Demonstrations:	_____
Kazi za vikundi	Group work: _____
Vitini vilivyobeba ujumbe	Manuals: _____
Vifaaa vya kufikisha ujumbe wa jinsi ya kunawa	_____
HWWS communications materials:	
Nyinginezo	Other: _____
Mada zilizofundishwa	Topics Covered: Mada zilizofundishwa
Topics Covered:	Topics Covered:
Mida Muhimu ya kunawa mikono	4 junctur Homa ya mapafu na Kuharisha ARIs and Diarrhea
Umuhimu wa kutimia sabuni	Importance of soap Kuokoa pesa Saving Money
Upatikanaji wa sabuni na maji	Access to soap and water Tabia ya kunawa mikono Handwashing habits
Sehemu maalum za kunawa mikono	Handwashing stations Usafi na ari Cleanliness & Spirituality
Mafanikio tajiriwa ya familia	Future success of family Heshima na Hadhi Respect & Status
Kutambua mchango wa mama	Rewarding mothers Nyingine Other:
Ufuatiliaji maendeleo	Monitoring _____
Malengo ya mradi	Project Goals _____
Kata zilizofanyiwa uhamasishaji na ambazo hazijafanyiwa	Treatment and Control Wards _____
Tarehe	Date: _____ / _____ / _____
Taarifa zimeingizwa na: Data entered by:	_____
Jina Name:	Cheo Title: _____ Wakala Agency _____
Tarehe	Date: _____ / _____ / _____

13.0 Frequently Asked Questions

What are the benefits of handwashing with soap?

Diarrheal diseases and pneumonia together kill almost 4 million children under the age of five in developing countries each year. The Tanzania National Strategy for Growth and Reduction of Poverty (NSGRP) MKUKUTA in Swahili); mentions that almost 90% of childhood mortality is due to preventable causes including pneumonia and diarrhea” (TMS international report on HWWS, Tanzania, 2006). Hands are the principal carriers of disease-causing germs. Based on scientific research and intensively monitored trials at both household and school levels, it is estimated that handwashing with soap could avert 1 million of those deaths.¹⁰ Washing hands with soap after using the toilet or cleaning a child and before handling food can reduce rates of diarrheal disease by nearly one-half and rates of respiratory infection by about one-quarter. Handwashing can also prevent skin infections, eye infections, intestinal worms, SARS, and Avian Flu, and benefits the health of people living with HIV/AIDS.

Why isn't it enough to wash with water alone?

Washing hands with water alone, a more common practice is significantly less effective than washing hands with soap. Using soap adds to the time spent washing, breaks down the grease and dirt that carry most germs by facilitating the rubbing and friction that dislodge them and leaves hands smelling pleasant. The clean smell and feeling that soap creates is an incentive for its use.

What are the “critical moments” when hands should be washed with soap?

Hands should be washed with soap after defecation, after cleaning a baby's bottom, before preparing food/cooking and before eating.

Can handwashing make a difference in overcrowded, highly contaminated slum environments?

Yes. Studies have found that children in communities that received intensive handwashing interventions were half as likely to get diarrhea or pneumonia as children in similar

communities that did not receive the intervention.

Once people understand the health benefits of handwashing, won't they automatically do it?

No. Human beings the world over fail to do things they should do. If they did, everyone would maintain a healthy weight, no one would smoke or drink to excess and all of us would rise at dawn for an hour of cardiovascular exercise. So we should make sure we support our communities are supported through all the stages of behavior changes till they can sustain the new behavior acquired.

What is the “correct” way to wash hands?

Proper handwashing requires soap and only a small amount of water. Running water from a tap is not needed; a small basin of water or “Tippy Tap” is sufficient. (Tippy Taps are cans or plastic bottles that release a small amount of water – just enough for a clean hand wash – each time they are tipped.) One should cover wet hands with soap; scrub all surfaces of hands, including palms, back, between the fingers and especially under the fingernails, for at least 20 seconds; rinse well with running water (rather than rinsing in still water); and dry either on a clean cloth or by waving in the air. An easy way to gauge 20 seconds is to find a familiar song that takes about that long to sing; for instance, it takes about 20 seconds to sing the “Happy Birthday” song twice. Every country has short, popular children's songs that can be used for this purpose.

Is antibacterial soap better at stopping the spread of disease than regular soap?

With proper use, all soaps are equally effective at rinsing away the germs that cause diarrheal disease and respiratory infections.

What about people who don't have access to soap?

Lack of soap is not a significant barrier to handwashing at home. The vast majority of even poor households

have soap in their homes. Research in peri-urban and rural areas found, for instance, that soap was present in 95 percent of households in Uganda, 97 percent of households in Kenya and 90 percent in Tanzania. The problem is that soap is rarely used for handwashing. Laundry, bathing and washing dishes are seen as the priorities for soap use. You can advise the community to cut a small piece from the laundry soap which can then be used for handwashing.

How can you change people's handwashing behaviors?

Practitioners in the water supply, sanitation and hygiene sector, as well as manufacturers of soap, have learned a great deal about what works – and what doesn't – in changing private, personal behaviors and habits. The new approach emphasizes the role of careful formative research (a thorough study of the interests, attributes, needs and motivations of different people within a community), which was conducted in Tanzania. It is also based on the study conducted in Tanzania on determinants for handwashing.

