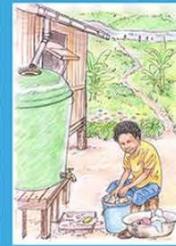


Infant Faeces Management Behaviour Change Campaign Toolkit

 **Trupla Mama em 5 Star Mama:**
Lukautim pikinini, rausim gut pekpek

1 **2** **3** **4** **5**



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Acronyms and abbreviations

BCC	Behaviour change campaign
CSWFP	Civil Society WASH Fund Program
DFAT	Department of Foreign Affairs and Trade
DWU	Divine Word University
IFM	Infant faeces management
IRDI	Integrated Rural Development Initiative
IWC	International WaterCentre
M&E	Monitoring and evaluation
NDoH	National Department of Health
OD	Open defecation
PNG	Papua New Guinea
VIP	Ventilated improved pit (toilet)
WASH	Water, sanitation and hygiene
WHO	World Health Organization
WSP	Water and Sanitation Program

Foreword

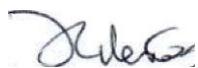
Infant faeces are rarely managed safely in Papua New Guinea. Improper handling and disposal of infant faeces pose serious health risks for children and their carers, particularly an increased risk of diarrhoeal diseases – the leading cause of malnutrition and second leading cause of death amongst children under five in Papua New Guinea and globally.

To better understand these behaviours, WaterAid and our local partners, Integrated Rural Development Initiative and South Seas Evangelical Church previously conducted a situational analysis of infant faeces management practices among mothers and caregivers of children under five years' old in four villages across the East Sepik region.

We found that households without toilets typically bury their child's faeces, or place it with their general rubbish for disposal. Diapers are being disposed of in houses' toilets, or into the sea, rivers and creeks. The findings show that infant faeces are rarely managed safely, as it is often seen not to pose a health risk.

Understanding behaviours and the beliefs underpinning them is only the first step in ensuring infant faeces are being managed safely. This guide offers the next step. Written for community development workers and other change agents, this toolkit will help you to implement a community-level hygiene behaviour change campaign addressing infant faeces management.

By implementing the hygiene behaviour change campaign covered in this toolkit you can help communities improve infant faeces management practices, reduce associated health risks, including diarrhoeal disease, leading to cleaner, healthier and happier communities.



Eileen Tugum
Country Director
WaterAid Papua New Guinea

About this toolkit

This toolkit has been developed by the International WaterCentre (IWC) in partnership with WaterAid, the Integrated Rural Development Initiative (IRDI) and Divine Word University.

It is designed to guide WaterAid and local partner organisations in the design and implementation of an infant faeces management (IFM) hygiene promotion and behaviour change campaign (BCC) in rural communities in Papua New Guinea (PNG).

This toolkit also serves as a training guide for community-based change agents to carry out hygiene promotion and monitoring activities.

The toolkit is organised in three main sections:

- Campaign design process
- Campaign implementation
- Monitoring and evaluation

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IWC acknowledges that this toolkit has been made successful by the participation of the communities of Musangun, Putanda, Serenge and Munjun through heartfelt welcome into their homes hosting the research team in the numerous research activities.

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1. Infant faeces management

Diarrhoeal disease is the second leading cause of death and the leading cause of malnutrition in children under the age of five (WHO, 2013). The transmission of diarrhoea, intestinal worms and other illnesses that commonly affect children, happens mainly around the home, and can be prevented through improved hygiene behaviours.

Safe disposal of faeces, and handwashing with soap after contact with faeces, are primary barriers to the transmission of diseases carried in faeces, and are among the most important and effective hygiene behaviours for disease prevention (Curtis *et al.*, 2000). While there has been increased attention globally on the safe disposal of adult faeces through access to improved sanitation facilities in household and communities, less attention has been paid to the safe management of infant faeces.

Children under the age of five are unlikely to use toilets due to their age, height and safety concerns, so the use of potties, nappies and disposable diapers is common practice, including unsafe practices such as open defecation. Unsafe disposal of infant faeces, used diapers and wastewater from nappies can be a major source of environmental contamination around the home, and poses a significant health risk to children under five, who spend large amounts of time on the ground, increasing their exposure to faecal matter and pathogens (O'Connell, 2015).

It is a common belief that infant faeces are less harmful than adult faeces, however, infant faeces pose a significant health risk due to the prevalence of diarrhoea and pathogens such as hepatitis A, rotavirus and *E. coli*, which are common in young children (WSP, 2015). Infant faeces are therefore just as harmful as adult faeces, if not more so.

The safest way to dispose of infant faeces is into a toilet, however, additional steps are also required for safe infant faeces management. Cleaning the baby's bottom with soap and water, handwashing with soap and water by carers after coming into contact with infant faeces, and the safe disposal of wastewater after washing nappies, are equally important steps to prevent the spread of disease.

WaterAid and local implementation partners have identified unsafe infant faeces management, and inconsistent handwashing with soap at critical times by carers of children under the age of five, as commonplace and high-risk behaviours in the East Sepik communities where they are working. These behaviours have therefore been identified as the focus of a behaviour change campaign as part of the WaterAid Civil Society WASH Fund Program (CSWFP) funded by the Australian Department of Foreign Affairs and Trade (DFAT).

2. Campaign design process

A participatory design process was undertaken for this campaign (see Figure 1), including the following steps:

A **Situation Analysis** to identify common and high-risk hygiene behaviours and possible influencing factors. This analysis was then validated in a workshop with key stakeholder to discuss results and select the target behaviour and audience.

Formative Research to provide a more comprehensive and nuanced understanding of key behavioural determinants influencing the behaviours of the target audience, including motivations and barriers.

Analysis Workshops to discuss the formative research findings and identify high-risk practices relating to the focus behaviour; the most likely drivers or motivators for behaviour change; and appropriate channels and agents for communication of behaviour change messages. The results of this analysis were then validated with research participants in the target communities.

Campaign Design Workshops to identify campaign interventions and channels, and to design tools, based on formative research results.

Pre-testing Campaign Tools to seek feedback on and further improve campaign tools with the target audience in communities, prior to piloting the campaign.

Piloting of the four-week campaign will take place along with monitoring and evaluation activities prior to scaling-up.

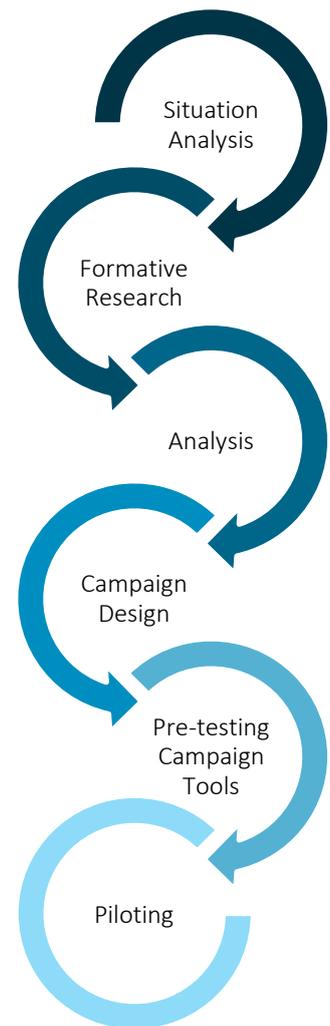


Figure 1 - Campaign design participatory process

The campaign has been designed to promote improved IFM behaviours in rural PNG communities. The following constitute the **target IFM behaviour**, to be promoted in this campaign and identified through the situation analysis and formative research, constitutes safe infant faeces management:

- Carers immediately wash the infant's bottom with soap and water after defecation occurs.
- Infant faeces from open defecation and nappies/diapers are disposed of in a toilet.
- Soiled nappies/clothes are soaked in a bucket of soapy water.
- Carers wash their own hands with water and soap after handling infant faeces.
- Carers wash the soiled nappies/clothes with water and soap and the wastewater from nappies is disposed safely, into the toilet.

The **target audience** identified for the campaign is mothers, and primary carers, of children under the age of five years old. Fathers, extended family members and community leaders are also identified as important secondary audiences for the campaign, providing direct support to mothers and strengthening the enabling environment for behaviour change.

Formative research highlighted high levels of knowledge and awareness about safe IFM in target communities. Knowledge is therefore not a primary barrier to behaviour change, and as such, the campaign has been designed to focus on increasing opportunities and motivations for safe IFM through targeted messaging, environmental cues, and interventions designed to foster social norms that encourage and reinforce safe IFM behaviours.

3. Campaign implementation

3.1 Campaign overview

The campaign will be implemented over the course of four weeks, with one additional week of planning prior to the launch, and an evaluation to be conducted after the campaign has been completed. Figure 3 on the next page, shows the campaign’s flow diagram, which highlights the key activities and desired outcomes of the campaign. The short-term outcomes are described in the diagram as the *changes* we hope to see in the community after the campaign activities have been conducted, and the longer-term outcomes are described as the positive *impacts* we hope to see in the community as a result.

Each week of the campaign is outlined in more detail in section 3.2 below.

3.2 Campaign implementation steps

Week 0: Preparation

In preparation for the campaign, the team shall ensure that the community has been fully mobilised to commence the campaign, stakeholders have been engaged, logistics in place and they gained the confidence to communicate the messages.

The key activities are shown in Figure 2.

The community has been **mobilised adequately** to ensure adequate attendance at the triggering meeting in week 1. Take into consideration the community calendar, so that the campaign does not compete with other priorities such as harvest or planting seasons. The target attendance is all members of the community, and although 100% community attendance may not be feasible, the campaign team must ensure that announcements have reached all households.

Leaders must clearly understand the objectives of the campaign, be confident to participate in the process and provide the necessary support.

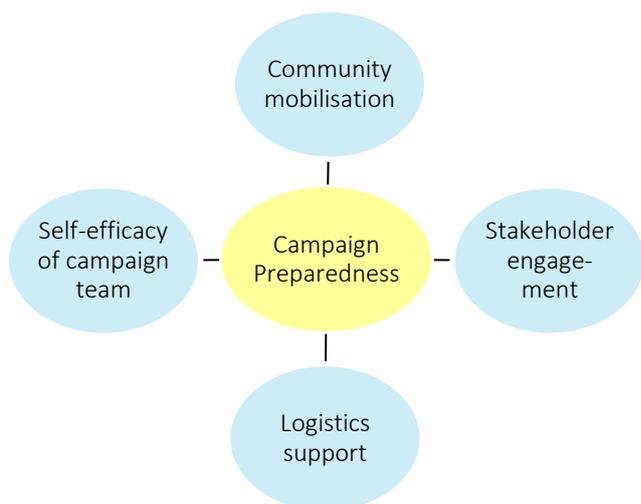


Figure 2 - Key activities for campaign preparedness

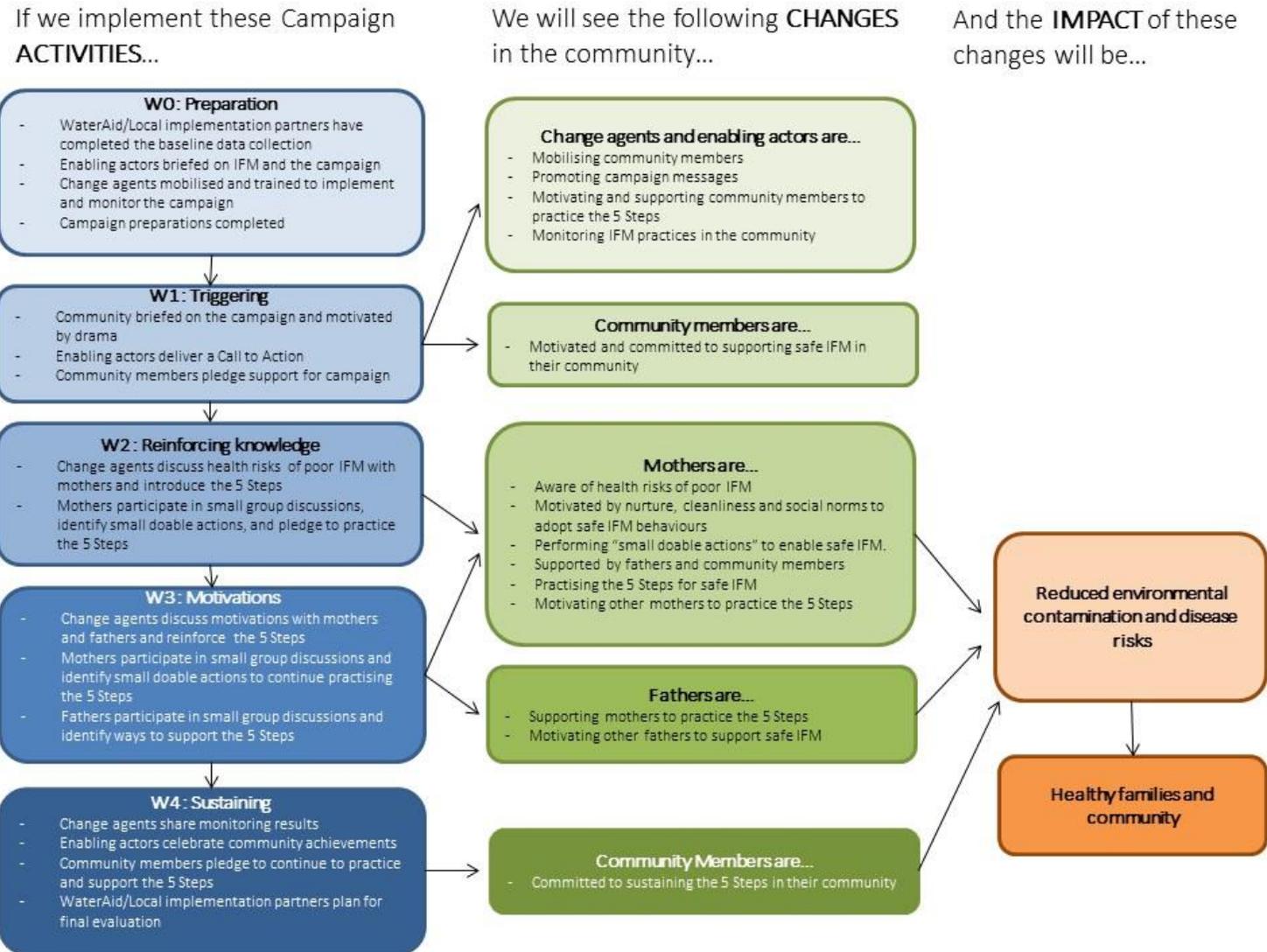


Figure 3 - IFM behaviour change campaign flow diagram

The project team shall also hold a **community leaders meeting** to share the campaign intentions and objectives, to provide and discuss community specific data to support importance of IFM, and agree on the roles the leaders can have during the campaign.

In consultation with leaders and other existing community engagement structures, the local implementing partners **shall identify and train change agents** who shall lead the campaign activities in the community. A selection criterion is defined in Box 1 below.

Logistics support includes preparing tools and materials in advance, and have them ready for the entire campaign period, reserving venues, and have completed all the necessary communications. The campaign checklist (Tool 9, Appendix 2) will be used as a guide to ensure support activities have been accomplished.

The project team must be **confident and motivated** to communicate the campaign messages and engage the communities as described in this toolkit.

Orientation meeting with community leaders

Target leaders: WASH committee, chiefs, clan leaders, women leaders, village development committee, church leaders, and elected representatives (ward councillors).

Agenda:

- Introduce project campaign partners
- Facilitate discussions on health concerns in the community presenting data from the formative research on why IFM is a risky behaviour
- Explain the 5 Steps, messages, target audiences and motives used to derive these messages i.e. nurture, cleanliness, environmental cue and pride.
- IFM campaign steps: the four weeks' campaign.
- Take the leaders through their role in the campaign:
 - a) facilitate the community triggering meeting,
 - b) community mobilisation to encourage participation in the campaign,
 - c) lead call to action,
 - d) make pledge for change, and
 - e) support campaign team throughout the campaign period.
- Selection of change agents will be done in support with the community leadership.
- Select dates for each of campaign activities. These will be communicated to the community.

Orientation with the Department of Health

Agenda:

- Introduce the project teams.
- Explain the objectives for the meeting is to do an orientation on the campaign, its objectives and importance.
- Discuss the importance of IFM to communities in the district and as a sector goal.
- Take the participants through the campaign design process – giving key findings from research, and partners involved (DFAT, CSWFP, WaterAid, IRDI, IWC, DWU).
- Explain the 5 Steps of the campaign and the target audiences, primary and secondary audiences.
- Discuss roles and responsibilities for all actors.
- General discussions on all agenda items above – provide an opportunity for feedback.

Orientation tool: IFM factsheet (Tool 1, Appendix 1).

Expected outcomes: The Health Department is aware of the IFM campaign steps, and how synergy can be drawn with the Department's health promotion strategy.

Box 1:

A change agent is one who:

- The community know as a champion for good
- Can easily communicate issues to communities
- Is a good facilitator
- Is committed and willing to volunteer their time for these activities

Training change agents

Once the communities have selected the change agents, WaterAid shall conduct a training for the change agents to equip them with skills and confidence to conduct the campaign activities including providing support during the monitoring activities.

Week 1: Triggering

Key activities: *Community triggering meeting, drama & community call to action*

An effective campaign requires enthusiasm created at the onset through active community participation, and the application of tools that trigger excitement and engagement of all stakeholders. At the **community triggering meeting**, the campaign project team should aim to communicate the key messages in a simple, clear and memorable way, using for example a play, or drama.

Prior to commencing the meeting, agree on the agenda with the leaders by recapping on the key messages, the call to action process and assign roles of the different leaders, change agents

Target audience: All community members

Activity lead: Community leaders supported by change agents

Conducting the campaign kick-start

Igniting the meeting: the change agents must make the session prior to commencing the meeting lots of fun. Use songs, music, announcements, and other entertainment tactics to call the community to the meeting venue.

The community leader calls the meeting to order using the culturally acceptable format. They then thank all for their time and reads the meeting's agenda.

The **drama** is then presented by the selected community actors (see drama script, Tool 5, Appendix 1).

Box 2: Reflection drama

The change agent shall engage the community after the drama, using the following guiding questions:

- What was the drama about?
- What was the most interesting thing that you saw or heard? What does this mean to you and the community?
- Does this dram talk about any situations that are familiar to you? What are they?
- Did the drama provide us with any advice? What was the advice about? Is it useful advice?
Probe for responses regarding the 5 Steps or any IFM related activities

Using the guide provided in Box 2, the change agent facilitates a fun discussion with the community. This discussion should conclude with a recap of the 5 Steps for safe IFM.

The community leader then reiterates the importance of the 5 Steps campaign by leading the community in a **call to action** (see Tool 3, Appendix 1). The leader must be given an opportunity to express the words in his/her own style.

The call to action tool is signed by the leaders first. Then the change agents should sign it and encourage as many community members as possible, who are willing to participate.

Once all those willing have signed, the leader holds up the call to action and affirms the joint community support. The community leader then announces that the call to action will be placed at the meeting venue for the entire campaign period, as a reminder of the community's and individuals' commitment to improving infant faeces management and behaviour.

The leader shall close the meeting by thanking the community for their active participation. A reminder of time and venue shall be made for week two mothers' meeting.

End-of-week reflection meeting

- Go through the community's response during the week 1 meeting.
- Identifying possible concerns members of the community might have, that may affect the week 2 activities and resolve them as soon as possible, where necessary. Where applicable, provide feedback requested.
- Posters are printed, and in the relevant numbers.
- A venue and time has been agreed and communicated at the week 1 meeting, and most appropriate communication channels e.g. during Sunday church services, announcement by the chief, word of mouth, etc.
- Plan for any meeting materials required – writing materials and coloured papers where necessary.

Describing week 1 success:

- Community leaders are aware and confidently communicate the 5 Steps.
- Drama is fun and well-received by the community.
- Community respond with questions and comments.
- Call to action is signed by leaders and community.

Week 2: Reinforcing knowledge

Key activities: Small group discussions with mothers

Evidence shows that knowledge of good hygiene practices is high among mothers, many of them expressing high awareness about the transmission of germs, need for good household hygiene practices and importance for these practices. However, this knowledge has not fully resulted in improved practices for all households, so it is important to reinforce knowledge about the risks associated with poor IFM practices. Apart from communicating the risky behaviours, this week will seek to understand what opportunities exist for mothers to change behaviours through addressing the benefits of the 5 Steps.

Purpose: To reinforce existing knowledge of IFM-related risky practices and create awareness about the 5 Steps for improved IFM behaviours.

Target audience: Mothers of children under three years old.

Activity lead: Change agents

Tools: Posters 1-5 and 6 (See Tool 2, Appendix 1).

Conducting mothers' small group discussions

Conduct these discussions with maximum 15 participants.

Start the meeting with an energiser or a fun way to get the mothers at ease.

Explain the importance of the meeting, and that this is a space for the mothers to share their experiences in improving hygiene in their community. Reiterate that everyone is encouraged to participate.

Introduce poster 1 by showing it around the group and allow time for the mothers to review the poster. Listen for any comments on the poster, message or design in the discussions among the mothers.

Facilitate the discussion using the following **guiding questions**:

- What is described in this poster? Is this how all mothers do this action in this community? If not, what are the variations?
- What strikes you the most about this poster?
- Does this poster give you a message that you are willing to practise?
- Would you be willing to communicate this to other mothers?

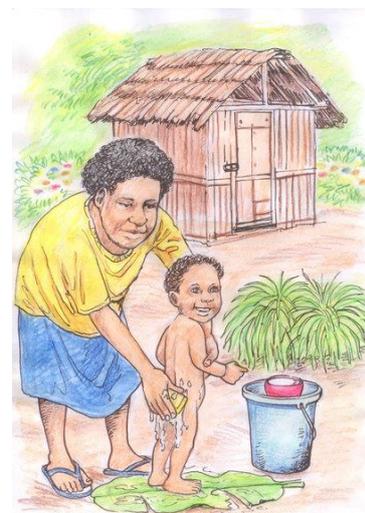
Follow the same process for posters 2,3,4, and 5.

Now with the help of the mothers, hold the posters in the right sequence, from 1-5.

Guiding questions:

- Is this how we clean out babies in this community?
- What are the similarities? What are the differences? Is this the right order?
- What are the benefits of doing these acts in this order?
- What would make it easy or difficult to follow this order?
- What can we do to start doing these 5 Steps?
- Are you willing to try these 5 Steps now and then we can meet again next and discuss our experiences? *Probe for responses to the affirmative and address any reservations by stating this activity is optional.*

Ensure that all answers are recorded



Play the 5 Step game

After the above steps, play the fun 5 Steps game (see Tool 14, Appendix 2).

Conclude by getting everyone to commit to try the 5 Steps when they get home and come back together to discuss their opinions the following week.

Close the meeting by providing the mothers each with poster 6, which they shall place in their homes, to remind them of the 5 Steps they just learnt today.

End-of-week reflection meeting

Tools: field journals (see Tool 8) and campaign checklist (see Tool 9, Appendix 2).

- Go through the notes from the mothers' small group discussion session, identifying any key issues associated with understanding the messages, 5 Steps and willingness to try out the small steps to practise the behaviour.
- Review logistics for week 3 activities; ensure a venue and time have been identified and communicated to the target audience.

Describing week 2 success:

- Mothers have understood the 5 Steps for improved IFM behaviours.
- There is understanding of the differences between knowledge and current practices, and small steps have been identified to move the mothers from risky practices to desired practices (i.e. practicing the 5 Steps).
- A date has been set for week 3 meeting.

Week 3: Addressing motivations to safe IFM practices

Key activities: *Small group discussions with mothers and with fathers*

Formative research findings show that while knowledge can be reinforced through a hygiene promotion campaign, knowledge is not the only barrier, and health-related messages alone are unlikely to lead to sustained behaviour change. The motivations for practicing safe IFM that were identified were: *nurture* (being a "good mother" and ensuring that your children are happy, clean and healthy), and *cleanliness* (smelling, looking and feeling clean). Fathers were also identified as the primary influencer for behaviour both in practice and support to sustain the opportunities for continued practises.

This week's focus is to move from knowledge of the 5 Steps to intention to practise by addressing the motives of nurture and cleanliness while at the same time addressing competing priorities that act as barriers to safe IFM behaviour.

Purpose: To promote messages around motives for safe IFM to mothers and fathers. The motives identified in the formative research are *nurture*, *cleanliness*, *environmental/physical cues*, and *competing priorities* and reinforce knowledge on safe IFM practices

Target audience:

- Mothers with children under three years old, in small groups of maximum 15 persons
- Fathers with children under three years old

Activity lead: Change agents

Tools: Posters 6, 7, and 8 (see Tool 2, Appendix 1).

Conducting fathers' small group discussions

Purpose: To reinforce fathers' knowledge of safe IFM and motivate them to play their roles in promoting safe IFM in the households and in the community.

Start the meeting with an energiser that keeps all the participants at ease and allow for free participation during the discussion.

Introduce the objective of the meeting as an opportunity to talk with fathers on how to best promote safe IFM in the community.

Step 1: Present poster 6 and allow time for the exchange of ideas among the fathers. Listen for comments about the poster, and the fathers' reactions.

Reflection guiding questions:

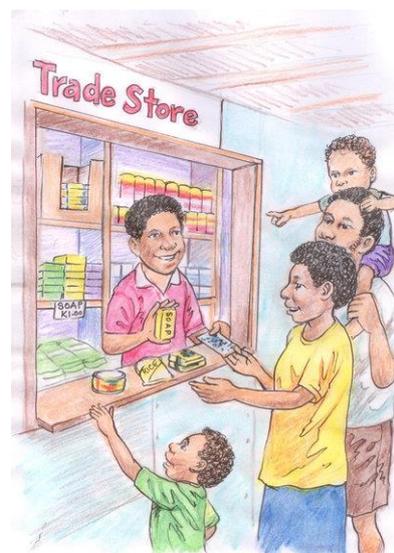
- What does this poster communicate?
- Are these 5 Steps performed in your household? *Seek response from each person present*
- Who would perform the 5 Steps in your household?
- Do you do any of the 5 Steps (*specify*)?
- Do you think this is the right way (*or the right order*) to do these actions? What should change?
- What would be the benefits to your households if these steps were practised all the time (*every day*)? What will you as a father do to ensure these 5 Steps are practised in your household?

Note: the above questions are to assess whether fathers are currently practicing IFM and their willingness to do participate in safe IFM

Step 2: Introduce poster 7 and follow the same process as before.

Reflection guiding questions:

- What does this poster communicate? Does it speak about your household?
- Where would this happen? (*Probe for location of canteens*)
- Is soap available here all the time?
- Do you buy different types of soaps? Why? Are these used for different activities within your households?
- What will make it easy for your household to purchase all the soap you need for the 5 Steps?
- Who will be responsible in your household to ensure that there is soap every time you need to do the 5 Steps?
- If this poster was placed in your house, would it make it easy to remember to purchase all the soap you need?



Step 3: Introduce poster 8 and follow the same process as before.

- What do we think about this community? What strikes you the most about this community?

- Do you know of a community that is like the one in this poster? Why did you select this community?
- Is this (*mention the name of community*) community like this? In what ways, can we be like this community all the time? What steps will you make to ensure this happens?

Step 4: Conduct the fun 5 Steps game (see Tool 14, Appendix 2).

Close the meeting with an agreement to attend the next week's meeting. Ask the fathers to take a copy of poster 6 for placing in their own homes. Together with the participants walk to identified locations (*identified by the Fathers*) and place posters 7 and 8.

Conducting the second mothers' small group discussions

Start the session with the pocket voting chart (Tool 13, Appendix 2). It acts as a quick reminder of what was discussed during week 2.

Give the group a summary of the key discussion points from week 2's session. Focus on the small actions that the mothers committed to doing at home. Invite all to discuss their experiences in trying out these small steps.

Guiding reflection questions:

- What worked? What made it easy?
- What needs to improve/change? Why?
- What didn't work? What made it difficult?
- How do we move forward to ensure the 5 Steps are practised? *Build consensus on the best fit approach to 5 Steps*

Next, follow **Step 2: Introduce poster 7**, **Step 3: Introduce poster 8** and **Step 4:** 5 Steps game, as above.

Close the meeting with an agreement to attend the next week's meeting. Together with the participants walk to identified locations and place posters 7 and 8.

End-of-week reflection meeting

- Identify week 4 venues and that all the logistics are in place.
- Finalise on communication plan to ensure community members are aware of the meeting
- Complete the week 3 monitoring activities
- Identify stories of change to be presented at the campaign finale meeting in week 4.
- Plan for the community leaders meeting to assess progress, get their feedback on campaign activities and plan for week 4 meeting.

Describing week 3 success:

- Fathers are motivated to practise and support the 5 Steps.
- Mothers have built consensus on best-fit approach to 5 Steps.
- Posters 6, 7 and 8 have been placed at specific public locations.
- Motives of *cleanliness, nurture, competing priorities, and environmental/physical cues* are well understood.
- A date has been set for week 4 meeting.

Week 4: Sustaining – campaign finale and taking the 5 Steps forward

Key activities: *Community leaders meeting, stories of change, campaign finale meeting & community pledge*

At this stage, the community has actively participated in the activities, community members have received messages through small group discussions and posters placed at distinct places are visible to all the residents. It is important to bring the campaign to a close in the same celebratory tone.

Expected outcome: The campaign comes to a successful end with a **community pledge** to continue to practise and support the 5 Steps for safe IFM, for the health of every family and a clean community (see Tool 4, Appendix 1).

Community leaders meeting

The meeting with community leaders should be held at least one day before the campaign finale meeting with the community. The topics to be covered in this meeting are:

- Feedback from the leaders on the campaign activities, outputs and outcomes.
- Plan for campaign finale activities and assign roles
- Taking the 5 Steps forward in the community

Identifying stories of change

Throughout the campaign weeks, change agents will identify stories of champions for change: a mother, a father, a community leader, and any other resident who has been at the forefront in influencing other community members to adopt the 5 Steps for safe IFM.

The change agents will hold discussions with these persons and record their stories (*ensure you get signed consent*) and agree that they will share their experience during the week 4 community meeting. Aim to get two people to share their stories (a male and a female) during the meeting.

Campaign finale meeting

This meeting is also conducted by the community leader, who will call the meeting to attention and start in the culturally acceptable way.

Welcomes everybody to the meeting and outlines the agenda.

The drama is presented.

The leader invites the two residents to share their stories of change.

The change agents ask for volunteer mothers to play the 5 Steps game in front of the community. The importance of these 5 Steps is then explained by the change agents or one of the parents selected by the change agents.

The community leader then leads the community in making an IFM pledge. The Pledge (see Tool 4, Appendix 1) will be signed by the leader and each community member will sign this pledge, which shall be distributed to the households.

End-of-week reflection meeting

- Assess completion of all campaign activities using the campaign checklist (see Tool 9, Appendix 2).
- Record all successes, key lessons, challenges and best practices.
- Identify stories for publication – project staff to follow up for interviews.
- Record any proposed changes to posters.
- Record any proposed changes to activities.

Describing week 4 success:

- Campaign finale meeting carried out successfully.
- Stories of change have been shared with the wider community and will motivate community members to
- Pledges made and taken by as many households as possible.
- 5 Steps are mentioned as often as possible in the finale meeting.
- Community feedback has been given and recorded.

4. Roles and responsibilities

Part of ensuring the IFM behaviour change campaign's success is having clear roles and responsibilities of all the major campaign actors. Figure 4 below summarises these for the three groups of actors that play an active role in implanting this campaign. WaterAid and their local implementation partner, IRDI, play a leadership a coordination role, with their main responsibility being designing and successfully implementing the campaign. They will also select and train the change agents.

The change agents will work at the community level, and carry out the major implementation and monitoring activities, such as liaising with the community leaders, supporting the mobilisation of the community, facilitating discussions, carrying out the logistics and providing support as needed.

Finally, the *enablers*, who are the community leaders and the NDoH officers, will play the crucial role of supporting and facilitating the work being done, to achieve the best results possible, and to keep the community engaged and committed to improving their behaviour for safe IFM.



Figure 4 - IFM BCC actors' roles and responsibilities

5. Monitoring and evaluation

Monitoring and evaluation (M&E) is an important feature of good campaign implementation. M&E will enable the campaign team to track progress, identify and overcome problems that arise, capture and celebrate achievements, and share lessons learnt to improve campaign design and implementation.

M&E activities will focus on the **implementation** of the campaign, and the **impact** of the campaign on the target audience and IFM behaviours in the community.

The M&E activities seek to answer these questions:

- 1) Are change agents implementing the campaign well?
- 2) Are target groups in the community adopting the desired behaviours?

A **baseline** is crucial for measuring the campaigns' progress and outcomes achieved. In all new communities data should be collected prior to starting the campaign, using the rapid household survey, facility spot checks and structured observations. These tools will inform what was the initial situation in the community and they will be repeated at the end of the IFM BCC, to allow us to assess how the situation in the community changed.

Table 1 outlines the monitoring activities that will take place in each week of the campaign. Tools to support these monitoring activities are provided in Appendices 2 and 3.

The campaign team should fill in the final column of the table during Week 0: Preparation, clearly identifying the individuals who will be responsible for each monitoring activity throughout the campaign. WaterAid should lead the baseline and final evaluation activities, while change agents in the community should play a leading role in monitoring activities throughout the campaign.

Table 1 - IFM BCC monitoring activities and tools per week

Campaign timeline	Indicators <i>What are we monitoring?</i>	Tools <i>How will we monitor this?</i>	Roles and responsibilities <i>Who will be responsible for leading each M&E activity?</i>
Baseline	Number of mothers that report practising safe IFM Number of households with handwashing facilities Number of mothers observed practising safe IFM	Tool 16: Rapid household survey Tool 17: Facility spot checks Tool 18: Structured observations	WaterAid and local implementation partners
Week 0: Preparation	Number of meetings with community leaders/enabling actors Number of change agents participating in campaign training Campaign implementation plan, roles and responsibilities clearly defined	Tool 8: Field journals Tool 9: Campaign checklist Tool 10: Weekly reflection meeting Tool 11: Participant list and photos Tool 12: Table of roles and responsibilities	Change agents and local implementation partners Change agents Change agents and local implementation partners Change agents Change agents
Week 1: Triggering	Number of community meeting facilitated by change agents Number of community members participating in community meetings/activities Active engagement and participation by community members	Tool 8: Field journals Tool 9: Campaign Checklist Tool 10: Weekly reflection meeting Tool 11: Participant list and photos Photos, videos, records of conversations Copy of community pledge (Tool 4)	Change agents and local implementation partners Change agents Change agents and local implementation partners Change agents Change agents and local implementation partners Change agents
Week 2: Reinforcing knowledge and Week 3: Motivations	Number of small groups discussions facilitated by change agents Number of women / men participating in small group discussions Active engagement and participation by mothers Number of mothers who report consistently practising safe IFM in the past week	Tool 8: Field journals Tool 9: Campaign checklist Tool 10: Weekly reflection meeting Tool 11: Participant list and photos Photos, videos, recording conversations Posters 1-5 (Tool 2) Tool 13: Pocket voting chart	Change agents and local implementation partners Change agents Change agents and local implementation partners Change agents Change agents and local implementation partners Change agents Change agents and local implementation partners

	<p>Number of mothers who can correctly recall the 5 Steps</p> <p>Number of posters distributed to individual households</p> <p>Number of posters displayed in public places</p> <p>Stories of change</p>	<p>Tool 14: 5 Steps game</p> <p>Tool 15: Poster distribution list</p> <p>Tool 15: Poster distribution list and spot checks</p> <p>Tool 7: Stories of change</p>	<p>Change agents</p> <p>Change agents</p> <p>Change agents</p> <p>Change agents to identify stories & local implementation partners to document</p>
Week 4: Sustaining	<p>Number of community meetings facilitated by change agents</p> <p>Number of people participating in community meetings/activities</p> <p>Number of posters displayed in public places</p> <p>Stories of change</p> <p>Community members demonstrate knowledge of 5 Steps</p>	<p>Tool 8: Field journals</p> <p>Tool 9: Campaign Checklist</p> <p>Tool 10: Weekly reflection meeting</p> <p>Tool 11: Participant list and photos</p> <p>Tool 15: Poster distribution list and poster spot checks</p> <p>Tool 7: Stories of change</p> <p>Photos, videos, recording conversations</p>	<p>Change agents and local implementation partners</p> <p>Change agents</p> <p>Change agents and local implementation partners</p> <p>Change agents and local implementation partners</p> <p>Change agents</p> <p>Change agents to identify stories & local implementation partners to document</p> <p>Change agents and local implementation partners</p> <p>Change agents and local implementation partners</p>
<p>Evaluation</p> <p><i>To be conducted one month following the campaign, and repeated six months later to assess sustainability (if possible).</i></p>	<p>Campaign implementation</p> <p>Stories of change</p> <p>Number of mothers that report practising safe IFM</p> <p>Number of households with handwashing facilities</p> <p>Number of mothers observed practising safe IFM</p>	<p>Notes from reflection meetings</p> <p>Copy of participant lists and other records</p> <p>Tool 19: Focus group discussion with community leaders</p> <p>Documented Stories of Change</p> <p>Tool 16: Rapid household survey</p> <p>Tool 17: Facility spot checks</p> <p>Tool 18: Structured observations (a few in each village)</p>	<p>WaterAid and local implementation partners</p>

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Apendix 1:

Tools for infant faeces management campaign

Tool 1: Infant faeces management factsheet

When conducting a behaviour change campaign, you may be asked a range of questions by community members, so it is good to have some basic information about infant faeces management (IFM).

Why is infant faeces management important?



Safe IFM is important to prevent the spread of disease.

Safe disposal of faeces and handwashing with soap are the most effective ways to do this.

Diarrhoea is the first cause of malnutrition, and the second cause of death in children under the age of five, and it is transmitted through contact with human faeces.

Children under 5 commonly wear nappies and disposable diapers, or defecate on the ground, which if not managed, becomes a source of environmental contamination and a serious health risk to the community.

Are infant faeces dangerous?

Yes! Infant faeces can be *more* harmful than adult faeces, because diarrhoea and pathogens such as hepatitis A, rotavirus and *E. coli* are more common in young children, and carried in their faeces.

Infant faeces pose a serious health risk, and like adult faeces, must be managed safely.



What is the safest way to dispose of infant faeces?

The safest way to dispose of infant faeces is to put or rinse the faeces and used diapers **into a toilet**.



1. Wash infant's bottom with water and soap



2. Put infant faeces in the toilet



3. Rinse nappies in a bucket with soapy water



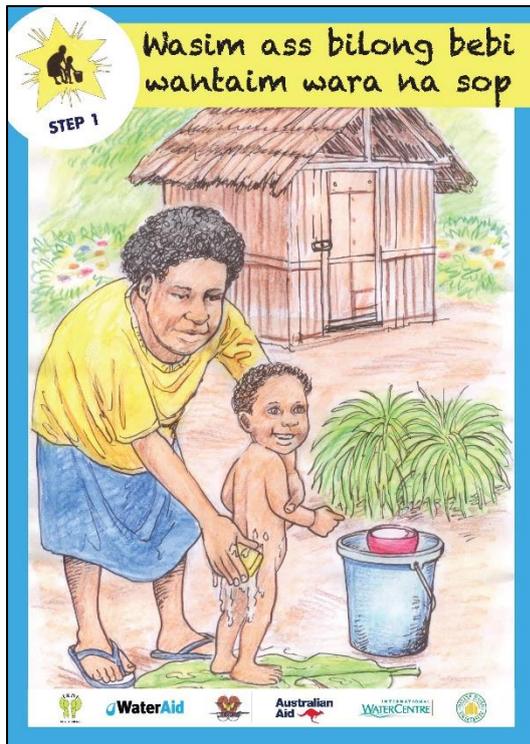
4. Wash your hands with water and soap



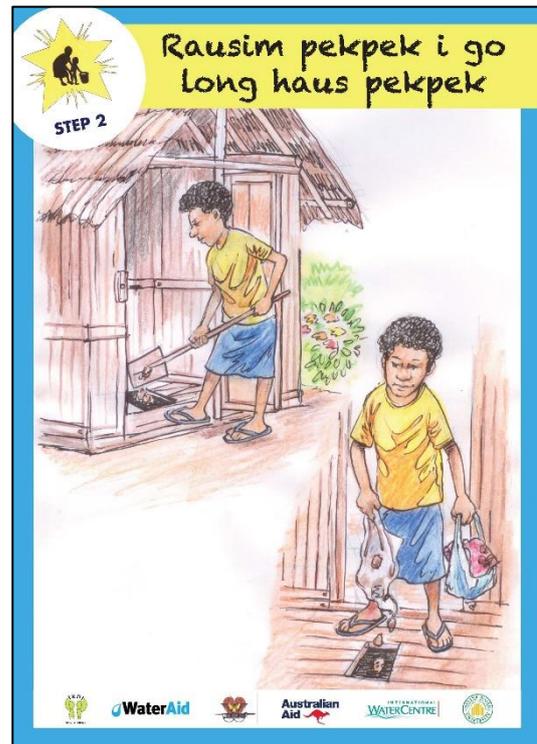
5. Wash dirty nappies with water and soap, away from the river

What steps can I take to improve IFM in my household?

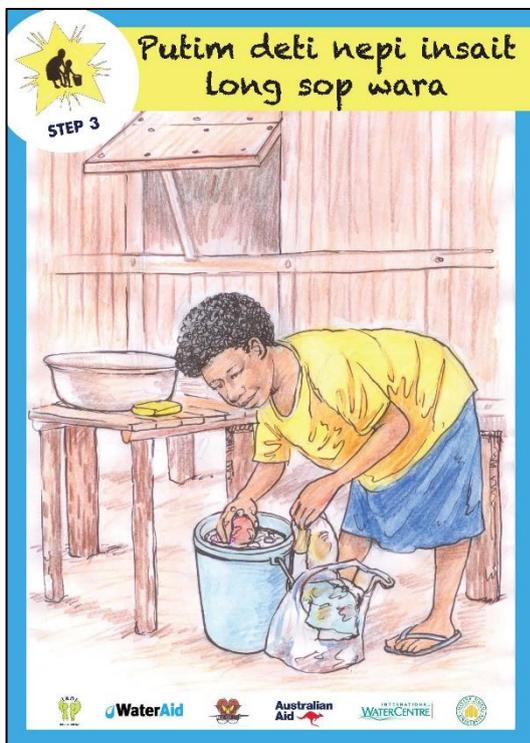
Tool 2: List of posters and display locations



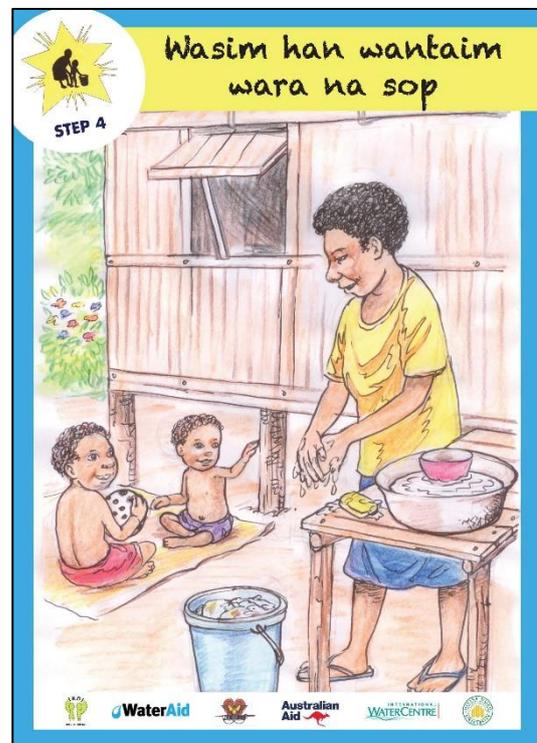
Poster 1: Step 1



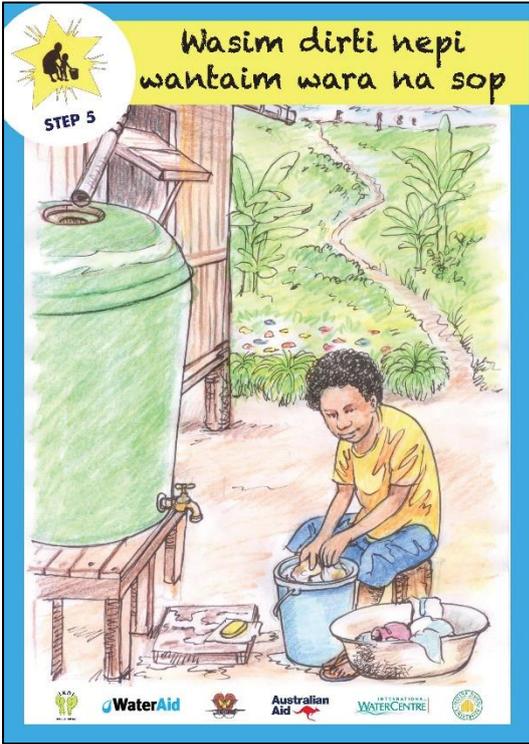
Poster 2: Step 2



Poster 3: Step 3



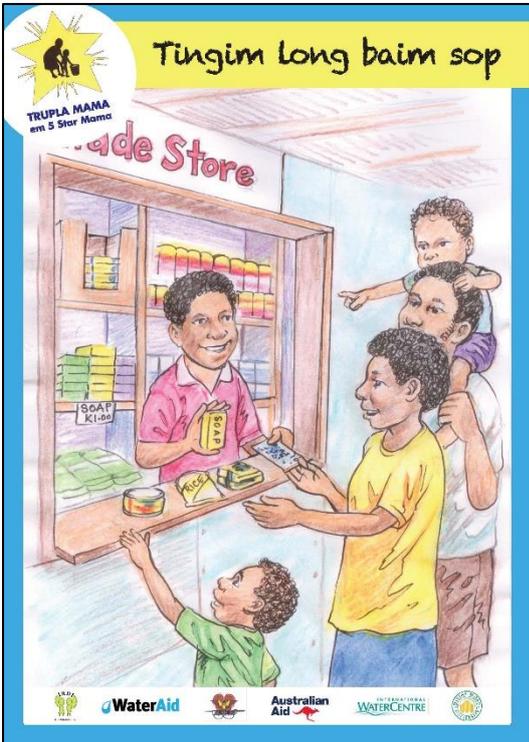
Poster 4: Step 4



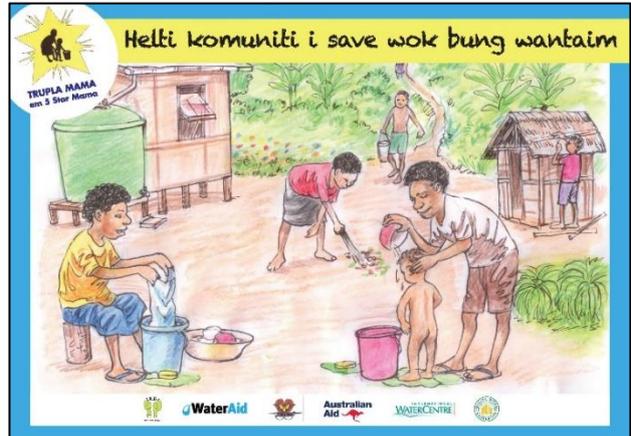
Poster 5: Step 5



Poster 6: All the 5 Steps



Poster 7: Reminder to buy soap



Poster 8: Community supporting the 5 Steps

Note: This is only a sample of the posters, please refer to full resolution posters for the campaign implementation activities.

Table 2 - Poster list and display locations

Poster No.	Description	Display location
1	Step 1: Mother washing baby's bottom	Households
2	Step 2: Mother putting faeces in toilet	Households
3	Step 3: Mother soaking soiled nappies in bucket	Households
4	Step 4: Mother washing hands with soap	Households
5	Step 5: Mother washing dirty nappies with soap	Households
6	All 5 Steps	Public places or cluster of houses
7	Reminder to buy soap	Canteens or households
8	Community supporting the 5 Steps	Public places or cluster of houses

Tool 3: Call to action

The following text can be used as a guide for the **Call to action**, but should first be discussed with community leaders and translated into local language.

Call to action by community leaders

Poor infant faeces management increases the risk of disease and contaminates the environment in our village. It is not a private household matter, but a practice that affects us all.

Mothers and fathers have a role to play in caring for their children by practising and promoting safe infant faeces management, for the health of our community.

We can be a “5 Star” community if we work together to keep our village clean and healthy by practising safe infant faeces management. When visitors come to _____ we can be proud of our clean community.

Stand up and show your support for this important campaign.

Join me in pledging to work together to support safe infant faeces management for the health and happiness of our community.

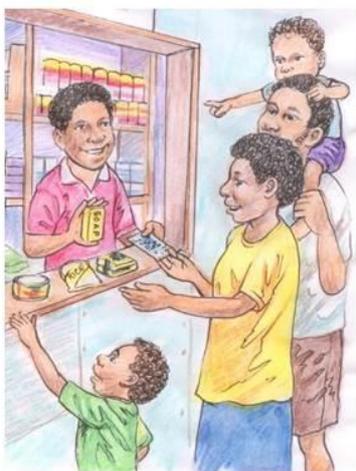
Tool 4: Community pledge

Copy and paste the community pledge below into a new document and print it on A3 sized paper, or write it in local language in the centre on a flip chart poster. Remember to leave space for a representative from each family to write their name or make a handprint to sign the pledge.

_____ is proud to be a “5 Star” community.

We pledge to continue working together to practice and support the 5 Steps for safe infant faeces management, for the health of every family and a clean community.

The following image can be printed as a small A5 poster, or a sticker to be given to each family who signs the pledge.



**We are proud to be a
“5 STAR” family
practising safe infant
faeces management**

Tool 5: Drama script

Scene 1: The problem - Characters: Narrator, Mother, Father, Baby, Dog, Flies, Pig

Narrator: Mother is cooking and Father is sitting outside the house smoking and reading newspaper, while the baby is playing on the ground outside the house, let's look closely and see what happens.

[Baby starts crying]

Mother: cooking in the kitchen: Hey you keep quiet and play with your toys, I'm cooking your food and will be ready shortly.

[Baby cries even louder this time]

Mother: Hey! What is wrong with you?! Stop crying! Oh, Father! Please can you help here? Can you please take care of the baby? I'm cooking the food!

Father: *[Looks at the baby and realizes that the baby is pooping]* Oh! No! What have you done?! Mother please the baby is pooping! How do you expect me to deal with that?! I can't!

Mother: Ok sorry baby!

[She walks out of the kitchen and picks up the crying baby, wipes the baby's bottom with leaves or rags and cleans it on her laplap]

Mother: Hey can you take care of the baby? Now she is clean!

Father: Argh! The baby is still crying! Maybe she is hungry! Breastfeed her!

Mother: Ayo!! *[She takes the baby and breastfeeds her]*

Narrator: The mother then sits breastfeeding the baby in the kitchen at the same time she fixes the fire and checks the pot as the food in the pot is slowly cooking.

Meanwhile outside the house, the Dog and the Pig eats the faeces, the Flies are swarming around the Dog and Pig

[The creatures connect with the audience – making people laugh through comics]

Dog: Hmmm thank you mother... you are a very good mother, giving me food

Pig: Hey leave some for me!

Flies: Yes! We love this village! There is plenty of food for us!

Scene 2: Things get worse - Characters: Mother, Father, Baby, PMV driver

While the mother is breastfeeding the baby, again the baby stops breastfeeding as she poops on the mother's clothes. She gets diarrhoea.

Mother: Hey what is wrong with you? You are spoiling my clothes! I thought you were hungry and I am feeding you! Stop crying! Stop crying baby!

The mother wipes the baby's faeces and continues to comfort the baby while the baby is crying and then defecates again.

[Mother calls out to the Father]

Mother: Hey! I don't know what is wrong with this child! Can you help me please?! Ayo my baby please I don't know what to do now! Father we need to take her to the health post!! Please come on quickly let's go! The baby is getting weak!

Father: Oh, no! How can we take her to the health post? It's far and we have no money for PMV!

Father runs to the road as he hears the sound of the PMV truck approaching, he calls out to the driver.

Father: Please stop! Please stop! My daughter is very sick and we need to take her to the health centre, please help me!

PMV driver: Ok get on and later you can sort out the PMV fare.

Father runs back to the house and carries the baby at the same time calls out to the wife to quickly pack some baby's clothes and they leave for the health centre.

Father: Hey Mary, hurry up! Please pack some nappies and let's go the PMV is waiting! Hurry up! Let's go!

The PMV takes them to the health centre and the baby gets treated there.

Scene 3: The result - Characters: Narrator, Mother, Father, Baby, Woman

The following week they are back in the village...

Narrator: Mother is looking after the sick baby; the father also sits with them and talking to his wife why the baby always gets sick.

Father: I need to go and see a witchdoctor, my baby is always sick! Once I find this culprit, who knows what I will do to him!

Mother: I don't know what is causing this sickness...

Woman: *[Approaches the house]* Mary and Peter, how is baby Ruth?

Mother: Yah... She is no longer defecating but she is weak...

Woman: You know what, you listen carefully to what I am going to tell you, it's not about someone else trying to kill a member of your family Peter...it's about germs!

(Woman explains how the germs get into our body and make us sick)

Woman: This diarrhoea happens when germs get into our body through the mouth. Now when we don't wash our hands with soap after cleaning the baby's bottom and then we prepare the food or feed the baby, we are already putting germs into their body. That is what is making them sick!

Mother: So how can I prevent that from happening? Can I use any soap for hand washing? I thought soap was for washing the dishes and washing clothes only!?

Woman: This is how you do it

1. When the baby defecates firstly we wash the baby's bottom with water and soap
2. Next we remove the faeces into the toilet, if the baby wears napkins, the faeces must be removed into the toilet
3. Then we soak the nappy into a bucket of water and soap
4. Then we wash hands with water and soap
5. Then we wash the nappies or soiled nappies with water and soap

Woman: If you follow these 5 steps, your baby will be healthy and will not get sick! If we practise this often we will become 5 star mamas!

Scene 4: 5 years later – mother and baby in a clean environment (“5 Star” Mama)

Characters: Narrator, Mother, Father, little girl, new baby, Dog, Pig, Flies

Narrator: It is now, after 5 years, the couple had another child...

Dog: I don't like this village! There is no food!

Flies: Yes, there is no food here let's go to the other village

[New baby with napkin cries...]

Mother: Oh, my dear, you must have wet your napkins again, she cleans the baby and asks the father to bring some water

Mother: Please father can you bring us a bucket of water?

Father: Sure!

[He happily takes the bucket and walks over to the tank, fetches water and carries the bucket of water to the mother and new baby, he also looks for the soap and brings it to the mother.]

Here, mother, use this bucket of water to wash the baby and please do not forget to wash the baby with soap and water.

Mother: Thank you my husband!

Father: You are welcome my darling!

Mother: *Washes the baby with water and soap....and follows the 5 steps while saying them out loud:*

1. Firstly, we wash the baby's bottom with water and soap
2. Next we remove the faeces into the toilet
3. Then we soak the nappy into a bucket of water and soap
4. Then we wash hands with water and soap
5. Then we wash the nappies or soiled nappies with water and soap

[Father then takes the little girl to school...]

Pidgin Version

Scene 2: (Hevi) - Karektas: Mama, Papa, Bebi, Dok, Lang, pik

Narata: Mama kuk stap na papa sindaun autsait long haus bisi simuk, kaikai buai na ridim niuspepa stap na bebi tu pilai autsait long haus stap, yumi nau lukluk klostu long wanem samting bai kamap)

Narata: *Bebi stat long karai... Mama: Kuk istap long hauskuk*

Mama: Hei yu passim maus na pilai wantaim ol doly bilong yu, mi kukim kaikai bilong yupla and klostu bai redi nau.

Narata: *Bebi stat long karai bigpela nau.*

Mama: Hei wanem samting mekim na u karai? Passim maus! Oi papa! Plis inap yu helpim na lukluk long bebi pastem? Mi wok long kukim kaikai ya!

Narata: *Papa Lukluk long bebi na lukim olsem bebi I pekpek.*

Papa: Aiyo yu mekim wanem yah? Mama plis bebi mekim save pekpek stap. Hau yu tokim mi long holim pikinini? Mi painim had ya!

Mama: Ok, sori bebi, mi kam.

Narata: *Em wokabout kam autsait long haus kuk, holim n apim bebi, na kilinim ass bilong bebi wantaim hap laplap.*

Mama: Em hia yu ken holim bebi nau, em klin pinis.

Papa: Ayia! Bebi wok long karai yet yah! Em mas hangere ya! Kivim susu long em!

Mama: Mmmm! Belhat wantaim kisim bebi na stat long kivim susu.

Narata: *Mama sindaun long haus kuk, kivim susu long bebi wantaim na wokim paia long kaikai. Autsait long haus, dog na pik wok long kaikai pekpek bilong bebi na ol blu lang ya ino isi isi long raunim pekpek, dog na pik.*

Ol eksen bilong enimol olsem pik, dok, blu lang bai mas mekim ol man meri lap.

Dok: Hmmm! Tenkyu mama, yu wanpela gudpela mama long givim mi kaikai.

Pik: Ayio! Poro lusim hap kaikai long mi tu yah!

Blu lang: Yesia, mipela laikim tru dispela peles ya! igat planti switpela kaikai bilong mipela.

Scene 3: Risalt - Karektas: Mama, Papa, Bebi, Meri, PMV Driver

Narata: *Taim mama wok long kivim susu long bebi stap, bebi pekpek antap long lek na laplap bilong mama. Dispela taim bebi pekpek wara.*

Mama: Hei! Wanem samting asua long yu na yu bagarapim ol laplap na kolos bilong mi! Mi tink yu hangere na mi givim susu long yu! Pasim maus na stop karai nau!

Narata: *Mama klinim pekpek na mekim save holim pasim bebi tasol bebi wok long karai yet and pekpek wara ken. Mama singaut igo long papa*

Mama: Aiyo! Mi no save wanem samting I asua long liklik pikinini ya! Inap yu kam hariap na helpim mi pastem! Aiyo! Bebi bilong mi, mi no save wanem samting bai mi mekim nau ya! Papa mitupla mas kisim liklik bebi go long haus sik! Aiyo! Plis kam hariap na mitupla kisim pikinini go!

Narata: *Bebi nogat moa strong nau ya!*

Papa: Aiyo, bai mitupla kisim bebi go long haus sik olsem wanem? Haus sik I stap longwei tumas na mitupla nogat moni bilong bai kar long kisim em go!

Narata: *Papa toktok stap na harim ensin bilong wanpela kar ikam. Em ron go outsait long rot na singaut long draiva.*

Papa: Plis stop! Plis stopim kar! Liklik pikinini meri bilong mi I sik nogut tru na mitupela mama laik kisim em go long haus sik, Plis helpim mitupela!

PMV Draiva: Ok, kam kalap long kar hariap na bihain yutupela ken stretim kar.

Narata: *Papa ron hariap go bek long haus na karim bebi na singaut long mama long kisim sampela klos bilong bebi long go long haus sik.*

Papa: Hei Maria, hariap! Plis hariap long kisim sampla napkins na yumi go long haus sik, PMV wet istap! Hariap na yumi go!

Narata: *PMV kar kisim tupelo go long haus sik na bebi kisim marasin.*

Wanpela wik igo pinis na tupela kam bek long peles.

Narata: *Mama wok long lukautim sik bebi na papa tu sindaun klostu wantaim mama na toktok long bilong wanem na bebi save sik olgeta taim.*

Papa: Liklik bebi wok long sik olgeta taim na mi mas go painim wanpela kalas man pastem. Taim mi painim aut husat wok long bagarapim pikinini, mi no save wanem samting stret bai mekim long man ya!

Mama: Mi tu ino save ya! Wanem samtin stret save mekim na liklik bebi save sik?

Narata: Meri Wokabaut kam klostu long haus.

Meri: Maria na Pita, bebi bilong yutupela olsem wanem?

Mama: Yah... em ino pekpek wara moa tasol skin bilong em nogat strong...

Meri: Yu save tu! harim mi gut long wanem samting bai mi tokim yu. Dispela ino ol narapela lain laik bagarapim ol family bilong yutupela Pita. Em ol binatang nogut ya.

Narata: *Meri tokaut moa long hau ol binatang nogut save go insait long bodi na kamapim sik.*

Meri: Dispela pekpek wara save kamap taim ol binatang nogut go insait long maus na go insait long bodi. Sopos mipela ino wasim han wantaim sop bihain long yumi rausim na klinim ass bilong bebi, na yumi go het long kukim kaikai na givim kaikai long bebi, em yumi putim ol binatang nogut go insait long bodi bilong ol. Em dispel tasol wok long mekim na ol bebi bai sik!

Mama: So em bai mi mekim wanem long abrusim dispela hevi long kamap? Inap mi usim ol kainkain sop long wasim han? Mi tink olsem sop em bilong wasim plet na klos tasol?

Meri: Ok, bai yu mas mekim olsem.

1. *Taim bebi pekpek, namba wan samting long mekim, em yumi mas wasim ass bilong bebi wantaim wara na sop.*
2. *Bihain yu rausim pekpek na tromoi go insait long toilet, sopos bebi pekpek long napkin, dispela tu rausim pekpek go insait long toilet.*
3. *Bihaim putim doti napkin go insait long baket wara igat sop o omo.*
4. *Bihaim yumi mas wasim gud han wantaim wara na sop.*
5. *Bihain yumi wasim gud dispela ol napkin stap insait long baket wantaim wara na sop o omo. Kapasaitim ol wara nogut go insait long toilet*

*Sopos yu bihainim dispel 5pela step, mi tokim u pinis, bebi bilong yu bai stap gud na bai no nap painim sik!
Sopos olgeta taim yumi mekim dispela pasin, yu bai kamap wanpela 5 sta mama stret!*

Scene 4: Mama na bebi stap long klinpela haples (5 sta Mama) Lukluk igo pas (5pela yia bihain)

Karekta: Mama, Papa, Blu lang

Narata: Bihain long 5pela yia tupela marit igat wanpela moa pikinini ken.

Blu lang: Aiyo! Mi no laikim dispela ples nau ya! Nogat kaikai tru ya!

Blu lang: Yesia! Nogat kaikai long hia, yumi go long narapela ples!

Bebi igat napkin long em karai.

Mama: Aiyo naispela bebi bilong mi, napkin bilong yu mas wet ken ya!. Em klinim bebi na singautim papa long sampela wara.

Mama: Aiyo gudpela papa, inap yu kisim mitupela long baket wara?

Papa: Wanbel stap!

Em amamas wantaim kisim baket na go pulmapim wara long tenk/tep na karim wara go long mama na bebi, em kisim sop tu long kivim mama.

Papa: Em hia mama, usim wara long baket long wasim bebi na **NOKEN LUSIM TINKTINK LONG WASIM EM WANTAIM SOP!**

Mama: Aiya! tenkiu stret naispela man bilong mi!

Papa: Aiya! Lewa bilong mi, laikim yu nating tru!

Mama: Wasim bebi wantaim wara na sop... bihainim 5pela step.

Papa amamas wantaim na kisim liklik gel go long skul

Pinis bilong Drama

Appendix 2:
Campaign activity templates

Tool 6: Template for summary of monitoring data

To be completed by change agents with support from project staff, and discussed with community leaders before sharing with the wider community.

Campaign Activity	Description of the activity	Total no. participants
[number] community meetings		
[number] drama performances		
[number] women's small group discussions		
[number] men's small group discussions		
[number] posters displayed in public places		
List any other activities here...		
<i>Total number of people who participated in this campaign:</i>		

Tool 7: Stories of change

The aim of this activity is to collect positive stories of change that can be shared to motivate people in the community, and to show the impact of the campaign.

Who should use this tool? Change agents should assist local implementation partners to identify individuals or families with stories of change each week, beginning in Week 2 of the campaign.

When should stories of change be collected? Campaign weeks 2, 3 and 4. Local implementation partners should try to conduct at least 2-3 interviews each week, with a mixture of mothers, fathers, and community leaders. In the final week of the campaign, interviews should also be conducted with change agents.

How to identify individuals for interviews? Look for individuals who have been very enthusiastic and actively participating in the campaign, or have experienced challenges during the campaign, but managed to take some small doable steps towards change

Recording interviews: If possible, record these interviews using an audio or video recorder so they can be shared with others. Make sure to take detailed notes during the interviews. Write a short, one-page summary of each story you collect, focusing on the small doable actions that individuals took, and the feelings/emotions and experience of the participants before, during and after the campaign.

Guiding questions for stories of change interviews:

1. Please start by telling me a little bit about yourself and your role in the community.
2. How did you participate in the campaign? What was your role?
3. What is the most significant change that you have noticed in your household, or in the community, during this campaign?

Probe for the following:

- What was the situation **before** the campaign?
 - What happened **during** the campaign?
 - What **actions** did you take? (Prompt: focus on documenting the small, doable actions)
 - How did this make you **feel**?
4. What do you think will happen after the campaign ends?

These stories of change should be shared with the community. They should celebrate individual achievements and be motivating for others.

Mother's story

Father's story

Community leader's story

Tool 8: Field journals

The aim of this tool is to document activities, observations, lessons and challenges during campaign implementation. Keeping a field journal will make it easier for members of the campaign team to remember what has happened, and record key observations about how the campaign is being implemented and having an impact on the community.

Who should use this tool? Change agents and project staff

When should this tool be used? Individuals write in their field journals at any time, but should make at least one entry per week.

Instructions:

1. Each member of the campaign team should be provided with an exercise book to use as a field journal.
2. Use the guiding questions below to assist you to write at least one journal entry per week.
3. Bring your journal (exercise book) to the weekly team reflection meeting, to share and discuss observations, achievements and lessons learned, and to identify ways to overcome challenges that have emerged and assist with planning for the following week.

Guiding questions for field journals:

- What activities were conducted this week?
- What was the reaction of participants?
- What challenges did you or other members of the campaign team face?
- What lessons did you learn this week?
- Did you observe any changes in the community?
- What are your recommendations for the remaining weeks of the campaign?

Note: *To incorporate all change agents, even those who cannot read and write, ensure at least one of the agents is able to record oral feedback from the rest of the team. This should be done at the weekly reflection meetings*

Tool 9: Campaign checklist

	Tools	Activities	M&E Tools
Week 0: Preparation	<input type="checkbox"/> Tool 1: Infant faeces management factsheet <input type="checkbox"/> Tool 9: Campaign checklist <input type="checkbox"/> Campaign information sheet	<input type="checkbox"/> Orientation with health workers training for change agents <input type="checkbox"/> Meeting with community leaders <input type="checkbox"/> Planning meeting with campaign team	<input type="checkbox"/> Tool 8: Field journals <input type="checkbox"/> Tool 9: Campaign checklist <input type="checkbox"/> Tool 10: Weekly reflection meeting <input type="checkbox"/> Tool 11: Participant list and photos <input type="checkbox"/> Tool 12: Table of roles and responsibilities
Week 1: Triggering	<input type="checkbox"/> Agenda for community triggering meeting <input type="checkbox"/> Tool 3: Call to action <input type="checkbox"/> Tool 4: Community pledge <input type="checkbox"/> Tool 5: Drama script	<input type="checkbox"/> Community triggering meeting	<input type="checkbox"/> Tool 8: Field journals <input type="checkbox"/> Tool 9: Campaign checklist <input type="checkbox"/> Tool 10: Weekly reflection meeting <input type="checkbox"/> Tool 11: Participant list and photos
Week 2: Reinforcing Knowledge	<input type="checkbox"/> Instructions for small group discussions with mothers <input type="checkbox"/> Posters 1-5 printed in A4 <input type="checkbox"/> Poster 6 printed in A2	<input type="checkbox"/> Small group discussion with mothers	<input type="checkbox"/> Tool 7: Stories of Change <input type="checkbox"/> Tool 8: Field journals <input type="checkbox"/> Tool 9: Campaign checklist <input type="checkbox"/> Tool 10: Weekly reflection meeting
Week 3: Motivating	<input type="checkbox"/> Instructions for small group discussions with father's group and mother's group <input type="checkbox"/> Posters 4, 7 and 8 printed on A4 for fathers <input type="checkbox"/> Flashcards for mothers	<input type="checkbox"/> Small group discussion with mothers and fathers	<input type="checkbox"/> Tool 11: Participant list and photos <input type="checkbox"/> Tool 13: Pocket voting chart <input type="checkbox"/> Tool 14: 5 Steps game <input type="checkbox"/> Tool 15: Poster distribution list and spot check
Week 4: Sustaining	<input type="checkbox"/> Summary of monitoring data <input type="checkbox"/> Agenda for community meeting <input type="checkbox"/> Individual pledge	<input type="checkbox"/> Meeting with Community Leaders <input type="checkbox"/> Community meeting	<input type="checkbox"/> Tool 7: Stories of change <input type="checkbox"/> Tool 8: Field journals <input type="checkbox"/> Tool 9: Campaign checklist <input type="checkbox"/> Tool 10: Weekly reflection meeting <input type="checkbox"/> Tool 11: Participant list and photos <input type="checkbox"/> Tool 15: Poster distribution list and spot checks

Tool 10: Weekly reflection meeting

The aim of this tool is to reflect on the previous week's activities, successes and challenges; to document activities, lessons learned and achievements; and to plan for the next week of the campaign.

Who should participate in these meetings? Change agents and local implementation partners (all members of the campaign implementation team) and community leaders when appropriate.

Who should facilitate these meetings? Local implementation partners should facilitate these meetings and take notes for monitoring purposes.

When should these meetings take place? At the end of each campaign week, in preparation for the next week.

What to bring:

- Each member of the team should bring their field journal (Tool 8, Appendix 2)
- Campaign checklist (Tool 9, Appendix 2)
- Campaign toolkit

Agenda:

1. Reflections on previous week
2. Planning for next week

The following guiding questions can be used to facilitate discussions.

Guiding questions for weekly reflection meeting:

- What activities were conducted this week?
- Were all activities conducted, according to plan? *Refer to the campaign checklist.*
- What was the reaction of participants?
- What challenges did you face this week?
- What lessons did you learn this week?
- Were any changes observed in the community? Were any interviews conducted to collect stories of change?
- What recommendations does the team have for the remaining weeks of the campaign?
- What activities will take place next week? *Refer to the campaign checklist and toolkit.*
- What preparation is required, and who will be responsible for each activity?

Tool 11: Participant list

Purpose: To record participants in all campaign activity meetings

Activity:

Date:

Location / Venue:

Total number of participants:

Name	Sex (F / M)	Age	Role

Tool 12: Table of roles and responsibilities

Purpose: To be filled during the preparation week meeting of the campaign team to assign responsibilities every week. This tool will be revised at the weekly reflection meetings to reflect on the next week's activities

	Activities	Lead person	Support person/s
Week 0: Preparation	<input type="checkbox"/> Orientation with health workers training for change agents <input type="checkbox"/> Meeting with community leaders <input type="checkbox"/> Rehearsing drama with community members <input type="checkbox"/> Planning meeting with campaign team		
Week 1: Triggering	<input type="checkbox"/> Community triggering meeting <input type="checkbox"/> Call to action <input type="checkbox"/> Community pledge <input type="checkbox"/> Drama <input type="checkbox"/> M&E – Weekly reflection		
Week 2: Reinforcing knowledge	<input type="checkbox"/> Small group discussion with mothers <input type="checkbox"/> M&E – 5 Steps game <input type="checkbox"/> M&E – Pocket voting <input type="checkbox"/> M&E – Posters distribution <input type="checkbox"/> M&E – Stories of change <input type="checkbox"/> M&E – Weekly reflection		
Week 3: Motivating	<input type="checkbox"/> Small group discussion with mothers <input type="checkbox"/> Small group discussion with fathers <input type="checkbox"/> M&E – Pocket voting <input type="checkbox"/> M&E – Posters distribution <input type="checkbox"/> M&E – Stories of change <input type="checkbox"/> M&E – Weekly reflection		
Week 4: Sustaining	<input type="checkbox"/> Summarising monitoring data <input type="checkbox"/> Meeting with community leaders <input type="checkbox"/> Community meeting <input type="checkbox"/> M&E – Posters distribution <input type="checkbox"/> M&E – Stories of change <input type="checkbox"/> M&E – Competition <input type="checkbox"/> M&E – Weekly reflection <input type="checkbox"/> M&E – Planning for final evaluation		

Tool 13: Pocket voting chart

The aim of this activity is to monitor small changes in the self-reported behaviour of the target audience during the campaign.

When should this activity be conducted? Pocket voting should be conducted during the start of the mothers' small group discussions in week 3 of the campaign. It can also be used as a future monitoring tool, after the campaign ends.

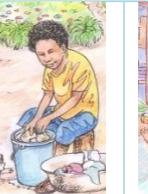
Who should participate in this activity? Women participating in small groups discussions in week 2 and week 3 of the campaign.

Who should facilitate? Change agents with training and support from local implementation partners.

Instructions:

1. Make a pocket voting chart using a flip chart, poster paper, or other locally available materials. An example is provided below which can be used as a guide and tailored to suit the context in which you will be conducting the pocket voting activity. Remember to translate any text into clear and simple local language.
2. Ask one woman at a time to go over to the chart and cast her vote. Voting should be private, so that each individual can cast their vote without others seeing.
3. After all votes have been cast, tally up the votes and share and discuss the results with the participants.

Example: Glue or tape an envelope onto each box on the chart, so participants can cast their votes privately. Give each participant six paper tokens and ask them to put one token under each action, indicating how often they performed this action in the past week. Remind the participants that voting is private and that they should be honest when they cast their votes. The pocket voting chart should be turned to face away from the group, so voting is private.

In the last week, after your child defecated, how often did you perform the following actions?	 Washing infant's bottom with water and soap after defecation	 Putting infant faeces in the toilet	 Rinsing used nappies in bucket with soapy water	 Washing hands with water and soap after handling infant faeces	 Washing dirty nappies with water and soap away from the river	 In the last week, did you buy soap for handwashing?
Always						
Sometimes						
Never						

Tool 14: The 5 Step game

The aim of this activity is to test how well mothers can remember the 5 Steps for safe IFM in a fun group activity.

An example of a fun game is provided below, however, local implementation partners and change agents can also come up with their own games to test knowledge of the 5 Steps – remembering that the games should be fun and energising, not a serious test!

When should this activity be conducted? At the end of week 2 and 3 discussions, and at the week campaign final meeting to reinforce the messages of the 5 Steps.

Who should participate in this activity? Women participating in the small group discussion in week 2 and 3. The activity can also be conducted with the men's group in week 3.

Who should facilitate? Change agents.

EXAMPLE:

Introducing the game:

Ask the group to stand up and line up in a row at the end of the room.

Explain to the group that you are going to play a fun game to test their knowledge of the 5 Steps for safe infant faeces management.

You will read a statement out to the group, and they should listen carefully and decide if they agree or disagree with the statement. The people who agree with the statement should take one step forward. The people who disagree with the statement should stay standing where they are. The individuals who get the answer correct will move to the next round of the game, while those who answered incorrectly will be asked to sit down. The winners are those who make it to the end of the game still standing.

Practise round:

Use the example below as a practise round for the group, to make sure everyone understands how the game will work. Remind the participants that it is important to listen very carefully to the statement before deciding if they agree or disagree.

Ask the participants to listen to the statement below. If they **AGREE**, they should take one step forward. If they **DISAGREE**, they should stay where they are standing. Remind the participants that this is just a practise round to make sure everyone understands how to play the game.

Statement: The first step for safe infant faeces management is to wash the infant's bottom with water after they defecate.

Answer: INCORRECT - *you forgot to use soap! For safe IFM you must wash the infant's bottom with water AND soap to remove the germs.*

The people who took a step forward were *incorrect*, and would normally be asked to sit down. The people who stayed where they were, were *correct*, and would normally be allowed to continue to the next round of the game.

Ask everyone who took a step forward to go back and join the rest of the group to begin the game.

Ask participants if they have any questions.

Remind participants to listen very carefully to the statement before they decide if they agree or disagree. Step forward one step if you agree, or stay put if you disagree.

[Play the game:](#)

Read the following statements, one at a time. After each statement, ask those who agree with the statement to step forward, and those who disagree to stay standing where they are. The individuals who get the answer correct can continue to play. Those who get the answer incorrect should sit down. Participants can ask you to repeat a statement if they didn't hear properly or would like to hear it again. Remember to mix up the order of the statements each time you play, or add your own statements to keep the game challenging.

Statements	Answers
1 Step 1 for safe IFM is to wash your baby's bottom with water and soap after they defecate.	CORRECT - Those who took a step forward keep playing. Those who stayed still are out (sit down).
2 Step 2 for safe IFM is to wash dirty nappies in a bucket with soap and water.	INCORRECT - <i>The correct second step for safe IFM is to dispose of the faeces into a toilet after the infant defecates, so flies, animals and people do not come into contact with the faeces.</i> Those who stepped forward are out (sit down). Those who stayed put keep playing.
3 Step 3 for safe IFM is to soak or rinse used nappies in a bucket with soapy water, and throw this water in the toilet.	CORRECT - <i>Used nappies should be soaked or rinsed first to remove the faeces. The wastewater from dirty nappies should be disposed of in the toilet to avoid contamination of local water sources.</i> Those who took a step forward keep playing. Those who stayed still are out (sit down).
4 Step 4 for safe IFM is to find some water to wash your hands after handling infant faeces.	INCORRECT - <i>Don't forget the soap! After handling infant faeces, it is important to use water AND soap to remove germs from your hands to avoid the spread of disease. Even if your hands look clean, they may be carrying invisible grems from the infant faeces.</i> Those who stepped forward are out (sit down). Those who stayed put keep playing.

5	Step 5 for safe IFM is to wash nappies in a bucket of soapy water.	CORRECT - Nappies should be washed with soap and water to remove the germs. Those who took a step forward are the winners! Those who stayed still are out (sit down).
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Congratulate the winning mothers who are still standing at the end of the game, and thank everyone for playing. At the end of the game, refer back to poster 6 to remind the participants of the 5 Steps. For monitoring purposes, count how many mothers were in the winning group at the end of the game, and make a note of this in your field journal.

Appendix 3:

Post-campaign monitoring and evaluation tools

Tool 16: Rapid household survey

No.	Questions	Responses	Instructions
PART A: Screening questions			
1	How old is the youngest member of this household?	1. 5 years and below	Go to question 2
		2. Above 5 years	Thank the respondent and move to the next household
2	In the last two weeks, have you personally been responsible for cleaning the infant after defecating?	1. Yes	Go to section B
		2. No	Thank the respondent and move to the next household
PART B: Practises			
Q1	Please recall the last time the infant defecated, where did they do it?	Outside near the house	Go to Q2
		Inside the house	Go to Q3
		Child used toilet	Go to Q4
		Used a diaper/bambam	Go to Q5
		Used a nappy	Go to Q6
		Other (specify)	
		Can't remember	Go to end
Q2	Where did you dispose the faeces after?	Into the toilet	Go to Q4
		Buried in the ground away from the house (more than 10 metres)	Go to Q8
		Buried in the ground near the house (less than 10 metres)	
		Cover with sand/soil	
		Throw to an open space near the house in a garbage pile or pit	
		Left in the open	
		Turned over on the spot	
		Pour water on faeces	
		Others (specify)	
Q3	What type of toilet was used? <i>Interviewer may need to ask additional questions to be able to classify the toilet (do not only use the answer the respondent gives – need to check)</i>	Simple pit	Go to Q8
		hole/pit dug for children use	
		VIP Toilet	
		Others (specify)	
Q4	Where do you dispose the used diaper/bambam? <i>Choose all options that apply</i>	With rest of household garbage in a pile or pit	Go to Q8
		To open spaces/fields near the house	
		Into the pit toilet	
		Disposed over the cliff	
		Thrown over the cliff	
		Others (specify)	
Q5	How do you clean the used nappy? <i>Choose all options that apply.</i>	Remove faeces to a separate container/space	
		Washed in laundry near the house	
		Washed in the creek/river	
		Leave in the sun to clean/dry	
		Others specify	
Q6	If washed, how is it done?	With soap	
		Without soap	
		Others	

Q7	Where do you dispose of the water used to clean the nappies?	Into the toilet	
		In the garden	
		At open areas near the house	
		In the river, creek	
		In bushes, away from the house	
		Others (specify)	
Q8a	Did you clean the infant's bottom after defecating?	Yes	Go to Q10
		No	
Q8b	How long after they defecated?	As soon as I noticed they had defecated	
		After I finished other chores /activities?	
		Others	
Q9	How did you clean the bottom?	With water only	
		With water and soap	
		With leaves/grass	
		Others	
Q10	Did you clean your hands after handling the infant?	Yes	Go to Q13
		No	
		I do not remember	
Q11	Why did you clean your hands? <i>Choose multiple options</i>	Infant faeces make my hands dirty	
		I was told I should do it	
		To prevent germs	
		I felt dirty	
		It is the right thing to do	
		Others	
Q12	How did you clean your hands?	With water only	Go to Q14
		With water and soap	
		With leaves	
		Wiped on worn clothes/garments	
		Others	
Q13	Why did you not clean your hands? <i>Choose only one</i>	I don't consider infant faeces harmful	
		There was no water	
		There was no soap	
		I forgot/ was distracted	
		I was busy	
		Nobody else does it	
		I am not aware am required to	
		Others	
Next week we will be doing some follow-up interviews with some residents. Once we look through all the results we will know which people we would like to interview again. If you are on that list, is it ok if we interview you again next week			Yes
			No
End Interview <i>Thank the respondent and inform them that in the next week there shall be follow up discussions for some selected households</i>			

Tool 17: Facility spot checks

No.	Question	Responses	Instructions
General Observations – sanitation facilities			
Q1	What is the physical composition of the toilet superstructure? <i>(Choose multiple responses)</i>	There is a ventilated pipe There is a roof There is a door The walling material is made of permanent material (timber, concrete, or brick) The walling materials is the same as that used for other dwellings The wall is made up of temporary material (cloth, iron sheet, palm leaves) Other <i>(specify)</i>	
Q2	What is the physical state of the super structure? <i>(Choose multiple responses)</i>	Ventilated pipe is covered with mesh There are no cracks on the walls The door has a locking mechanism The toilet is locked There are cracks on the roof Other <i>(specify)</i>	
Q3	What is the sub structure made of? <i>(Choose multiple responses)</i>	There is a pit not lined There is an unlined pit There is a concrete slab There is a slab made of other material (timber, other) Others <i>(specify)</i>	
Q4	Observe the cleanliness of the toilet interior? <i>(Choose multiple responses)</i>	There are flies There is anal cleansing material (toilet paper, old/used papers, leaves) Is the pit full? <i>Observe if you can see faeces while standing at the door of toilet?</i> The floor is wet <i>(not water)</i> There are faeces on the toilet floor There are faeces on the wall of the toilet There is a distinct odour Other <i>(specify)</i>	<i>Go to Q8</i>
Open Defecation Sites			
Q5	Where is the commonly used OD site?	Open space near the house Bush away from the house Cannot ascertain exact location Other <i>(specify)</i>	
Q6	Are there faeces wrapped in other material present at the OD site	Yes No	<i>Go to Q8</i>

Q7	What type of wrapping material has been used?	Old paper materials	
		Tissue	
		Diaper	
		Polythene/Plastic bag	
		Other (<i>specify</i>)	
Hand Washing – ask if there is any place for members of the household to wash their hands.			
Q8	Is there any place where households wash their hands?	Yes	<i>Complete rest of questions for EVERY facility used by the household</i>
		No	
Q9	If Yes, what type of handwashing facility is there? <i>Choose all relevant options</i>	Used tap at the communal water point	
		Tippy tap	
		A basin or bucket of water	
		Other (<i>specify</i>)	
Q10	Where is it located?	Outside House Inside House	
Q11	How far is it from the toilet?	_____ (metres)	
Q12a	Is there soap at the handwashing point?	Yes	<i>Go to Q13</i>
		No	
Q12b	If yes, what type is it	Bar	
		Liquid	
		Powder	
		Other (<i>specify</i>)	
Q13	Is there evidence of any other local product for handwashing?	Yes	<i>End observation</i>
		No	
Q14	Which local product is it?	Ash	
		Sand	
		Leaves	
		Other (<i>specify</i>)	
End of Observation			

Tool 18: Structured observations

Section A

<u>Activity</u> (Brief description and list people involved)	<u>Start time</u>	<u>End time</u>	<u>Did the infant defecate during this activity? If yes, complete section A after defecation and any related behaviours by the carer have been complete. Include reference number on the observation form</u>
<i>Example:</i> Preparing breakfast for family	6:00	6:30	Yes – Ref #1
Feeding children	6:30	7:30	No
Gardening	7:30	9:00	Yes – Ref #2

Structured Observations – Carers and infants

Complete this as soon as possible after the carer has completed all behaviours related to an infant defecating. Do not take observations while related behaviours are still happening – researcher needs to observe closely all behaviours.

Complete one section A form for each occurrence of an infant defecating

Section B:

No.	Question	Answers	Instructions
Q1	Did any child under five years defecate during the observation period?	Yes	Go to Q3
		No	Go to Q2
Q2	If not, how do you know this occurred (<i>child or other person report this to carer</i>)?		
Q3	Where did the child defecate?	At an open space near the house	Go to Q4
		Used nappy/cloth	Go to Q10
		Used a diaper/bambam	Go to Q12
		In the house	Go to Q13
		Child used Toilet	Go to Q14
Q4	Did anyone collect the faeces after the child?	Yes	
		No	
Q5	Who collected the faeces?	Mother	
		Other female relative	
		Child cleaned themselves	
		Other (specify) _____	
Q6	What did they use to collect the faeces?	Spade/Hoe/other household tool	
		Toilet paper	
		Old newspapers/papers	
		Bare Hands	
		Leaves	
		Other (specify) _____	
Q7	How long after defecation was the faeces collected?	Immediately after defecation	
		2 - 5 minutes	

		6 - 15 minutes	
		More than 15 minutes	
Q8	If not immediately after defecation, why not?	Carer was busy	
		No one noticed the child had defecated	
		Others (specify)	
Q9	Where were the faeces disposed?	In the toilet	
		Covered with soil or sand (<i>without moving the faeces</i>)	
		Poured water over the faeces	
		Buried (more than 10 cm hole) in the ground near the house (<i>less than 10 m</i>)	
		Buried (more than 10 cm) in the ground outside the compound (<i>more than 10 m</i>)	
		Turned over on spot with tool	
		In the river/creek	
		With household garbage	
		Over the cliff	
		Other (specify)	
Q10a	Did you observe the nappy being cleaned?	Yes	
		No	Go to Q13
Q10b	Was the nappy cleaned separately from other household laundry?	Yes	
		No	
Q10c	How did the carer clean the nappy?	With water and soap	Go to Q13
		With water only	
		Directly into a creek/river	
		Other (specify)	
Q10d	How was the water for cleaning the nappy disposed?	In the open space/bushes	Go to Q13
		In the open drain	
		In the toilet	
		In the creek/river	
		Other(specify)	
Q10e	Where was the cleaned nappy left to dry?	Outside with other laundry	
		Did not see	
		Others (specify)	
Q11a	Did you observe the carer disposing the diaper?	Yes	
		No	Go to Q13
Q11b	How did they dispose it?	With the rest of the household garbage (pile or pit)	Go to Q13
		Open space	
		Thrown into toilet	
		Over a cliff	
		Other (specify)	
		With water and soap	
		Wiped with cloth	
		Wiped with local material	
		Other(specify)	
		Outside house (open space)	
		In the kitchen (outside house)	
		In the toilet	
		Others (specify)	
Q12a	Was the child's bottom cleaned after?	Yes	
		No	Go to Q13
Q12b	Who cleaned the bottom?	Mother	
		Other female relative	
		Child cleaned themselves	

		Other (<i>specify</i>)	
Q12c	How was the child's bottom cleaned?	With local materials – specify?	
		With water only	
		With water and soap	
		Used toilet paper	
		Used old paper/newspapers	
		Used stick	
Other (<i>specify</i>)			
Q13a	Did the carer clean their hands after handling the infant?	Yes	
		No	<i>Go to Q14</i>
Q13b	How did the carer clean their hands after?	With water only	
		With water and soap	
		Wiped hands on clothes worn	
		With local material – specify	
		Other(<i>specify</i>)	
Q14a	Did the carer give the child instructions or caution with regard to sanitation or hygiene?	Yes	
		No	<i>Go to Q15</i>
		N/A	
Q14b	On what issues	Cleaning themselves after defecating	
		Hand washing	
		Others Specify?	
Q15a	At any time, was the faeces accessible to other people or animals?	Yes	
		No	<i>Go to Q17</i>
Q16b	Did you observe any people or animals touch the faeces (other than the person disposing of it)?	Yes	
		No	<i>Go to Q17</i>
Q16c	Who/which animals?	Other children under five years	
		Older children	
		Elderly family members	
		Adults Neighbours – not family members	
		Dogs	
		Goats/sheep	
		Cows	
		Cats	
Others (<i>specify</i>)			
Q17	Any other observations?		
<i>End of Observation</i>			

Tool 19: Focus group discussion with community leaders

The aim of this tool is to explore the perspectives of community leaders and change agents about how well the campaign was implemented, and any impacts they have observed in the community during and after the campaign.

Who should participate in the focus group discussion? Change agents and community leaders (e.g. chief, church leaders, women's group representatives, health workers etc.)

Who should facilitate? WaterAid

When should the focus group be conducted? One month following the campaign.

Guiding Questions:

1. What were your roles and responsibilities in the campaign?
2. What did you like the most about participating in this campaign? What did you dislike?
3. What did you think about the training you received in preparation for the campaign? Did this training adequately prepare you to implement the campaign? What other training or support would have been helpful?
4. What challenges did you face implementing this campaign?
5. How do you think these challenges could have been avoided or overcome?
6. What would you say were the major achievements of this campaign?
7. How well do you think the campaign engaged and motivated the community?
8. What were the most significant changes you observe in the community *during* the campaign?
9. What changes have you observed in the community in the month following the campaign?
10. In your opinion, did the campaign achieve the objective of improving infant faeces management behaviours in this community? Why, or why not?
11. If we come back in six months, do you think most people in this community will be practising safe infant faeces management? Why, or why not?
12. If this campaign was to be conducted again in this community, or in another community, what recommendations would you make to the implementation team?
13. Is there anything else you would like to share with us today, or any questions you would like to ask?

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