Triggering for Hand Washing in CLTS

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Acknowledgements

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Executive Summary

The Open Defecation Free (ODF) Malawi 2015 Strategy and National Hand Washing Campaign have contributed to an increased focus on hand washing with soap (HWWS) in Malawi. Hand washing with soap has been found to be one of the most cost-effective interventions against diarrheal diseases. It is therefore worthwhile to increase its practice. CLTS is one of the key interventions used for sanitation and hygiene promotion in Malawi, with hand washing (HW) as a key component of ODF status achievement. However, the tools used to trigger for hand washing appear minimal and could therefore be improved upon.

OBJECTIVES
The objective of the assignment was to review current methods for triggering for hand washing and CLTS and assess their effectiveness in creating HWF and increasing the presence of soap by the HWF. Upon review, areas for improvement were identified and new triggering tools were created, piloted and evaluated. If the tools are deemed effective, they will be recommended for national dissemination.

METHODOLOGY
Action research methodology was used to conduct the work. The current triggering methods were observed and baseline data was collected in two villages. A workshop was conducted with excellent CLTS facilitators to create new and improved triggering for hand washing tools which were then piloted in two villages. Quantitative data was collected several weeks after the triggering to review the results of the triggering and compare the current and the new methods. Focus group discussions and semi-structured interviews were conducted to gather qualitative data on perceptions of community members on the CLTS triggering and the tools used. Quantitative data was analyzed in Excel and qualitative data was coded for key themes.

The district selected was Salima due to the fact that they already triggered for hand washing in CLTS and have high rates of hand washing facilities (HWF) reported in triggered villages and readily available data. In addition, they continuously implement CLTS through routine extension staff work.

CURRENT TRIGGERING METHOD AND EVALUATION
The Salima district teams triggered for hand washing through questions that brought forth understanding of the faecal oral route transmission. They also carried models of HWF which they advised community members to build after they were brought to the realization of the importance of hand washing. This method increased the rates of HWF built in one village by 31.58% and soap found by 5.26%, while it led to a decrease in HWF in another village (it is unclear what led to this decrease). Community members recalled the triggering process well, however they did not attribute their behaviour change to the triggering, claiming that they already knew about hand washing beforehand and the triggering simply served as a reminder.
NEW TRIGGERING METHOD AND EVALUATION
Nine new triggering tools were created to trigger for hand washing. These tools focus on bringing people through the realizations that washing with soap is better than with water alone, that there are various ways to contaminate hands, and that even hands which look clean may have dirt on them. The rates of hand washing facilities built and soap found in villages after using these tools were significantly higher than the baseline method. HWF increased by an average of 69%, and soap found at the HWF increased by 15%.

Community members remembered many of the tools used and claimed that seeing the demonstrations at the triggering drove them to change their behaviour. Demonstrations with food sharing led them to realize that even though hands appeared clean there could be dirt on them. Demonstrations on anal cleansing practice after defecation and handshakes also helped them realize germ transmission. Further, seeing the difference in the water from hands that were washed with soap versus water alone led them to realize that soap removes more dirt. It appears that the key driver for change in these communities was the triggering process. Although both communities have yet to reach ODF and it is unclear whether all HWF are being used, it appears that promising results have been achieved with the new triggering tools.

RECOMMENDATIONS
- Trial new HW triggering tools in additional villages and districts to ensure their effectiveness and make improvements as needed.
- Disseminate new HW triggering tools once they have been proven effective in further field tests.
- Provide 2-day trainings to already trained CLTS facilitators on new triggering tools after field tests.
- Integrate new triggering tools to future CLTS trainings.
Background and Purpose

The development of the ODF Malawi 2015 Strategy and the National Hand Washing Campaign (NHWC) are drivers for intensive scaling up of the CLTS approach and in conjunction, hand washing with soap (HWWS) in Malawi. HWWS is one of the most cost effective interventions against diseases as it leads to the prevention of diarrheal diseases, intestinal worms, and respiratory infections (Government of Malawi, 2011). Effective behaviour changes related to hand washing can have significant public health benefits.

CLTS has been found to be an effective process for facilitating behaviour change and is a widely implemented approach in Malawi. The current tools in the process focus primarily on eliminating Open Defecation (OD), but little attention is put on the hand washing aspect. Reviews of CLTS processes worldwide show minimal tools have been developed which focus on hand washing aside from outlining the Faecal Oral Route transmission (Institute of Development Studies, 2012), aside from a tool was developed last year from Engineers Without Borders Canada (EWB) called the “Shit and Shake” (Redick, 2011).

Despite not having many published tools on hand washing triggering, it appears that some districts in Malawi have higher rates of HWF than others. It thus makes sense to review the current process for triggering in one of these districts and see if they can be applied nationwide for increased adoption of hand washing with soap.

Objective

The primary objective is to determine methods and tools which can be used to promote hand washing with soap in rural communities. It aims to leverage the popularity of the CLTS approach to increase the practice of hand washing. ODF achievement requires the presence of a hand washing facility in households, which implies the need for districts to have the ability to promote hand washing through the CLTS methodology. The results of this objective will be used to provide recommendations for future trainings.

Methodology

District Selection
One district was chosen to use and pilot improved approaches for triggering for hand washing. The district is Salima in the Central Region, which was selected based on:

- the availability of baseline data on hand washing facilities
- their current practices of already promoting hand washing in their CLTS triggering
- their continuous implementation of CLTS through routine extension staff work
Research Method
In order to develop methods and tools to trigger for hand washing throughout the CLTS process, action research methodology was applied.

The current practice of triggering for hand washing was observed to assess their effectiveness in facilitating the construction of HWF and presence of soap by the HWF. Baseline and follow-up data was collected in 2 villages that were triggered with the current methods.

The district team and consultant then worked together to reflect and plan for how to improve the methodologies through the development of new HW tools. These improved methodologies were tested in 2 villages; baseline and follow-up data were also collected for these villages. In between the triggering of the 2 pilot villages, reflection and planning for improvements occurred.

Follow-ups through semi-structured interviews with select households and focus group discussions with triggered villages were conducted in 1-3 months after the triggering process to evaluate the effectiveness of the previous and new methods. Data was analyzed to see the resulting changes in the presence of hand washing facilities and soap. The control case (first 2 villages triggered) was compared with the experimental case (next 2 villages triggered) to measure whether the new methods resulted in increased numbers of hand washing facilities built and soap presence compared to the baseline method.

The semi-structured interviews and focus group discussion results provided information on which tools were recalled the most by community members and which ones were perceived as most effective for triggering hand washing practice, use of soap, and HWF construction. Information on the types of hand washing facilities available in the villages and the barriers and motivations to hand washing were also explored to provide supplementary data for the HWWS research conducted concurrently with this assignment.

Limitations

Sample Size
The data was only collected in 4 villages and the improved methodology tested in 2 pilot villages due to the short time frame of the assignment.

Data Collection
Data collection was conducted by the HSAs and verified by the Environmental Health Assistants at the designated Health Centres. Spot checks were also conducted by the consultant in a sample number of households to audit the information given, though it is possible that some of the data may not be 100% accurate.

External Observer Bias
The expatriate consultant was present at the triggerings in 3 of the 4 villages, which may have affected the enthusiasm of community members to build HWF. It will be useful to follow up on these villages to view whether the behaviour changes remain because they were personally
interested in the change, or whether the excitement will fade as a result of being driven by an external observer.

**Current Triggering Methods**

It was observed that triggering methods for hand washing consisted of simply asking questions from the villagers to have them realize the faecal oral route transmission. Extension staff also brought miniature models of the leaky tin hand washing facility design to the triggering, which they encouraged the households to build.

**Evaluation**

The current HW triggering method was found to increase the rate of HWF and presence of soap in one village from the baseline to the current status by 31.58% and 5.26% respectively. Surprisingly, data from the other village indicated that the rates of HWF and soap actually decreased after the triggering. It is unclear what caused this decline.

<table>
<thead>
<tr>
<th>Current Triggering Methods - Evaluation of Results</th>
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</thead>
<tbody>
<tr>
<td>Village 1</td>
</tr>
<tr>
<td>Baseline HWF</td>
</tr>
<tr>
<td>21.74%</td>
</tr>
<tr>
<td>Village 2</td>
</tr>
<tr>
<td>23.68%</td>
</tr>
</tbody>
</table>

Semi-structured interviews with select household members were conducted in Village 2 (unfortunately time constraints did not permit a visit to Village 1). The recall of the CLTS triggering process was fairly high. Respondents remembered the drawing of the map, the HWF model that was shown, and the children singing songs about stopping open defecation.

When probed on which tools provided new realizations or learning about hand washing, the respondents claimed that they knew all of the information beforehand but just needed the reminder. They had learnt of these things previously through the health extension staff and doctors who frequented the village. The one tool that motivated one mother to change was seeing the children sing songs about wanting to stop open defecation. No one mentioned the questions about faecal oral route transmission and the model of the HWF as key drivers for their behaviour change. It is likely that although changes in the village have occurred since the triggering, the process in itself was not the main driver behind the improvements.
New HW Triggering Methods

New tools were developed to improve the methods of triggering for hand washing. These tools can be used in combination with other tools during the CLTS process. It is up to the facilitator to decide which ones they need to use and when. It is also possible to combine the tools if necessary. Most tools will be performed during triggering, after the transect walk. Throughout the process, the facilitators can provide guidance through questioning on proper hand washing techniques as the communities demonstrate how to remove the germs from their hands.

Key realizations to trigger/bring community towards realizing with these tools are:
- there are various sources of hand contamination with faeces and other germs
- hand washing with soap is a complete way to remove all contaminants (dirt, smell and germs)
- hands that appear clean still have dirt on them

Tool 1: Cassava/egg demonstration

Objective:
Bring realization that even when hands appear clean, there is still dirt on them. Key CLTS factor = disgust

1. Tell the community that you have a present for someone who has clean looking hands.
2. Ask this volunteer to come forward and give him a cassava or egg (chosen because of the white colour of the food).
3. Ask him to peel that cassava/egg, during which dirt will leave marks on the food.
4. Ask the group to share what they've seen and observed (dirt) then get the volunteer to offer the cassava/egg to various members of the community.
5. Ask the community what they see on the cassava/egg. Probe and discus this further.
6. Ask them how will they remove the dirt, by washing hands or washing the cassava/egg? Ask the audience how they think they can ensure that their cassava/egg is not contaminated?
7. Get the volunteer to wash their hands with water only in a white basin (ask them to demonstrate whatever the community prompts them to do with hand washing, which is often to mention hand washing but without soap). Get the community to observe the dirt that comes off with using water alone, then compare it to another basin that has clean water (see difference in water color).
8. Then ask if there is a way to make any further improvements. The community will like say yes and will encourage the use of soap or ash.
9. Have the volunteer wash their hands with soap and water over a white basin, then get the community to observe how much dirt comes off the hands by looking at the color of the water.
10. Compare the water colour in all 3 basins. Show what clear water looks like (without dirt or germs), then show the water used for washing hands with water alone, and then the water that was used for washing hands with soap.

11. Ask questions from the community to generate a discussion about how much dirt is removed when using water alone versus when using soap. Restate the fact that these dirty water basins came from the hands of a community member who they all previously had clean hands.

12. When appropriate, also ask the community to compare the differences between using soap to wash hands versus using ash. What are the benefits and disadvantages?

*Tip: This tool usually works best when done at the beginning of a triggering, before the community catches on that you are there to talk about OD and hand washing.

Materials Needed:
- Cassava/egg
- 3 white basins (or clear basins if white basins cannot be found; can also use half of large soda/water bottles as clear containers)
- Soap
- Water

Tool 2: Smelly hands

Objective:
Bring community to realize that having smelly hands through touching faeces (or defecating) leads to having a bad smell on their hands, which symbolizes germs or dirt. Key CLTS factor = disgust

1. After the transect walk where shit is found, take the shit to where the group is gathered (or have the group gather around the shit).
2. Ask someone if they would touch the faeces.
3. If they refuse, tell them you’ll give the next person who is willing to touch the faeces gloves (if the community refuses, one of the facilitators should put on the gloves).
4. After they touch the faeces, have them remove the gloves and smell their hands. Then ask them to discuss what they smell. They can also attempt to shake hands with community members (who are likely to refuse).
5. Then ask him how he would remove the smell and faecal matter from his hands (to which the community is likely to respond with hand washing).
6. Ask them to wash their hand the way they normally do (usually with water alone), then to smell their hands again. Is there smell? Discuss this with the community. If possible, ask volunteers from the community to smell and also shake this person’s hands.
7. Then ask them how they can improve on this (to which they might say “use soap”).
8. Soon after using the soap, ask the volunteer to smell their hands and discuss his conclusion (no smell, pleasant smell, etc.) Discuss this with the community.
9. Conclusion is reached that soap is able to remove everything from hands.
*Tip: If a volunteer or facilitator is very brave, they can use anal cleansing materials such as paper or leaves to touch the faeces, so that the community can relate the demonstration to their own anal cleansing practices.

Materials Needed:
- Shit (faeces)
- Gloves
- Soap
- Water
- Basin to wash hands under
- Leaves or paper (optional)

Tool 3: Charcoal smearing

Objective:
Get community to realize that using soap when washing hands eliminates all dirt, whereas using water alone only eliminates some of the dirt. Key CLTS factor = disgust

1. Get a volunteer from the community to smear their hands with charcoal.
2. Ask them to wash with water alone then see how much dirt is left.
3. Then ask them to wash with soap and water, and see how it eliminates all dirt.
4. Question the community on the differences they see when washing hands with soap versus washing hands with water alone.

Materials Needed:
- Charcoal
- Water
- Soap
- Basin to wash hands under

Tool 4: Faeces on Babies Nappies

Objective:
Get community to realize that not using soap when washing babies’ nappies means faeces is transmitted to their hands, which can then be transmitted to other things (even the mouth). Key CLTS factor = disgust

1. Go through a questioning process with the community. Ask how they currently clean babies’ nappies.
2. If they use water alone, what happens? If they use soap and water, what happens?
3. Tell them to demonstrate how they currently wash babies’ nappies. Give them a piece of cloth that will symbolize as a baby’s nappy, then some charcoal to rub on the cloth to symbolize shit.

4. Have them rub the charcoal on the cloth. Then have them wash the cloth with water alone. Discuss with the community what they see on the cloth. Also have them take a look at their hands to see if any of the “shit” was transferred there. Discuss this transfer of shit from the nappies to hands and to other objects that are touched by the hands through questioning the community.

5. Afterwards, have them use the same cloth and wash it with soap and water. Discuss with the community what they see, and the differences between using water alone to wash hands and using water and soap.

Materials Needed:
- Baby’s nappy or a piece of light colored cloth
- Charcoal
- Soap
- Basin to wash baby’s nappy

Tool 5: Wall Contamination

Objective:
Trigger disgust through realizing that the surroundings/walls of the toilet are contaminated with shit. Key CLTS factor = disgust

1. During the CLTS transect walk, choose a toilet where the walls have been smeared with shit (as is common practice for anal cleansing or for wiping hands that have touched shit after defecation).
2. Go back and gather with the community.
3. After gathering, ask the community to explain methods for anal cleansing.
4. Listen and pick what the community says (e.g. paper, soil, leaves, touching walls, etc.)
5. If they mention cleaning themselves by touching the walls of the toilet, ask: “Is using the wall the proper way to clean the anal area? Are there any dangers from this process?”
6. After starting this process of questioning, take them through a demonstration.
7. Ask the community to go to selected latrine (silently selected by facilitator during the transect walk) and ask a volunteer and a few other community witnesses to enter the toilet.
8. Ask the volunteer to touch the area smeared with shit directly.
9. If the person denies, go back to gathering area then ask a witness to explain what happened when the volunteer visited the toilet.
10. Ask why the person denied the request to touch the wall. Then, ask what the community thinks about the situation, possible solutions to remedy the situation, and when they think they can stop this process of contaminating their hands.

Materials needed:
- Wall smeared with shit
Tool 6: Anal cleansing materials

Objective:
Community realizes that faecal matter is left on their hands after cleansing themselves in the toilet. Key CLTS factor = disgust

1. Ask the community how they cleanse themselves after using the toilet.
2. Take the information the community gives on what they usually use for cleaning themselves with (e.g. paper, leaves, etc.).
3. Perform a demonstration using a brick with dent (or a nearby tree with a dent).
4. Take mud (to symbolize shit) and apply it on the dent of brick, then ask one volunteer to take their preferred way of anal cleansing (e.g. with paper) to remove the “shit” on the dent.
5. Have the community observe the demonstration, then ask if there was contact between the hands and the dirt in the process. The community will explain their observations.
6. If there has been contact, ask if this happens to them; if this happens to them, ask what the community does after they observed shit touching their hands. What dangers do they anticipate, and possible solutions for this?
7. Ask the community if leaves or papers are enough for anal cleansing and getting rid of germs. If they say no, why is it not enough and what is remaining for it to improve?

Materials Needed:
- Brick
- Anal cleansing materials (to be brought by community upon request)

Too 7: Scratch and Smell (aggressive tool for triggering)

Objective:
Community is disgusted by dirt, germs and smell that comes after touching one’s self in their behind or their front (for urinating). Key CLTS factor = disgust

1. The facilitator asks for a community member to volunteer. If a community member is unwilling, the facilitator must perform the demonstration themselves.
2. The performer puts his hand inside his trousers and pretends to scratch his behind, and also pretends to finish urinating.
3. They will then offer their hand to community members to shake. The community members will likely resist.
4. Question the community on why they are refusing and what they think is on the hands of the person.
5. Ask the person to smell his or her hands and discuss what is there. Ask the community to smell the person’s hands. If they refuse, ask them the reasons behind their refusal.
6. Ask the community what the person needs to do in order to have them shake and smell their hands. Have the community member demonstrate this. If he uses water alone for hand washing, ask to have the community smell his hands. Question the community on the smell of the hands. Then ask the volunteer to wash their hands with soap and water. Ask the community to smell his hands after using soap and water, and discuss the differences.

*A revised version of this tool for urinating can also be performed.

1. Get a facilitator to enter a nearby toilet briefly so that the community thinks that they have urinated. Alternatively, the facilitator can go behind a nearby tree and pretend to urinate.
2. The facilitator then returns to the gathering while fiddling with his front zipper, showing that he has recently urinated.
3. Then, have him try to shake hands with community members.
4. If they refuse, question the community members on what they think is on the hands of the facilitator, and how he can improve this so that they are willing to shake hands with him.

**Materials Needed:**
- Soap
- Water
- Basin to catch water for hand washing

**Tool 8: Shit & Shake (from EWB Canada)**

**Objective:**
Communities realize transmission of faecal matter through handshakes. Key CLTS factor = disgust

1. The facilitator pretends to use a pit latrine, using a leaf to wipe their shit after defecating. They demonstrate how easily the leaf can break and shit gets on their hands (using charcoal or clay to symbolize shit is very effective). The facilitator does not wash their hands after leaving the latrine. This provides a visual demonstration of shit being left on the hands.
2. The facilitator then asks questions to the community during this process such as “What is left on my fingers? Do you use leaves? How many households have both soap and water?"
3. The facilitator then shakes hands with an authority figure in the community, usually the chief, and then asks them to turn and greet their neighbour with the traditional handshake. If there is charcoal or clay on the hands of the facilitator, this symbol of “shit” will be passed around from person to person during the handshakes.
4. Pass food such as ground nuts to those who shook hands with the facilitator’s shit. Encourage them to eat the food while the facilitator’s shit is still on their hands. This sparks the understanding that shaking a neighbour’s hand may lead to you eating their shit, and demonstrates the importance of washing your hands with soap.
5. The facilitator also asks the community members to estimate how many hands they have shaken that day, the previous week, the previous month, etc., then asks “How many people’s shit could you have possibly eaten this week?”. This is similar to the shit calculation performed during CLTS triggering where people calculate the amount of shit in their village. This calculation can amount to 280 people’s shit a week, and sparks the realization and understanding of hand washing benefits.

Materials Needed:
- Charcoal or mud

Tool 9: Food sharing

Objective:
Communities are disgusted by germs on hands after using a toilet (even if they appear clean).
Key CLTS factor = disgust

1. Go to a toilet without a hand washing facility.
2. Ask a community member to use the toilet, then ask them to share food with the community (cassava/egg, mango, or other food aside from nsima as most people already wash hands before eating this).
3. Ask the community members if they can accept the food.
4. After seeing that people are denying, ask why are they denying and what should be done after using the toilet and before sharing food.

Materials Needed:
- Food that is easily shared in villages (aside from nsima)
- Soap and water (if you want to conclude by washing hands and sharing the food with the community)

Tool 10: Dirt under fingernails

Objective:
To have communities realize that mere hand washing is not adequate to prevent infections without clean fingernails and using soap.

1. Ask somebody to deliberately put dirt under their fingernails (e.g. with charcoal or mud).
2. Ask that person to wash their hands as normally do it (often without soap).
3. Get person to eat some nsima.
4. See how much of that dirt from their fingernails and hands will remain in the nsima.

Materials Needed:
- Nsima
- Materials for hand washing before eating (from community)
Evaluation of New HW Tools
The new triggering tools were ranked against key criteria outlined in the table below.

<table>
<thead>
<tr>
<th>HW Triggering Tools</th>
<th>Objective (realizations which are facilitated)</th>
<th>Ease of Facilitation</th>
<th>Reliability (can’t go wrong)</th>
<th>Effectiveness in terms of impact</th>
<th>Psychological trigger (instead of actual visualization)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cassava/Egg Demonstration</td>
<td>Even hands that look clean are dirty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smelly Hands</td>
<td>Hands are dirty when they smell badly; smell occurs after touching faeces</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charcoal Smearing</td>
<td>Soap eliminates all dirt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faeces on Babies Nappies</td>
<td>Soap eliminates all dirt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wall Contamination</td>
<td>Hands can be contaminated in the latrine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anal Cleansing Materials</td>
<td>Faecal matter is transferred to hands</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scratch and Smell</td>
<td>Germs and dirt are transferred to hands during urination and defecation</td>
<td></td>
<td></td>
<td></td>
<td>requires brave facilitators</td>
<td></td>
</tr>
<tr>
<td>Shit and Shake (EWB)</td>
<td>Germs are transmitted through handshakes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Sharing</td>
<td>Hands are contaminated in the toilet and must always be washed, after leaving the toilet and before sharing food</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dirt under Fingernails</td>
<td>Dirt is transferred to food and mouth when fingernails are dirty and hands soap is not used</td>
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</tr>
</tbody>
</table>

The CLTS process in the pilot villages saw an increase in the amount of tools used to trigger for hand washing. As a result of the improved process and new tools, HWF increased by 64% and 74% in the villages. Presence of soap at the HWF also increased to 15%.
A focus group discussion and semi-structured interviews were conducted in the villages triggered with the improved methods. Recall of the CLTS process was high, with community members able to list most of the tools used. The key tools which brought realizations about the importance of hand washing were the anal cleansing materials demonstration and offering of handshakes afterwards, as well as the touching of faeces (with gloves) and attempting to shake hands afterwards. The egg demonstration was also found effective, with people mentioning that they now wash their hands before eating any type of food including fruits like mangoes. Seeing the difference in the colour of water when hands were washed with water alone versus when hands were washed with soap (this produced dirtier water) also convinced people that soap truly does remove germs that we cannot see. The charcoal on hands demonstration also contributed to the realization that soap removes all dirt.

Respondents mentioned that they now think twice before shaking hands or before eating any type of food. They said that hands must be washed immediately after leaving the toilet so you remove the faeces right away. It also appeared that some people were convinced of the difference using soap makes to the removal of germs.

The key motivators mentioned for wanting to change their behaviour after the triggering process were to stop flies (as they are attracted to the smell or stickiness of hands), remove dirt, and prevent diseases from occurring as one never knows when germs are on their hands.

It appears that this process of CLTS was particularly effective in Village 1 as the key drivers of the sanitation and hygiene behaviour changes are the Natural Leaders identified at the triggering. Although both villages have yet to be declared ODF at the writing of this report, the initial results are promising. However, respondents in this village claim that perhaps only 50% of the HH with HWF use it (this supports the findings of the HWWS study). More work needs to be done to have 100% HWF coverage and move the 50% of HH from now-HWF users to HWF users. In the least, it appears that the triggering for hand washing has improved with the new tools developed.
Recommendations

1. **Trial new HW Triggering Tools in additional villages in various districts.**
   It will be important to trial the tools in more villages to truly see their effectiveness. It would be useful to go to multiple districts with the trials and evaluate the results before scaling up too quickly.

2. **Disseminate new HW Triggering Tools**
   Print and disseminate new triggering tools to all districts once the methodology has been proven successful through additional field tests.

3. **Provide 2-day trainings**
   Once the methodology is finalized, provide 2 day trainings for already trained CLTS facilitators on the new HW tools. This training should involve a half day of theory then an afternoon of practice (triggering one village with the new tools), a half day of reflection and planning for improvements on the 2nd morning, and a triggering in a 2nd village in the 2nd afternoon to provide additional practice. One hour should be spent after the 2nd triggering to discuss areas for improvement and ways to scale up the approach to the local level.

4. **Integrate new HW Triggering Tools in future CLTS trainings.**
   Once finalized, these triggering tools should supplement the tools taught at the CLTS trainings. This will ensure that a complete package of tools can be passed on to future facilitators and remove the need to conduct 2-day trainings in the future (which lowers cost).

Conclusion
The new tools to trigger for hand washing have produced promising results in the pilot villages. Further testing of these tools will have to be conducted to ensure that the same results found in this pilot can be achieved in the majority of villages. Once additional field tests are completed, these tools can be scaled up nationwide to contribute to increasing the presence of HWF and soap, and the practice of HW.
Works Cited


http://www.communityledtotalsanitation.org/topics/handwashing