SOP I GUD LONG YU

CAMPAIGN IMPLEMENTATION GUIDELINES

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INTRODUCTION

The Implementation Guidelines provide more details on how to roll out the campaign in particular at community level. This document will be updated from time to time, as experience from the field may require the guidelines to be adjusted.

As per the BCC Campaign Plan, the campaign can be summarized as follows:

1. Mass-media campaign using Facebook, SMS and radio messages as the primary media used;
2. Community outreach using a community-led approach, in which Village Hygiene Promoters with support from the Chiefs and women leaders are trained to run the campaign in their respective communities with monitoring and support provided by government staff and service providers; Villages are grouped in clusters.
3. Occasional events such as Global Handwashing Day to highlight the campaign and involve national leaders and high-level key stakeholders.
4. The focus is on reducing diarrhoea and stunting in under 5-year olds, through increased use of soap for handwashing and improving toilets to a minimum functional/hygienic level or better;
5. Primary motives are nurture (children's health) and status (a good toilet at the house).

These implementation Guidelines focus on the rural community outreach component.

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CLUSTER & VILLAGE SELECTION

Village Hygiene Promoter selection

The community campaign rollout in the rural area will not be done village by village but through clusters of villages instead. Each village in the cluster selects voluntary Village Hygiene Promoters. The following applies:

1. Village Hygiene Promoters should be 50-50 male -female;
2. Villages are encouraged to select at least one person with disability as well;
3. They are chosen by the village and may be persons already engaged or tasked in village health matter or not. It is up to the community to decide. Technical (construction) skills are not a requirement – *the VHPs are not there with a box of tools and nails to help a household to fix their toilet* – they are there to assess the current toilet and point out what needs to be improved, and to spread the campaign messages.
4. VHPs need to have good communications skills, have good standing in the community, be able to read and write, and have the right mindset and the ability to travel locally to carry out the household visits;
5. The number of VHPs per village is 1 per 24 households[1];
6. A Chief from each village will also be engaged in the process, and other village leaders (women, youth, church, etc.) are encouraged to get involved, as well as any existing health committees, village council etc. T may or may not be VHPs themselves – depends if they want to – but will at least have a supervisory role and help motivate and drive the community towards becoming a hygienic village;
7. Per cluster no more than 20 VHPs are selected, to keep the number of participants in the training at a practical level. This means that some clusters have more villages inside than others;

One VHP is expected to be visit 3 households per week. More is unlikely to be possible, as they have their daily business to do as well and at some point, after a number of households have been visited, they need to revisit them to monitor progress. With the duration to achieve the changes in the village (all HHs use a hygienic toilet and have soap and water for handwashing at the house) set to 12 weeks. As the VHP needs to have time to revisit households to check progress, the initial household visits should be done in a period of 8 weeks, leaving 4 weeks (1/3 of the total time) to complete the process. A single VHP can therefore reach 24 HHs. This equals to 120 persons (average 5 people per HH) reached in 12 weeks per VHP.

Table 1: Reach per VHP

HH visits per week	3	
# facilitators	1	
Period to achieve goal - all households reached	8	weeks
# HHs reached	24	
avg size HH	5	
# of people reached	120	

Though it is a requirement to have female and male VHP per village, they do not work in pairs, but divide the HHs to go to between themselves. In case some HHs are reluctant to change or issues arise, they may team up. More serious issues may require the presence of the Chief as well.

[1] *Time to complete all households is set to 8 weeks. Assuming 3 HHs are visited each week, 24 HHs can be visited and monitored during the 12 weeks.*

Village & Cluster selection

The success of this community-led approach depends on well-trained VHPs. The training will include some practical exercises where the VHPs practice their roles - the HHs engagement for example. If the group of trainees is too large, their training will be compromised. The limit is therefore set to 20 VHPs. Twenty VHPs over 8 weeks of activity in their communities will therefore reach 2,400 people:

Table 2: Reach per cluster

HH per week	3	
# facilitators	20	
Period to achieve goal - all households reached	8	weeks
# HHs reached	480	
avg size HH	5	
	2,400	

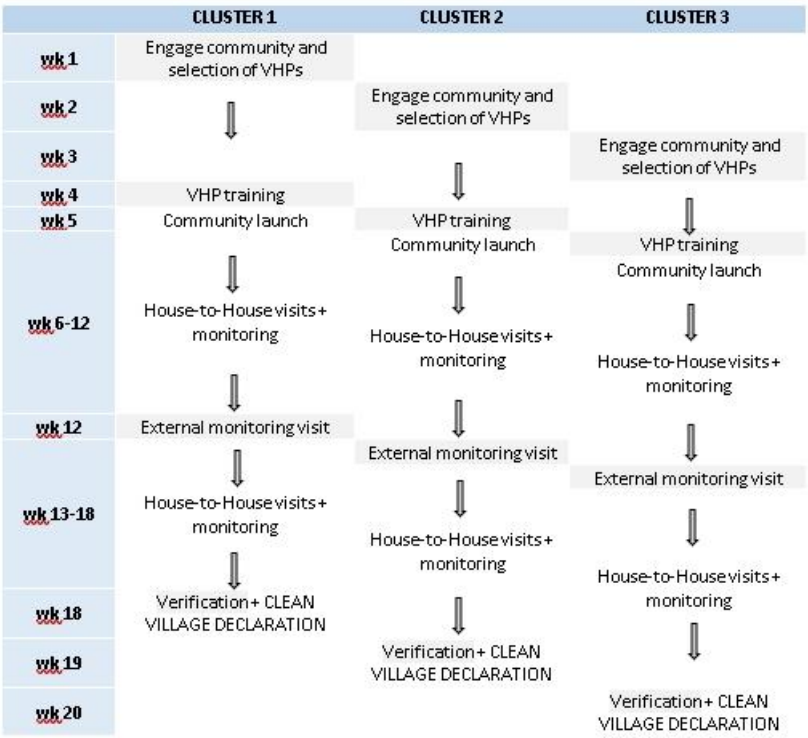
The cluster size therefore will be around 2,400 people in total. This is a guiding figure only and flexibility will be required:

- For example, if villages are included which are very far apart from each other just to meet the cluster size, this may be both impractical and costly;
- One should not split up a village just because the 2,400 number has been reached;
- If a village needs an uneven number of VHPs to reach all the HHs in 8 weeks, then that is ok – the 50-50 rule female/male can be off by 1 person (i.e. no need to get 2 extra VHP if only 1 extra is needed);

Prior to trainer teams going around, the target area should be reviewed in terms of population numbers per villages so a rough pre-selection can be done. The recent population census data should be of good use.

Teams of trainers (3 persons per team) lead the village selection process. They will:

1. Engage the selected villages: discuss the program, request that the villages select the VHPs, set the date for the training, which is after 2 weeks;
2. Run the training to the VHPs, Chiefs and women leaders together with the VHW, Nurse, and/or Sanitarian if available;
3. This process is done in a cascading model with 3 clusters at the time – the reason why the training is 3 weeks after the initial community engagement:
4. After the 3 clusters are done (6 weeks), the team of trainers can relocate to another 3 clusters, with most likely some time to rest, report and resource in between.
5. If an NGO or other implementer is engaged in the trainer teams, they may liaise regularly with the VHW/ nurse/sanitarian to monitor progress.



Peri-urban rollout may need a different approach, as they are not as homogenous as rural communities and therefore finding VHPs acceptable to their area may prove difficult. This BCC plan did not include any formative research in informal settlements and the approach and focus may be different than for rural settings.

Area & province selection

As this campaign will be most effective if run at a good pace in only a few years at best, the community outreach campaign should start in all provinces at the same time.

The monitoring framework is set up to have village chiefs report to Village Health Workers, whom report to Provincial health coordinators. They then report to national headquarters. It makes therefore sense to target area councils as a larger boundary, rather than select villages across area boundaries. The latter is not a major issue – the reporting could still be done at AC level. This may be unavoidable in any case in PENAMA province where *Nakamals* may not adhere to area council boundaries either. Area Councils with the worst sanitation & hygiene performance could be prioritized, or those that have shown initiative and action. In the end, the campaign should be done in a limited number of years and therefore all AC will be reached fairly soon anyway.

Within the chosen area, pre-selection of village clusters can be done based on population data and location.

Rollout speed

VHPs per cluster are assumed to do 3 house-to-house visits per week. This adds up to 480 households in the 12-week period or approximately 2,400 people.

Looking at the above cascading rollout, in an ideal situation, a team of trainers could do 3 clusters in 8 weeks. Allowing 3 weeks for some rest, reporting and resourcing before going out to do another 3 clusters, means that one 'cycle' take 9 weeks (2 months). Assuming 10 active working months (because of Christmas holidays, annual leave etc.) one team could realistically do 4 rounds of 3 clusters per year (12 clusters/team/year). Per facilitator team per year, 5,760 households would be potentially reached. At 48663 rural households, it would therefore take 9 facilitator teams to cover the rural areas. This is an ideal situation of course and only provides an indication of the potential speed of the rollout.

Table 3: 2019 population Census data

INDICATOR	VANUATU	URBAN	RURAL	TORBA	SANMA	PENAMA	MALAMPA	SHEFA	TAFEA
Total Population	300,019	66,753	233,266	11,330	43,165	35,607	42,499	54,953	45,714
Males	*151,597*	*33,606*	*117,991*	*5,711*	*22,316*	*18,033*	*21,495*	*27,574*	*22,862*
Female	*148,422*	*33,147*	*115,275*	*5,619*	*20,848*	*17,574*	*21,004*	*27,379*	*22,851*
Average pop. growth rate (%/yr)	2.3	1.4	2.5	1.7	2.3	1.3	1.3	4.0	3.1
Pop density (persons/km²)	*24*	*1,376*	*2,077*	*13*	*14*	*30*	*15*	*69*	*28*
Total # private Households	63,365	14,702	48,663	2,392	9,306	7,863	9,715	11,148	8,239
Average households' size	4.7	4.5	4.8	4.7	4.6	4.5	4.4	4.9	5.5

THE COMMUNITY PROCESS

The VHPs are tasked to facilitate the hygiene promotion process in their villages, with support of the Chief and women leader. There are a number of key activities, which will be detailed in the Village Hygiene Promoter's Facilitation Guide:

1. *Village Campaign kick-off*: after returning from the training, the Chief and the VHPs organise a community meeting during which the village campaign is launched, the purpose of the campaign explained and the first awareness session takes place. This will sensitise the community of the messages and tasks ahead. This is also the time to launch – if so desired – any friendly competition elements: best low-cost toilet made, first one to complete, nicest handwashing station etc. A village sign[2] stating the village to be clean/hygienic will be official recognition and may work to motivate the village as well.

2. *Baseline data collection*: the second major activity to be carried out is a rapid baseline data collection. All households are briefly visited and the type and state of their toilet and handwashing facility recorded, as well as demographics. A baseline recording template will be provided during the training and will include at least the following information:

Table 4: Simplified sample baseline recording info

Demographics:	**Type toilet**:	**State toilet**:	**HW station 1:**	**HW station 1:**
Name HH Composition (M/F/B/G) Disabled		Wall: poor fair ok Holes in floor: Y/N Type of floor: Holes side of pit: Y/N Door fits well: Y/N/NA Lockable: Y/N Roof leaking: Y/N/NA Clean: Y/N Overflowing Y/N Safe/easy to use for children: Y/N	Location: toilet Water present: Y/N Soap present: Y/N	Location: kitchen Water present: Y/N Soap present: Y/N

3. *House to house* visits: the core of the village campaign are the door-to-door visits. During these visits the toilet and handwashing facilities will be assessed, discussed and a plan of action made (if necessary). It is up to the HH to make the improvements – they may seek help from wantoks – but it is not the task of the VHP to do construction work for or together with households (except their own perhaps!). Utilising the campaign IEC materials, the messages are delivered; Those households that already have good facilities will still be visited, as the message is still important and will help ensure that the behaviour does not go back to previous poorer ways.

4. *Self-monitoring:* the VHPs will revisit HHs to monitor progress in improving their toilet and handwashing facility. A monitoring template will be provided during the training; Households could be given a sticker or other token indicating that their S&H facilities are at minimum standard – this may create some peer pressure to those not yet having done so.

[2] *TBC by MoH*

5. *Reporting:* VHPs coordinate their activities with frequent debriefs with the Chief and women leader, who will record the progress of the village and take note of any issues they may need to address in person. These reports – which are essentially a simple monitoring sheets listing all HHs - are important for when the VHW, Sanitarian or other will visit for cluster level monitoring;

6. *External monitoring visits:* after approximately 4 weeks, an external monitoring visit will take place. The VHP, Chief and women leader will provide the monitoring information that is requested and show some examples of the progress made. Number of HHs that improved their facilities and since the start and how many yet to go. Some spot checks in increase in awareness may also be included; Should a village progress very fast, a mid-way visit may not be necessary but a final inspection will suffice.

7. *Clean Village Declaration:* If the complete village has reached the minimum standards, it may be declared as a 'Clean Village' by the VHW, nurse, sanitarian or implementing agency – utilising a checklist. A report should be provided to the VHW and AC Administrator for upwards reporting. Facebook may be used to provide visibility of the occasion.

VHP TRAINING

Training of the VHPs will be critical, as the success of the campaign will largely rest on the quality of the facilitators (and the IEC materials). The training is set up as follows:

Day 1: Introduction & essential knowledge

The first day aims to provide the participants with a solid general knowledge of WASH and understanding of the status of WASH in Vanuatu and what the Government aims to do about it. The day will include the following sessions/topics:

- Introduction to WASH;
- Status of WASH in Vanuatu;
- The Governments response to the WASH situation;
- Impacts of poor WASH practices, with focus on sanitation and hand hygiene.
- Acute vs chronic impacts – introduction to stunting;
- The F-diagram
- Importance of handwashing with water and SOAP;
- Understanding toilets - what is a functional toilet?

Day 2: Process and tasks

The second day will focus on the village campaign process and the tasks and tools of the VHPs:

- The village campaign launch – organisation and activities;
- Baseline survey – purpose, process and use of the recording template;
- Understanding and use of the IEC materials;
- House-to-house visits – planning and execution, sequence of discussions, facility inspections;
- Monitoring and reporting – how to monitor, how often, recording and reporting information;

Day 3: Practice

During the third day, the participants get to practice their tasks (baseline, group promotion activity, HH visit, monitoring, reporting), in actual settings in the village. This is done in small groups which will debrief the full group after.

The materials for all VHPs are distributed and the training is closed. A Facilitator's Guide and Training Guide will be developed.

An unimproved toilet is selected for improvement. The group discusses with the head of the household what could be done to improve the toilet and to construct a handwashing facility if absent. The team then mobilises to get the necessary materials to improve the toilet.

Day 4: Continuation improvement of the household facilities

The improved work started on day 3 is continued and completed. The workshop is closed.

TOILET CONSTRUCTION WORKSHOP

Following the training of VHPs and chiefs, a technical training in the construction of a VIP and/or a pour-flush toilet is conducted. The participants of this technical training are villagers from the same cluster but not the same people as the VHPs, as the latter will be busy enough doing the household visits. If there are villages in the cluster that have piped water supply, this village should be selected and both a VIP and a pour-flush toilet should be included in the training. If none of the villages have a piped water supply, only a VIP toilet is constructed in the training. If all villages in a cluster have piped water supply, the VIP toilet should still be done as part of the training, as the field trial has shown that this option is often chosen regardless of the availability of water, as the costs are lower.

Annex 2 provides more details of the training program, and the required tools and materials.

PROVINCIAL LEVEL CAMPAIGN MONITORING

Monitoring will happen at 5 levels:

1. Village level: how many *households* have improved their toilets and established handwashing facilities with soap. Done by the VHPs and chief/women leaders;
2. Cluster level: how many *villages* have improved their toilets and established handwashing facilities with soap. Done at midway and endpoint of the village campaign process by provincial staff (VHW, Sanitarian, Nurse etc.) and/or implementing agency staff who will report to all provincial levels;
3. Area Council level: how many *clusters* have improved their toilets and established handwashing facilities with soap; Done by the Sanitarian or Area Administrator;
4. Provincial Level: how many *Area Councils* have improved their toilets and established handwashing facilities with soap; Done by the EH or HP Coordinator;
5. National level: how many *Area Councils* have improved their toilets and established handwashing facilities with soap. Done by Health Promotion Unit and the Environmental Health Division.

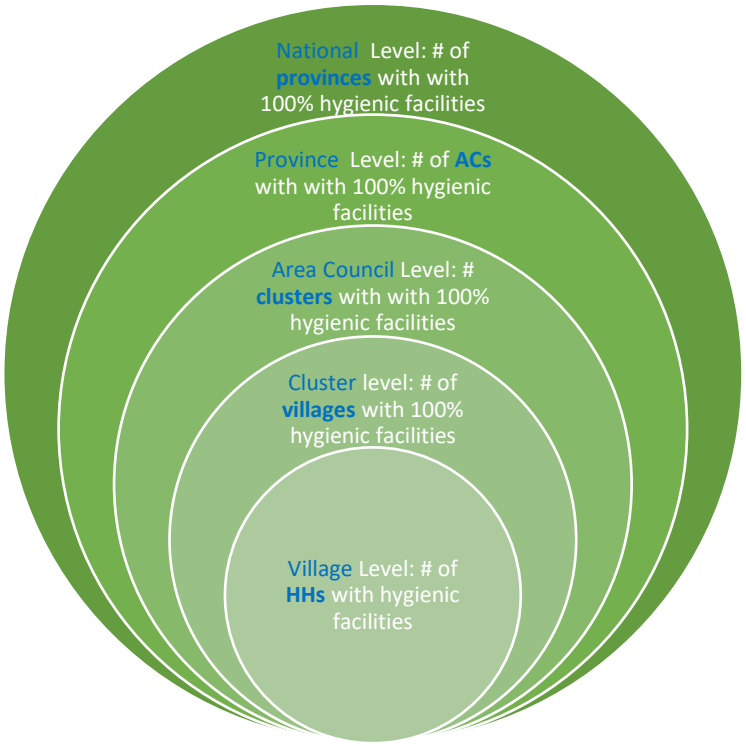


Figure 1: Monitoring hierarchy

Progress towards 100% coverage will of course be recorded, not just 100% achieved yes or no. Provincial and National levels will also monitor the 2 key health data through the normal recording and reporting system (HIS): stunting and diarrhea cases;

It is important that the monitoring information follows the established Ministry of Health chain of reporting. This means that, for example, should an NGO run the process including monitoring (though they should always involve the VHW or Sanitarian), they should not skip authority levels and report directly to say provincial or national level. See Annex 3 for sample monitoring sheets.

ANNEX 1: BCC CAMPAIGN FACILITATOR'S GUIDE

TRAINING PROGRAM OVERVIEW

TIME	DAY 1: INTRODUCTION	DAY 2: VILLAGE HEALTH PROMOTER TASKS	DAY 3: PRACTICE	DAY 4: TOILET IMPROVEMENT

Block 1: 8-10am	• Welcome + prayer + program overview
	• What is WASH?
	• Status of WASH in Vanuatu
	• Impact of poor sanitation & hygiene: Productivity; Income; National economy; Health:
	• 2 Key Statistics:
	  ○ Child mortality
	  ○ Stunting
	• Government's Response + Project outline
		• Quick review of yesterday;
		• The VHP tasks:
		  ○ Overview;
		  ○ Duration
		• Village launch:
			• Quick review of yesterday;
			• Practice House-to-House visits
				• Continue improving the selected toilet

Coffee break				
Block 2 10:30 – 12:00	Acute and Chronic impact of poor S&H 1. Diarrhoea; 2. Stunting;	• House to house visits – going through the BCC flipchart	• Practice House-to-House visits • Households visit reporting and discussion	• Continue improving the selected toilet
Lunch break				
Block 3: 1:00 – 2:30	Faecal-Oral diagram Importance of handwashing with SOAP	House to house visits – going through the BCC flipchart	• Planning the household visits	• Workshop closure
Coffee break				
Block 4: 3:00 – 4:30	What is a good toilet?	The monitoring sheet and facility assessment	• External monitoring and reporting • Improve a toilet to become an 'improved bush toilet'	•

DAY 1: INTRODUCTION

DAY 1, BLOCK 1: Introduction to WASH and WASH status and impact in Vanuatu			
TIME	TOPIC/SCOPE	METHOD & MATERIALS	IMPORTANT NOTES/STEPS IN DISCUSSION
8-8:30	- Welcome - Prayer - Introductions	Participant list	- Circulate participants list
8:30-9:00	What is WASH	Flipchart	1. Make triangle in the participants guide, starting with water on top, sanitation bottom left, hygiene bottom right; 2. Explain that water *quality* is important but *quantity* as well, as you need water to keep clean; 3. Sanitation = preventing contact with human waste, in our case: shit and urine; 4. Hygiene = keeping body and surrounding clean, in our case focus is: handwashing as this is the most important thing to do to prevent getting sick; 5. Re-emphasize the links between the 3: water is needed for hygiene, especially handwashing after using the toilet.
9-9:15	WASH Status	Flipchart	**Basic access to water**: from a good source (piped supply, rainwater tank, good hand-dug well, hand pump) and not too far away; **Basic access to sanitation**: toilet prevents human contact with shit and every household has one (no sharing!); **Basic access to hygiene**: handwashing with water and soap Now write the percentage for each for rural Vanuatu: - Water: 89% - Sanitation: 48% - Hand hygiene: 17% Emphasize the low figures for sanitation and hygiene as the key problem.

9:15-9:45	Impact of poor sanitation & hygiene	Flipchart	1. Ask what impacts there are of poor S&H behaviour, write answers on flipchart – allow 5 minutes; 2. Ensure that these are mentioned – add them if necessary: a. loss of productivity, b. loss of income, c. government spending on health care (tens of millions of vatu each year just because of poor sanitation and hygiene); d. Poor health=> 3. Mention the 2 key health statistics for Vanuatu related to S&H: a. Diarrhoea is the main cause of DEATH for under 5-year olds… b. 30% of all children under 5 are stunted… REMIND PARTICIPANTS THAT STUNTING WILL BE EXPLAINED LATER ON 4. Government's response: a. Develop and roll out a sanitation and hygiene behaviour change campaign; b. Include sanitation & hygiene in water project trainings – integrating/mainstreaming S&H in all WASH projects; c. Develop provincial by-laws to help the provincial governments with implementing the program and compliance to good practices;
9:45-10:00	Acute impact: diarrhoea	Flipchart	• Refer to the 2 key health statistics mentioned in the morning: diarrhoea and stunting • Explain the difference between acute and chronic (immediate/fast vs. long-term) • Diarrhoea is an ACUTE effect of ingesting sitsit… (how this happens will be in the next session on the Faecal-Oral route)

DAY 1, BLOCK 2: Acute vs Chronic impact of poor sanitation & hygiene			
TIME	TOPIC/SCOPE	METHOD & MATERIALS	IMPORTANT NOTES/STEPS IN DISCUSSION
10:30-12:00	Chronic impact: stunting	Flip chart	1. STUNTING is a form of **malnutrition** 2. Malnutrition is not a sickness but a CONDITION: in this case where the body **does not get all the nutrients** it needs to grow/develop properly; 3. The most critical period to prevent stunting are the **first 1000 days**: a. Start pregnancy to birth: 9 months b. Exclusive breastfeeding phase: 6 months; c. Solid food (initially perhaps combined with breastfeeding): 21 months 4. Once stunted it can NEVER BE REVERSED! 5. Why is stunting a problem? a. Reduced motor skills; b. Reduced learning ability ⇨ poorer performance in school and possibly chances of better job later in life 6. 2 main reasons stunting happens: a. Poor quality food (no variety) b. Long-term exposure to sitsit 7. What happens if sitsit is in your environment all the time? a. You ingest sitsit…. b. It inflames your gut (intestines) c. The intestines cannot absorb all the nutrients END SESSION BY ASKING: SO HOW DOES SITSIT GET INTO THE BODY? After lunch we will examine this.

DAY 1, BLOCK 3: Faecal-oral route and the Importance of handwashing with soap			
TIME	TOPIC/SCOPE	METHOD & MATERIALS	IMPORTANT NOTES/STEP IN DISCUSSION
1:00-2:00	Faecal-oral transmission	Draw on flipchart	1. Draw a shit on the left side of the flipchart sheet and a mouth on the opposite side 2. Ask how shit can enter the mouth – use flipchart. Put the correct key items in the correct place in the flipchart; 3. Draw arrows to indicate the routes 4. Once the F/O diagram is completed, discuss how to block each routes:
2:00-2:30	Importance of water & soap	Use the Sop is Best poster Soap is cheap poster	1. Ask who thinks ashes and lemon are as good as soap? 2. Explain that laboratory research has shown that lemon does not kill bacteria; 3. Research does show that ashes kill bacteria a bit but not nearly as much as soap. 4. Plus, any chemicals (from newspaper, cans, plastic, etc.) will get in the ashes and then on your hands. Soap will not protect you from those chemicals; 5. Soap is proven to disinfect hands (kill bebet). Any soap – no need to spend extra on anti-bacterials soap, as time for that to have effect is much longer than handwashing takes. 6. Water removes the dirt from your hands ⇨ WATER & SOAP BEST TO CLEAN HANDS a) Some argue that soap is expensive. But is it really? Ask the participants what the poster is about. THINK CAREFULLY ABOUT PRIORITIES!

DAY 1, BLOCK 4: What is a good toilet			
TIME	TOPIC/SCOPE	METHOD & MATERIALS	IMPORTANT NOTES/STEP IN DISCUSSION
3:00-4:30	What is a good toilet	Poster good toilet	1. Ask the trainees what the definition of sanitation is again. 2. Write it down on a flipchart; 3. Explain that the definition means that if the sitsit is accessible by flies, rats, dogs, pigs, etc.IT IS NOT SANITATION! JUST BECAUSE IT IS A TOILET, DOES NOT MEAN IT IS SANITATION! (only a good toilet is sanitation) 4. Explain further: a poor toilet that allows access to flies etc. is WORSE than open defecation, as the toilet is near the house. That means that the sitsit is close to the house! 5. Ask what makes a good toilet? Write the answers on a flipchart (10 minutes) 6. Likely you will hear *no flies*, *no smell*, "*it's a bush toilet*".. If so, ask what causes the smell and what causes the flies? If a bush toilet block human contact, is it a good toilet then? 7. List the key points if not already there: a. No holes in the floor for flies to access; b. No holes on the side of the pit; c. Cover or lid on the seat riser or squat hole to block flies; d. CLEAN; e. Toilet house to provide privacy and security (lock on inside) f. Hand washing station next to the toilet – WE DON'T WANT TO FORGET WASHING HANDS!

			8. Ask if waste smells stronger when it is **WET** than when it is **DRY**. 9. Then ask what to do, or what not to do, to keep the toilet smelling too much. List on flipcharts. ⇨ If people use **dry sanitation** (bush, pit, VIP latrine, composting toilet) than it is important to keep it as dry as possible. So no wet leaves etc., water inside the pit. When cleaning, do not sweep the water in the pit. ⇨ The reason why a VIP is nicer to use is because it allows ventilation, not just pulling away the smell but also **drying out** the waste faster.

DAY 2: THE VHP TASKS

DAY 2, BLOCK 1: THE VHP TASKS			
TIME	TOPIC/ SCOPE	METHOD & MATERIALS	IMPORTANT NOTES/STEP IN DISCUSSION
8-8:30 8:30-9:00 9:00-10	Quick review VHP TASKS Community launch	Flipchart Flipchart Flipchart	1. Ask what they learned yesterday; 2. Ask what the **2 key behaviours** are we need to change (handwashing with soap, use a good and clean toilet); 3. Discuss what the **tasks** are of the VHP – write on the flip chart a. Community launch (with the Chief); b. Household visits; c. Monitoring; d. Reporting. 4. **Community Launch**: a. **Soon after you return**, start the community campaign with a community awareness: b. The Chief, but also other leaders (church leaders, women leaders etc.) are an important part of this. This is a community-led activity, and **local leaders are important to make this happen**; The community launch must have at least the following elements (ensure all write this up):

			I. The 2 main statistics that prompted the government to develop this campaign (diarrhoea main cause of death for under 5s, and high level of stunting); II. That poor sanitation behaviour (poor quality toilets and lack of handwashing water and soap) is the main reason; III. That if we want to protect our children and see them grow up well and do well in school, we need to make changes; IV. That the government asks the communities to lead their own hygiene campaign; V. Introduce the Village Hygiene Promoters and explain their tasks: a. House to house visits discussing hand hygiene and toilets; b. Return visits to households (monitoring) to check progress; c. Report to chief, village leaders and community about progress; VI. That the campaign starts now and should not last more than 12 weeks for it to conclude. IT MUST HAPPEN NOW, NOT LATER; Allow for an open discussion or form groups to discuss for 10 minutes max and report back on how to organize the campaign launch.

DAY 2, BLOCKS 2, 3 & 4: THE VHP TASKS			
TIME	TOPIC/ SCOPE	METHOD & MATERIALS	IMPORTANT NOTES/STEP IN DISCUSSION
10:30-12:00	The flipchart	The BCC flipchart	1. Explain that the FLIPCHART is your guide to all the topics that need to be discussed with each household; 2. The flipchart should be followed **in order** – do not go back and forth and choose topics – it will make the narrative and the message more difficult to understand; 3. Go through all the pages together with the participants – allow for questions after each page
1-2:30	The flipchart	The BCC flipchart	Continue going through the flipchart pages, allowing for questions and clarifications
3-4:30	The monitoring sheet and facility assessment	The BCC flipchart	1. After going through the flipchart, it is time to inspect the handwashing facilities and the toilet of the household; 2. Before doing that, the monitoring form needs to be filled in with household data first (# pikinini, # women, etc.) 3. Take the recording form and go through the columns explaining how to fill them in; 4. Explain how to record the handwashing facility (type, soap present etc.) 5. Explain how to inspect a toilet and how to fill it in; 6. Go to an actual toilet and go through the steps on assessing the toilet and how to fill in the form. Break up in groups if necessary. Discuss the option to improve (especially if holes in the floor or sides of the pit are present – use the poster with the options);

DAY 3: PRACTICE & REPORTING

DAY 3, BLOCKS 1 - 4: HOUSEHOLD VISIT PRACTICE & REPORTING			
TIME	TOPIC/ SCOPE	METHOD & MATERIALS	IMPORTANT NOTES/STEP IN DISCUSSION
8-8:30 8:30-10	Quick recap Household visit practice	Flipchart BCC flipchart + monitoring form	1. Ask what they learned yesterday; Ask what makes a good toilet; 2. Organise in 3 groups (1 trainer per group) and provide practice recording forms to each group; 3. Each group practices among themselves before going out to a household; 4. Each group will go to a household and go through the full process of the household visit: flipchart discussion and toilet and handwashing station assessment; 5. **Each VHP must do some of the topics** of the flipchart (there are 10 topics in total, plus the inspections with the monitoring form) – establish who does what; 6. Trainers can assist to some degree if major points are missed, and need to make notes of how it goes (good and bad), questions that came up from the household, etc.; TRAINERS MUST RECORD HOW LONG A VISIT TAKES 7. Explain that in the next session they will report to the group on their finding.
10:30-11:15	Household visit practice	Flipchart	1. Each group reports on their experience noting good points, difficulties; Each trainer adds his or her notes, including how long it took; 2. If difficult questions came up from the households, go through them and provide answers; 3. If wanted/needed, go through the most difficult section again;
11:15 -12:00	Planning household visits	Flipchart	1. Explain how many households on average will be visited by each VHP per week (3); **EACH VHP WORK ON HIS/HER OWN (not in teams)** 2. The whole initial household visit process should not take more than 8 weeks– FASTER IS FINE! That means that a maximum of 24 households are visited by each VHP. With the full process to take about 12 weeks, it means 4 weeks remain for revisits and monitoring. 3. VHP should visit as many households during the first 4 – 6 weeks, allowing time to revisit households to see if they made progress. SUGGESTIONS:

			- CHIEF AND VHPs TO DIVIDE THEIR COMMUNITY IN AREAS AND MAKE A CALENDAR WHERE TO GO FIRST WITH THE HOUSEHOLD VISITS - GIVE MARK OR SIGN TO EACH HOUSEHOLDS WHICH HAVE A GOOD TOILET AND HANDWASHING STATION WITH WATER & SOAP (with a leave, or bamboo, or whatever) - MARK ALL THE HOUSEHOLDS ON A MAP ON COMMUNITY BOARD AND CIRCLE WHICH HOUSEHOLDS HAVE GOOD TOILET AND HW STATION This will help the community to see the progress. 4. Conflict resolution: if households object or do not take action, what to do? Group discussion. Is this a role of the village leader
13 – 14:45	Reporting, monitoring And closure	Flipchart and monitoring forms	1. The Chief, village leaders but also the community needs to be updated about the progress. Discuss how to organize this: how often, how to inform the community etc. 2. Suggest weekly update to the chief on progress and issues; 3. External monitoring may happen by the Nurse, Village Health Worker, Sanitarian or other. This should happen after about 6 weeks and once everyone has a good toilet and handwashing station with water and soap. This person will want to see progress and may inspect a number of completed households. 4. The village may be declared a Clean Village! A report will be provided to the Provincial Authorities and National as well. 5. Time to close the training – group photo. Ensure that all names and contact details are recorded!
3-4:30	Toilet and handwashing station improvement		1. Select as a group a household toilet to become an 'improved bush toilet'; 2. Organise for the necessary materials to be collected, organise the tools needed, and transport to the site; 3. Work together to improve the facilities

DAY 4: IMPROVED BUSH TOILET & CLOSURE

DAY 4, BLOCKS 1 - 4: IMPROVING A BUSH TOILET			
TIME	TOPIC/ SCOPE	METHOD & MATERIALS	IMPORTANT NOTES/STEP IN DISCUSSION
9 – 12:00	Toilet and handwashing station improvement		1. Continue improving the bush toilet and handwashing facility
12 – 13:00			LUNCH
13:00 -			1. Continue improving the bush toilet and handwashing facility 2. Workshop closure

ANNEX 2: TOILET CONSTRUCTION WORKSHOP

Table 5: Overview of toilet construction workshop (draft – to be fine-tuned)

	DAY 1	DAY 2	DAY 3	DAY 4
Morning session	• Welcome and workshop overview • Different types of toilets, wet vs dry sanitation • Toilet design, dimensions, A3 handout • Tools and materials needed • Safety	• Marking out and start of the foundation ring; • Framework preparation for the toilet slabs; • Seat riser construction	• Pouring the slab for VIP toilet • Placement of the pour-flush slab on foundation ring	• Installation of VIP slab on foundation ring; • Installation of vent pipe
Lunch				
Afternoon	• Collection of raw materials (sand and coral and water for concrete) • Pit lining (if needed)	• Pouring the slab for the pour-flush toilet	• Installation of toilet bowl;	• Construction of handwashing stations (simple platform with bucket & tap); • Closure of workshop

Table 6: Suggested toolkit for workshops

ITEM	DESCRIPTION	UNIT	QTY
Hammer	Claw	each	2
Saw	Hand saw, 600mm	each	1
	Hack saw	each	1
	Hack saw blades, 18	packet	1
	Hack saw blades, 32	packet	1
Files	Double cut	each	1
Cutters/pliers	Combination, 200mm	each	2
	End, 300mm	each	2
Spanner	shifting, 300mm	each	1
Screw drivers	8 piece set	set	1
Levels	Spirit, 600mm	each	2
measuring	Steel, 8m	each	2
	Tape roll, 30m	each	1
	Builders square	each	2
Trowels	Floater (wooden), 400mm	each	2
	Steel finishing, 300mm	each	2
	Trowel(plastering)	each	2
Marking	String line 50m	each	1
	Builders pencil	packet	1
	Builders chalk	packet	1
Spade		each	4

Table 7: BoQ for VIP and pour flush toilet substructure

	CATEGORY	ITEM	DESCRIPTION	UNIT	QTY
POUR-FLUSH TOILET	Building	Cement	Portland, 40kgs	bag	3
		Concrete blocks	400 x 200 x 150mm	each	12
		Timber	25mm x 175mm x 4.8m	length	1.5
		Timber	50mm x 50mm x 4.8m	length	1.5
		Nails	Galvanised Flat head 75 x 3.15	kg	1
		Plastic	Black plastic x 2m x4m	each	1
		Deform bar	No. 6 rod, 6m length	length	3
		Tie wire	For slab reinforcement	kg	1
	PVC	PVC Pipe	DWV 50mm x 5.8m	length	0.5
		PVC Bend	50mm x 88o F&F IPLEX	each	1
	Other	Fly screen	40cm x 40cm	each	2
		Toilet seat	plastic	each	1
		Sealant	Silicon sealant	tube	1
		Caulking Gun		each	1
		Ceramic flush pan		each	1
		Pan collar	100mm	each	1
	CATEGORY	**ITEM**	**DESCRIPTION**	**UNIT**	**QTY**
RAINWATER DEMO	OTHER	Timber	150mm x 25mm x 6000mm	length	1
		PVC glue	small	bottle	1
	GUTTER	Gutter	PVC gutter 170mm grey, 3m	3m	1
			PVC Bracket, 170mm grey	each	12
			PVC Joiner, 170mm grey	each	2
			PVC Rainhead, 170mm grey, 100mm	each	1
			PVC Gutter end cap, 170mm grey	each	2
		Pipe & fittings	PVC Downpipe, DWV 100mm, 6m	6m	1
			PVC Elbow, 90o, 100mm	each	2
			PVC Elbow, 45o, 100mm	each	2
			PVC Tee, 100mm	each	1
			PVC End Cap 100mm	each	2

Annex 3: SAMPLE MONITORING FORMS

Village name:	
Date VHP training:	
Start date village hygiene campaign:	
VHP name:	

Bush toelet
Pit latrine
VIP
Poa-flas or flas toelet
Septic tank
Kompos
Nogat toelet

Bucket with tap
Dish
Tippy tap
Tap stand
Other
None

#	Full name head of household	MALE: 0-5 yia	MALE: 6-17 yia	MALE: 18+ yia	FEMALE: 0-5 yia	FEMALE: 6-17 yia	FEMALE: 18+ yia	# disabled?	Date	Wanem kaen toelet?	Yu stap sharem toelet wetem narafela famili?	Igat hol lo floa?	Igat hol lo saedsaed blo pit?	Igat kaver/lid lo skwat-hol or antap lo seat?	Toelet haos givim privasi or securiti?	Igat ples blo wasem han?	Hemi doti?	Igat flae net lo vent-paep (VIP toelet)?	Igat crack/hol lo saed-wol (komps toelet)	Toilet up to standard?	Wanem kaen fasiliti blo wasem han?	Nogat ples blo wasem han	Igat wota mo sop!	wota nomo	Nogat wota	Nogat sop	Igat ashes	Igat lemon	HW station up to standard??

Figure 2: VHP baseline monitoring form

HH#	Full name head of household	OVERVIEW		Visit date:		Visit date:		Visit date:		Visit date:		Visit date:		Visit date:		NOTES
		Toilet up to standard	HW station with water and soap	Toilet status	HW status	Toilet status	HW status	Toilet status	HW status	Toilet status	HW status	Toilet status	HW status	Toilet status	HW status	

Figure 3: VHP household progress monitoring form

Island	Cluster Number	Village Name	Date Community Launch	# number of households	# HHs with good toilets	# HHs with HW facility with water and soap	Date of last update	Any comments/issues?

Figure 4: Cluster monitoring form

Island	Area Council name	Cluster number	Date campaign start	# number of households	% HHs with good toilets	% HHs with HW facility with water and soap	Date of last update	Any comments/issues?

Figure 5: Island monitoring form