THE ABCD APPROACH

HANDBOOK AND TOOLS

Approach focused on Behaviour Change Determinants

SOLIDARITÉS INTERNATIONAL

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THIS HANDBOOK WAS PRODUCED BY THE **TECHNICAL AND PROGRAMME QUALITY DEPARTMENT OF SOLIDARITÉS INTERNATIONAL**.

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EXECUTIVE SUMMARY

ABCD (**Approach focused on Behaviour Change Determinants**) is a socio-anthropological approach based on the studying of behaviours and their psychological, socio-cultural and environmental determinants, aimed at helping humanitarian and development professionals to design relevant and sustainable WASH interventions. Its development was prompted by field assessment results that highlighted the inadequacy of WASH projects, particularly the sustainability of water supply and sanitation infrastructures, and the adoption of sustainable hygienic behaviours by the relevant communities.

The ABCD approach is integrates into the various stages of the project cycle. The diagnostic phase, in particular, is supported by the use of qualitative, quantitative and participatory tools, which allow for both the triangulation of information obtained in order to draw correct interpretations, and the engagement of the target communities in developing an appropriate operational strategy.

During this diagnostic, the objective is to explore WASH behaviours, i.e. identify all practices comprising them, quantify them and prioritise those which pose a risk to the community's health and so need to be acted upon. Secondly, the determinants which favour and prohibit target WASH practices must be identified and ranked. With the help of a careful analysis using the above-mentioned surveys, ABCD facilitates the design of operational strategies which target the most problematic practices by using those determinants which will be most effective in generating a favourable change in the community's behaviour and quality of life. It aims, furthermore, to minimise the efforts that a community or individual needs to make in order to drive such change by offering contextualised interventions designed with the active participation of the target population, which is a fully-fledged actor in the ABCD approach.

Although the methodological framework of the ABCD approach has been formalised, it nonetheless remains flexible and **may be adapted to various SI humanitarian project objectives and to various intervention contexts**.

So far, the ABCD approach has only been used in the field of hygiene promotion, but in the future it could be tested and adapted to other sectors of intervention areas such as food safety or education. SOLIDARITÉS INTERNATIONAL would like to continue developing this approach with the aim of further improving the quality of its programmes and sharing with other development and humanitarian world actors in order to contribute to efforts intended to better serve communities in need throughout the world by working for and with them.

ACRONYMS

ABCD	Approach focused on Behavior Change Determinantsit d'hygiène intime
ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
AM	Activity Manager
CAR	Central African Republic
DRC	Democratic Republic of Congo
DWS	Drinking Water Supply
EAWAG	Swiss federal Institute for water resources and the fight against water pollution
ERD	Emergency Rehabilitation Development
FGD	focus group discussion
HR	Human Resources
IT	Information & Technology
KAP	Knowledge, Attitudes and Practices
LSHTM	London School of Hygiene and Tropical Medicine
MDM	Médecins du Monde
MDO	Millenium Development Objectives
PM	Programme Manager
RANAS	Risk Attitudes Norms Abilities and Self-regulation
SI	SOLIDARITÉS INTERNATIONAL
SPA	Social Perceptions Approach
TPQD	Technical and Programme Quality Department
WASH	Water, Sanitation and Hygiene
WHS	Washing Hands with Soap

The annexes of this handbook are available on the Intranet of SOLIDARITÉS INTERNATIONAL or on request from the Technical and Programme Quality Department at: technicaldepartment@solidarites.org.

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INTRODUCTION

This handbook was elaborated by SOLIDARITÉS INTERNATIONAL's Technical and Programme Quality Department (TPQD) after three years of research to improve the quality of humanitarian assistance provided by Water, Sanitation and Hygiene (WASH) projects.

The document is intended for programme managers and coordinators and aims to define the ABCD approach and to provide the tools, ideas and recommendations for its implementation.

It seeks to help SI managers to design and implement WASH projects that are more attuned to local contexts, by taking account of environmental characteristics and socio-cultural determinants, which influence WASH behaviours. This handbook covers all project cycle phases, from the diagnostic to project capitalisation.

WHAT THIS HANDBOOK IS

The ABCD approach is first and foremost a state of mind, a way of approaching aid and increasing community engagement. Project design should be regarded as a joint effort with the beneficiaries to reach something tailored and sustainable that reflects the communities, is in line with their capacities, their practices and their needs, and is no longer a standard technical response.

This handbook focuses on analysing communities with the community and through the community, its traditions, customs, myths, perceptions, environment and the impact that these elements may have on the situation in terms of WASH in this community. These "soft" aspects are key to a project's success. Both the technical recommendations and hygiene promotion campaigns are a result of this analysis; they adapt to the context and not the other way around.

The ABCD approach is intended to be flexible; it calls upon the creativity of field professionals and their responsiveness, which favours an effective readjustment of original strategy. This requires a constant monitoring of results and impacts within a community, and an integration of information obtained, in order to progressively redefine and readjust activities in accordance with a changing context.

NOTE

This handbook is a way of sharing ideas and setting a new direction for WASH projects. It is certainly not a formula to be applied to the letter. The list of tools provided is not exhaustive; it is up to the operational staff to make their choices or to create new ones in line with their field findings. The existence of this document should not under any circumstances lead to the standardisation of a methodology.

BEHAVIOUR CHANGE: A KEY ELEMENT IN HYGIENE PROMOTION INTERVENTIONS

A - THE IMPORTANCE OF HYGIENE PROMOTION

Diarrhoeal diseases are the second cause of death in children under 5 worldwide. Approximately 760,000 children die after an episode of diarrhoea every year (WHO, 2013). And even more must live with the after-effects of repeated diarrhoeal episodes and their impact on growth and nutritional status.

For many years now, the fight against diarrhoeal diseases has been led through safe drinking water supply and access to appropriate sanitation interventions. These efforts are in line with the Millennium Sustainable Goals, which aim to achieve access to safe drinking water and adequate sanitation and hygiene for all by 2030.

Although the installation or rehabilitation of WASH infrastructures makes environments more conducive to the adoption of appropriate practices, it does not automatically guarantee behaviour change in itself (Cairncross & Shordt, 2004). Furthermore, recent studies show that hygiene promotion and the adoption of adapted hygiene practices has a greater potential to reduce diarrhoeal diseases than a water supply and adequate sanitation (Curtis, 2003).

Strategies for hygiene promotion, when they are implemented in emergency or post-emergency contexts, are usually disconnected from the WASH infrastructure installation interventions, which are focused on technical choices that are not always contextualised. They are mostly based on the use of messages related to the theory of germs and fear of disease. It is assumed that once the populations have been warned about the dangers of contamination and the severity of water-borne diseases, they will adopt the practices recommended during these interventions. And yet, mixed results indicating poor potential for sustainability reveal the limitations of this logic (Curtis, Danquah, & Aunger, 2009). Indeed, alone, the knowledge of the danger of inappropriate hygiene practices to health only rarely results in a behaviour change.

As a major actor in the WASH field, SOLIDARITÉS INTERNATIONAL is committed to taking better account of context for better quality WASH programmes and interventions. The organisation has therefore been engaged in developing an approach to better understand the non-cognitive determinants[1] of behaviour change in order to design effective, holistic and contextualised WASH interventions, which are based on the actual motivations of the target populations and which reduce the obstacles they face in order to obtain positive and sustainable results.

[1] Positive or negative factors, also referred to as levers and obstacles, which influence behaviour (for example, access may be an obstacle to the drinking water supply if there is no source of drinking water near a community; motherly love may be a lever that encourages washing hands if the mothers make the connection between WASHing hands and the well-being of their child).

B - BEHAVIOURAL CHANGE : MODELS AND THEORIES

TO DEAL WITH THE COMPLEXITY OF THE CONCEPT OF BEHAVIOURAL CHANGE, SEVERAL MODELS AND THEORIES HAVE BEEN DEVELOPED AND TESTED BOTH IN "DEVELOPED" AND "DEVELOPING" COUNTRY CONTEXTS OVER THE LAST FEW DECADES.

▶ Health psychology

Health psychology models, such as the "Health Belief Model", the "Theory for Reasoned Action" and the "Theory of Planned Behaviour", provide a solid basis for reflection in interventions where the objective is to bring about a behaviour change. They seek to identify the psychological factors which influence health-related behaviours and the decision-making processes that lead individuals to take - or not - action to protect their health (Glanz, Rimer, & Viswanath, 2008):

- The **Health Belief Model** in particular highlights the importance of the perceptions that an individual may have towards various health-related components: **if the individual does not feel threatened by a health problem, if they perceive more disadvantages than advantages in the adoption of a new behaviour, if they have a poor view of the effectiveness of the behaviour, or do not feel capable of implementing it, the change will be all the more difficult**.
- The **Theories of Reasoned Action and Planned Behaviour** emphasise the relationship between attitude, beliefs, **intention**, perceived control and an individual's behaviour. **A change in attitude and belief will change intention and therefore behaviour**.

These theories are limited by the fact that they do not independently grasp the social and environmental dimensions that can also influence health-related behaviours.

▶ Social psychology

- **Social psychology** broadens the scope of the study of health psychology theories by focusing on the psychological process of reflection in relation to social environment. It enables account to be taken of all social and environmental determinants that may influence the behaviour of an individual or group.

- The **Social Cognitive Theory** recognises the impact of the environment on behaviour, and is also concerned with the way in which a group may be organised in order to render the environment more favourable to its needs (Glanz, Rimer, & Viswanath, 2008). It stresses the role of interpersonal relations and the environment on the behaviour of individuals and groups. It also emphasises the importance of the capacity of the individual to accept certain sacrifices with the aim of obtaining positive results over the long term and learning by observation.

▶ New relevant models of behavioural change applied in the field of WASH

- **The RANAS model**

Inspired by the health psychology models, EAWAG has developed a model called RANAS (Risk, Attitudes, Norms, Abilities and Self-regulation), which postulates that **the creation of a new sustainable behaviour (which becomes a habit) in an individual depends on the five categories of determinants which comprise its name: Risk, Attitudes, Norms, Abilities and Self-regulation** (Mosler, 2012).

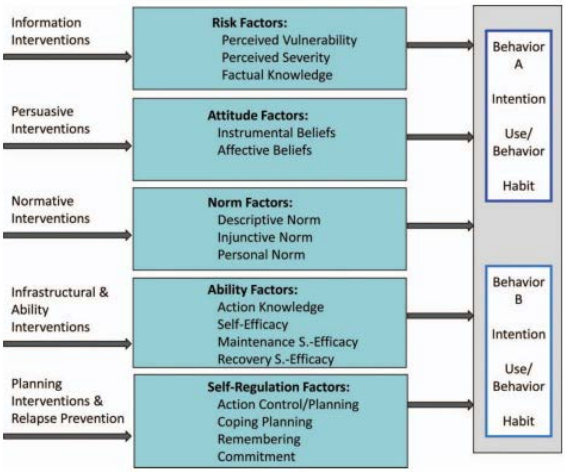


Figure 1. The RANAS behavioural change model

The RANAS model offers a clear methodology in its analysis of behaviour determinants and emphasises the need to define target behaviours, to identify which are the determinants that influence these behaviours and to **prioritise them**. This may be done using an advanced quantitative methodology. Nevertheless, the methodology is heavily weighted in favour of a quantitative analysis of the context and determinants and does not facilitate an exploration, in-depth analysis and understanding of certain key dynamics and factors which influence target behaviours.

- **The conceptual LSHTM model**

An alternative approach, entitled **Evo-Eco**, has been elaborated by the LSHTM. This approach proposes a conceptual model that combines three fundamental elements: the environment (physical, biological and social), the brain (responsive, motivated and executive), and the body which creates the behaviour (Aunger & Curtis, 2014).

It postulates that the behaviour is a dynamic interaction between the body and the environment and not an end in itself. The brain is an integral part of the body and the body of the environment.

The main strength of this model is that it recognises the interaction of each element and the importance that these interactions may have on behaviour. **Thanks to the purely qualitative analysis of each element, it makes it easier to determine how to modify behaviour**. It also offers a series of determinants identified as key in the adoption of WASH behaviours such as disgust, shame and motherly love (Curtis, Danquah, & Aunger, 2009). However, the purely qualitative aspect of these analyses makes it impossible to establish a statistical

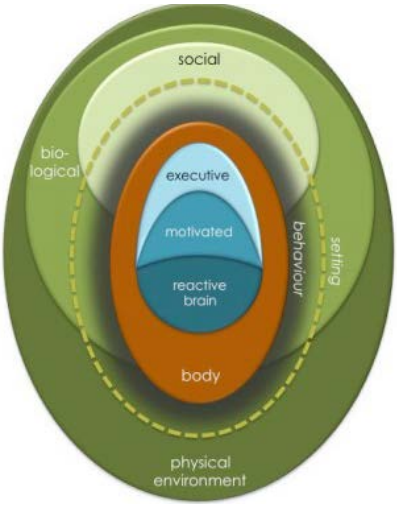


Figure 2. The Evo-Eco model

link between the determinants and target behaviours and therefore to prioritise in a systematic and quantitative manner the determinants to use in an intervention (Curtis, Danquah, & Aunger, 2009).

▶ **Social marketing**

"Social marketing is the use of tools from commercial marketing to promote the adoption of a behaviour that will improve the health or well-being of the target population or of society as a whole" (Weinreich, 1999).

While recognising the role played by determinants related to the environment or the individual in adopting a behaviour such as the use of drinking water to drink, social marketing proposes integrating this contextual understanding in a promotional approach adapted to target groups by using **the most suited messages and modes of communication**.

Conclusion

All of the theories and models presented here are complementary. They all have the objective of stimulating a behaviour change within a population for the benefit of all. By studying them, we can appreciate the complexity of behaviours and how they are built. It is therefore important to note the difficulty inherent within all interventions where the goal is to permanently change a behaviour. This difficulty lies in having to implement an appropriate intervention, which is informed by a detailed understanding of the behaviour in a given context, but also in the effort that the target population may need to provide in order to implement this change. Each model and theory presented above recognises this complexity; however, each is based on a different vision of the dimensions of a behaviour change that should be taken into account. Furthermore, their levels of operationality vary widely:

- The RANAS model, which is the most operational of all the models, does not systematically integrate the environment into its analysis, which is otherwise strongly quantitative and so potentially too superficial.

- As for the Evo-Eco model proposed by the LSHTM, it does not include a stage for the systematic prioritisation of behaviour change determinants needed to create an operational strategy.

- The Social Cognitive Theory, which closely resembles the Evo-Eco model, has the same problem, except unlike this latter, it does not even propose determinants that are especially relevant to the WASH field.

- The health psychology theories are focused only on the psychological processes of individuals without taking into account their interactions with the environment.

- Lastly, social marketing particularly enables an analysis of context, behaviour and its determinants to be translated into relevant messages and modes of communication.

As part of a reflection process sustained over several years, SOLIDARITÉS INTERNATIONAL therefore decided to gather the strengths of the various concepts presented above and the experience gained on the field to develop a pragmatic and innovative approach aiming to better take account of the behaviour determinants in our interventions. This approach is entitled **ABCD – Approach focused on Behaviour Change Determinants**.

THE ABCD APPROACH

APPROACH FOCUSED ON BEHAVIOR CHANGE DETERMINANTS

A - OVERVIEW

ABCD IS A SOCIO-ANTHROPOLOGICAL APPROACH BASED ON THE STUDY OF BEHAVIOURS AND THEIR PSYCHOLOGICAL, SOCIO-CULTURAL AND ENVIRONMENTAL DETERMINANTS, WHOSE PURPOSE IS TO SERVE AS A SOLID BASIS FOR THE DESIGN OF RELEVANT AND SUSTAINABLE WASH INTERVENTIONS IN POST-EMERGENCY CONTEXTS AND DEVELOPMENT AFTER ANY TYPE OF CRISIS.

In its current form, the approach is particularly focused on the hygiene sector. It explores 5 key behaviours recognised as having an essential role in the reduction of water-borne diseases (see Chapter 2, part B).

It consists firstly of identifying and prioritising risky hygiene practices which exist within a target population. Secondly, as proposed by EAWAG and LSHTM, it consists of identifying the determinants that influence these risky practices. In this regard, 2 groups of determinants may be distinguished: **environmental determinants** and **internal determinants of the individual**.

▶ **Environmental determinants** may be further grouped into 3 separate circles of influence:

- **Family and immediate entourage -** social or interpersonal relationships are of particular importance (the distribution of roles, decision-making power, budget management in the family according to age, sex, etc.). It is also at this level that the majority of hygiene practices, as well as the physical environment (i.e. the presence of objects favourable to the adoption of certain practices, itself linked to the knowledge and practices of the family), will have a significant impact on behaviour.

- **The community:** here again, relationships and social standards may have a significant impact on behaviour – in addition, they are sometimes controlled by a local leader. The physical and geographical environment, access or not to a drinking water source, access to health centres and markets are other factors which may influence behaviour as they are information sources. Finally, at this level, a factor such as the economy can have a significant influence not only dictating which products are available and at what price, but also the livelihoods of the target population.

- **The region or country:** at this level, we take account of the stability or presence of conflicts/natural disasters but also the administrative structures and laws, which may encourage or not the adoption of appropriate hygiene behaviours.

See **toolsheet 1** - Environmental determinants

▶ **Internal determinants** comprise aspects of individuals of a psychological or physical nature:

Firstly, the level of awareness concerning the causes of diarrhoeal diseases as well as the perception of the severity of these diseases must be evaluated. However, the approach works on the assumption that awareness is not in itself enough to initiate a behaviour change due to the more decisive impact of other motivations and obstacles. Among them, motivations that encourage or prevent individuals from adopting appropriate behaviours are other key determinants. These may be of an economic nature, religious, related to security, related to prestige, intimacy, disgust, comfort, motherly love, seduction, etc. Finally, the extent to which individuals feel capable of regularly repeating behaviours (perceived capacity) and the influence of their relational circle (injunctive standards) must be taken into account.

By following this model for identifying all factors that may play a role in the adoption of a behaviour in a given context, the ABCD approach creates **levers and obstacles – operational determinants of behaviour change** – that will be the foundations for defining an intervention strategy.

See **toolsheet 2** - Internal determinants

B - THE 5 KEY BEHAVIOURS

AS PART OF THE ABCD APPROACH, 5 KEY HYGIENE-RELATED BEHAVIOURS HAVE BEEN SELECTED AS HAVING THE MOST IMPACT ON DIARRHOEAL DISEASES IN THE CRISIS CONTEXTS IN WHICH SI WORKS.

These behaviours have been chosen on the basis of scientific studies carried out in the WASH domain (Curtis, 2003) and SI's experience in the field. These 5 behaviours are as follows:

1  **Washing hands with soap at key moments during the day:** before eating, after going to the toilet, after changing a child, after preparing food, before feeding a child.

2  **Adopting appropriate defecation practices**

3  **Keeping the latrines and dwelling areas free from excrement** - human and animal

4  **Providing drinking water** - for drinking and cooking

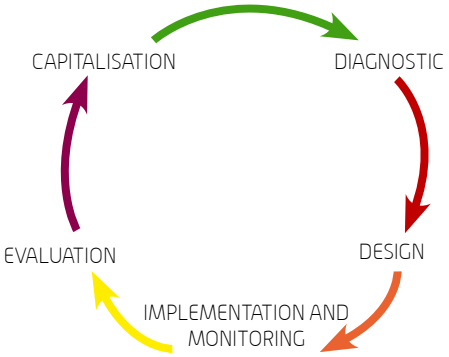
5  **Collecting, transporting, storing and drinking water in an appropriate way**

See **toolsheet 3** - The 5 key behaviours of ABCD

It is important to note that there are other behaviours, which may have an influence on diarrhoea risks (food hygiene, organic waste management, home hygiene, etc.); the principle of ABCD is, however, to concentrate available resources on the 5 behaviours cited above, as they will have, in the majority of contexts, the most impact on incidences of diarrhoea. Nevertheless, these other behaviours may be integrated into the approach if there is solid evidence showing that such behaviours do have a more significant impact on diarrhoea risks than one of the 5 key behaviours presented above.

C - THE PROJECT CYCLE

The cycle of an ABCD project is based on the classic project cycle used to develop the majority of humanitarian projects:



It is the assessment and operational strategy design stages that take on a new form in the ABCD approach. These are explored in detail in the following section. It is nonetheless important to note that the approach is intended to be **dynamic and participatory**.

At each stage of the project cycle, the involvement of the team and target community is achieved through the use of participatory tools, work and feedback sessions in order to create a relevant and sustainable intervention.

See **factsheet 4 -** ABCD project cycle

IMPLEMENTING ABCD

A - TEAM TRAINING

AS MENTIONED ABOVE, ABCD IS FIRST AND FOREMOST AN APPROACH, A WAY OF APPROACHING ASSISTANCE AND INCREASING COMMUNITY ENGAGEMENT.

It consists of an in-depth analysis work and one, which takes into account all socio-cultural determinants influencing a behaviour. It moves away from the sometimes-arbitrary deployment of interventions designed to address needs analysed through the "humanitarian" lens. It is therefore essential for the success of projects based on ABCD that the humanitarian teams change their mind-sets.

For all field teams involved in implementing the ABCD approach, on-going training which takes place in two phases is recommended:

▶ Initial training

Before beginning any ABCD approach implementation activities, a training on basic WASH principles followed by a longer training on ABCD principles is organised and taken by the whole project team. These two approximately half-day trainings aim to bring all team members up to speed concerning the challenges faced by the WASH sector, particularly in the context of a given project, and to lay the foundations of the ABCD approach presenting its purpose and basic principles. At the end of this initial training, the team can design a preliminary draft[2] of the diagnostic plan detailed in the following section.

See **Appendix 1** - Outline for a training module on ABCD

Image 1 - Initial training of SI team - Dry Zone, Myanmar

▶ On-going training

Once the basics of the ABCD approach have been presented and assimilated by the team, the various research and context analysis activities may begin. The team then receives on-going training through briefing and debriefing sessions before and after each diagnostic, operational strategy design, implementation and monitoring activity. These sessions are an opportunity to train the team on the tools to use but they are also and more importantly an opportunity to share everyone's experiences and discoveries, and to leverage any lessons learned to modify and adapt the tools to be used or the activities to be carried out. A group of community members may attend these sessions in order to actively participate in the development of activities implemented throughout the approach cycle.

[2] We refer to drafts because the ABCD approach is intended to be organic and flexible. As such, the methodologies of the diagnostic and of each subsequent project cycle stage may be adapted and modified in accordance with changing environments and intervention contexts.

B - ASSESSMENT PART 1 - CONTEXT ANALYSIS

THE OBJECTIVE OF THE INTERVENTION CONTEXT ANALYSIS IS TO OBTAIN A BASIC UNDERSTANDING OF THE CHARACTERISTICS OF THE INTERVENTION ZONE AND TARGET POPULATION.

We start off with a general analysis using secondary data that presents the country, its political, economic and health systems, its demographics, its culture, etc., as well as the intervention zone, in as much detail as possible. We then move on to collect primary data that will supplement this secondary information. The techniques presented below are recommended but are not exhaustive.

▶ Literature review

All diagnostics must start with a **literature review**. This essentially allows basic information concerning a country and its characteristics to be accessed. These elements are critical as they form the external circle of our environment-related determinants diagram. Depending on the wealth of sources available, it will be possible to collect information specific to the intervention zone, the target community and even up to the household units (internal circles of the diagram).

A FEW KEY ELEMENTS TO RESEARCH DURING THE LITERATURE REVIEW

1. **Political context and governance**
2. **Geographical context**
3. **Economic context**
4. **Demographic and social context**
5. **Cultural and religious context**
6. **WASH context**

The review is not limited to researching information on the environment, indeed there are numerous anthropological studies on various issues which may inform an understanding of the psycho-social dynamics that impact practices relating to hygiene.

THE LITERATURE REVIEW SERVES AS A BASIC TOOL ON WHICH ALL SUBSEQUENT DIAGNOSTIC ACTIVITIES WILL BE BASED.

▶ Safety audits/mapping

The **safety audit** consists of traversing the intervention zone in order to identify and better understand its characteristics. With the help of this safety audit, we can refine the data obtained during the literature review. We could, for example, define the quality of access routes, the condition of buildings, economic activities, etc. Furthermore, at this stage, it is possible to identify the potential environmental risks related to WASH (sub-neighbourhoods lacking a drinking water point, open defecation zones, etc.). It also enables existing structures to be identified, which may help raise awareness among the population (schools, churches, etc.).

In order to keep this information in a useful format, a mapping exercise that consists of mapping out the above-cited key elements, may accompany this safety audit.

See **Appendix 2 for a mapping example**

Image 2 - Safety audit - Batumona, DRC

▶ Immersion / interviews

Observation (a technique already explored in the safety audit exercise) and **dialogue** are very powerful research methods for understanding an environment. After the collection of secondary data and the safety audit, a phase of **immersion and interviewing** individuals or groups will therefore be important in order to give the community a chance to express itself and to collect new information on the environment and how individuals think and make decisions (particularly concerning WASH matters), as well as to further examine particular matters already explored in previous exercises.

SI example A 3-day immersion in a typical family from the Kimbunda neighbourhood - Kinshasa, DRC, which numbers 16 members, allowed the team to make numerous key observations through an experience of the everyday. It was thus that the team noted that when three small children from the family had severe diarrhoea in the course of the same day, their three mothers blamed the food eaten the evening before and not the rainwater, which had been consumed, or the fact that the children eat without washing their hands after playing in the yard. The link between dirty hands, non-drinking water and diarrhoea was therefore not clear.

Immersion is a research method from the field of social-anthropology, which consists of observing and interviewing persons who make up the social groups studied so as to understand the situation "from the inside-out". This typically time-consuming research method (it can last several years) allows not only to live with the target population in their environment, and so better understand the context, but also to observe the target practices, to ask about them, to de-construct them and to analyse them[3].

See **Appendix 3 for a structured observation guide template and a semi-structured interview guide template**

Depending on the context and resources allocated to a project, a series of interviews of individuals or groups, structured or semi-structured, may provide the same types of information as an immersion. These must be designed in such a way as to obtain useful and usable information. These interviews will also enable information sources to be targeted by focusing on key stakeholders such as households, but also water management committees, and political, religious or other leaders.

▶ Other exploratory surveys

With a view to obtaining even more information, which could inform the follow-up to the diagnostic, other qualitative and participatory surveys can be conducted with the populations in the target zone. Surveys already tested during ABCD approach projects include:

- ***Seasonal disease calendars***: a calendar allowing the identification of variations in disease depending on the season and so to make connections between behaviours, diseases and seasons.
- ***The ten pebbles game***: game for understanding perceptions of the severity of five "diseases" (including diarrhoea and malaria) by asking the participants to rank the diseases and explain why.
- ***Perception of diseases matrix***: participatory survey in which participants choose which disease is the most severe between two diseases (e.g. diarrhoea and cholera) and explain why.
- ***Perception of water points matrix***: participants choose which water point they prefer between two water points (e.g. a borehole and the river) and explain why.

During this stage, it is also recommended that a gender survey be carried out which will bring to light in a targeted and structured manner the roles of women, men, girls and boys.

Taking these dynamics into account throughout subsequent stages will increase the relevance of our intervention (i.e. survey respondents will be interviewed at a time of the day when they are available, activities will target men and women according to dynamics observed, etc.). See Annex 4 for a "gender survey" template.

See **Appendix 4 for a gender survey template**

Image 3 - Results of a gender survey on the distribution of tasks - Batumona, Kinshasa, DRC

[3] Two 3-day immersions in the DRC enabled the team of interviewers to collect numerous key information. It is therefore possible to organise short immersions more adapted to the resource limitations, which organisations in the development and humanitarian sectors face.

Conclusion

At the end of this first series of data collection, the project team should have obtained a detailed understanding of the intervention context. It will understand the environment and its challenges and will have gained crucial information on the hygiene practices that exist in the intervention zone as well as the determinants (external or internal) that influence them. All of this data forms the basis for part two of the diagnostic where we seek to carry out an analysis of the WASH situation.

Toolsheet 5 - Tools for identifying determinants

ALNAP, URD - Participation manual for humanitarian field actors - August 2010

Médecins du Monde - Data collection, Qualitative methodologies - August 2009

Aids Alliance - Tools together now, 100 participatory tools to mobilise communities

You can find various tools and information on the Intranet in the thematic packs "Participatory tools" and "Gender mainstreaming"

C - ASSESSMENT PART 2 - ANALYSIS OF THE WASH SITUATION

THE IN-DEPTH ANALYSIS OF THE WASH SITUATION IN THE INTERVENTION ZONE IS A KEY STEP IN THE APPROACH AS IT ALLOWS TO CONSOLIDATE AND CONFIRM INFORMATION OBTAINED DURING THE CONTEXT ANALYSIS WHILE USING A METHODOLOGY INFORMED BY A THOROUGH UNDERSTANDING OF THE CONTEXT. THE WORK OF PRIORITISING RISKY WASH PRACTICES AND THEIR DETERMINANTS WILL SERVE IN TURN AS A PILLAR FOR DESIGNING THE OPERATIONAL STRATEGY.

▶ Rate of water-borne diseases

Firstly, since the main objective of any WASH intervention is the improvement of health and quality of life of the target population, it is important to establish an epidemiological profile of water-borne diseases in the intervention zone.

As in the majority of WASH projects, this information will serve as a basis for the monitoring and evaluation of the impact of activities implemented. Furthermore, depending on the type of diseases and the prevalence of these, the intervention in itself may differ. Indeed, if the most widespread water-borne disease/symptom is diarrhoea in children, the intervention will not have the same priorities, targets and activities than if the most widespread disease is cholera which affects individuals of all ages.

The rate of water-borne diseases may be collected during the context analysis by referring to the registers of health centres or local hospitals.

Depending on the context, it may be recommended that a survey of the intervention zone be carried out in order to obtain a better accuracy on the rate of water-borne diseases, since all sick persons do not necessarily present themselves at a healthcare structure and local registers may be of poor quality. This survey may be carried out in conjunction with the identification and prioritisation of WASH practices survey presented in the following pages.

▶ Identification of current WASH practices and prioritisation of risky practices to be targeted

As indicated above, the identification of WASH practices really starts during the analysis of the intervention context. The aim of this new stage is to consolidate such information using a survey with three objectives:

- ***Identify all WASH practices existing in the area***

It is possible that the context analysis did not capture all WASH practices depending on the time that was allocated to it and the ease of access to the information sought. This new survey focused on the 5 key ABCD behaviours (or on a selection according to the project objectives) allows for an in-depth exploration of each WASH practice related to these behaviours.

- ***Quantify the WASH practices***

The frequency of the identified WASH practices is a key element to obtain in order to determine which are the most widespread risky practices and so, which need to be focused on as a priority.

- ***Establish a link between WASH practices and water-borne diseases***

The existence of a direct link between the WASH practices observed and water-borne diseases is a second guiding element in the selection of practices to focus on when designing an operational strategy.

See **Toolsheet 6** - Identification of practices and prioritisation of target risky practices

At the end of this exercise, it is important to see the target population in order to present the survey results to them and particularly to confirm with them the practices to be focused on during the intervention. This may be done through local leaders close to the population and aware of the challenges that they face, or by organising a community meeting with a representative sample of the target population (in terms of gender and socio-economic status).

▶ Identification and prioritisation of behaviour determinants - levers and obstacles

Similarly, the identification of WASH practices and behaviour determinants starts during the analysis of the intervention context phase. As soon as the secondary data searches begin, followed by observations, interviews and other qualitative surveys, certain determinants will automatically emerge (i.e. lack of water in sufficient quantities, lack of security, religion, etc.).

The identification of behaviour determinants is a complex undertaking. Indeed, certain behaviours are so embedded in the way of life of the people that an individual may not be aware of all the determinants, which influence such or such a practice. As such, we cannot rely solely on observations made during the context analysis. A specific analysis is therefore necessary.

This survey has two objectives:

1. ***To identify all levers and obstacles related to WASH behaviours***

The survey here allows us to confirm behaviour determinants noted during the

context analysis and to bring to light other determinants not detected until now. We will incorporate detailed questions on the external and internal determinants which constitute the basis of the ABCD approach with a particular emphasis on the most complex internal determinants to identify: perceived capacity, perceived environment, motivations, understanding.

2. ***To establish and measure the link between WASH practices and key behaviour determinants***

The existence of a lever or obstacle that influences a given behaviour as reported by the target population does not necessarily equate to a strong link between the determinant and the behaviour. Indeed, it should be noted that behaviours are often influenced by a number of positive and negative determinants, which may be more or less favourable to the adoption of appropriate hygiene practices. In order to identify the determinants which have a strong link with WASH behaviours, **a survey of persons with appropriate practices and of persons with non-appropriate practices** is proposed in order to discover what are the levers and obstacles which really make a difference between the two groups and which may be used to develop an operational strategy. This survey may be carried out following the doer/non-doer methodology[6] developed for this purpose.

Barrier analysis facilitator's guide

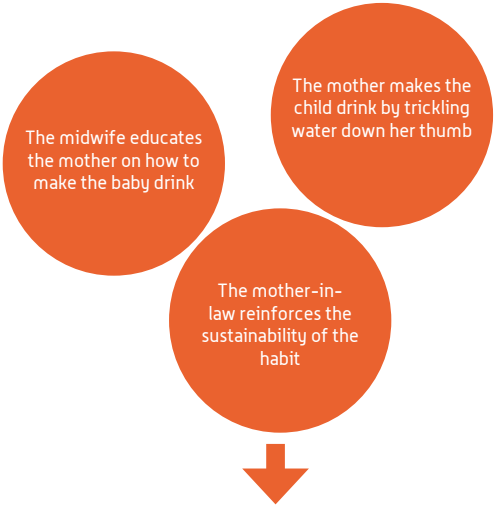
Toolsheet 7 on the identification of behaviour determinants

▶ Definition of the population to be targeted

The choice of population to be targeted during the intervention is directly dependent on the context, on the risky practices to be targeted, on the population that carries them out and on the behaviour determinants. Accordingly, if a specific part of the population is responsible for the maintenance of toilets but the way in which this is done depends on the financial and moral support of another family member, then both population types should be targeted. It is nonetheless important to make the distinction between the project's target population, i.e. the direct or original beneficiaries of the activities, which are often children under 5 as they suffer the most from poor WASH environments; and the populations to be targeted during the intervention, which are the populations who will be best placed to drive a change that will have an impact on the target population. The next example shows populations to be targeted in the context of a project that aims to improve the health of under-fives - the project's target population.

[6] Doer = person who has adopted a certain appropriate practice; Non-doer = person who has not adopted it.

Field example: Drinking practice for new-borns in the DRC



Conclusion

A primarily quantitative methodology, which allows consolidation of the qualitative data obtained during the first part of this diagnostic, is here proposed. The second part of the diagnostic allows us to close the loop on necessary information to ensure that the teams have a detailed understanding of the intervention context, and that the population are involved in thinking around the current WASH situation. It therefore leads to a smooth and quick transition into designing an operational strategy.

The methodology of the ABCD diagnostic is an extension of the methodology of the standard Hygiene Promotion diagnostic. It goes further than classic diagnostics by including key and innovative stages, particularly the identification and prioritisation of behaviour determinants using specific and targeted tools. Ideally, this methodology or an adaptation of this latter will gradually replace the traditional methodologies, which do not systematically integrate behaviour determinants in the diagnostic and operational strategy design phases.

If the intervention must be carried out in different zones whose geographical, demographic, cultural and social characteristics are not the same, a diagnostic should be carried out per zone. However, it is possible to design a typology of the different zones, villages and neighbourhoods from which results obtained may be extrapolated into a different zone. Such an exercise must be considered at the outset of the first part of the diagnostic in order to design a solid and reliable typology.

D - DESIGNING THE OPERATIONAL STRATEGY

OPERATIONAL STRATEGIES DESIGNED USING THE ABCD APPROACH DEPART FROM TRADITIONAL WASH DOMAIN STRATEGIES, WHICH OFFER PRECONCEIVED SOLUTIONS FOR A GIVEN NEED[5].

They are indeed based on in-depth and participatory diagnostics of the context in which the target population is evolving and the elements which favour or prevent this population from adopting WaSH behaviours that could limit water-borne diseases. It is important to maintain this participatory aspect until the end in order to maximise the relevance of the operational strategy and the activities that comprise it, as well as the population's involvement in the project.

During the assessment, detailed in the previous sub-section, the risky practices and behaviour determinants, which influence them, have been identified and prioritised. The results of this exercise may highlight the intervention's needs, both "hard" - the need to install latrines or expand the drinking water supply network, and "soft - the need to raise awareness on washing hands with soap or cleaning latrines. Both of these options are explored in further detail below.

- The choice of "hard" or "soft" activities to be incorporated into the operational strategy must involve a minimal effort on the part of the target population for the behaviour change to be effected. Behaviour changes are a complex undertaking and so **must remain as simple as possible** in order to maximise their potential for sustainability.
- The **support of local authorities** and/or other local leaders is important for gaining a position of credibility and above all trust between project team and target population.

▶ Choosing "hard" WASH activities

In some cases, the strongest determinant linked to a risky practice that we wish to modify is quite simply access to a water point and a specific sanitation infrastructure. For example, a community that is used to drinking water from a well contaminated with arsenic, as can be the case in Bangladesh, may not change this practice to one of using drinking water if there is no drinking water source nearby.

If it has thus been determined that a hard intervention should be part of the operational strategy, the choice of infrastructure, its mode of construction, its promotion and its mode of management should be informed by the results of the assessment:

[5] For example, the automatic installation of a pump in the middle of a village lacking a drinking water source, the ground permitting.

- ***Technical choice***

The technical choice of infrastructure must take account of the environment, but also existing practices and the determinants of the population in the adoption of their hygiene practices. As such, if the target population favours water points where collection requires little physical effort, we could decide to install a tap rather than a pump as a drinking water source. Similarly, if one part of the population does not frequent a neighbourhood due to local beliefs, we will avoid installing a water point for the whole population there.

- ***Construction mode***

Depending on the results of the diagnostic, the construction mode should be planned in such a way as to observe as far as possible the population's wishes, local capacities, the desired quality and to maximise the infrastructure's sustainability. Typically, a construction with local materials will be more sustainable as replacement or repair materials will be available locally.

SI example Following the diagnostic carried out in Myanmar in July 2014 on latrine use determinants including a study of the local markets, recommendations were able to be made to encourage latrine construction with the local materials available. Strategies to reduce the cost of a latrine were also put forward while proposing latrine construction training for target households.

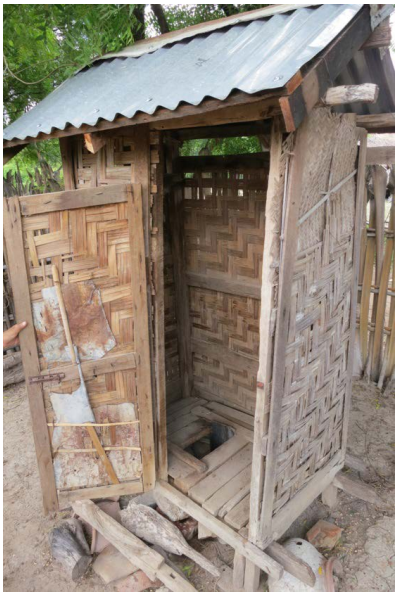


Image 4 - Typical latrine type - Myanmar

- ***Promotion***

The promotion of new infrastructure is based on the behaviour determinants identified. If it has been established that access and safety are the most important determinants for supplying drinking water, then awareness-raising will focus on these elements as a priority (see the following page for more information on awareness-raising among the population).

- ***Management mode***

The management mode of a new infrastructure must also be informed by the diagnostic: What is the management mode of this type of structure in the zone? What are its strengths and weaknesses? As with all the above points (particularly the technical choice and construction mode), the management mode of an infrastructure must be discussed with the target population in order to further facilitate ownership of the

▶ Choosing "soft" WASH activities

"Soft" activities must not be perceived as ancillary activities to "hard" activities, nor as completely separate activities. These activities are directly linked one to the other and have the same level of importance. Indeed, an awareness-raising campaign on WASHing hands with soap at all key moments of the day when there is no water will fail.

Just as for choosing "hard" activities, choosing "soft" activities begins by identifying a priority risky practice and the determinants that influence it, as well as by defining the target population. A detailed understanding of the environmental and socio-cultural context then allows for the design of hygiene promotion and awareness-raising activities, which are adapted and relevant in the messages they relay as well as the media and channels that they use.

- ***Awareness-raising messages***

For each risky target behaviour, a list of topics to be addressed must be created. For example: *washing hands with soap may pose a risk at the level of hand-washing technique and the systematic use of soap.*

Each topic identified may then be focused on through messages based on determinants selected as being the most influential. For example: *the disgust at washing hands in the same basin as everyone else and sharing everyone's microbes* or *the relative cost of the disease in relation to the soap.*

However, it is essential to take a step back during the development of awareness-raising messages in order to **avoid a negative impact that could create the use of certain negative determinants** such as shame and disgust. Caution must be taken not to use this type of determinant in such a way that one part of the population ends up feeling marginalised.

Awareness-raising messages must be specific, targeted, clear and engaging. They must be accessible to the target population and so use the local language.

Each message must be tested in order to verify how it will be interpreted by the target population.

- ***Media and channels***

The methods and channels for awareness-raising are key for the success of a hygiene promotion intervention. They must be **consistent with the lifestyles and modes of communication of the population** in order to ensure that the messages reach the majority of the target population. A radio message will only be relevant if the target population, men AND women, frequently listen to the radio and if the messages are broadcast at a time of day when the family members are at home.

There is a large number of media and channels available for promotional activities, it is therefore easily possible for the team to move away from traditional radio messaging and megaphone activities to implement more original activities like singing lessons, or even activities closer to marketing which make products seem more attractive.

For examples of hygiene promotion tools and activities, see SOLIDARITÉS INTERNATIONAL's hygiene promotion site

All activities selected requiring participation from a part of the population must **take account of the daily activities** of this population and ensure that participation will indeed be possible without having a negative impact on the rest of the family. *If we ask men to participate in a training workshop on repairing latrines, it should be ensured in advance that this is carried out during a season or at times when their absence from home or their daily work will not affect their partners or children..*

SI example The awareness-raising strategy developed in Kinshasa in 2014 used the daily task of collecting water as an opportunity for awareness-raising, which did not disturb the daily activities of the target population. A series of posters with messages on collecting, transporting and storing water were placed near public water taps to be read when waiting in queues to collect water.

Image 5 - Awareness-raising with posters in Batumona, Kinshasa, RDC

Since changing a behaviour is a long and complex process, it is important to **put activities in place which may not only be repeated over time but which will also evolve with the target population's change in behaviour** such that this latter may succeed in making it a habit.

To learn more about the process for developing an operational strategy under ABCD, see:
Toolsheet 1 - Environment-related determinants
Toolsheet 2 - Internal determinants

E - IMPLEMENTATION, MONITORING AND EVALUATION OF HYGIENE PROMOTION STRATEGIES

THE IMPLEMENTATION OF A HYGIENE PROMOTION STRATEGY IS CARRIED OUT IN LINE WITH ABCD APPROACH PRINCIPLES; IT IS ADAPTED BUT ABOVE ALL ADAPTABLE TO THE CONTEXT AND ITS EVOLUTION. ITS AIM IS TO BRING ABOUT THE BEHAVIOUR CHANGE AND ENSURE THAT IT ENDURES OVER TIME IN ORDER TO ACHIEVE THE PUBLIC HEALTH OBJECTIVES SET BY THE PROJECT.

For an effective implementation of the hygiene promotion strategy, the four elements discussed below are indispensable.

▶ Team training

Training the awareness-raising team on the procedures for implementing hygiene promotion activities is as important as on-going ABCD training. Each team member must master these activities and be familiar with the objective, mode of use and target population. Clear directives must accompany each activity, and practical training must be organised for the team in order to maximise the quality of these activities.

As is already the case for all WASH projects, the team must be trained on each activity selected.

▶ Pilot phase

The selected activities test is useful for two reasons. Firstly, it allows the relevance of the selected activities to be verified: how is the activity received by the community? Is its objective well understood by the target population? Is the type of activity adapted (mode, implementation times, access, language, etc.)?

The pilot phase also serves as a practical exercise for the team. This exercise thus allows for an evaluation of the quality of the work carried out by the awareness-raising team and so to fine tune the training they receive if necessary.

Taking the time to carry out an operational strategy test is a crucial stage as it allows for the adjustment of the strategy if necessary, to better achieve the objectives of this latter before launching it on a larger scale. Any modification carried out after launching the strategy will require a consequent use of resources, which could be avoided through the use of a pilot phase.

The operational strategy pilot phase is essential for all WASH projects.

▶ Monitoring and evaluation

The monitoring and evaluation of a hygiene promotion project based on ABCD must measure the behaviour change AND its impact on health - the primary objective of all WASH projects. It is therefore important to select indicators which will allow the measurement of target WASH practices on one hand and their impact on health on the other.

Concurrently, we measure other potential impacts of activities carried out, positive or negative, on health, the environment and social interactions, etc. Finally, the sustainability of the behaviour change

must be evaluated and checked against the environment and its evolution over time. For this, monitoring and evaluation activities should be maintained over a period of at least a year.

As during the diagnostic, the surveys and indicators of monitoring and evaluation activities will be based on simple questions and observations in order to simultaneously measure the knowledge, attitude and practices of the target population.

The monitoring and evaluation of a hygiene promotion project based on ABCD must involve the measurement of the behaviour change, its sustainability and its impact on health.

▶ Operational adaptation in accordance with M&E results / Sustainability of the programme

The ABCD approach may require a significant responsiveness capacity depending on the results of the monitoring and evaluation activities. Behaviour changes are a complex process, which must be adopted and maintained. The role of the operational strategy is to instigate the change, it is then based around monitoring activities to adapt implemented activities according to the various behaviour change phases in which the target population finds itself.

As such, if the monitoring and evaluation activities show that the behaviour change has been initiated in one part of the target population, activities could be adapted in order to better encourage the change in other sections of the population and make sustainable that which has already been initiated in the first part. On the other hand, if the whole of the target population has adopted the promoted hygiene practices but the environment in which it is evolving remains unfavourable to such practices, the activities could be adapted or new activities could be designed to make the environment favourable - a fundamental element in ensuring the sustainability of a behaviour.

The operational strategy must be easily adaptable and responsive in order to favour a sustainable behaviour change.

▶ Capitalising

Capitalising is the stage which closes the loop on the whole project cycle. Beyond a single project, capitalising allows for the development of new methodologies and approaches such as the ABCD approach. It procures the necessary information for reproducing a quality project or for improving the quality of a type of project in order to better serve the populations with which SI works.

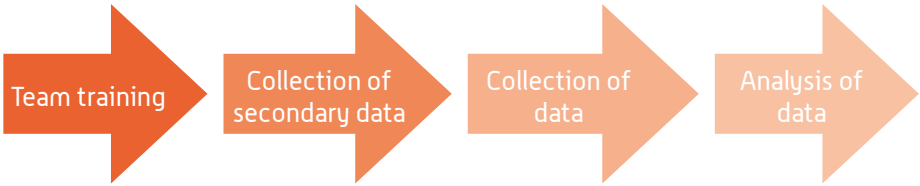
It is important to continue to capitalise on the ABCD approach in order to learn from each new use and improve its relevance and effectiveness in the field.

RESOURCES TO PROVIDE FOR

A - TIME

▶ Assessment and analysis

The assessment is the most time-consuming stage in the ABCD approach project cycle. A detailed understanding of the context and WASH situation in the target zone requires the collection of numerous primary and secondary data. Below is a rough diagram of the various stages in the assessment and the time allocated. The diagnostic should take at least 1 month in total, knowing that the secondary data collection stages may overlap in some cases.



1 day *2 to 3 weeks* *2 to 3 weeks* *1 to 2 weeks*

▶ Designing the operation strategy

Designing the operational strategy is a stage not to be overlooked. It is important to take the time to properly interpret the diagnostic results for translating them into a relevant strategy.

In order to be able to involve all stakeholders in this strategy design process, we estimate that a period of **one to two weeks** should be set aside.

▶ Implementing the operational strategy

Implementation of the operational strategy will last as long as the project timeline will allow. It is important to note once more that behaviour change is a long process. Hence, hygiene promotion activities carried out over a short period, for example one month, may not guarantee the sustainability of any change initiated.

The training of the team for each activity must be carried out over **a half-day** or one day maximum per activity. A pilot period of **one-week minimum** should be provided for in order to test each activity, measure the relevance of this latter and carry out any modifications necessary.

B - HUMAN RESOURCES

The composition of a functional team is as follows:

- 1 **Project Manager** trained in the ABCD approach whose role is to lead the overall project (programming, logistics and administration);

- 1 **Activities Manager** trained in the ABCD approach whose role is to supervise the daily activities on the field;

- X **Interviewers/ awareness-raisers** who are responsible for carrying out diagnostic surveys, monitoring and evaluation and participating in designing the operational strategy. They are also responsible for raising awareness among the population or training awareness-raising representatives[6];

- X **Awareness-raising representatives** who are responsible for implementing awareness-raising activities[7].

The human resources invested in a project based on the ABCD approach may differ depending on the project in question and the resources available locally.

6 and 7. Number to be determined depending on the target population, the extent of the geographical zone in which the project is to be implemented and awareness of WASH practices before project start-up.

C - BUDGET

THE BUDGET PROVIDED FOR THE IMPLEMENTATION OF THE ABCD APPROACH REQUIRES SIGNIFICANT AND CONSIDERED PLANNING IN ORDER TO ENSURE THAT IMPLEMENTATION IS CARRIED OUT UNDER IDEAL CIRCUMSTANCES. BELOW, A LIST OF KEY POINTS AND EXPENSES MAY SERVE AS A GUIDE IN THE PREPARATION OF AN ABCD BUDGET.

Human Resources	Programme Manager
	Activities Manager
	Interviewers
	Awareness-raisers
	Data Manager
Logistics	Transport
	Survey/monitoring/evaluation equipment
	IT and software analysis equipment
	Awareness-raising equipment (including services for creating/designing channels)
Other	Payment of individuals participating in diagnostics

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ANNEXES - TOOLS

Annex 1 Team training in the ABCD approach

Annex 2 Mapping of the Batumona neighbourhood, Kinshasa - DRC

Annex 3 Structured observation guide template and semi-structured interview guide template (Kinshasa - DRC)

Annex 4 Gender survey template

ANNEX 1

TRAINING DAY - ABCD APPROACH (1 DAY)

The objective of reducing water-borne diseases, the key contamination principles (correlated with concentrations of people), of the impact of water-borne diseases on children under 5 (mortality and child development/malnutrition).

1. WASH sector principles (2 hours)

a. Definition of the sector
b. Objectives (reduction of water-borne diseases, etc.)
c. Current WASH situation in the world (impact on under 5 years old - morbidity/mortality)
d. Traditional WASH strategies
e. Issues and challenges

2. Principles of the ABCD approach (3 hours)

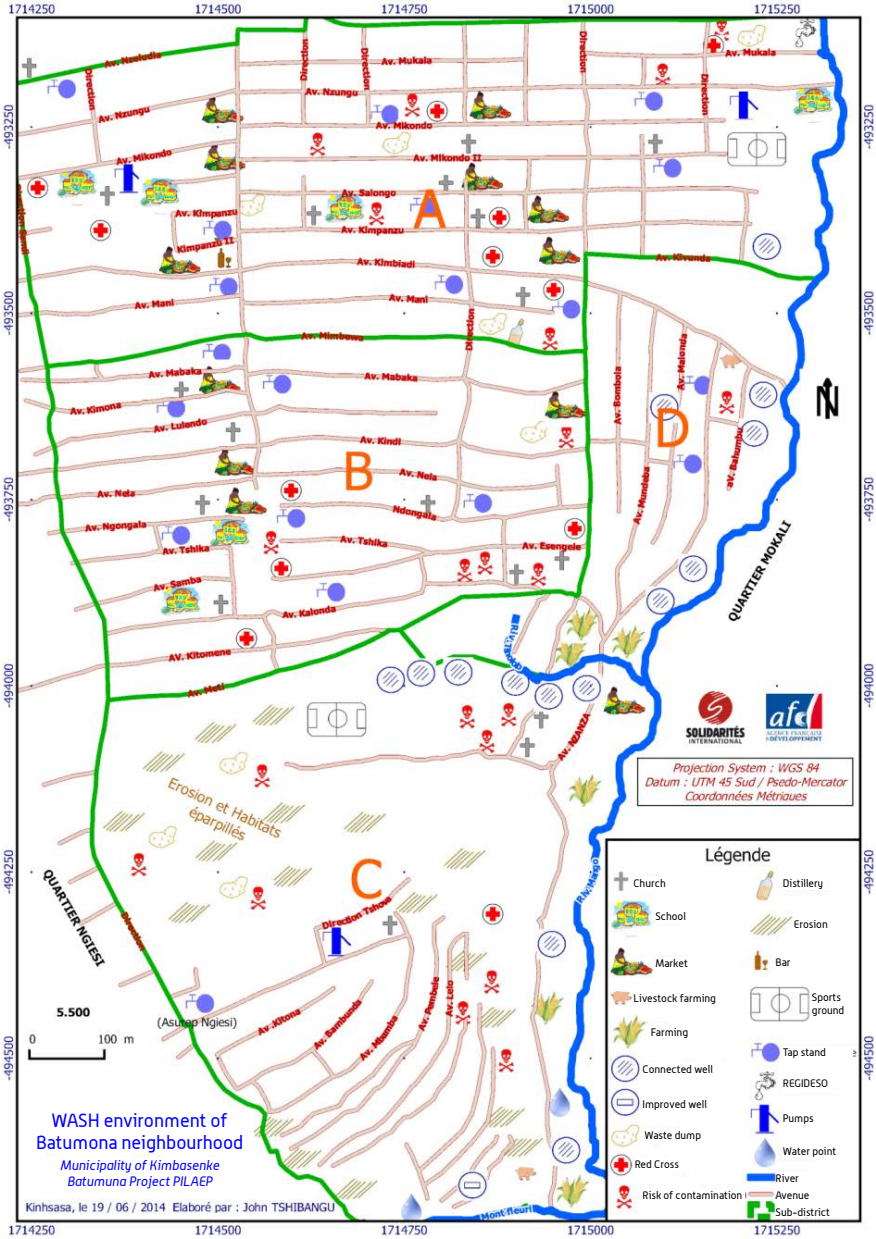
a. Purpose
b. Behaviour changes
c. Behaviour change determinants
d. The 5 key ABCD behaviours
e. The ABCD approach cycle

3. Project outline (3 hours)

a. Project outline
b. Objectives
c. Articulation of the ABCD approach in the project
d. Diagnostic plan - *Discussion*

ANNEX 2

MAPPING OF THE BATUMONA NEIGHBOURHOOD, KINSHASA – DRC



ANNEX 3

OBSERVATION / IMMERSION GUIDE
HYGIENE PRACTICES AND BEHAVIOUR CHANGE DETERMINANTS

Duration of the immersion: 3 to 4 days

Criteria for selecting host families:

- A family with at least one child under 5;
- A family living on a non-isolated plot;
- A family that is representative of the neighbourhood population in terms of occupation, economic status and origin (the family cannot be rich, both parents cannot be civil servants/employees, the family does not necessarily have to speak French, etc.);
- At least a room in the house where the two interviewers can sleep (no need for bedding).

Name of the interviewer	
Name of the neighbourhood	
Family no.	
Duration of the observation	

Total number of persons in the family

	0 - 2 y.o.	2 - 5 y.o.	5 - 18 y.o.	18 - 45 y.o.	45 - 60 ans	+ 60 y.o.
Male						
Female						

1. Supply and use of drinking water

Accompany family members during water collection

Water source	Water collection time	Distance	Use (to be completed in their house)

Additional observations:

2. Collection, transportation, storage

Accompany family members during water collection

Who collects the water?	☐ Man ☐ Boy	☐ Womn ☐ Girl
Comments:		
Who decides who collects the water?	☐ Man ☐ Boy	☐ Woman ☐ Girl
Commnets:		

Where does the money used to buy water come from?	☐ Man ☐ Other (specify)	☐ Woman
Comments:		
Types of containers used for collecting water	☐ Tin ☐ Other (specify)	☐ Bowl ☐ Bucket
Comments:		
Are the containers covered?	☐ Yes	☐ No
Comments:		
Frequency of cleaning the containers	☐ Before each collection ☐ Other (specify)	☐ Once ☐ Twice
Comments:		
Who cleans the containers?	☐ Man ☐ Child	☐ Woman
Comments:		
How are the containers cleaned?	☐ Water ☐ Sand ☐ Sponge	☐ Soap ☐ Cloth ☐ Other (specify)
Comments:		

Do the public water tap installers pass on hygiene-related messages at the public water taps?	☐ Yes	☐ No
Comments:		
Where are full containers stored?	☐ On the floor	☐ Raised
Where are empty containers stored?	☐ On the floor	☐ Raised
Comments:		
Who decides how the water is used at home?	☐ Man ☐ Other (specify)	☐ Woman
Comments:		
How is the water collected once at home?	☐ Tumbler plunged into the water ☐ Hands plunged into the water	☐ Water poured into a container ☐ Water poured into hands
Comments:		

Additional observations:

3.Washing hands

When do family members wash their hands? *Specify how hand washing is carried out.*		
Woman	□ Before preparing food □ Before feeding a child □ Before eating □ After having used the toilets □ After having changed a child/handled excrement □ Other (specify)	□ Water □ Soap □ Detergent □ Ashes □ Other □ Water □ Soap □ Detergent □ Ashes □ Other □ Water □ Soap □ Detergent □ Ashes □ Other □ Water □ Soap □ Detergent □ Ashes □ Other □ Water □ Soap □ Detergent □ Ashes □ Other □ Water □ Soap □ Detergent □ Ashes □ Other
Man	□ Before preparing food □ Before feeding a child □ Before eating □ After having used the toilets □ After having changed a child/handled excrement □ Other (specify)	□ Water □ Soap □ Detergent □ Ashes □ Other □ Water □ Soap □ Detergent □ Ashes □ Other □ Water □ Soap □ Detergent □ Ashes □ Other □ Water □ Soap □ Detergent □ Ashes □ Other □ Water □ Soap □ Detergent □ Ashes □ Other □ Water □ Soap □ Detergent □ Ashes □ Other
Youths (8 to 15 years old)	□ Before preparing food □ Before feeding a child □ Before eating □ After having used the toilets □ After having changed a child/handled excrement □ Other (specify)	□ Water □ Soap □ Detergent □ Ashes □ Other □ Water □ Soap □ Detergent □ Ashes □ Other □ Water □ Soap □ Detergent □ Ashes □ Other □ Water □ Soap □ Detergent □ Ashes □ Other □ Water □ Soap □ Detergent □ Ashes □ Other □ Water □ Soap □ Detergent □ Ashes □ Other
Others		

Additional observations:

4.Defecation practices

Where do the family members go to the toilet?				
Man	□ Latrine slab	□ Pit latrine	□ Outdoors	□ Other
Woman	□ Latrine slab	□ Pit latrine	□ Outdoors	□ Other
Children (specify age)	□ Latrine slab	□ Pit latrine	□ Outdoors	□ Other

When do the family members go to the toilet?			
Man	☐ Morning	☐ Evening	☐ At any time of the day
Woman	☐ Morning	☐ Evening	☐ At any time of the day
Children (specify age)	☐ Morning	☐ Evening	☐ At any time of the day

Do the children have diarrhoea?

Additional observations :

5. Maintenance of the latrines

Maintenance of the inside of the latrines / open-air defecation zones	☐ Hygienic ☐ Presence of excrement ☐ Offensive odor	☐ Some debris, rubbish ☐ Numerous faeces and dirt
Who cleans the latrines/open-air defecation zones?	☐ Man ☐ Woman	☐ Child
How often are the latrines/open-air defecation zones cleaned?	☐ Daily ☐ Other (specify)	☐ Not observed
Who cleans/throws away the faeces of small children?	☐ Man ☐ Woman	☐ Child

Additional observations:

6. Family environment

Role and position of family members within the family structure

What makes a household?

Role / position of:

Man	
Woman	
Girl	
Boy	
Grandfather	
Grandmother	

7. Decision-making power

Who has the power to make decisions on the allocation of the household's resources?	☐ Man ☐ Grandfather ☐ Other (specify)	☐ Woman ☐ Grandmother
Comments:		
Who has the most influence on practices relating to hygiene?	☐ Man ☐ Grandfather ☐ Other (specify)	☐ Woman ☐ Grandmother
Comments:		

8. Livelihoods, social environment, communication

What is a "typical" day?

Man	
Woman	
Girl	
Boy	
Grandfather	
Grandmother	

Visible religious influences?	☐ Yes	☐ No
Comments:		
Information sources:	☐ Word of mouth ☐ Markets (notice) ☐ Radio ☐ Other (specify)	☐ Door-to-door ☐ Posters ☐ TV
Comments:		

INDIVIDUAL INTERVIEW GUIDE
HYGIENE PRACTICES AND BEHAVIOUR CHANGE DETERMINANTS

Duration of interview: 1h

Criteria for selecting participants:

- Members of the host welcome family are prioritised, and then plot neighbours or visitors residing in the neighbourhood could also be interviewed;
- The person to be interviewed must be aged 15 or over.

1. Presentation of the interviewers / translator

During a time of rest or without activities requiring travel, ask the person targeted to participate in an interview, "Can I ask you a few questions?"
If introductions have not already been made, introduce yourself: "My name is... I work with the NGO SOLIDARTIES INTERNATIONAL as..."

2. Intro

We are here today because we are working on a Project related to water, hygiene and sanitation in your neighbourhood.

It's this project called PILAEP (a pilot project for supplying drinking water), which has enabled the construction of water facilities in your neighbourhood and 13 other semi-urban neighbourhoods in Kinshasa and the Lower-Congo to supply drinking water to the local populations.
This is also why we created the association ASUREP, which oversees the management of the water network to ensure the sustainability of the drinking water supply.

The second phase of PILAEP is focused on the hygiene and sanitation in neighbourhoods benefiting from these facilities. The aim of this new phase is to implement awareness-raising activities to help reduce the rates of water-borne diseases. THE SOLIDARITES INTERNATIONAL NGO, which we represent, is responsible for implementing this part of the project.

Today we would like to discuss various hygiene practices with you. We would like to know what your experiences and opinions are on these practices. We are here to learn, you are the expert and we are the pupils. There is no good or bad answer; all opinions may be expressed.

Are you willing to answer a few questions? This interview will last approximately 1 and a half hours.

This conversation will remain confidential; nothing you say here will be communicated to persons who do not work for SOLIDARITES INTERNATIONAL.

In order to be able to fully participate in this discussion with you and to save your comments we would like to record this conversation. This recording will remain confidential and only our team will have access to it. This is not an interview on you in particular but rather for obtaining informative data. Can we record this discussion with your consent?

If the person refuses to be recorded, do not insist and indicate that you are taking notes on their answers.

If you have any questions, we can answer them at the end of our discussion.

Before beginning, we would like to know you name, age, marital status and number of children.

Name of the interviewer:		Name of the translater:			
Name of the neighbourhood:		Date:		Time:	
Name of the participant:		Gender:		Age:	
Marital status:		Number of children:			
Persons present during the interview:					
Family no.:		Relationship with the host family:			

After this interview we are interested in what you do or who you live with, not your neighbours.

3. Use of drinking water

How do you choose the water source that you use for drinking water?

How do you choose the water source that you use for cooking water?

Which family member takes care of paying water costs? Why?

Which family member decides how to use the water at home? Why?

Do you think that you can contract diseases from water? If yes, which?

Are there other ways of contracting these diseases?

Where did you find this information?

Do you think that these diseases are dangerous for you and your children? Why?

Between 1 and 4 what are the chances that you will contract these diseases? Why?

Between 1 and 4 what are the chances that your children will contract these diseases? Why?

Do you feel able to avoid these diseases for you and your children? Why?

4. Collecting, transporting or storing water

What do you think of the quality of the water provided by ASUREP?

Do you WASH your containers before collecting water? *(or reference to observations made during the immersion)* ? If yes, how? Why?

Do you cover your containers when transporting water? *(or reference to observations made during the immersion)* ? Si oui, comment ? Pourquoi ?

Do you cover your containers at home? *(or reference to observations made during the immersion)* ? If yes, how? Why?

5. Washing hands

In your opinion, is it important to WASH your hands? What are the different reasons why you WASH your hands?

At what time of the day do you WASH your hands? How? Why? *(make reference to any observations to feed into the conversation)*

Do you feel able to WASH your hands with soap at any time of the day? Why? *(make reference to any observations, do the other family members do this or not...)*

Which family member is in charge of paying for the soap? Why?

Which family member decides how the soap is used? Why?

6. Defecation practices

In your opinion, is it important to have a latrine? Why?

What proportion of plots in your neighbourhood have latrines?

Does everyone in your household use latrines to go to the toilet? Why? *(make reference to any observations to feed into the conversation)*

7. Maintenance of the latrines

Do you think that it is important to clean the latrines? Why?

How are the latrines maintained in your home?

ANNEX 4

GENDER SURVEY TEMPLATES (ADAPTED FROM GENCAP)

1. Daily activity clocks

Aim

The daily activity clocks describe the various activities carried out over a 24-hour period. They are particularly useful for understanding the workload of the various groups of people in a community, for example, the women, the men, the rich, the poor, the youths and the old people. The comparison of various clocks allows us to understand who works the most, who focuses on which activities, who has the greatest variation of activities, who has the most free time, who sleeps the most, etc. They can also demonstrate variations from season to season.

How to proceed

Separate groups of men and women are put together ensuring that each socio-economic category is represented in the groups. The team of interviewers explain to the participants that they want to know what everyone does during a normal working day. Each group is invited to produce their own clock. In particular, the activities of the day before can be described. In all cases, the clocks must show the activities carried out at various times of the day and the duration of each activity.

The activities are then presented on a circular diagram (in the form of a clock).

SEAGA questions to ask
Daily activity clocks

- How does each person divide up their time?
- How much time is spent on production activities? On domestic activities? On community activities? On leisure activities? On sleep?
- To what extent do these activities vary depending on the seasons?
- Does each person divide up their time between several types of activities or do they focus on only a few activities?

Activities carried out simultaneously will be noted in the same segment of time, for example, looking after children and gardening. When the clocks are ready, the team will ask SEAGA (Socio-economic and Gender Analysis) questions on featured activities. It is important to know whether the day represented is typical of the entire year or to indicate the corresponding season (for example, dry season). The participants then prepare a new clock to represent a working day representative of another season, for example wet season. The clocks are compared.

Equipment

Flip chart, coloured markers and a ruler.

Notes for facilitators

A good (and amusing) way of presenting this exercise is to begin by making your own clock. Trace a large circle on paper and indicate when you get up, when you go to work, when you look after your children, etc. (it is not necessary to detail everything; however, it is important to show that all activities are taken into account, e.g. agricultural work, paid work, childcare, sleep, etc.).

Usefulness of the exercise

Comparing the activities carried out by men and women in different seasons may help you to identify when people are available during the day and depending on the season. This information is useful for establishing when meetings with the community may be held or when the community might be available to participate, for example, in a training session.

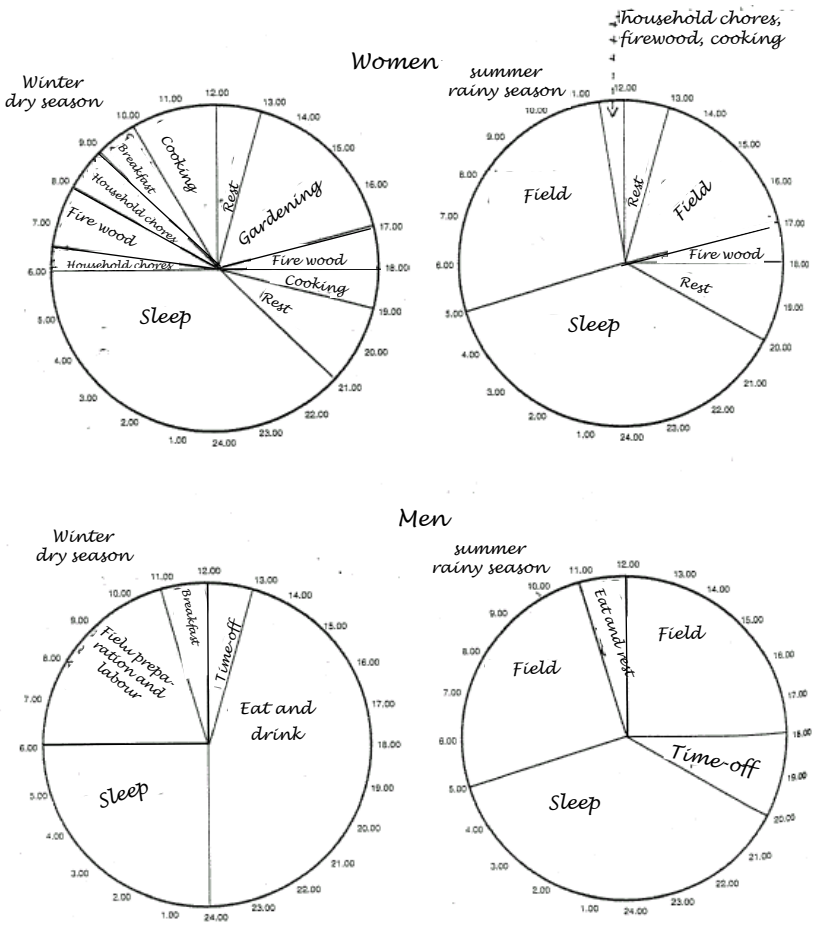
Lastly, the exercise may provide some interesting insights into the socio-economic vulnerabilities of each: Who dedicates the most time to unpaid activities? Who has more access to activities likely to generate revenue? Who usually participates in decision-making and information-sharing forums (particularly regarding the humanitarian aid available in the locality)?

Example

The example on the following page shows the daily activity clocks of men and women from the Dzinavene village, in the district of Chivi (Zimbabwe), during the dry and wet seasons. The clocks clearly show that men and women work a considerable number of hours in the fields during the wet season. However, during the dry season, the men have much more free time while the women have a multitude of activities, including looking after the kitchen gardens.

Example of daily activity clocks

Daily activities of men and women in different seasons in Chivi district, Zimbabwe.



2. Analysis of the division of tasks between women and men in the key agricultural sectors

Description:

This analysis exercise is intended to be carried out with the community in separate group discussions (groups of men and women) of between 6 and 10 participants. It is based on discussions and drawings and is in this respect suitable for illiterate persons.

Temps allotted: 30 minutes to 1 hour

Objective of the exercise:
To identify the different roles of women and men with respect to various WASH activities. The results of the exercise may also be useful for initiating a discussion on the respective roles of women and men in the WASH field and the contributions of each with regard to the supply of water, hygiene and sanitation.

Equipment required: Flip charts, blank cards or with drawings of the WASH activities

Instructions:

1- **Identify the various activities related to the supply of water, hygiene and sanitation** (may be specified depending on project objectives). Initiate a discussion with the participants on the various activities identified. For each new activity identified, ask a participant to draw the activity in question on half a sheet of paper. Alternatively, you can use the pre-drawn cards; however, if you do this make sure to ask the group whether the drawings provided correctly describe the activity/stage mentioned.

2 - **Who does what?**: When the main WASH activities have been identified, prepare the flip chart. Divide the flip chart page horizontally into three equal parts using a felt-tip pen. On the left side of the page draw in the first third (top left) a woman, in the second third (middle left) a man and in the third-third, below, a woman and man together. In the interests of saving time, you should prepare this page before the session.
Next, ask the participants who are primarily involved in each of the activities identified (who does what?). The cards are placed one after another on the flip chart next to the drawing of the woman, the man or the woman and man together depending on who is most involved in the activity in question

3 - **Discuss the division of tasks and distribution of workload**: When the cards have all been placed on the flip chart, discuss with the participants the current division of tasks and the workloads falling on the women and on the men. Do the results of the exercise surprise them? Is there an imbalance between male and female workloads? If yes, why is this the case? Is there a correlation between the time invested by each in these activities and holding onto any resulting advantages and benefits?

Usefulness of the exercise:
This exercise is useful in order to better understand who does what in WASH matters. These elements may inform the development of the operational strategy, enabling the targeting of women and/or men depending on their involvement in a given activity. The results of the exercise may also provide interesting information on the socio-economic vulnerabilities of men and women: Who has to carry out the tasks requiring the most time? Who is the decision-maker in the household regarding WASH practices and who incurs the expenses?, etc.

Template of a division of tasks matrix

WASH ACTIVITIES	Collecting and transporting water	Handling and storing water	Keeping the water source developed clean	Keeping toilets and showers clean	Ensuring that sinks for hand washing always have water and soap	Cleaning the camp	Being employed as a casual labourer for the construction of toilet and showering blocks	Being a member of the water committee and deciding the type and location of works
								
								
								
								

NOTES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