Preface

This activity guide was prepared through a partnership between the International WaterCentre at Griffith University, Solomon Islands National University, and the London School of Hygiene and Tropical Medicine.

The management of infant and young children’s faeces remains a gap in many sanitation service chains, interventions and policies throughout the world, however it is a necessary issue to address in order to progress SDG6.2 – access to adequate and equitable sanitation and hygiene for all and end open defecation.

This guide is an output of a larger project Promoting Safe Child Faeces Management: Behaviour Change Interventions that Leverage Local Ways-Of-Knowing and Address Inequitable WASH Gender Norms in Solomon Islands.

Acknowledgements

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Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CFM</td>
<td>Child Faeces Management</td>
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<tr>
<td>CSO</td>
<td>Community Service Organisation</td>
</tr>
<tr>
<td>CLTS</td>
<td>Community-Led Total Sanitation</td>
</tr>
<tr>
<td>IWC</td>
<td>International WaterCentre</td>
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<tr>
<td>SINU</td>
<td>Solomon Islands National University</td>
</tr>
<tr>
<td>LSHTM</td>
<td>London School of Hygiene and Tropical Medicine</td>
</tr>
<tr>
<td>GEDSI</td>
<td>Gender Equality, Disability and Social Inclusion</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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</tbody>
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Contents

INTRODUCTION ........................................................................................................................................... 1

BACKGROUND ............................................................................................................................................... 1
RESEARCH APPROACH ................................................................................................................................. 1
SUMMARY OF FORMATIVE RESEARCH ........................................................................................................ 2
STRUCTURE OF THIS GUIDE .......................................................................................................................... 2

BEHAVIOUR-CHANGE THROUGH MOTIVATION ......................................................................................... 3

LINK TO CLTS AND OTHER EXISTING SANITATION PROGRAMS ............................................................. 4

SUGGESTIONS FOR FACILITATORS ............................................................................................................... 5

BE PREPARED .................................................................................................................................................. 5
BE CONSCIOUS OF NOT REINFORCING GENDER STEREOTYPES ............................................................... 5
GENDER EQUITY, DISABILITY AND SOCIAL INCLUSION ............................................................................... 5
HUMOUR ......................................................................................................................................................... 6
TIMEFRAMES ................................................................................................................................................ 6
COMMUNITY ASSISTANTS AND RECORDS .................................................................................................. 6

MODULE 1 – PREPARATORY STAGE ................................................................................................................ 7

LEADERS’ MEETING ....................................................................................................................................... 7
Baseline survey .................................................................................................................................................... 7

MODULE 2 – TRIGGERING STAGE (CLTS) OR FIRST COMMUNITY SESSIONS ............................................. 8

Children defecation site mapping ................................................................................................................... 8
Children’s presentation ....................................................................................................................................... 8
Toilet designs and props for young children .................................................................................................... 8
Church meeting ................................................................................................................................................ 8

MODULE 3 – CFM-FOCUSED FOLLOW-UP VISITS (CLTS AND OTHER PROGRAMS) ........................................ 10

Workshop Checklist ...................................................................................................................................... 11
SESSION A – PARENTS GROUP SESSION ..................................................................................................... 12
Introduction for facilitator ............................................................................................................................... 12
Activity 1.1. Session introduction ................................................................................................................ 13
Activity 1.2. Always our children come first (nurture statements) ................................................................ 14
Activity 1.3. “Duim rait samting witem poopoo blong pikinini!” video screening and facilitated discussion ........................................................................................................................................... 15
Activity 1.4. Pikinin poopoo olbaot (Role Play) ............................................................................................. 16
Activity 1.5. Duim dat wan (facilitated discussion and commitment) ................................................................ 21

SESSION B – HOUSEHOLD FOLLOW-UP VISITS ......................................................................................... 23
Introduction for facilitator ............................................................................................................................... 23
Activity 2.1. Semi-structured tok stori on CFM behaviours ........................................................................... 24
Activity 2.2. Replay of “Duim rait samting witem poopoo blong pikinini!” video - Optional ..................... 24
Activity 2.3. Completion and signing of Household Commitment ................................................................. 25

MODULE 4 – NOD DECLARATION .................................................................................................................. 26

APPENDIX A - ADDITIONAL RESOURCES ................................................................................................. 27
APPENDIX B - PICTURE CARDS FOR CFM PATHWAY ACTIVITY .................................................. 28

PICTURE CARDS FOR SESSION A, ACTIVITY 1.4 .............................................................. ERROR! BOOKMARK NOT DEFINED.

APPENDIX C - "PUTIM POOPOO INSAET RAET PLESI" VIDEO TRANSCRIPT ..................... 29

APPENDIX D - HOUSEHOLD COMMITMENT CERTIFICATE ................................................. 34

APPENDIX E: ADDITIONAL RESOURCES ........................................................................... 36

REFERENCES AND FURTHER READING ........................................................................... 36
Introduction

Background

In Solomon Islands, access to sanitation in rural areas is stubbornly low and open defecation is common, whilst young children (less than 5 years old) are disproportionately affected by diarrhoeal disease and other enteric infections. One of the identified risk factors for child ill-health is unsafe and unhygienic management of children’s faeces, which can contribute to the risk of diarrhoeal disease, soil-transmitted infections, and stunting in children [1, 2]. Safe management of children’s faeces is defined by the World Health Organization to be “Disposal of child faeces in a toilet connected to safe sanitation chain…where solid waste management systems for nappy disposal are not safe” [3].

When we talk about safe child faeces management (CFM), we can talk about a chain of events and behaviours that make up an overall routine. This chain is represented in the pictures below. While we recognise the importance of cleaning of tools, hands, and children (the hygiene sub-routines), the focus of this behaviour change communication is on the faeces transport and faeces disposal steps. We strongly encourage side conversations about the importance of the hygiene sub-routines.

Research approach

This intervention guide is part of a research program funded by Water for Women under the Australian Aid program. The research aimed to address the question:

Can an intervention based on psycho-social, technological and epistemological constructs improve child faeces management (CFM) by Solomon Islanders and challenge inequitable CFM gender norms?

The research was conducted in two phases, a formative Phase 1 that considered psycho-social drivers, social norms, knowledge and current practice (REF), and an intervention in Phase 2 where behaviour change activities were designed based on Phase 1 and piloted in rural villages in Solomon Islands. With the support of several different organisations and government representatives working in the sanitation sector in Solomon Islands, the research team has developed several activities and guidance to attempt to influence the behaviour of parents in rural villages to increase the practice of safe CFM and increase the participation of fathers in safe CFM for their children.

Importance of safe CFM - disposal to toilet!

CFM is the responsibility of all parents - mummies, daddies & caregivers!
Summary of formative research

The research team, behind these activities, conducted formative research between 2019-2021 to learn about how people handle and dispose of baby and child faeces, why they do this and what are the different roles of men and women. The team sought to understand the motivations and social norms behind the CFM behaviours reported. The team found different locations where children of different ages defecated, ways of transporting or moving faeces, and the different final disposal locations for the faeces. This included direct and indirect use of toilets or latrines in some households, however unsafe methods were reported by a large proportion of households with which we spoke.

Key Finding — in rural Solomon Islands, most children who are mobile were likely to defecate outside on the ground or in the latrine. For infants, cloth and clothes were much more common for containing faeces than disposable diapers.

Recommended Behaviour — in the context of rural Solomon Islands, the safest way to manage child faeces is for them to end up in a latrine. This may require caregivers to safely move faeces.

Structure of this guide

This guide sets out four modules for CFM-focused community engagement, designed to be incorporated into sanitation programming such as CLTS or others. Modules 1 and 2 are initial phase efforts, and are adaptive to the format and approach specific to your sanitation programming. Module 4 represents a CLTS specific element – the celebration of achieving No Open Defecation status, and how incorporating CFM considerations into this celebration might be approached. For instances where other sanitation programming is used, a similar final celebratory and positive engagement is recommended.

Module 3 includes tailored CFM activities explicitly designed to promote safe and equitable CFM in a rural community context. While designed for Solomon Island, the approach may be adapted for other contexts. For more information on the behaviour-centred design process used to conceive of and create these activities, refer to the final research report (Sanderson et al., 2022).

Additional resources and background for facilitators is provided in the appendices of the report. This includes links to the videos produced for the toolkit, which are freely available to use with appropriate attributions. Three abridged versions of the main video are provided; it is strongly recommended to use the unabridged version provided with this toolkit in the first instance, as this version has the complete set of appropriate messaging designed for this behaviour change communication on safe and equitable CFM. The abridged versions may be useful as reminders, or for public and mass media release.
Behaviour-change through motivation

Behaviour change programs in sanitation and hygiene can address many different behaviours. Some common ones you may have been involved in are:

- Handwashing and hand hygiene
- Food safety
- Ending open defecation
- Rubbish in bins

One thing we know about changing any human behaviour (including from our own experience):

Increasing knowledge, by itself, doesn’t often affect behaviour long-term

We can think about behaviour as happening within a “behaviour setting” – and this setting is going to be made up of all the different things that influence what people do and why. Think about where the person is, what tools or equipment they have with them, the infrastructure nearby, who is around them, what social norms exist in that place, and many more influences in the “setting”.

While this might sound complex, in practice it means that we can’t expect to just tell someone something and their behaviour will change. What we need to understand, and then try to influence, is the parts of the “setting” where the behaviour occurs and how they also might need to change.

The specific behaviours that we are hoping to strengthen through these activities is how parents move and dispose of young children’s faeces. Most commonly, this is when their small and mobile child defecates on the ground nearby the house, and the parent uses a tool (spade, piece of cardboard, natural materials) to move the faeces to their latrine or toilet for disposal.

The benefits of these behaviours include:

- Removing faeces from where the children are likely to play, meaning they are less likely to accidentally put the poo into their mouths.
- Reducing the chance of transmitting pathogens and disease through the faeces, to other members of the family.
- Improving the health of the whole family, due to these reasons.

Most people already KNOW about these benefits, and most people’s ATTITUDE towards poo left in the open is negative (the poo shouldn’t be there). But not all carers move children’s poo to the latrine. So, this tells us that only focusing on these points is unlikely to lead to carers moving faeces into latrines.

We also need to know what might MOTIVATE parents to safely move their children’s faeces to the toilet, and understand (and address) some of the BARRIERS to performing the behaviour. The main four reasons parents have told us they would do safe CFM:

**Nurture:** safe CFM is part of building a loving, caring relationship with their child, and that CFM practices should reflect doing what is best for the children.

**Disgust:** the “yuck” factor – faeces in the open smell bad and bring flies and cause a feeling of ‘yuckiness’.

**Affiliation:** unsafe CFM means faeces might be seen in places by family, neighbours and friends, and might cause other people to be exposed to faeces

**Status:** Some people saw a clean and tidy home environment (through practicing CFM) to be an indicator of status (wealth and education).

Remember – we focus here on MOTIVATIONS and BARRIERS – so be prepared to hear them!
Link to CLTS and other existing sanitation programs

This is not a complete sanitation program – it is a set of behaviour change communication activities designed to increase attention to CFM when existing programs are not proving effective in addressing this issue. It is also not specific to CLTS, but rather can be a useful addition to any sanitation or sanitation-related hygiene program.

The strength of this set of behaviour change activities relies on the concept of safe CFM, as defined by the World Health Organization as disposal into a toilet. As such, at a minimum these activities require access to or increasing provision of the means to create access to toilets. The activities also promote the concept of equitable CFM, where all parents of any gender are motivated and empowered to manage their children’s faeces in a safe manner. Program coordinators and facilitators will need to consider the Gender Equity, Disability and Social Inclusion (GEDSI) concepts in the specific context for implementation. Further guidance on this is provided in the following sections.

The Solomon Islands Rural Sanitation Policy was designed to address the broader sanitation situation in the country, and is based on sanitation promotion through Community Led Total Sanitation (CLTS) [4]. This participatory approach has been described in detail elsewhere [5, 6]. It uses community visits by facilitators to raise awareness of the need for sanitation (‘triggering’) and, post-triggering, to support communities working towards declaration of ‘open defecation-free’ status (known in SI as ‘No Open Defecation’ (NOD)). Experience elsewhere has been that improvements to household sanitation have a minimal effect on CFM practice [e.g., 7] and it has been argued that efforts are required to actively integrate promotion of safe CFM within sanitation programmes [8].

Given the widespread use of CLTS in Solomon Islands, all activities designed under this CFM intervention are intended to fit within the CLTS framework and combine the CLTS approach with the outcomes from the formative research regarding motivations and social norms. All villages participating in this intervention are engaged in a broader CLTS program implemented by a locally led Civil Society Organisations (CSO).
Suggestions for facilitators

Be prepared

Before you go into the community, make sure you understand all the information in this guide, and have also thought about other questions and prompts that might come up during the session.

Each session has some required resources and preparation that will need to be brought with you. You may also need some contingency plans in case some materials are not available. For instance, if there is a problem with power supply so the projector and screen is unavailable for screening the video, ensure you have a backup plan such as being able to share the video phone-to-phone, on your tablet, or on someone’s computer. Have the video downloaded already to your phone.

As noted, we are trying to address behaviour change through motivations and barriers – so be prepared to hear them!

  * Can’t do the behaviours because they don’t have a toilet? Talk to them about what steps they’re taking to get access to a toilet so they can perform the behaviour.
  * Don’t have enough time? Talk about how we can plan and share responsibilities so there’s time for the important things.
  * No-one else does this in our community! Why not be the first and help your neighbours to change!

Be conscious of not reinforcing gender stereotypes

Because of this topic, the management of child faeces, can sometimes be seen only as “women’s work”, there may be existing preconceptions in the villages that you visit. Be aware of your own bias, language, actions, and choice of participants for different parts of the activities, to “walk the talk” of CFM being the responsibility of all parents, regardless of whether they are mummy or daddy.

It’s also important to be aware of when people are not being heard, or able to speak up – your role as a facilitator is to encourage everyone to participate. Be prepared with participatory techniques to draw out everyone voices.

Gender Equity, Disability and Social Inclusion

As well as gender equity, we should be aware of other forms of social inclusion in community engagement work so that existing vulnerabilities are not increased. This includes but is not limited to aiming for equal and active participation in these workshop sessions from people with disabilities, youth, the elderly, single parents, religions, and ethnic minorities that are present within communities. Including them in a workshop may involve being attentive to their different needs for access, ensuring everyone can get to the venue, and clear communication through a translator for local vernacular or sign language. The facilitation team should be well trained and mentally prepared for push-back, identifying risks from a GEDSI perspective, and the need to monitoring engagement with the community as the program unfolds.

The first principle of “Do No Harm” means being conscious of the power imbalances that are present, and intentionally working to ensure that there are no negative consequences, intended or unintended, from your actions. A good reference for the Do No Harm approach in WASH is the Violence, Gender and WASH Toolkit (available here [https://violence-wash.lboro.ac.uk/toolkit/](https://violence-wash.lboro.ac.uk/toolkit/)), as well as the checklist in Shifting Social Norms for Transformative WASH Guidance from Water for Women ([Water-for-Women-TT-Shifting-Social-Norms-for-Transformative-WASH_Guidance-web.pdf](waterforwomenfund.org))
Humour

Humour is important in this process. Many of the activities deal with sensitive and in some cases taboo topics, including sanitation and the management of faeces. Using humour and a friendly and fun approach can be helpful to encourage participation and a shared sense of comradery. For instance, during our intervention, participants reported the role play to be fun and engaging, particularly when participants were encouraged to be silly and add humour to the activity.

Timeframes

The timeframes given are just a suggestion, some may take more time, and some may take less, depending on the group. It is important that everyone is given time to talk, listen, and be sure of their understanding.

The group workshop (Session A) is intended to be done on one day in the village. After one week, the facilitator should return to conduct the household visit (Session B).

Community assistants and records

The behaviour-change communication activities rely on following up with parents individually, which means it’s important for the facilitator to take records of who attends the group session, and how to find them again when they revisit the community. This may involve the assistance of a Community Assistant, which has the additional benefit of having local knowledge of who the parents are in the community and where they live.

In addition, we have found that community assistants can be helpful in promoting discussion during group activities.
Leaders’ meeting

Preparatory work is essential for the success of community engagement programs. In rural Solomon Islands, like in many places, engagement with community leadership to seek permissions and endorsements is strongly advised. In Solomons, that leadership often encompasses chiefs, church leaders, and committee leaders, including water committees, women’s committees and others.

By engaging and meeting with leaders, CFM facilitators can pre-test the intended messages for parents with leadership and invite them to encourage and endorse those messages within their communities. Some example opportunities for this might include:

- A chief mentioning the importance of disposing of children’s faeces in the latrine during a community meeting.
- A water committee including CFM considerations into their water safety or sanitation safety planning work.

Another vital conversation that is required prior to engaging with CFM topics in communities is with respect to gender-based social norms within that community, including taking a do-no-harm approach (as mentioned above). Red flags should be identified in this conversation, and these include mentions of previous violence related to discussion of gender domestic roles in that community; severely negative reactions from male or female leaders; direct advice from community members that the topics and conversations would pose too great a risk to vulnerable community members; or other strong responses that are assessed by the team.

A do no harm approach also means that a conversation with community leadership is a first step in a do no harm approach; be prepared to have ongoing conversations with community members, parents and caregivers. Regular monitoring of the response and risks of addressing CFM topics in communities should be undertaken.

Baseline survey

Many sanitation programs, including CLTS, will conduct a rapid baseline survey, or Knowledge, Attitudes and Practice (KAP) survey of the community to better understand the WASH context. It is recommended that three specific questions be included into such a survey related to CFM KAP. These three questions will provide important guidance for how implementers approach the issues around CFM.

- How many people sleep in this house at night – Man, Woman, Boy, Girl, Infant (less than 5)
- If you have a child less than 5 years, the last time that child defecated, what was done about it? Child used toilet // Parent put it in toilet // Into cloth and rinsed at tap // Buried // Dispose to rubbish heap // Throw to bush, sea or river // Left in open // Other
- In this village, how likely is it a husband would be angry and even violent if his wife asked him to pick up his child’s faeces?
- Insert to Observations: Shit observed in yard
  Yes // No // NA
The following are examples of activities that can be specifically inserted into CLTS programming. However, the key messages for the triggering phase or the first community sessions for other sanitation programming is that the issues of child faeces management for infants and young children below five years are likely to be different to sanitation access for older children, and much more related to the behaviours of parents and caregivers than providing access to sanitation facilities (although this is important too!). For sanitation programming other than CLTS, the following activities should be reviewed and adapted to suit.

The “triggering” phase of CLTS requires facilitators to undertake different community participatory activities designed to shock or shame the community into recognising poor sanitation behaviours and create demand for toilets. This normally occurs over one day, with a suite of different activity ideas available in the global literature. Three are highlighted below.

Children defecation site mapping

Defecation mapping or transect walks are common “triggering” phase activities in CLTS programming. It normally involves members of the community physically walking around their community to identify areas of open defecation, and then transferring this knowledge, as well as other sanitation specific information, onto a visual media like a map.

During this activity, the behaviours and situations related to CFM should be incorporated and addressed. One example might be:

- Ask the parents (mothers and fathers) to get more flowers (or other props as relevant to the specific activity), and put them where their small children (less than 5) shit. Where does it get thrown after? Are nappies or cloths washed in the stream?

Children’s presentation

In the Solomon Islands CLTS Toolkit for trainers, a Children’s Presentation is included, and this is common to other CLTS approaches. The aim of the presentation is normally to make parents think about the bad effects of poor sanitation on their children’s health and wellbeing. This is a perfect place to include CFM messaging:

- After the children present, ask a parent (mother or father) to add in a story about their small child, and where they might shit and what happens when they then put this in their mouths.

Toilet designs and props for young children

Toilet design facilitation is often included into CLTS triggering or follow-up visits. With minimal adaptation and planning, toilet designs can be more friendly for infants and young children – both for the parents managing their sanitation needs, and for younger children to use the toilet directly. Some examples to consider are presented in Figure 1 below.

Church meeting

In Solomon Islands, the role of the church in community life is often central. If possible, ask church leaders to insert messages into church meetings such as - “they may not say it now, but later your children will thank you – they will grow up respecting that you, as their father, as their mother, you took proper care of them and put their poo in the toilet.” (Feedback loop for nurture)
FIGURE 1: CHILD FRIENDLY TOILET DESIGN AND PROPS

- **Light**
- **No holes in the floor to fall through**
- **Handle or rail to hold on to while squatting or using the toilet**
- **Scoop for moving/transporting faeces to the toilet, kept in toilet house**
- **Potty**
  - Covered toilet hole or pan
- **Plastic step or similar for small children to access the toilet house**
The intended audience of these follow-up visits is parents of children younger than five years, as well as parents expecting children. The follow-up visits are intended to be implemented in villages by Community-Led Total Sanitation (CLTS)-trained facilitator(s) or equivalent sanitation program facilitators.

The activities are designed around parental motivations to nurture their children – to care for them, do their best for them and see them grow up strong and healthy. Practicing safe CFM is one way to nurture and care for your children.

Module 3 comprises two sessions (Session A and Session B), as described in this guide. Session A is a group workshop consisting of two anchor activities and associated discussion groups, while Session B consists of a household visit by the facilitator, approximately one week following Session A.
Workshop Checklist

- Contact the villages to seek permission and support
- Collect all the required resources for each activity, including pens and markers
- Check the existing sanitation situation for each village. Are they participating in CLTS, and if so, what stage are they at? Is there a different sanitation program in the village? What is that toilet coverage like across households? Are any other CSOs working in this village?
- Connect with the WASH or Water Committee (if one exists) to explain the activities and gain support.
- Make clear any questions you as the facilitator has by asking the SINU team, or other members of the research team.
- Before you begin any workshop sessions with participants, ensure you have completed the informed consent process.
- Prepare an agenda or schedule to keep yourself on time. You can use the suggestion schedule as follows or modify to suit.

**Table 1: Suggested Agenda**

<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Duration</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Parents Group Session</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.1. Session introduction</td>
<td>15 min</td>
<td>09:00-09:15</td>
</tr>
<tr>
<td></td>
<td>1.2. Always our children come first (nurture statements)</td>
<td>30 min</td>
<td>09:15-09:45</td>
</tr>
<tr>
<td></td>
<td>1.3. “Putim poopoo insaet raet ples!” video screening &amp; discussion</td>
<td>45 min</td>
<td>09:45-10:55</td>
</tr>
<tr>
<td></td>
<td>Break</td>
<td>5 min</td>
<td>10:55-11:00</td>
</tr>
<tr>
<td></td>
<td>1.4. Pikini poopoo olbaot (role play)</td>
<td>60 min</td>
<td>11:00-12:00</td>
</tr>
<tr>
<td></td>
<td>1.5. Duim dat wan (discussion planning &amp; commitment)</td>
<td>30 min</td>
<td>12:00-12:30</td>
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<tr>
<td></td>
<td>1.6. Wrap up</td>
<td>5 min</td>
<td>12:30-12:35</td>
</tr>
<tr>
<td></td>
<td>Total duration</td>
<td>190 min</td>
<td>09:00-12:35</td>
</tr>
<tr>
<td>After a week</td>
<td>Household Follow-up Visits</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>2.1. Semi-structured discussion on CFM behaviours</td>
<td>15 min</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.2. Replay of “Putim poopoo insaet raet ples!” video (if required/interested)</td>
<td>20 min</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.3. Completion and signing of household commitment</td>
<td>20 min</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total duration</td>
<td>65 min</td>
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Session A – Parents Group Session

Introduction for facilitator

This set of behaviour change communication activities has been designed to be delivered in a group setting. This is for several reasons – to allow for consistent messages from the program, to make best use of a facilitator’s time, and to develop a sense of shared responsibility and accountability amongst parents within a community.

It is expected that arranging a time that all or most parents in a village can come to might be difficult. By including both fathers and mothers, households will need to arrange care for their children or perhaps bring them along to the group session. It is important that this session (timing and location) is planned with village leadership that includes the chief, a senior woman, and potentially representatives from the WASH, CLTS or health committee.

The session will require a projector and screen so the short video can be shown, so inside a community meeting house or hall may be the best location.

| Purpose | Following this group session, parents (mothers and fathers) of young children will develop a shared understanding of and sense of responsibility for:
- What makes up safe child faeces management (disposal to latrine and associated hygiene behaviours)
- The connection between a caring and nurturing relationship with one’s children, and safe CFM
- Increased desire and motivation to practice safe CFM, from both mothers and fathers |
| Activities | 1. Session introduction – 15 mins  
2. Always our children come first (nurture statements) – 30 mins  
3. “Duim rait samting witem poopoo blong pikininil!” video & facilitated discussion – 45 mins  
  Break – 5 mins  
4. Pikini poopoo olbaot (role play) – 60 mins  
5. Duim dat wan (facilitated discussion planning & commitment) – 30 mins  
  Wrap-up – 5 mins |
| Audience | Fathers and mothers of children under 5 years old (both members of a household participating together at the same workshop)  
Fathers and mothers expecting their first child |
| Resources required | - Projector, screen, laptop and speaker  
- At least 30 pieces of A4 paper.  
- 4 large pieces of paper (at least A3, preferably flip chart paper)  
- 5 printed, A4 laminated copies of the 5 picture cards within the CFM pathway (Appendix B).  
- 30 printed certificate templates, thick paper/card if possible (Appendix D)  
- If possible – a set of dog ears and a baby’s hat or t-shirt (something funny)  
- Pens, markers |
| Timeframe | 3 hrs (see individual activity times above) |
Activity 1.1. Session introduction

Aims of the activity

- Set the scene for the workshop and introduce yourself
- Explain the workshops aims

Expected time

15 mins

Materials

- Nil

Instructions

1. Ask the participants to sit in a circle.
2. Welcome them to the training and thank them for coming, and explain the purpose of the training:

   “I would like to thank you all for coming to the session today. My name is _________ and I am from _______. I have been trained in Community Led Total Sanitation approaches, which you might all be familiar with.

   You are here because you all have small children, and this village has been working on improving the access to toilets for everyone in the village. But we know that for many reasons, sometimes small children are not thought about when we think about toilets. They are allowed to poo all around, on the ground and in the bush and into the stream. It’s easy to leave it there, or flick it out of the way. At the same time, our little children are running and playing all around, in the same places where the poo is.

   We think this is a problem, and maybe you might think so too. Today we’re going to talk about this, but we’re not here to talk to you about health – you know this already that having poo everywhere is not good for health of everyone. Instead, we’ll do some activities and have some fun.”

3. Explain the aims of the workshop are to:

   - To share stories about our children, why we love and care for them, and what we need to make sure we’re doing as parents
   - Understand what are and what aren’t safe things to do with children’s poo
   - Leave you with ideas about how you might manage your child’s poo in your household.

4. Remind everyone that we hope they will participate in the activities and discussions and thank the participants in advance for their contributions.
Activity 1.2. Always our children come first (nurture statements)

Aims of the activity

- Encourage participants to put their little children at the front of mind when thinking about managing their wastes
- Guide participants to make the link between safe CFM and a caring and nurturing relationship with their children

Expected time

30 mins

Materials

- A4 paper sheet for each participant
- Marker pen for each participant and one for each facilitator

Instructions

1. Ask the participants to sit in a circle. *Sidaon closaup lo olo or misis blo yu*.
2. Hand out one sheet of A4 paper to each participant, and one marker pen. Keep one for yourself – as you explain the first activity, you will yourself draw and write on your sheet.

“To start today, I would like you to write or draw on your paper in front of you all your children, from the biggest one, down to the smallest one. You can write their names and how old they are, or if you are (good at drawing like me, you can draw a quick version of their face // not good at drawing like me you can draw stick figures).”

3. Show them what you have drawn as an example. Give participants a few minutes to write down their children.

“Now we are going to talk about how we care for, love and support our children. I would like you to focus on your youngest child and tell me how you care for that little one, and why you do that. ‘You might like to write it down on your paper, or you can just think it. I’ll give you a few minutes to think… Strorim kam lo pepa ia wat na yu save duim fo kipim gud pikinini blo yu and why na yu duim osem fo pikininini blo yu.

Would anyone like to share with me? Please tell me your name, how many children you have, and where you are from.”

4. If no one is willing to go first, you as the facilitator might volunteer one. If it’s from your experience, even better. You might say something like “My youngest child is not so young anymore – a grown adult with one of his own. But, when he was little, his smile made me smile, and I knew I had to make sure he had enough to eat so he’d keep on smiling and grow up big and strong”. If you don’t have any children, you might say “One of the ways we might care for our children is to make sure they are clean and get a bath when they need it. When they are clean, we know they are comfortable, and that extra cuddle is just so much nicer!”

5. Encourage the participants to share what they have written or thought about. You might ask some follow-up questions:
   - “How about with your own mami or dadi? What was the best thing about being with them when you were little?”
   - “Is there anyone in your village who you think is a particularly good mum or dad? Why?”
- “What other ways do we care for our children?”
6. Ask the participants if they have any questions/comment and address them.
7. Thank the participants for their contributions and ask the participants to sit down in the circle as you move on to the next activity.

Activity 1.3. "Duim rait samting witem poopoo blong pikinini!"
video screening and facilitated discussion

Aims of the activity
• Strengthen the connection between a caring and nurturing relationship with one’s children, and safe CFM
• Increase desire and motivate both mothers and fathers to practice safe CFM
• Communicate what makes up safe child faeces management (disposal to latrine and associated hygiene behaviours)

Expected time
45 mins

Materials
• Screen
• Projector
• Speakers
• LINK to long video:
  o the video can be viewed from You Tube at: https://youtu.be/xD-FvyYORac
  o or accessed, with all other resources, from the project webpage: www.watercentre.org/research/cfm
  o For an offline copy of the video, please contact iwc@griffith.edu.au

Instructions
1. Ask the participants to sit in a circle. Explain the activity...
   “We are now going to watch a video that is about parents, just like you, who have decided to share their thoughts on this topic. After the video we will discuss what you saw, heard, and thought about the video”.
2. Play the “Duim rait samting witem poopoo blong pikinini!” video all the way through from start to finish. Ensure participants can both see and hear the video as it plays. A translated transcript of the video is included in Appendix C.
3. Following the video, facilitate a discussion using the following questions:
   - What do you think about the stories in this video?
   - What did you see in this video? What did you hear?
   - Who did you like the best? Why?
   - What were the key messages in this video?

   Note to facilitator: It may be useful during the discussion to return to the video and focus on specific sections of the video, messages, pictures, or imagery.
4. Ask the participants if they have any questions and address them.
5. Thank the participants and explain that there will be a five-minute break and after that, you would like the participants to return to sit/stand in a circle for the next activity.
Activity 1.4. Pikinin poopoo olbaot (Role Play)

Aims of the activity

- Encourage and facilitate parents’ opportunity to engage with the subject matter (safe and equitable CFM) in a light-hearted and humorous way.
- Build a shared understanding on what does and does not constitute safe and equitable CFM.
- Introduce counterpoints to safe CFM to encourage discussion

Expected time

60 mins

Materials

- 4 pieces of A3 paper
- Printed scenario cards
- Printed and laminated picture cards
- Blu-tac

Note to facilitator

Prior to starting this activity, and preferably during the 5 min break beforehand, identify two participants (usually two who have been engaged with the session and not shy), and ask them if during the next activity they would play the role of (a) a young child and (b) a dog. These roles should be kept secret from other participants until the activity commences. Their roles are to disrupt the actions of the other parents in the role play to follow, but by keeping it funny and light-hearted. If no one is willing to play one of these characters, the facilitator may be able to. Highlight that everyone is playing a character, so it probably won’t reflect what they actually do in their day-to-day lives.

Try to encourage the “dog” character and the “young child” character to be funny (e.g. funny faces and actions) and to try to get the poo, so that the audience is disgusted and laughing. Explain to the volunteers acting out the scenarios that they can pretend to have or to use any equipment or tools they like. When they are acting it out, if they do something like show they are picking up the poo, shout out from the audience things like Are you picking it up with your hands? Yuck!

Each scenario is intended to be short, no more than 5 minutes. However, make sure you give participants enough time to explore the situation and be heard.

Have 4 pieces of A3 paper stuck up on the walls, but not with the laminated picture card steps yet.

Instructions

1. Ask the participant to sit in a circle. Introduce the activity to the participants:

“Now I am going to ask some of you to play a game with me, by acting out some ways you could deal with and dispose of your little child’s poo. I will need some volunteers, both mothers and fathers. I will give those who are brave enough to take on a character a card each, and on that card will be the disposal method of your character. You can then go through the whole event, starting from when your little child poos, to when you get back to your work.

Here is your little child (introduce the person acting as the young child – hopefully this receives a laugh from the group)

As these brave parents act out these roles, everyone else should be watching closely what they do. After they have finished, we will be talking about what they have done.”
2. Give the participants 5 minutes to read their scenario and prepare. Be aware of the literacy level of the group. You may need to talk through each scenario, rather than provide the written instructions.

3. Each scenario will be acted out in turn, with the whole group watching. You can adapt this to be the scenarios acted out in pairs who then report back to the bigger group, if you think the timing and/or the group dynamics require it.

4. Following each scenario,

**ASK:**

- What could happen now? *Wat na bae save happen dis taem?*
- Where does the poo go? *Lo wea na bae poopoo hem go?*
- Do you think this is safe? *Yu tink dis wan hem seif?*
- What other ways could they have managed it? *Wat na samfala wei moa fo save duim dis wan ia?*

5. Once all scenarios have been acted out, turn to the A3 paper, and stick up the first picture card. Ask the participants – the first step is the child pooing – where did this happen in the first act? How about the second step, moving the poo? And the third? To where was it disposed? How about cleaning? All four scenarios should be talked about at once, for each step different picture card.

6. You can go through all steps and try to list up the answers.

7. Once this done, **ASK:**

   - “Do you think those options for managing the little child’s poo would be safe for him and for others in the family?”
   - “Which was the best?”
   - “Can you think of a better way?”

8. Ask the participants if they have any questions/comments and address them.

9. Thank the participants for their contribution and reiterate that safe CFM means making sure no one, including children and dogs, can touch the poo, and often the best way of achieving that is to move it to the toilet.
The four different scenarios are as follows:

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burying Dog digs up poo</td>
<td>Imagine your two-year-old son has just returned from playing behind the house and told you that he had to poo, and it’s on the ground down below and behind the house. You head down there with a shovel and there it is. Quickly, because you don’t like flies hanging around, you dig a small hole next to it, scrape the poo into the hole, and cover it with a bit of soil. This is usually enough to stop the flies. For this scenario, encourage the “dog” character to dig up the poo and then the child character to go back and play in it.</td>
</tr>
<tr>
<td>Throwing to river/stream Child plays here</td>
<td>Imagine you are walking with your young child to see a relative in a nearby house. You have only just left your yard, when your little son tells you “Mama, I need to go poopoo”. Before you have time to respond, he stops in the middle of the path and does his business. You collect a stick and quickly flick it into the stream next to the path – you wouldn’t want someone stepping in it after all! For this scenario, encourage the “child” to then take a swim in the stream, splashing about and playing.</td>
</tr>
<tr>
<td>Throw to rubbish pile/bin Dog knocks over bin or scavenges through rubbish, and gets at poo</td>
<td>Imagine you are in your yard at home and your little 1 year old daughter has just done a poo on the ground. Using a piece of plastic rubbish from the house, you pick up the poo and throw it into the rubbish bin, which once full, gets thrown down the hill behind the house. For this scenario, encourage the “dog” character to go to where the poo was thrown and bring it back to the person and the child.</td>
</tr>
<tr>
<td>Transport to the toilet with a spade Child and dog cannot access the toilet house</td>
<td>Imagine you are outside your home putting the washed linen on the line. Your youngest child has just done a poo on the ground. Luckily, you have a spade nearby that you use for that purpose, so you carefully scoop up the poo and take it to the toilet to drop it in. It lands with a “plop!”. You wipe the spade with toilet paper that goes into the toilet too, then store it back next to the toilet house. You then head back to your child to wash his bottom, his hands, and your own hands with soap. For this scenario – the “dog” and “child” characters have been thwarted and can not get into the toilet house.</td>
</tr>
</tbody>
</table>

IDEA – You could print this page, cut, and hand these out to the participant actors

Samfala tingting an stori fo yu mi act falom
## Implementation guide: Safe and equitable CFM in rural Solomon Islands

### Berem

**Dog hem digim poopoo**

Yu tingim go taem tu yias old pikinini blo iu kam bak lo haos, taem hem finis plei enhem talem yu hem poopoo nao lo ground lo behaen haos. So yu takem go spade, en iu digim hol becos yu less na lo stakei fly kam lo poopoo blo hem. Yu digim na smol hol lo gran saed lo poopoo ia, en yut scrapem poopoo isaeat lo hol, en coverem hol ia. Hem na hao fon stopem flies!

For disfala stori, yu talem go lo “dog” fo hem go fo digim na poopoo blo pikinini ia, en den talem go lo “pikinini”ia fo hem go plei plei wetem poopoo blo hem wea doki ia hem digim up.

### Torowe lo riva

**Pikinini plei lo hia**


Fo disfala stori, yu talem na pikinini ia fo go swim isaeat lo riva ia, en hem plei pei, lo riva, en hem lukim poopoo flot isaeat riva.

### Torowe isaeat rubis

**Dog hem go claemim rubis bin en autim oketa rubis, wetem plastic garem poopoo lo hem**

Yu tingim taem yu lo isaeat area blo yu autsaed haus en smol wan yia old gele blo yu hem poopoo lo graun. Yu tekem na rubis plastic isaeat haus en yu pickim na poopoo ia en yu torowe lo isaeat rubis bin. Taem rubis bin ia hem fullap, oketa rubis isaeat bin ia, oketa go torowe lo hill behaen haus.

Fo disfala stori, yu talem man actim dog ia fo go lo wea oketa torowe rubis lo daon lo hill ia, en tekem kam bae na plastic en poopoo isaeat kam baek lo pikinini en man torowe poopoo ia.

### Karem wetem sped go lo toilet

**Pikinini en dog no save go insaeat lo toilet**


Fo disfala stori, dog ia and pikinini tufala barava block nai Tufala no save no save go insaeat toilet.

For this scenario – the “dog” and “child” characters have been thwarted and cannot get into the toilet house.

**IDEA** – You could print this page, cut, and hand these out to the participant actors
DEFECATION
Where does the child defecate?
(e.g.: in first scenario, “on the ground behind the house”)

TRANSPORT/MOVE
Did the parent move the poo?
What did they move it with?
Did they use their hands?
(e.g., in third scenario, “using a piece of plastic rubbish”)

DISPOSAL
Where did they put/ dispose of the poo?
(e.g., in final scenario, “in the toilet”)

CLEANING
Did the parent show they washed their child, or their hands?
(e.g., in the second scenario “no they didn’t”)
Activity 1.5. Duim dat wan (facilitated discussion and commitment)

Aims of the activity

- Parents can relate the reasons for and types of safe and equitable CFM to their own household situations.
- Parents prepare a take-home plan that refers back to nurture (through drawing) and their household plan.

Expected time

30 mins

Materials

- Blank A4 certificate template (Appendix D)
- Pens/Markers

Note to facilitators

The last activity of Session A is focused on planning – allowing parents to think through their own household and activities and discuss what they might change into the future. Facilitators should be prepared to discuss some of the different ways people might think are safe, such as burying or throwing into the sea. There is some additional background guidance for facilitators in Appendix E.

Instructions

1. Ask the participants to sit in the circle, each parent or caregivers to sit down together.
2. Explain the activity. Tell the participants the first part of this activity is a series of questions. Depending on the group, they can be discussed all together in one large group, or you might split the whole into smaller groups.

“What do we mean by safe CFM, what is acceptable? What is not acceptable? (Prompts – separating the poo from human contact, putting in toilet, etc)

Why do we need safe CFM? (Prompts – because our children should have great futures supported by great lives – this includes caring for them)

What barriers exist for you in practising safe CFM? What makes it hard? What makes it easy? (Prompts – lack of a toilet? Mummy is doing the role by herself?)

After all of this discussion today, what will be your household plan for enabling safe CFM (what will you commit to doing to make this possible)?”

Note to facilitator: Try to be clear that we don’t want them to tell us back exactly what we told them, but rather be very specific about their own house, their own garden, and their own child. This is a plan for them. Encourage them to think about their reality of the WHEN, WHERE and HOW they will manage their children’s faeces.
3. Hand out the certificate templates (1 A4 page per individual or household group) and coloured pens/pencils to groups. On the left side will be an empty box, and the right side will be a series of commitment statements.

4. Inside the box on the left of the certificate, ask participants to produce a picture of the things they have learned today, for their little children. Explain that because it is for their children, the picture should be colourful, bright, maybe funny, and simple. It should be about them, their children, their loving relationship, and their poo. There is no wrong way to draw this – however make sure participants are drawing safe and equitable CFM behaviours.

5. As individuals, or in small household groups, you will ask the participants to think about planning sentences for their own situations. These questions will be part of the certificate template. The sentences will not be completed properly until Session B, the household visit, to allow participants time to return to their household, discuss with other decision-makers, and decide on the required settings change to enable the behaviour.

6. Following this discussion and statement session, you are going to elicit a public commitment from participants. Say:

“You may have found our messages today too simple – after all – put your children’s poo in the latrine is not a complicated thing. However! We know even the simplest messages can become complicated by different barriers, inconvenience, and habit. But we also know that our little children must come first, and safely managing our children’s poo and putting it into the toilet is part of our caring and loving relationship with them. Our children are our future, and they don’t deserve to be playing in their own poo.

So – while I know some of you are still working on your toilets, I want to get a commitment from you today – that you will put in place your plan, for your house, of how everyone – mami, dadi, aunti, granpa, all put our little ones’ poo in the toilet.”

7. Ask and address any questions they may have regarding safe disposal of child faeces/poo.

8. Thank the participants for their commitment and explain that you have reached the end of Session A. Participants should keep their certificates as you will return in a week to their household to finalise the certificate.
Session B – Household Follow-up Visits

Introduction for facilitator

This set of behaviour change activities is designed to be one-on-one (or two), focused interactions between the facilitator and the members of the household that attended the group session earlier. This allows for individualised follow-up, accountability, and embeds what parents have heard and learned during the group session to the place in which the behaviours are normally occurring.

This session will be conducted with each household that attended the workshop (and any that did not, at the discretion of the facilitator and community). Thus, consider Session B to comprise multiple household visits (one per household), approximately one week following the group workshop session.

For this session, you as the facilitator will need to have kept good records from the group session about who participated, and what their final commitment was for their household. In this way, you can revisit the household’s plan together.

<table>
<thead>
<tr>
<th>Session</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>Following this session, parents (mothers and fathers) of young children will have the desire and agency to enact their CFM commitments by:</td>
</tr>
<tr>
<td></td>
<td>- Discussing and determining suitable strategies to overcome barriers to practice</td>
</tr>
<tr>
<td></td>
<td>- Appreciating the link between a caring and nurturing relationship with children, and safe CFM</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>1. Semi-structured discussion on CFM behaviours</td>
</tr>
<tr>
<td></td>
<td>2. Replay of “Putim poopoo insaet raet ples!” video (if required/interested)</td>
</tr>
<tr>
<td></td>
<td>3. Completion and signing of commitment</td>
</tr>
<tr>
<td><strong>Audience</strong></td>
<td>Fathers and mothers of children under 5 years old, or the main child caregiver if the parents are not available (both members of a household)</td>
</tr>
<tr>
<td></td>
<td>Fathers and mothers expecting their first child</td>
</tr>
<tr>
<td></td>
<td>Try to visit all those that participated in the first workshop. If there are others who didn’t attend the workshop, you can visit them also (if you have time and they are interested)</td>
</tr>
<tr>
<td><strong>Resources required</strong></td>
<td>Records of households, parents and their commitments</td>
</tr>
<tr>
<td></td>
<td>Phone or tablet with nurture-based video loaded</td>
</tr>
<tr>
<td><strong>Timeframe</strong></td>
<td>The timeframe of this session will vary from household to household; however, it is expected that each visit will last between 15 minutes and 1 hour.</td>
</tr>
</tbody>
</table>
Activity 2.1. Semi-structured *tok stori* on CFM behaviours

**Aims of the activity**
- Discuss and determine suitable strategies to overcome barriers to practice

**Materials**
- Nil

**Note to facilitators**
This semi-structured discussion will be guided by the specific household, the parents/caregivers’ attitudes, and how the facilitator wants to engage with them

**Instructions**
A suggested structure for this discussion is as follows:

1. **Discuss:**
   - Some examples of CFM practiced in the household over the last week
   - The good things about those examples
   - Some of the barriers to practicing safe CFM (parents/caregivers to nominate, facilitator to listen and help parents to work through those barriers)
   - Whether the parent/caregiver is discussing any of these changes with others in the family, neighbours or friends
   - How others in the family have been supporting the changes

2. **Ask to observe/see**
   - Any tools or things mentioned in the discussion, such as spades or potties, cloths or nappies, etc.
   - The latrine
   - Handwashing station
   - Anything else that would support the discussion

3. The facilitator should take some notes on the common barriers and strengths that are being communicated by the household.

4. Congratulate the family on their commitment and move to the next activity.

**Activity 2.2. Replay of "Duim rait samting witem poopoo blong pikinini!" video - Optional**

There may be members of the household who did not attend the parents group session the week prior. In these cases, and in some where they simply wish to revisit it, they may be interested in viewing the video. This can be done by watching on your phone or tablet, it does not require full projection to a screen.
Activity 2.3. Completion and signing of Household Commitment

Aims of the activity

- Increase desire and agency to enact their CFM commitments by:
  - Discussing and determining suitable strategies to overcome barriers to practice, and
  - Appreciating the link between a caring and nurturing relationship with their children, and safe CFM

Materials

- Black copy of commitment certificate (Appendix D)
- Pen/marker

Instructions

1. The household commitments and plans formed during the group activity in Session A should have been recorded by the facilitator, to refer back to. Hopefully, the household has held on to their certificate that include the drawing made for their children, if so, you can ask them to get it to discuss. If they do not know where it is or have lost it, you can retrieve a blank version.
2. With the family or parents, again talk through the four commitment statements from Activity 1.5 in Session A. The household or the facilitators can then write in the final wording to make the commitment theirs.
3. The facilitator should then sign and date (and add a stamp or sticker if possible) the certificate where it is prompted – to conclude the commitment section.

Remember – we are seeking to support parents to change their behaviours, not shame them for not achieving their goals.
As previously mentioned, all activities designed under this CFM intervention are intended to fit within the CLTS framework. All villages participating in these CFM activities are engaged in a broader CLTS program implemented by a local CSO. The last step links back to the CLTS step - NoD and follow up.

The Solomon Islands follow a three-star system to help villages reach the NOD status which includes:

- Everybody is using a toilet
- Every household uses a complete toilet (clean & stops flies / animals)
- Every household has handwashing near the toilet, with water & soap (or soap alternative)

Once the village is certain that they have achieved all three stars, the CLTS facilitator will notify their Area Coordinator, who will arrange a visit from RWASH team to look at the village and verify the NOD status. Then a community celebration is recommended, community can start planning, at least two months after the village is verified.

Remind the participants that celebration is a good time to talk about lessons learned from the CFM activities and ensure to acknowledge the work the participants have accomplished through the CFM intervention.
Appendix A - Additional resources

All supporting resources (videos, picture cards etc) can be downloaded from the International WaterCentre project page: www.watercentre.org/research/cfm. For any difficulties or queries please email iwc@griffith.edu.au

USE OF THE VIDEO

It is strongly recommended to use the unabridged version provided with this toolkit in the first instance, as this version has the complete set of appropriate messaging designed for this behaviour change communication on safe and equitable CFM.

Main video tool – Duim rait samting wetim poopoo blong https://youtu.be/xD-FvyYORac

The following shorter version of the long video are shown below. We don’t recommend these to be used in the first instance in the workshop as they don’t cover the full spectrum of messaging that’s been required, you may find these useful in follow up visits, or in public or social media.

Abridged Video 1 – Duim rait samting wetim poopoo blong pikinini (abridged) - https://www.youtube.com/watch?v=XicY3bGEYvl&feature=youtu.be
Abridged Video 2 - Duim rait samting wetim poopoo blong pikinini – Real Men Talk https://www.youtube.com/watch?v=1OFTqeAMm04
Abridged Video 3 – Umi evriwam lovem pikinini, putim poopoo bilong pikinini insaet lo toilet https://www.youtube.com/watch?v=3Rlp2zmA4A4
Appendix B - Picture cards for CFM pathway activity

CFM PATHWAY PICTURE CARDS

DEFECATION

Where does the child defecate?

TRANSPORT/MOVE

Did the parent move the poo? What did they move it with? Did they use their hands?

DISPOSAL

Where did they put/ dispose of the poo?

CLEANING

Did the parent show they washed their child, or their hands? Is this important?
## Appendix C - "Putim poopoo insaet raet ples!"
### video transcript

<table>
<thead>
<tr>
<th>Audio Record Timer</th>
<th>Notes and Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pijin</strong></td>
<td><strong>English</strong></td>
</tr>
<tr>
<td><strong>00:45- 1:04</strong></td>
<td><strong>Mi lukim osem pikinini important bicos olketa pikinini hem olketa osem resources blo mi. Lo future if olketa school, bae olketa benefitim mi lo saet blo finance, even manpower, kind osem.</strong>&lt;br&gt;<strong>As a parent, me bara, pikinini mi enjoyim bicos plenty taem mi lake fo plei en havim fun wetem olketa. Mi rili hapi aboutim ota pikinini.</strong>&lt;br&gt;<strong>Yah, mi garem taem. Mi garem taem fo toktok wetim olketa, pray wetem olketa, talem ota gud samtin. Mi garem taem fo stori wetim. Ota savve hapi lo mi tu ia taem mi savve stori wetim olketa, talem ota gud samtin lo olketa.</strong>&lt;br&gt;<strong>Oh yes, mi enjoyim as a dadi bicos samtaem mi kam lo haus osem woman blo mi savve talem me “dadi kam lo haus”, en welkam mi osem, so gud.</strong>&lt;br&gt;<strong>As a mother, mi savve kea fo olketa pikinini, tekem olketa go lanem olketa fo duim samfala samtin lo garden, kipim ota safe from ples hem denga.</strong>&lt;br&gt;<strong>As a mother, mi savve kea fo olketa pikinini, tekem olketa go lanem olketa fo duim samfala samtin lo garden, kipim ota safe from ples hem denga.</strong>&lt;br&gt;<strong>Dadi bara enjoyim tumas ia.</strong>&lt;br&gt;<strong>As a father, I really enjoy such affections.</strong>&lt;br&gt;<strong>Taem iu garem pikinini, taem iu go lo samfala ples en iu kam back, bae pikinini run kam lo iu en plei wetim iu. Hem na samfala samtin wea mekem mi lovem tumas pikinini. Osem man mi marit en garem pikinini.</strong>&lt;br&gt;<strong>When you have kids and went home after been to other places, they would run and play with you. It makes me love them more as a married person with kids. As a father, I really enjoy such affections.</strong>&lt;br&gt;<strong>As a mother, mi savve kea fo olketa pikinini, tekem olketa go lanem olketa fo duim samfala samtin lo garden, kipim ota safe from ples hem denga.</strong>&lt;br&gt;<strong>As a mother, I care for my children, teach them about garden chores and keep them away from danger sites.</strong>&lt;br&gt;<strong>Yes, I have time. I spent time talking with my children, pray with them and telling them good stuff. I have time to tell them stories and they are happy about what I have done.</strong>&lt;br&gt;<strong>Yes, I enjoy being a dad because when I came home, my wife would greet me “dad has arrive” and welcome me, it’s good.</strong>&lt;br&gt;<strong>Yes, I enjoy being a dad because when I came home, my wife would greet me “dad has arrive” and welcome me, it’s good.</strong>&lt;br&gt;<strong>As a mother, I care for my children, teach them about garden chores and keep them away from danger sites.</strong>&lt;br&gt;<strong>Yes, I enjoy being a dad because when I came home, my wife would greet me “dad has arrive” and welcome me, it’s good.</strong>&lt;br&gt;<strong>Yes, I enjoy being a dad because when I came home, my wife would greet me “dad has arrive” and welcome me, it’s good.</strong></td>
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</table>
Mi savve karem olketa en swimim olketa, samfala taem olketa poopoo osem me savve tekem out en go putim lo proper ples.


Bicos mi leader insaed lo church, bae ota pikinini taem olketa poopoo ota parents mas klinim ples ia. Tekem poopoo blo olketa en torowem insaed lo proper ples wea ota sud putim. Mekem ples hem klin, luk healthy. Den taem nara pipol kam, bae ota lukim ples ia hemi luk osem ples wea big man hemi stap lo hem.

Bifoa, taem osem distaem umi garem ota toilet en ota samtin osem. Bifoa yah, no eni toilet osem ia. Ota man go wan saed, woman go wan saed. En taem olketa pikinini poopoo olbaot den bae mami tekem out nomoa jus torowem olbaot nomoa lo saed lo village osem torowem go lo bush osem nomoa.

I could carry them, bath them and sometimes when they poo, I remove the faeces and dispose it at the right place.

I take care of my kid, cook and feed him. He is the youngest and he’s little so I have to care and bath him every evening.

As a church leader, when the kids poo on the ground, their parents must clean the spot. They should take the poo and throw it in the proper place. This is to create clean and healthy environment. By doing these, others would see that God is present in our village.

Unlike before, nowadays we have toilet. In the past, there is no such thing. Men use their designated area whilst women does the same. And, when the children defecate around the homes, the mothers would remove the faeces and throws them beside the village boundary and in the bush.

I think it is better these days because we use toilet so the village looks clean and also, the surrounding of our homes. In the past, it is bad because faeces are thrown all over the place. Currently, we use latrines so the community is clean.

What happens when my child wants to defecate is that he would tell me. So, I would sometimes take him to defecate at the right place and, at
tekem na smol wan blo mi ia, mi savve go washim hem lo wota en soap, en den mi savve draem hem wetim calico.

Osem bifoan taem mifala no garem toilet, pikinini go poopoo lo ground osem, jus digim out nomoa en torowem go lo bush. Samfala taem mifala digim den berim lo dea. So distaem mifala garem toilet osem mifala tekem out poopoo blo pikinini en go wetim lo toilet.


Lastaem taem mifala no garem toilet yet, mi sae digim hol for toilet blo pikinini den putim insaed. Distaem mifala garem toilet mi savve sedem hem strait nao for go lo toilet.

In the past when we did not have toilet and the child defecate on the ground, we just take out the faecal matter and throw it into the bush. Sometimes, we dug holes and buried them at the same location. Now that we have latrine, we directly dispose child’s faeces in it.

In the previous times when we did not have latrine, I often dig and bury the faeces. Now that we have toilet, I sent her straight to use it.

On occasions when my child defecates around the yard, I would take away the faeces using spade and dispose it in the toilet. After that, I would clean the child’s bottom or wash it before we came back to the house.

In our family, both of us are responsible to take care of our children since their wellbeing are important - both of us must do it. For example, we equally perform the roles like bathing them and removing their faeces.

Beside my family, others also do the same. Our lifestyle changes so people want to also improve their standards thus, they practice those good behaviours.
<table>
<thead>
<tr>
<th>Time</th>
<th>Character</th>
<th>Dialogue</th>
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<tbody>
<tr>
<td>9:41- 9:52</td>
<td>Cindarella (mother)</td>
<td>Olketa savve talem dat if iu man en iu duim diswan, bae iu savve garem bad luck samtaems, and also, samfala tingting nazo dat no work blo man nao fo tekem out. Olketa seleva talem mi dat bae iu garem bad luck behind bicos hem no work blo iu. An osem mi talem lo olketa na, hem work blo iumi evriwan nao. Weta iu man o woman, pikinini hem blo iu mi tufala everiwan, so we have to work together to luk afta olketa.</td>
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<tr>
<td>9:53- 10:34</td>
<td>Milton (father)</td>
<td>Me tingting osem. Olketa neighbours blo mi, if ota lukim mi bae hem also educatim ota lo dat fala wei that hem ei important role datwan.</td>
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<tr>
<td>11:52-2:08</td>
<td>Abinette (mother)</td>
<td>Best for mi duim bicos osem samfala taem dat mi lukim pikinini hem poopoo lo ground osem, mi lovem pikinini blo mi bae mi hav to klinim out den go torowem lo toilet bicos nogud hem play play around en hem kaikaim o samting osem.</td>
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<tr>
<td>12:09- 12:38</td>
<td>Gabriella (father)</td>
<td>Mi laek fo mi duim dat wan bicos if mi no klinim poopoo blo hem en mi no torowem lo dry pit, ba taem fly hem sidaun lo hem en den sidaun lo kaikai hem sae kosim siki fo mifala. En also, mi have to klinim bicos mi garem heart for pikinini blo mi, mi lovem hem, en mi care</td>
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</table>

It is just like that. Parents your responsibility is to ensure you keep your family safe and clean in the community.

Both of us take care of our child. If the kid went to play at a site where it is dirty or danger, we bring her back.

Others can say if men involve in managing child faeces, he would have bad luck. Others think that it is not the responsibility of men to remove child’s faeces. You would have bad luck since it is not your role. But I told them that the role belongs to both parents because, we both birthed them. We have to work together to look after them.

I think if my neighbours see what I have been doing, it would educate them and enable them to understand the importance of the role.

I love my children that is why I usually clean my kid’s playing ground. They must have clean environment. I truly love my children thus; I must clean and wash them.

It is best for me to do it when child defecate on the ground. I love my child and its right that I remove the faeces and throw it in the toilet in case he plays around and eat his own shit, things like that.
12:39- 13:20  
Joyce (mother)  

for hem, so mi mus have to klinim hem na.


13:21-14:18  
Joyce (mother)  

Mi like olketa deal wetim ota poo blong pikinini bicos health lo insaet lo community. So have to outem nao olketa rubbish osem.

I think olketa parents mus duim datwan fo makem habit ia, klin habit insaet lo communiti. Hem noa olketa mus lanem datwan.

14:19- 14:31  
Chief - Derrick  

Nao distaem mifala evriwan insaet lo communiti garem toilet, so evriwan mus iusim dat habit fo makem hem klin.

14:34- 14:45  
Senior woman - Celestial  

A lot of times, mi savve mitim samfala life where lelebet hard, challenges an ota samting osem, but all the pikinini, samtaem olketa mekem mi hapi, bicos olketa kam, and sid daun wantaem mi, ota huggem mi, and olketa play wantaem mi, and smile wantaem mi. Samtaem mi feel cross osem, but olketa come laugh, say “Daddy, no worry, everiting hem ok nomoa”. And so olketa barava mekem mi feel hapi. And mi proud lo olketa taem olketa duim every stress, or tingting loose your mind noa and mi feel olright nomoa.”

14:47- 14:58  
Senior woman - Celestial  

I want to do the task because if I did not clean, remove and dispose the faeces into the dry pit, flies would transmit pathogens from the poo to our food. It will make me sick too! And also, I clean that up since I have a heart for my child. I love him, I must do it.

I like my children and did care for them so that when they grow up, they get education and have job to support us. In the future, I also want them to practice the same thing I did for them when they are little. When they see and learn from me, they’ll be able to do the same for their own children.

15:16- 15:59  
Milton (father)  

I want them to clean the child’s faeces to ensure the community is healthy. They must remove the dirt.

I think parents must practice clean habit in our community. They must learn this behaviour.

Now that everybody in the community have latrine, they should use it to keep our environment clean.

A lot of times, I encountered few challenges in life yet, my children cheered me up. They would sit, hug, play and smile with me.

At times when I’m mad, they would laugh and say “dad, don’t worry, everything would be fine”.

By doing this, I feel happy, I am proud of them as they remove the stress from me and I feel better afterwards.
Appendix D - Household commitment certificate
“Taem pikinini hemi pupu long graon aotsaed long haus, bae mi ____________________________
_______________________________________”

“Taem mi faedim pupu kosap log haus bilong mi en save hem pupu bilong pikinini bilong mi, bae me usim ____________ fo tekem ____________________________”

“(1) ____________, (2) ____________, en (3) ____________ hem no seif ples fo torowem pupu bilong pikinini bilong mi.”

“Bae tok save long oketa neighbours en friends blo mi fo ____________________________”

Signed: __________________________  Date: _______
Appendix E: Additional Resources

For more information on the project, visit our website: https://www.watercentre.org/

- Read the project outline here

- Access the Child Faeces Management picture cards for data collection here

- Access the summary report to communities here

- Read the findings report from Formative Research in Isabel and Guadalcanal Provinces here

- Solomon Islands Community-Led Total Sanitation (CLTS) Toolkit here

  Or for the modified version with CFM inclusions, please contact iwc@griffith.edu.au

References and further reading


