



USAID Transform WASH

SOCIAL BEHAVIOR CHANGE STRATEGY

Plan International

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ACRONYMS

BCC	Behavior Change Communication
CLTS	Community-led Total Sanitation
CLTSH	Community-led Total Sanitation and Hygiene
DBC	Designing Behavior Change
DCC	Direct Consumer Contact
FMoH	Federal Ministry of Health
GOE	Government of Ethiopia
HH	Household
HEW	Health Extension Worker
ICT	Information and Communication Technology
IPC	Interpersonal Communication
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MFI	Micro-Finance Institution
ODF	Open Defecation Free
PPP	Public-Private Partnership
PSI	Population Services International
SBC	Social Behavior Change
SBCC	Social Behavior Change Communication
SDG	Sustainable Development Goal
SNNP	Southern National Nationalities and Peoples
TOT	Training of Trainers
USAID	United States Agency for International Development
VSLA	Village Savings and Loan Association
VSLG	Village Savings and Loan Group
WASH	Water, Sanitation and Hygiene
WDA	Women's Development Army
WDAL	Women's Development Army Leader
WWT	Woreda WASH Team

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1. Introduction

The USAID Transform: Water, Sanitation and Hygiene (WASH) Activity envisions a thriving WASH market in Ethiopia driven by increased consumer demand for and use of affordable products and services, delivered through successful business models and supported by the Government of Ethiopia (GOE). To achieve this vision, the project follows a holistic market development approach to increase access to and use of WASH products and services with a focus on basic sanitation.

The USAID Transform WASH Activity is making every effort to achieve four main intermediate results: (1) increase demand for low-cost, high-quality WASH products and services; (2) increase supply for low-cost, high-quality WASH products and services; (3) increase WASH governance and management capacity at the subnational level; and (4) increase the knowledge base to bring WASH innovations to scale.

The project uses audience insights gathered through formative research and consumer segmentation to gain a deep understanding of the key constraints households (HHs) face, as well as their incentives to adopt and sustain improved WASH behaviors. Based on the research, USAID Transform WASH goes beyond behavior-focused Community-led Total Sanitation (CLTS) approaches to build and link consumer demand to the local supply of basic sanitation products through targeted and integrated HH visits and to reinforce community mobilization efforts to improve individual and social practices and norms, respectively.

The behavior change communication (BCC) strategy is intended to suggest evidence-based behavioral change and demand creation approaches and to guide WASH behavior change intervention efforts implemented mainly by Plan International and synergized with the USAID Transform WASH Activity's consortium organizations. This strategy is informed from a desk review of WASH-related policy, strategy, and program documents and survey reports; a review of WASH-related social behavior change communication (SBCC) material mapping; and a critical review of existing tools from the Federal Ministry of Health (FMOH), and stakeholder and partner consultation/discussion at national, regional, zonal, and woreda levels.

This document comprises the analysis involved in identifying the major WASH behaviors to focus on, the key audiences, major barriers, and behavioral determinants that motivate target groups to develop sustained behavior change toward WASH practices, as well as the results the project activities need to achieve along with suggested interventions.

Furthermore, the social behavior change (SBC) strategy is expected to improve the effectiveness of WASH service delivery by addressing the demand/user side gaps by creating awareness, demand, and acceptability for the WASH products and services provided through community-based approaches. The strategy will address the social support and norm to improve WASH behaviors in the project intervention areas through a multi-level approach that includes the harmonization of interpersonal communication, community mobilization, and advocacy that helps the project to achieve its objectives.

2. Background

Ethiopia has been implementing a pro-poor health policy that promotes decentralization of primary health care. Though commendable improvements in the health well-being of the nation, in general, and the maternal and child health, in particular, have been witnessed in the last few decades, Ethiopia remains a country with the lowest rates of coverage for improved water and sanitation in the world.

According to the Ethiopia Demographic Health Survey conducted by the Central Statistical Agency [Ethiopia] and ICF, 2016, one in three HHs in Ethiopia have no toilet facility (39% in rural areas and 7% in urban areas), and only 6% of Ethiopian HHs use improved toilet facilities (16% in urban areas and 4% in rural areas). Regarding handwashing, soap and water, the essential handwashing agents, were observed in 28% of urban HHs and 7% of rural HHs. The availability of soap and water varies across regions, from a low of 5% in Amhara to a high of 39% in Addis Ababa. Soap and water availability increases with increasing wealth.

In Ethiopia, 97% of urban HHs have access to an improved source of drinking water, compared with 57% of rural HHs. Urban and rural HHs rely on different sources of drinking water. The most common sources of drinking water in rural HHs are public taps/standpipes (19%), followed by protected springs (14%) and tube wells or boreholes (13%). Most HH residents in both urban (88%) and rural (92%) areas report that they do not treat their water prior to drinking. Overall, 7% of HHs in Ethiopia (11% in urban areas and 6% in rural areas) are using an appropriate treatment method. The reported treatment methods include boiling, adding bleach/chlorine, straining through a cloth, filtering, and letting it stand and settle.

As a prominent impact of poor hygiene and sanitation, diarrhea is the leading cause of under-5 children's mortality in Ethiopia, causing 23% of all under-5 deaths. Around 44% of under-5 children in Ethiopia are stunted (i.e., their height is less than expected for their age), which can be linked to the childhood incidence of diarrhea and to the lack of WASH services. Important nutrients that the child requires for growth are wiped out through diarrhea; intestinal parasites take up the remaining nutrients. When this scenario continues for some time, children become stunted and their growth is significantly faltered.

While the need for improved water and sanitation access is clear, there is consensus that no health or other development objectives can be achieved without the consistent and correct practice of WASH behaviors, including:

- Safe and hygienic disposal of feces, including infant feces
- Consistent and correct handwashing at critical junctures, particularly after defecation and before food preparation and feeding/eating
- Safe handling and storage of HH water

This SBC strategy is therefore developed to guide design and implementation of evidence-based SBC intervention for promoting recommended WASH behaviors to create demand for products and services at HH and community level for the USAID Transform WASH project being implemented in 41 districts found in eight regions and the Direedawa city administration.

3. Goals and Objectives of the Strategy

The main goal of the WASH SBC strategy is to guide design and implementation of SBC interventions to improve the health of rural and semi-urban HH members through increasing their knowledge and demand for improved WASH products and service.

Specifically, the strategy has the following objectives:

- To determine evidence-based WASH behavior change and demand creation platforms that will help to improve WASH-related knowledge and attitude, thereby enhancing self- and action-efficacy among rural and peri-urban HHs.
- To redefine the roles of existing practitioners involved in WASH demand creation interventions.
- To show how the different pieces of the WASH-enabling environment, demand creation, and supply side interventions are interlinked toward positive WASH outcomes.

4. Theoretical Frameworks of SBC Strategy

Communication for behavior change has been the influential tool to increase awareness and thus bring the desired behavior change on various health issues, including WASH. Literature regarding the promotion of WASH products and services, prevention of mortality and morbidity, and enhancement of the well-being of community members has put BCC at the heart of interventions.

The Ethiopian health policy and the National Health Promotion and Communication Strategy support the design and implementation of BCC interventions. They recommend strengthening health education and promotion activities targeting specific populations through close and frequent HH counseling visits by service providers and the engagement of community leaders, religious and cultural leaders, and others.

Specific to WASH interventions, active involvement of private and community-based structures is prominently required to improve access to products and services, as well as finance for target HHs unless behavior change interventions otherwise remain toothless and unlikely to generate demand for WASH behaviors. Thus, the strategy framework takes into consideration the significant roles of supply side actors, such as WASH product retailers, manufacturers, and sales agents; community-based informal groups; and private and public financial institutions.

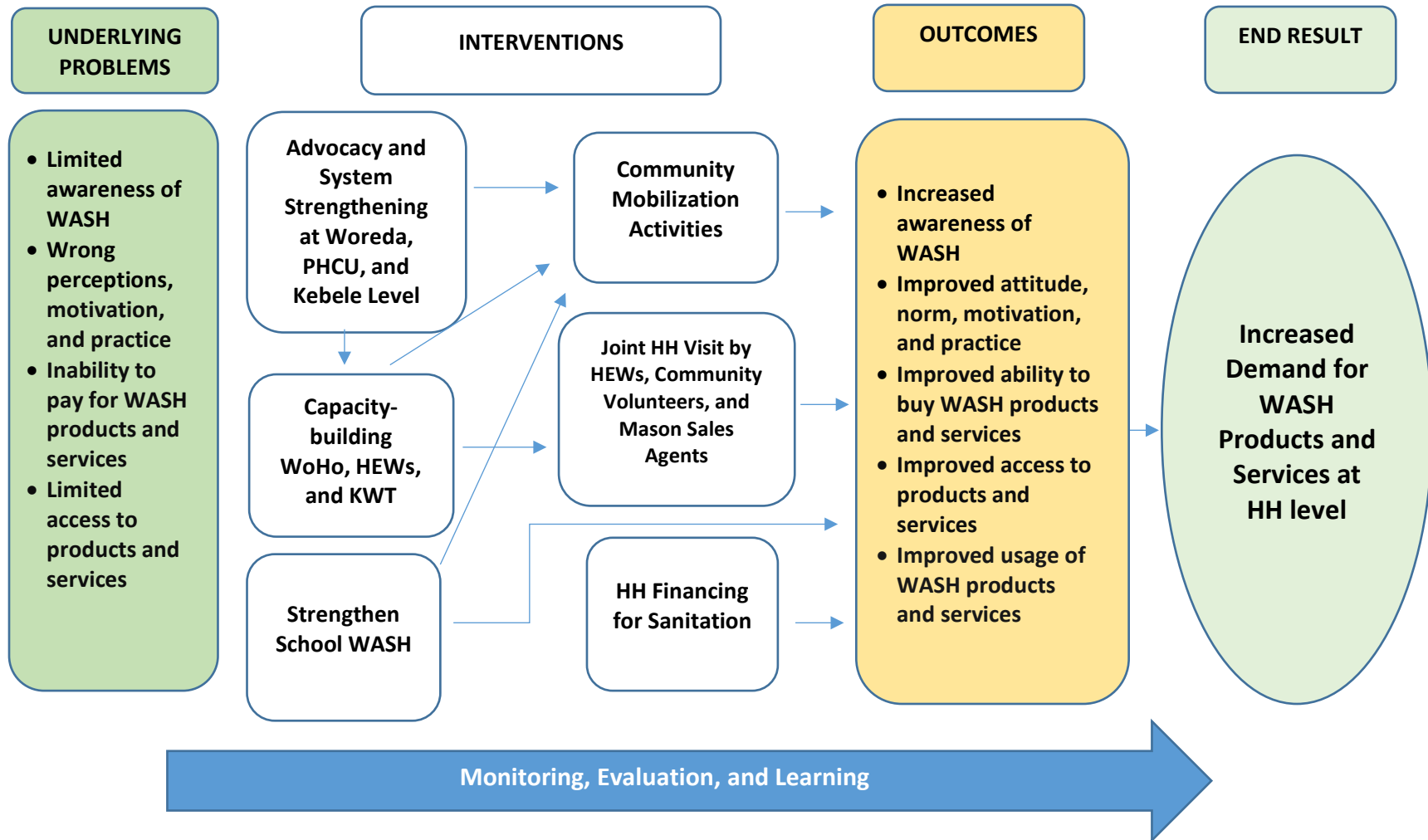
4.1 Pathway to WASH Practices

The strategy development process employed the Communication Pathways Model, a conceptual communication model derived from the socio-ecological model of behavior change. Based on the socio-ecological model, this strategy defines specific pathways to change for the different audience groups leading to sustainable WASH outcomes.

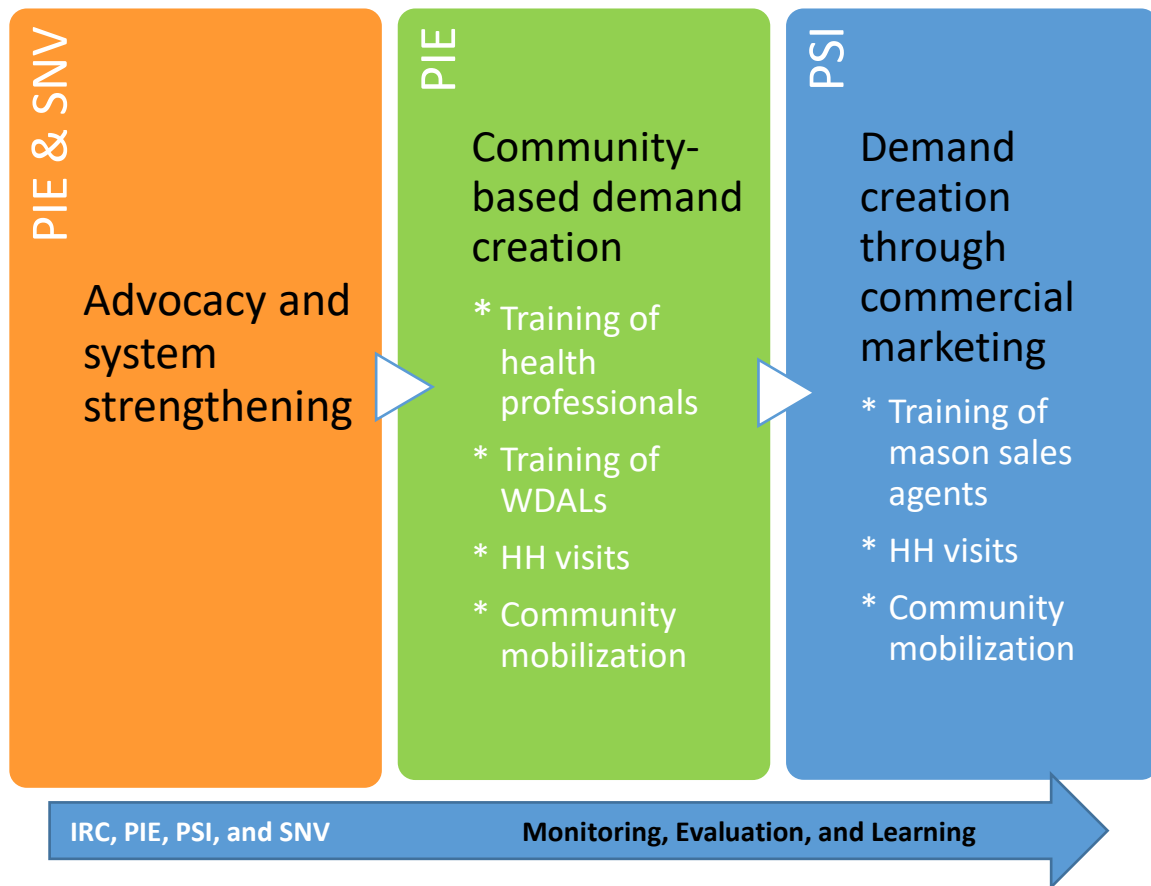
This framework, as depicted hereunder, is laid out to address the demand creation efforts targeting rural HHs through existing government and community-based structures, commercialized sanitation interventions to improve effective usage of WASH products and services, as well as larger social and behavioral issues resulting from the interactions of different levels of the pathways framework. The framework is refined based on the project objectives and aligned with the National Health Promotion and Communication Strategy, National Hygiene and Sanitation Strategy, and National Sanitation Marketing Guideline.

This model (shown below) proposes three domains for interventions: 1) community-based and market-centered awareness creation and demand creation for WASH products and services; 2) enhanced supply of products and services; and 3) strengthening of a WASH-enabling environment through an improved management capacity, as depicted in the framework, so that the envisioned WASH outcome will be realized among rural and peri-urban HHs.

USAID Transform WASH Demand Creation Interventions Implementation Framework



USAID Transform WASH Demand Creation Implementation Modality: A Snapshot



5. Behavioral Analysis for WASH

The Transform WASH behavior change strategy is built around the evidence that has been found from different sources. The behavioral analysis is the cornerstone for developing the strategy as it is shown hereunder.

The Designing for Behavior Change (DBC) framework is used to analyze WASH behaviors to inform the development of the SBCC strategy. Based on data gathered through desk review, key barriers and motivators (key determinants) affecting behavior change in a specific priority or influencing group were identified.

The behavioral analysis for WASH adopts the BEHAVE framework, which consists of the five decisions outlined below:

1. **Behavior:** There are a number of recommended WASH practices, from which key behaviors were identified for the purpose of developing this strategy, that consider some evidence-based criteria. Some of these criteria emphasized behaviors that are poorly practiced, which means there is room for much improvement, and behaviors that are directly linked and have significant contributions to improved WASH outcomes with a focus on sanitation. The following are the small doable actions at HH level that can be considered key WASH behaviors:
 - HHs purchase low-cost and quality sanitation products and construct improved latrines.

- HH members avoid open defecation and exclusively use the improved latrine at all times.
 - HHs dispose of children's feces in the latrine.
 - HH members wash their hands consistently with soap or soap substitutes (such as ash) after using a latrine, after cleaning children, and after handling wastes of any kind (such as animal dung) before cooking food and eating.
 - HHs use water treatment technologies to secure safe drinking water.
2. **Target Audiences:** Audiences are individuals or groups of people who are expected and encouraged to adopt the behavior (priority audiences such as HH heads), and the group that the Priority Group identifies as having the most influence in adopting the behavior in question (Influencing Groups include elders, peers, religious leaders, service providers).
 3. **Determinants:** These factors represent a person's feelings, beliefs, or other elements in the environment that can support Priority Groups in practicing WASH behavior (Motivators) or prevent them from doing a behavior (Barriers), as identified by the assessment and desk review findings.
 4. **Bridges to Activities:** These are statements defining what the project activities need to achieve to address the problem at the end. Sometimes these are expressed as key factors.
 5. **Activities:** These are tasks that program implementers plan, organize, and/or conduct, usually with the Priority Group or Influencing Groups, to address the Bridge to Activities.

DESIGNING FOR BEHAVIOR CHANGE (DBC) FRAMEWORK

5.1 Sanitation

Sanitation starts with choosing WASH behaviors and developing behavior statements, as described above, to develop the DBC framework, as well as analyzing the remaining decisions as shown below:

Key Decisions		Description
Behaviors		<ul style="list-style-type: none"> • HHs purchase low-cost and quality sanitation products and construct improved latrines. • HH members avoid open defecation and exclusively use improved latrine at all times. • HHs dispose of children’s feces in the latrine.
Target Audiences	Primary Group	<ul style="list-style-type: none"> • HH heads (men and women) all speak different local languages and are mostly illiterate. Husbands spend most of their time on the farm, and the mothers work at home and in the fields. HH resources are controlled by husbands, women have limited access to any decisions over resources, and the task of caring for family members is fully given to women. They all want to have healthy families and to be perceived as good parents. • Most HHs do not have improved latrines, and most HH members defecate in open fields and have limited access to water.
	Influencing Group	<ul style="list-style-type: none"> • Community elders and religious leaders are the most influential community members. They are respected groups and trusted by the community. • Service providers (health workers, agriculture workers, and teachers) and community volunteers can influence HHs on various behaviors. Most of them are paid government staffs, and some are volunteers. They spend most days with the community providing different information, conducting door-to-door counseling, providing health care services, etc.
Determinants		<ul style="list-style-type: none"> • <i>Access</i>: Limited access to finances to purchase sanitation products (poverty). • <i>Perceived negative consequences</i>: People perceive that using a latrine creates a bad smell and flies. • <i>Perceived positive consequences</i>: Using the latrine ensures privacy. • <i>Self-efficacy</i>: People perceive they are not able to use improved latrines in rural settings and consider improved latrines as luxuries. • <i>Perceived social norm</i>: Lacking social penalty for open defecation, the construction of improved latrines is a symbol of pride, love, and respect of husbands to their wives.

Key Decisions	Description
Bridges to Activities	<ul style="list-style-type: none"> • Reduce the perception of latrine construction and use with a bad smell. • Increase the perception of health risks caused by children’s feces. • Increase the perception of husbands that constructing improved latrines and ensuring access to their wives is a symbol of love and respect. • Increase access of HHs to finance to enable them to purchase sanitation products. • Increase the perception of the community that open defecation is disgusting and should be penalized.
Activities	<ul style="list-style-type: none"> • Train health professionals/health extension workers (HEWs), sales agents, and community volunteers (Women’s Development Army Leaders [WDALs]) to conduct periodic HH visits. • Develop proper communication materials for WASH promoters (HEWs and sales agents) to conduct periodic HH visits jointly to create awareness, promote WASH products, and create demand for WASH products and services. • Support HHs in setting their own goal and negotiate small doable actions to try an improved WASH practice. • Conduct community dialogue to address community/social norms. • Organize community-based events to promote sanitation products and ensure channel mix, and increase exposure of target HHs. • Implement financing strategies for sanitation with Village Savings and Loan Groups (VSLGs) and link with micro-finance institutions (MFIs) to increase access to loans.

5.2 Handwashing

Key Decisions		Description
Behaviors		<ul style="list-style-type: none"> • HHs permanently place water facilities in the toilet. • HH members wash their hands with soap and soap substitutes properly and consistently during the five critical junctures, which are after using a latrine, after cleaning children, after handling wastes of any kind (such as animal dung), before cooking food, and before eating.
Target Audiences	Primary Group	<ul style="list-style-type: none"> • HH heads (men and women) all speak different local languages and are mostly illiterate. Husbands spend most of their time on the farm, and mothers work at home and in the fields. HH resources are controlled by husbands, women have limited access to any decisions over resources, and the task of caring for family members is fully given to women. They all want to have healthy families and to be perceived as good parents. • Most HHs do not have improved latrines, and most HH members defecate in open fields and have limited access to water.
	Influencing Group	<ul style="list-style-type: none"> • Community elders and religious leaders are the most influential community members. They are respected groups and trusted by the community. • Service providers (health workers, agriculture workers, and teachers) and community volunteers can influence HHs on various behaviors. Most of them are paid government staffs, and some are volunteers. They spend most days with the community providing different information, conducting door-to-door counseling, providing health care services, etc.
Determinants		<ul style="list-style-type: none"> • <i>Access</i>: Lack of sufficient water. • <i>Self-efficacy</i>: People perceive that they are not able to wash their hands regularly. • <i>Perceived severity</i>: People lower perception of the health risks of not washing hands with soap/soap substitutes. • <i>Perceived positive consequences</i>: Children look clean, attractive, healthy, and clever.
Bridges to Activities		<ul style="list-style-type: none"> • Reduce the perception of low health risks of handwashing. • Increase the perception that a small amount of water is required for handwashing. • Increase the perception that washing hands and faces makes children clever and productive. • Increase the practice of handwashing at HH level and make it a trend for every family member.
Activities		<ul style="list-style-type: none"> • Support and monitor HHs to place a permanent handwashing facility with soap/soap substitutes in the toilet. • Incorporate handwashing elements in the training of HEWs and community volunteers. • Conduct periodic/frequent HH visits at HH level to support and monitor handwashing practices and HH goals.

5.3 Safe Drinking Water

Key Decisions		Description
Behaviors		<ul style="list-style-type: none"> • HHs use water treatment technologies to secure safe drinking water.
Target Audiences	Primary Group	<ul style="list-style-type: none"> • HH heads (men and women) all speak different local languages and are mostly illiterate. Husbands spend most of their time on the farm, and mothers work at home and in the fields. HH resources are controlled by husbands, women have limited access to any decisions over resources, and the task of caring for family members is fully given to women. They all want to have healthy families and to be perceived as good parents. • Most HHs do not have improved latrines, and most HH members defecate in open fields and have limited access to water.
	Influencing Group	<ul style="list-style-type: none"> • Community elders and religious leaders are the most influential community members. They are respected groups and trusted by the community. • Service providers (health workers, agriculture workers, and teachers) and community volunteers can influence HHs on various behaviors. Most of them are paid government staffs, and some are volunteers. They spend most days with the community providing different information, conducting door-to-door counseling, providing health care services, etc.
Determinants		<ul style="list-style-type: none"> • <i>Access</i>: Limited access to finances and technologies (poverty). • <i>Self-efficacy</i>: Women believe they are not able to treat water with chemicals and use other technologies. • <i>Perceived negative consequences</i>: A perception by the community that water treatment technologies have adverse health results, such as infertility/sterility. • <i>Perceived positive consequences</i>: Perception by the community that water treatment technologies are helpful to ensure safety of drinking water and to promote health. • <i>Perceived divine will</i>: People's perception that some water-borne diseases are from God.
Bridges to Activities		<ul style="list-style-type: none"> • Increase the knowledge of the community on the health benefits of drinking safe water. • Reduce/avoid the perception that water treatment technologies do not bring adverse health consequences. • Increase the capacity of HHs to purchase technologies and treat drinking water.
Activities		<ul style="list-style-type: none"> • Train health promoters/sales agents and community volunteers on the health benefits and introduce them to technology options. • Conduct HH visits, create awareness, introduce HHs to technologies, and support them in setting goals. • Conduct periodic monitoring visits to ensure proper usage of technologies and availability of safe drinking water at HH level.

6. Audience Analysis

Audience analysis is one of the major activities to segment target audiences into smaller groups or audiences with similar communication-related needs, preferences, and characteristics. Prioritizing helps to determine what audiences we should focus on, and the profiling or describing of audiences allows us to imagine what the audience looks like and what their communication needs could be by personalizing audience members.

Segmenting audiences enables Transform WASH to focus on those audiences who are most critical to reach and to design the most effective and efficient strategy for helping each audience adopt new behaviors. It further enables programs to match audiences, messages, and media, as well as WASH products and services based on the specific needs and preferences of the audience. Tailoring SBC strategy to the characteristics, needs, and values of important audience segments improves the chances for desired behavior change. In this strategy audiences are segmented as primary and secondary target groups. The primary target group is the direct beneficiary, whereas the secondary target groups influence this primary group. The strategy identifies two key target audiences, and it is designed to focus on the following target groups.

6.1 Primary Audiences

Rural and peri-urban HHs are the central target group expected to adopt the promoted WASH behaviors, improve the health status of family members, and contribute to the well-being of the surrounding community. This SBC strategy considers the gender-transformative approach, which requires equal share of responsibility between men and women at HH level. However, the HH heads, mostly husbands, are the primary audience for particular actions such as the purchase of WASH products and services. This is because USAID Transform WASH substantially focuses on sanitation behaviors, and husbands usually control and decide on HH resources to purchase these products and construct an improved latrine.

6.2 Audience Segmentation

The WASH demand creation intervention starts with identifying HHs that do not have basic/improved latrines and would be the primary target, mainly for HH counseling visits for WASH. The identification or mapping will be done by community volunteers through a transect walk in the compound during the first HH visit to observe the current status of the HH regarding WASH behaviors.

Thus, HHs that failed to practice the recommended WASH behaviors, such as lacking a basic/improved latrine, handwashing facilities, use of water treatment technologies, etc., will be identified for WASH HH visit intervention.

6.3 Secondary Audiences

These groups of people either prevent or encourage the Priority Group to practice the promoted WASH behavior. They can be considered as secondary target groups/audiences in the community, such as peer groups, religious leaders, HEWs, primary health care service providers, community volunteers (e.g., WDALs), etc., as described above in the DBC framework.


These influencers can engage, influence, and mobilize the community and make key decisions about sociocultural issues. Therefore, targeting key influencers would have a positive impact to mobilize the community at large and bring the intended behavior change regarding WASH behavior and practices.

7. Demand Creation Strategic Approaches

The BCC for Transform WASH substantially focuses on sanitation, and the implementation strategy recognizes and considers a sanitation ladder, which is a way of analyzing WASH practices that highlights the trend in:


- i. **Sanitation:** open defecation, shared and unimproved sanitation facilities, and trends in using improved latrines

SERVICE LEVEL	DEFINITION
Safely Managed	Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite
Basic	Use of improved facilities that are not shared with other households
Limited	Use of improved facilities shared between two or more households
Unimproved	Use of pit latrines without a slab or platform, hanging latrines or bucket latrines
Open Defecation	Disposal of human feces in fields, forests, bushes, open bodies of water, beaches or other open spaces, or with solid waste.



- ii. **Water:** Unimproved drinking water sources, other improved drinking water sources, and improved or piped water on the premises.

Service	In the SDGs	In the MDGs
Safely Managed	A basic/improved drinking water source, which is located on the premises, available when needed, and free of fecal and priority chemical contamination	Improved drinking water source
Basic	An improved water point-provided collection time is no more than 30 minutes for a roundtrip, including queuing	
Limited	Drinking water from unprotected dug wells, unprotected springs, casts with small tanks/drums, tanker trucks, or basic sources with a total collection time of more than 30 minutes for a roundtrip, including queuing	Unimproved drinking water source
None	Water coming from surface water: river, dam, lake, pond, stream, canal, or irrigation channel	



On the sanitation ladder, HHs will choose to move up the “ladder,” abandoning unimproved practices, such as open defecation and unsafe drinking water, and revealing a demand for WASH products, facilities, and services.

The sanitation ladder recognizes the problem of financial resources that most rural HHs face to purchase improved WASH products and practice recommended behaviors, such as constructing an improved latrine as described in the barrier analysis. However, target audiences in the project implementation areas are encouraged to purchase, for instance, basic sanitation products, and to construct latrines instead of moving up the sanitation ladder if they are capable of doing everything.

Application of the Sanitation Ladder

The sanitation ladder in Transform WASH demand creation interventions is implemented in a way that target HHs will be supported by community volunteers and HEWs to identify where these interventions are specific to WASH behaviors. They will also discuss why these HHs are not practicing the recommended optimal behavior and suggest solutions in the counseling process, help them to set goals on the next best step of the ladder, monitor achievements, recognize and appreciate efforts, and set the next goals until they achieve the maximum expected stage of the behaviors on the top of the ladder.

The HH WASH goal card will be provided to target HHs to discuss the steps through which the HH can practice incremental behavior to achieve optimal WASH behaviors. The card will also help to set the next goals, which will be posted on the HH's wall for them to see and remember to practice based on the agreed timeline.

As depicted in the project implementation framework above, the demand creation interventions could be effective if the environment is enabling. In solid terms, the capacity of concerned sectors, platforms, etc., at national, regional, zonal, woreda, and kebele levels is enhanced to ensure ownership and support for the implementation of the USAID Transform WASH project toward sustained demand at community level and the establishment of a sustained sanitation business in the market.

Furthermore, the process of BCC and demand creation for WASH products and services should be interconnected with the supply of products and services in a way that both actors can work hand in hand to reinforce each other for maximum impact. The following describes the pieces of demand side interventions undertaken under the USAID Transform WASH project.

Leveraging Community-led Total Sanitation and Hygiene

WASH demand creation relies on a communication approach that is a systematic, planned, and evidence-based strategic process intrinsically linked to program elements. It will encourage participation of various community groups, including family members and opinion leaders, and it relies on a mix of communication tools, channels, and approaches to promote positive and measurable behavior and social change.

The activities suggested to be undertaken for Transform WASH demand creation directly support Community-led Total Sanitation and Hygiene (CLTSH) to realize its objectives through training of existing government health structures, such as the kebele WASH team and HEWs. They will work toward triggering villages; supporting HHs to attain a basic/improved latrine, which in turn increases latrine coverage; supporting institutions, such as kebele administration and schools, to undertake institutional triggering; community mobilization interventions for planning and implementing community-based WASH initiatives; and the sanitation market development and supply of sanitation products to HHs to enhance the achievement of exclusive use of latrines by family members, which significantly adds energy to the efforts of the government to attain and verify ODF villages and communities.

To achieve the desired WASH behavioral and social change, the SBC strategy uses a mix of communication approaches that complement each other. These approaches will engage, motivate, and empower HHs, communities, and networks to influence or reinforce social norms and cultural practices that support long-term sustainable change to WASH practices. These approaches will also help to inform, influence, and support individuals, families, community groups, and opinion leaders to adopt desired behaviors.

The demand creation interventions for WASH products and services should be supported by the existing public and community structures and interlinked with availability and access to affordable products and services as shown in the framework above.

Selecting Intervention Kebeles for WASH Demand Creation

Plan International Ethiopia proposed to implement the demand creation interventions of the USAID Transform WASH project in 15 rural kebeles of each target woreda. The selection of 15 intervention kebeles in woredas with 15 plus kebeles will be done by the regional project team in consultation with the Woreda WASH Team (WWT). However, woredas with 15 or fewer kebeles will consider all kebeles for all suggested demand creation interventions.

7.1 Advocacy and System Strengthening

Advocacy and Planning Workshops

Advocacy is literally the key and primary strategy that social behavior change communication (SBCC) uses in addition to community mobilization and BCC. It is obvious that the advocacy element of the USAID Transform WASH project is implemented by SNV (USAID Transform WASH consortium member) in addition to the capacity-building interventions aimed at strengthening the existing government system at all levels and ensuring appropriate support and active involvement in achieving project objectives. Besides this advocacy and system strengthening effort, Plan International conducts the woreda-level advocacy and planning workshop to enhance engagement of kebele- and woreda-level concerned stakeholders.

Activity description: The one-day workshop will take place at the woreda town of each woreda targeted by USAID Transform WASH intervention. The workshop can be considered a “whole system in a room” to which participants from organizations, institutions at woreda and kebele level that have a stake in WASH interventions, as well as community representatives will be invited. It will be led by the woreda health office head and USAID Transform WASH Regional SBCC coordinator with support from other regional team members from consortium member organizations.

The regional project team will jointly present an overview of the USAID Transform WASH project, explaining its design is based on the national hygiene and sanitation strategy and supports the purpose of the national sanitation marketing guideline, which is to develop appropriate sanitation marketing business models and promote sanitation as a business to the private sector. The presentations will include the project objectives, target geographic areas, target WASH behaviors, and the general approach and specific activities to catalyze and maintain behavior change.

Furthermore, different WASH products and services the project promotes will be demonstrated to participants to familiarize them with the items and obtain buy-in. Facilitators will allow participants to raise questions, and discussions will be conducted following the presentations.

Finally, the action planning activity will be done to identify the timing of subsequent woreda- and community-level interventions/events and delegate roles and responsibilities among the various woreda- and kebele-level participants in implementing the USAID Transform WASH project, in general, and the demand creation intervention for WASH products and services, in particular.

Aim:

- To familiarize participants with the detailed project components/intermediate results implemented by consortium organizations, including the corresponding behavior change tools.
- To obtain support from participants for the community mobilization and demand creation activities for WASH products and services at HH level.
- To develop an action plan and identify the roles of participants getting involved in the project implementation process, mainly the demand creation interventions for WASH products and services at HH level.

Facilitators: <ul style="list-style-type: none">• Woreda health office head/officers• Regional USAID Transform WASH team	Target Audience: <ul style="list-style-type: none">• WWT sectors• Kebele administrators, HEWs, community representatives (elders, religious leaders), kebele WASH committee members (school principals, kebele women’s affairs representatives...)
Tools and Materials: <ul style="list-style-type: none">• Presentations• Community mobilization/demand creation BCC material• Sanitation products• Action Planning templates	Duration, Frequency: <ul style="list-style-type: none">• 1 day, singular occurrence

7.2 Integrated HH Counseling Visits

The BCC intervention, to increase WASH knowledge, create demand for WASH products and services, as well as negotiate WASH practices at HH level, mainly relies on the HH visits to be conducted jointly by trained demand creation and supply side actors.

HEWs and community volunteers (village-based WDALs and 1 to 5 network leaders) are the major actors who will be involved in the community-based WASH awareness creation and demand creation activities. The woreda business facilitators, mason sales agents, manufacturers, and retailers are those engaged in the supply side to promote, distribute, and install WASH products for target HHs through a commercialized marketing approach. The integration of both actors ensures interlinked efforts to achieve the application of commercial marketing through community-based demand creation interventions.

Working with existing government structure: The USAID Transform WASH project supports the GOE and one WASH national program and enables the system to manage and sustain WASH activities, especially related to sanitation. To realize sustainable sanitation market development, this strategy suggests the use of a frontline structure in the government health system, which involves HEWs, to increase the knowledge and demand for WASH products and build and link consumer demand to local supply of basic sanitation products.

Even though HEWs are stretched over various health promotion activities, the WASH monitoring survey results revealed that more than 50% of rural HHs in USAID Transform WASH project areas that purchased sanitation products got their information from HEWs. This finding informs the strategy to suggest continuing engagement of HEWs as a leading actor at kebele level to generate demand for WASH products. The strategy also recommends specific actions to fill existing gaps for HEWs to lead the

community mobilization activities toward improved WASH behaviors at HH level. Increasing frequency of HH visits, integration with supply side actors, use of defined communication/promotional tools and materials, and close follow-up with and support of HEWs are some of the central issues that should be improved to make engagement of HEWs as effective as it is supposed to be.

In addition, the findings of the desk review and the analysis reports on the discussions with the FMoH staff, partners, and project team strongly suggest the involvement of HEWs with a clearly redefined role to reach target HHs through targeted and integrated HH counseling visits. Thus, the SBCC strategy suggests the following major activities to conduct effective HH visits for WASH demand creation and increased sales of products.

Training of Trainers

Activity description: This three-day training can take place at regional or cluster level for woreda government health officers who are responsible for managing WASH activities and supporting and supervising HEWs. Participants of the training of trainers’ (TOT) session are technical staffs of WWT sector offices, who will be the core trainers to facilitate the training of HEWs and serve as woreda focal persons for the USAID Transform WASH project to support kebele-level interventions and undertake monitoring activities, such as conducting supervision, compiling woreda-level data and reporting, facilitating periodic performance review sessions, etc.

Aim:

- To familiarize woreda-based government health professionals with the USAID Transform WASH project.
- To equip participants with the necessary WASH knowledge and HH counseling techniques to facilitate the training of HEWs and ongoing support.
- To introduce participants with sanitation products and corresponding behavior change tools/communication materials.
- To develop an Action Plan by the participants to train HEWs and provide continuing follow-up support.

<p>Facilitators:</p> <ul style="list-style-type: none"> • Regional USAID Transform WASH team 	<p>Target Audience:</p> <ul style="list-style-type: none"> • Woreda government environmental health officers • Woreda government health extension supervisors
<p>Materials/Tools:</p> <ul style="list-style-type: none"> • Presentations • WASH BCC/communication materials (flip chart and HH WASH goal card) • WASH BCC guide/manual • Sanitation products • Action Planning templates 	<p>Duration, Frequency:</p> <ul style="list-style-type: none"> • 3 days, singular occurrence

WASH BCC Training for HEWs and Kebele WASH Committee

Activity description: This two-day training can take place in the woreda town for each woreda targeted by the USAID Transform WASH project. All HEWs and a member of the kebele WASH committee (the kebele administrator is strongly suggested) from selected intervention kebeles will participate in the

training. The training will focus on basic concepts of SBCC, refreshing WASH concepts, introduction of sanitation products and communication/promotional materials, as well as improving the counseling/negotiation skills of participants to convince target HHs to adopt improved WASH behaviors. The training will be facilitated by woreda government officers who receive their TOT training from the project team, with backup provided by the regional-level project team.

Aim:

- To familiarize HEWs and kebele WASH committee members with the USAID Transform WASH project.
- To equip participants with the necessary WASH knowledge and HH counseling techniques/skills to facilitate the training of community volunteers and ongoing follow-up and support.
- To introduce participants to sanitation products and corresponding behavior change tools/communication materials.
- To define and discuss the roles of HEWs on the Transform WASH demand creation interventions.
- To develop an Action Plan by participants to train community volunteers and provide continuing follow-up and support with a defined timeline.

<p>Facilitators:</p> <ul style="list-style-type: none"> • Woreda government environmental health officers • Woreda government health extension supervisors • Regional USAID Transform WASH team 	<p>Target Audience:</p> <ul style="list-style-type: none"> • HEWs • Kebele WASH committee members
<p>Materials/Tools:</p> <ul style="list-style-type: none"> • Presentations • WASH BCC/Communication materials (flip chart and HH WASH goal card) • WASH BCC guide/manual • Sanitation products • Action Planning templates 	<p>Duration, Frequency:</p> <ul style="list-style-type: none"> • 2 days, singular occurrence, but refresher sessions can be organized years later if necessary

REDEFINING THE ROLES OF HEWs

HEWs were the sole actors for the community mobilization activities to generate demand for WASH products and services at HH level in the target rural and peri-urban kebeles of the USAID Transform WASH project since the beginning of the project period. Based on feedback received from various formal and informal communications, performance review sessions, as well as the assessment conducted by IRC WASH, a USAID Transform WASH consortium member organization, HEWs are found to be overstretched in their effort to reach all target HHs through WASH counseling to achieve real demand at HH level.

WASH behavior change and resulting demand creation requires frequent HH visits and a channel mix plan to target even similar audiences, which is hardly something for the HEWs to get into. Thus, the role of HEWs should be redefined as explained below:

ROLES OF HEALTH EXTENSION WORKERS

- Role 1.** After getting basic WASH BCC training organized by the USAID Transform WASH project at woreda level, HEWs will train/orient selected community volunteers (maybe WDALs/1-30 leaders) at kebele level to reach target HHs through WASH counseling/negotiation visits.
- Role 2.** Conduct random HH visits to support, coach, and monitor trained volunteers while conducting WASH counseling visits.
- Role 3.** Conduct bi-weekly/monthly review meetings to review performances of community volunteers, refresh volunteers on HH visit tasks, and decide the next steps.
- Role 4.** Enhance linkage of demanding HHs to proper suppliers, masons, or manufacturers.
- Role 5.** Support other kebele WASH committee members to organize community mobilization events.
- Role 6.** Prepare data and reports of monthly HH visits and other demand creation activities, and submit them to the cluster health centers/woreda health office.
- Role 7.** Participate in quarterly reflection and performance review sessions organized by the USAID Transform WASH project and current kebele-level achievements.

Deploy Community Volunteers

Activity description: According to the desk review and discussions with government health staff at national and woreda level, there is a community-based structure named the 1-to-5 network (denoting one leader and five member HHs) and the Women’s Development Army’s (WDA) 1-to-30 network (meaning one WDA team leader for every 30 HHs). The network and the WDA have leaders who are working very closely with HEWs undertaking health promotion activities targeting HHs within their group.

The government and other projects are using an effective channel to reach target HHs easily and frequently with close support and monitoring by HEWs. Since the behavioral change and demand creation activity requires frequent visits, the use of these structures is strongly suggested to improve WASH behaviors at HH level.

Thus, the WDALs will be trained or oriented by HEWs on WASH HH counseling to deliver WASH messages, identify barriers and recommend solutions, increase awareness and negotiate the practice of improved WASH behaviors, create demand for WASH products and services, and conduct follow-up visits. The training/orientation will focus mainly on practical HH counseling skill development instead of presenting theoretical concepts to ensure effective HH visits and result in real demand for WASH products and services.

Aim:

- To familiarize WDALs with the USAID Transform WASH project.
- To equip participants with the necessary WASH knowledge and HH counseling techniques/skills to enable them to conduct effective HH counseling visits.
- To introduce participants with sanitation products and corresponding behavior change tools/communication materials.

Facilitators: <ul style="list-style-type: none"> • HEWs • Government woreda health officers (in some kebeles) 	Target Audience: <ul style="list-style-type: none"> • WDALs
Materials/Tools: <ul style="list-style-type: none"> • WASH BCC/communication materials (flip chart and HH WASH goal card) • Sanitation products 	Duration, Frequency: <ul style="list-style-type: none"> • 1 day, refresher sessions can continue every month during review meetings

Conduct Targeted and Repeated HH Visits

WASH behavioral change and demand creation could be achieved through targeted and repeated HH visits to assess the status of HHs in terms of WASH behaviors, conduct discussions, deliver WASH messages, negotiate practicing recommended behaviors, and follow up on agreed behaviors.

Aim:

- To observe the status of HHs on WASH practices and discuss barriers and solutions with HH heads, as well as deliver key WASH messages to increase awareness.
- To help HHs set their own goals regarding WASH behaviors so that HHs will exert maximum possible efforts to improve WASH behaviors.
- To conduct follow-up support to target HHs to maintain improved WASH behaviors.

Facilitators: <ul style="list-style-type: none"> • WDALs • HEWs 	Target Audience: <ul style="list-style-type: none"> • HH heads (both women and men)
Materials/Tools: <ul style="list-style-type: none"> • WASH BCC/communication materials (flip chart and HH WASH goal card) • Sanitation products if possible 	Frequency, Duration: <ul style="list-style-type: none"> • At least three times, a HH visit takes a minimum of 1 to 1½ hours

Targeted visit refers to the counseling visit and should reach the primary audience (women and men) expected to take on the responsibility of practicing/leading WASH behaviors at HH level. For instance, HH heads, mostly husbands and wives, should be reached through the HH visit to discuss WASH behaviors, purchase sanitation products, and construct an improved latrine at HH level. If we reach only women through the counseling visit, it will not be effective since the husbands are the decision makers on HH income to purchase sanitation products. Hence, the counselor needs to make the next appointment with the woman’s husband.

Repeated visit means that the HH visit should not be a one-time message delivery visit. The WDALs/HEWs should visit each HH at least three times, and the counseling session should take 1 to 1½ hours to undertake the process of counseling/negotiation activities based on the common GALIDRA approach (see textbox) that HEWs follow while conducting similar HH counseling visits.

- | |
|--|
| <ul style="list-style-type: none"> G Greeting target audiences A Assessing situations and asking questions L Listening to answers/responses of audiences I Identifying barriers/problems D Discussing options, opportunities, challenges, etc. R Recommending solutions, showing ways out, etc. A Appointing the next visit and thanking audiences |
|--|

Transect walk: The WDAL (counselor) will take a walk in the compound with the HH caregiver/s to assess and observe WASH practices in the HH before sitting down for the counseling discussion.

Goal setting: After going through the transect walk, detailed WASH message delivery, and discussions, the counselor should introduce the **HH goal card and post it on the visible side of the wall**. The goal card shows where HHs are on WASH behaviors and sets goals to achieve them within a specific period.

Goal setting should be done by HH heads themselves, but the role of the counselor should be to provide support in understanding the illustrations and processes the HH may go through to achieve the utmost behavior. For instance, the HH may not have a latrine at all, and the HH's current status is open defecation; hence, they should put a mark on the illustration that shows open defecation. To set a HH goal, they can put a mark on the next step of the sanitation ladder to improve sanitation behavior, possibly construct a basic latrine, construct an improved latrine, etc.

The counselor (WDAL) will conduct the next HH visit with the same HH based on the agreed-upon appointment to observe whether the HH has achieved its goal and discuss barriers and solutions if not. This is how repeated HH visits continue until the desired behavior is reached.

Linking Households to WASH Products and Services

It is strongly suggested that the HH counseling visit should be done by community volunteers/HEWs jointly with mason sales agents/woreda business facilitators if they are regularly available in the kebele. After the awareness creation activities, the supply side actors can demonstrate the product options to HHs based on the promotional materials they are using so that HHs will make informed decisions to purchase WASH products and services. In the absence of mason sales agents and woreda business facilitators during the HH visit, WDALs/HEWs are expected to create a link by demanding HHs go to local manufacturers and sales agents.

7.3 Community Mobilization

Community mobilization is the third element that can be considered a key strategy that SBCC uses to achieve positive health outcomes. While community mobilization has a wide range of importance, it offers another opportunity to increase awareness, improve cultural/social norms, and correct wrong perceptions and practices that resulted in adverse health consequences, which reinforces and complements the WASH HH counseling visit. Furthermore, it adds a channel for audiences who already received a HH WASH counseling visit.

Organizing Community Events

Activity description: There are a number of opportunities at a kebele/village level that can be considered to create awareness of WASH behaviors for various community members and that complement/support the HH counseling visit. Kebele WASH committee members, who have been trained on WASH BCC training with HEWs, are people mostly engaged in kebele administrative tasks and are Influential Groups in the community. Thus, these WASH committee members can use at least one/two community gatherings to deliver various WASH messages and facilitate discussions regarding wrong social/cultural perceptions, facilitate the decision of social penalties against open defecation, recognize role model HHs regarding WASH practices, and facilitate a pledge among the community to practice proper WASH behaviors at HH and community levels. During such community mobilization events, HEWs can provide technical backup

to demonstrate that recommended WASH behaviors for the community and religious leaders, clan leaders, elders, school directors and teachers, etc., can support the event using their social acceptance to create synergy among WASH demand creation activities at kebele level.

Aim:

- To familiarize the community with what the government and USAID Transform WASH project are implementing.
- To raise awareness of WASH behaviors and avoid wrong perceptions, as well as social and cultural practices in the community.
- To introduce participants with sanitation products and services to improve WASH behaviors and enhance family and community health.

<p>Facilitators:</p> <ul style="list-style-type: none"> • Kebele administrators and other kebele WASH committee members • HEWs • Religious leaders, clan leaders, elders 	<p>Target Audience:</p> <ul style="list-style-type: none"> • Community members in the kebele/village
<p>Materials/Tools:</p> <ul style="list-style-type: none"> • WASH BCC/communication materials (flip chart and HH WASH goal card) • Sanitation products 	<p>Duration, Frequency:</p> <ul style="list-style-type: none"> • At least once per month for an hour

Strengthen School WASH

Activity description: Schools are fertile ground for working on WASH interventions aiming to improve outcomes at HH and community level. Most schools have WASH clubs that can contribute positive WASH behaviors among students, which in turn can spill over to other HH members. In addition, desk review and discussion results proved that a community-based WASH intervention could not be fully fledged if it missed school-based activities. Thus, the SBCC strategy suggests strengthening schools at least by building the capacity of school directors and teachers to play a significant role in mobilizing the school community toward improved WASH behaviors at community and HH level.

For instance, students can stimulate parents to construct basic/improved latrines in the compound; can place handwashing facilities by themselves with little support from family members, etc.; and enhance positive competition among students. Furthermore, school directors and teachers can play a role in community mobilization events jointly with kebele WASH committee members and HEWs.

The major activities targeting schools for WASH interventions therefore include:

- Training of school directors and teachers on WASH communication and the role of the school community for improved WASH practices involving in-school and out-of-school environments.
- Strengthening school clubs through material and technical support to reinforce community-based WASH behaviors.

Support ODF Declaration and Certification

As one of the reasons the USAID Transform WASH project supports GOE WASH interventions, CLTSH is the area that comprises certain activities, such as triggering, post-triggering, etc., to achieve the campaign of ODF. It also requires support from the project as suggested by the Ministry of Health and its regional

bureaus. This activity may be communicating and working closely with the woreda health office and other WWT member organizations to facilitate village-level triggering and post-triggering activities, as well as cover the costs required to declare and certify ODF in selected kebeles/villages.

7.4 HH Financing for WASH

The BCC interventions would result in increased awareness, improved attitude, and may enhance willingness to buy WASH products and practice recommended behaviors at HH level. However, it is a necessary, but not a sufficient, condition to realize real demand, which also requires the ability to buy.

For rural HHs whose livelihood depends on seasonal agricultural income, it would not be easy to pay at any time they want to purchase sanitation products, construct a basic/improved latrine, and ensure exclusive use of a latrine by all family members. Therefore, the sanitation financing mechanism should be designed to increase financial access to poor rural HHs so that their demand will be realized to purchase WASH products. Such interventions can be considered non-communication WASH promotion activities.

Village Savings and Loan Associations

Based on the information from similar WASH interventions, implementing the village savings and loan associations (VSLAs) financing approach is an effective intervention in project operation areas. HH heads will come to a group comprised of 15 to 25 members to establish a VSLA and will be managed by VSLA leaders from volunteer members and will operate under the bylaw that will be accepted by members. VSLA members will save a little amount of money regularly (monthly, bi-weekly, weekly), to be decided by members based on their willingness and ability to pay.

VSLA members will take out a loan for a definite period to purchase sanitation products and will repay based on the bylaw; the money will revolve to other members similarly. The following are the major activities to implement VSLA as a sanitation financing strategy:

➤ *Orientation and Planning Workshops*

Activity description: The one-day workshop will take place at the woreda town of the VSLA implementing woreda. The USAID Transform WASH project overview, VSLA approaches, objectives and targets, and roles of participants will be presented and discussed with workshop participants representing woreda concerned WWT sectors, kebele administration, kebele WASH committee members, and community representatives. Participants will prepare a kebele- and woreda-level Action Plan to support and achieve implementation of VSLAs.

Aim:

- To familiarize participants with the USAID Transform WASH project and VSLA approach and implementation modality.
- To discuss the roles of participants at woreda and kebele level to ensure effectiveness of the VSLA approach, ensure financial access to, and improve purchasing power of rural HHs to purchase sanitation products.

Facilitators: <ul style="list-style-type: none"> Regional USAID Transform WASH team USAID Transform Economic Empowerment coordinator 	Target Audience: <ul style="list-style-type: none"> WWT member sectors Kebele administrators, kebele WASH committee members Community representatives
Materials/Tools: <ul style="list-style-type: none"> Presentations VSLA guide and sample bylaws Sanitation products Action Planning templates 	Duration, Frequency: <ul style="list-style-type: none"> 1 day, singular occurrence

➤ **Training of VSLA Facilitators**

Activity description: After the orientation and planning workshop, the kebele administrators and kebele WASH committee will select volunteer community members willing and able to serve the community voluntarily. These community volunteers will be trained by the USAID Transform WASH team and will serve as VSLA facilitators. After obtaining the training, the VSLA facilitators will be responsible for establishing VSLAs, supporting VSLA leaders, and linking members to local manufacturers jointly with HEWs.

HEWs working in VSLA implementation kebeles will be trained with facilitators to facilitate WASH dialogue among VSLA members and create linkage to suppliers of sanitation products. The USAID Transform WASH project overview, VSLA approaches, objectives and targets, and roles of participants will be presented to and discussed with community volunteer facilitators and HEWs. In addition, a sample VSLA bylaw will be presented and discussed so that VSLA facilitators will orient the VSLA leaders later in preparing their own bylaw accordingly. This bylaw will be presented to the members for approval as a guiding document on which the VSLA will be managed.

Aim:

- To familiarize participants with the USAID Transform WASH project and VSLA approach and implementation modality.
- To discuss the roles of VSLA facilitators and HEWs to ensure integration and collaboration toward effectiveness of the VSLA approach and ensure financial access to and improve purchasing power of rural HHs to purchase sanitation products.
- To enable a group discussion among VSLA members on WASH issues and introduce sanitation products to participants and members.

Facilitators: <ul style="list-style-type: none"> Regional USAID Transform WASH team USAID Transform Economic Empowerment coordinator 	Target Audience: <ul style="list-style-type: none"> Community volunteers (VSLA facilitators) HEWs Government woreda health officers
Materials/Tools: <ul style="list-style-type: none"> Presentations VSLA guide and sample bylaws Sanitation products Sample VSLA bylaw Action Planning templates 	Duration, Frequency: <ul style="list-style-type: none"> 2 days, singular occurrence

➤ *Establish and Support VSLAs*

Activity description: After the two-day training, VSLA facilitators will mobilize HHs to establish VSLAs in their vicinities as per the standard. VSLA facilitators, woreda health officers, and the project team will provide close follow-up for and support to VSLA leaders to help them manage VSLAs properly and realize the proper functioning of VSLAs – hence, to meet their ultimate objectives.

The following are the major areas of support to VSLAs:

- Provide VSLAs with essential tools (metallic box to collect savings, calculator, etc.).
- Help VSLA leaders develop bylaws.
- Provide training or orientation for VSLAs about VSLA management and financial literacy.
- Conduct regular supervision and coaching to monitor overall VSLA management.
- Organize quarterly reflection and review sessions to monitor performance.
- Enable a group discussion among VSLA members on WASH issues and introduce sanitation products to participants and members.

➤ *Conversion of VSLA Savings to Procurement of WASH Products and Services*

Activity description: The primary goal of VSLAs is creating financial access to HHs and enhancing their capacity to purchase sanitation products as explained earlier. Though mobilizing VSLA members to start saving money requires extensive effort, converting savings amounts for use in purchasing sanitation products should get due emphasis. Accumulating savings for members is not the objective of VSLAs. It will be risky for VSLA leaders to handle larger amounts of money, and resource misuse and abuse may occur with time. Thus, the timely provision of VSLA loans to members is encouraged.

VSLA leaders and facilitators, as well as HEWs, are responsible for linking VSLA members to local manufacturers or mason sales agents to purchase sanitation products and ensure proper installation and usage. However, collecting advance payments from VSLA members should be done only by VSLA leaders and facilitators. The payments will be handed over to local manufacturers and mason sales agents.

Linkage to MFIs and saving and credit cooperatives: In addition to community-based financing/VSLAs, there are potential sources of finance from which target HHs can access finances to purchase sanitation products. It is the focus of sanitation financing to consider private sectors, such as locally available and operating MFIs and saving and credit cooperatives, in this regard. Hence, both demand and supply side interventionists, such as HEWs, woreda business facilitators, etc., can communicate with MFIs and cooperatives to link target HHs to access loans for sanitation product procurement.

8. Communication Materials

The desk review findings showed that there are different existing WASH communication materials and tools developed by the FMOH and other partners to address WASH behavioral change interventions. The communication materials, messages, and goals for the USAID Transform WASH project will be designed and developed based on the barriers, motivators, and facilitators identified in the process of behavioral analysis to enable HHs to practice WASH behaviors.

The following are basic communication materials and tools that will be used by the project while implementing WASH demand creation activities:

- *Flip chart:* The flip chart will be adopted from existing communication materials developed. They will include key action-oriented messages, benefits of recommended practices, and available improved WASH products and services, all with proper illustrations. The flip chart will be used by HEWs, and community structures may be WDALs to conduct frequent HH counseling visits.
- *HH goal card:* The goal card includes key WASH behaviors or small doable actions that show incremental behaviors on the sanitation ladder. HHs will be supported by HEWs/community volunteers to set HH goals by putting a mark on the illustration that explains their status and shows the next step they plan to practice. The card will also serve as a cue to action and ignite a discussion among family members if it is placed on the visible part of the wall.
- *HEWs' WASH BCC training manual/guide:* This manual/guide will be used by facilitators of the TOT and WASH BCC training to conduct the trainings as per the standard and ensure training quality and uniformity throughout project implementation woredas and regions.
- *VSLA facilitators implementation guide/manual:* The strategy suggests the development of an implementation guide for the VSLA approach to help all concerned practitioners understand VSLA and its implementation modality. Based on the guide, the community-based sanitation financing intervention will be undertaken uniformly across operation areas.
- *Teachers and school directors training guide/manual:* This manual would serve as a type of quick reference or training manual and will be developed for facilitators to use while training teachers and school directors about WASH interventions. The manual will serve as a reference for training participants when organizing in-school events about WASH.

9. Monitoring and Evaluation

Plan International will put the effective monitoring and evaluation (M&E) plan in place to track progress, effectiveness, and reach of communication and sanitation financing interventions. It is necessary to develop a strong monitoring, evaluation, and learning system, and implementation results will help the project team to continuously fine-tune the SBC strategy until changes in behavior are documented.

The M&E system will also enable the project to have the necessary data to inform decision making on corrective actions that may be required during the implementation of this strategy and proposed activities. It should also enable documentation of lessons and results for possible sharing with the donors and stakeholders. The achievement of this SBC will depend on the following processes, which will be carefully monitored and evaluated:

- Effective planning and timely implementation of activities
- Regular data collection and reporting through an online data capturing system to be deployed by USAID Transform WASH
- Ensuring proper documentation and sharing lessons learned on the implementation process
- Comprehensive and integrated supportive supervision at regional, woreda, kebele, and HH levels
- Periodic review and reflection meetings with trained HEWs, kebele WASH committee members, and woreda stakeholders to monitor progress
- Periodic, quarterly, and annual progress reports
- Conducting assessments jointly with consortium member organizations to evaluate effectiveness of channels and interventions and the ultimate project outcome

10. Annex: Desk Review Findings

Desk Review Findings on Main Determinants of Sanitation Behavior

Determinant	Findings	Implications for SBCC strategy development
<i>Perceived Self-Efficacy</i>	<ul style="list-style-type: none"> • HHs perceive that they are not able to purchase improved WASH products and services by themselves for various reasons, such as limited access to financial resources 	
<i>Perceived Benefits/Positive Consequences</i>	<ul style="list-style-type: none"> • Positive beliefs about latrine use were expressed by latrine adopters as well as by non-adopters. Disease prevention and fewer expenditures on health care were frequently cited as benefits of latrine adoption. Participants explained how the feces from open defecation contaminate their food through flies, which they learned mostly from CLTSH-triggering exercises. • Concerns such as women being raped or attacked by an animal when they go into the bush during the night, or small children falling into the fire due to the absence of supervision when their mother goes out for open defecation, were motivations for building a latrine. • Cleanliness was also one of the most valued benefits of latrine use, mostly mentioned as beautifying their surroundings. Some FGD participants noted latrine use makes the surroundings clean and linked this to disease prevention. • Latrine use was also valued for creating a clean environment and being a means of preventing unpleasant smells. Some IDI and FGD participants stated an unpleasant smell is perceived as being a cause of infectious diseases, with the strength of the smell reflecting the severity of the disease. • Access to a latrine at night was thought of as an important benefit of owning a latrine, especially for children and sick or old people. 	
<i>Perceived Negative Consequences</i>	<ul style="list-style-type: none"> • There was a perception of minimal health threat from children’s feces, and a belief that they cause only minor illnesses or affect only small children. For instance, participants stated that children’s feces are less smelly, resulting in less severe diseases such as a common cold. 	

Determinant	Findings	Implications for SBCC strategy development
<i>Perceived Social Norms (Approval vs Disapproval and Support vs Lack of Support)</i>	<ul style="list-style-type: none"> • The use of a latrine was regarded as attractive in terms of privacy, as being seen while defecating is often regarded as a shameful and unsightly behavior in the community. Most men stated that protection of their family’s safety and dignity was their motivation for deciding to build their own latrine. • Women participants expressed that according to societal norms, women are expected to wash their hands after latrine use. There is a cultural belief that injera (local traditional food) baked by a woman who does not wash her hands after defecating can easily develop mold. Gender-related cultural norms strongly influence women to use latrines consistently because of the extreme shame involved if they are seen practicing open defecation. 	
<i>Perceived Access</i>	<ul style="list-style-type: none"> • One of the main barriers for ownership and usage of sanitation products and services is the lack of water, which hampers handwashing and personal hygiene practices. • Partial use of latrines emerged as a major challenge arising from daily routines, which take individuals away from their homes. Adult men practice open defecation during the daytime while they work on the farms away from home. Adult women and young boys and girls use latrines because they have access to them in their home or at school. When infants defecate in their clothes, their caregivers wash the clothes and throw the dirty water outside the compound. • Participants identified durability, strength, and depth as criteria for an excellent quality latrine. However, participants reported that quality latrines with good strength hardly existed in their community because construction materials were unaffordable, and almost all community members used unimproved pit latrines. • Latrine-adopter HHs reported that most non-adopter HHs are from lower income, older age, or female-headed HHs. Similarly, latrine non-adopter HHs perceived that they have less capacity compared with latrine-adopter HHs. • Limited availability of space in the compound after frequent replacement of collapsed latrines was identified as one of the barriers for sustainable latrine adoption. 	

Determinant	Findings	Implications for SBCC strategy development
<i>Systems</i>	<ul style="list-style-type: none"> • Lack of local political commitment was demonstrated by inadequate budgeting for sanitation. Sanitation issues were left for the health sector to address. However, sanitation has received low priority within the health sector during program planning, monitoring, and reviews at the district, zone, and regional levels. Within the health system, communication about the sanitation program was very limited, being mostly only for reporting purposes. 	

Desk Review Findings on Recommended Sanitation Demand Creation Approaches

This section presents a summary of findings extracted from desk review of national policy, strategy, and guideline documents as well as USAID Transform WASH project documents focusing on sanitation promotion and demand generation. Implications of these findings suggested for the planned SBCC strategy development are also outlined.

Document reviewed	Findings/Extracts	Implications for SBCC Strategy development
Review of selected national policy and strategy documents related to WASH and sanitation marketing		
Ethiopia’s One WASH National Program¹	Demand responsiveness is one of the basic implementation principles of the program; thus, user communities receive assistance in response to their demand for improved WASH services to make informed choices on the technology options and service levels and demonstrate their readiness to participate, taking into consideration their own needs and ability to pay. Pillar 2 of the program emphasizes sanitation and hygiene promotion to create demand and change behavior using participatory approaches, advocacy, communication, and social marketing.	The SBCC strategy should consider participatory approaches to demand creation and behavior change, such as advocacy, communication, and social marketing.
National Hygiene and Sanitation Strategy²	Pillar 2 of the strategy addresses sanitation and hygiene promotion specifically focusing on efforts and activities to raise awareness of the importance of sanitation and hygiene to create demand and encourage behavior change.	
One WASH National Program First Phase (OWNP) Review, 2018³	OWNP outlines that basic sanitation is being promoted through the Health Extension Program, and improved products and services are promoted through the sanitation marketing approach. Nationally, the target for achieving an improved latrine is set at 60% for the year 2016/2017. However, achievement of this indicator during the past two years is far behind the expected (i.e., 20.1%), and it seems very unlikely to achieve 82%, the national target set for the year 2019/2020 unless aggressive actions are taken. The key challenges identified were: <ul style="list-style-type: none"> • Lack of understanding/in-depth knowledge among communities to link the health and economic benefit of sanitation. • Low-income/socio-economic status (lack of capacity) of HHs to buy/access improved latrines. • Declining attention to promotion of hygiene and sanitation by HEWs due to workload and poor quality of training of newly graduating HEWs compared to previous graduates. 	The SBCC strategy needs to design interventions and activities that will help to address the challenges identified in the OWNP review.

¹ Federal Ministry of Health. (2013, September). Ethiopia’s One WASH National Program.

² Federal Ministry of Health. (2005). National Hygiene and Sanitation Strategy.

³ Federal Ministry of Health. (2018). First Phase Review of the One WASH National Program.

Document reviewed	Findings/Extracts	Implications for SBCC Strategy development
	<ul style="list-style-type: none"> Sanitation marketing approaches, as a complement of community-led total sanitation, have not been effectively applied, and this has resulted in only limited (28%) access to basic sanitation technology options. Existing HH traditional latrines are found to be inadequate to cut fecal-oral disease transmission. 	
National Hygiene and Environmental Health Communication Guidelines⁴	<p>The Strengths, Weaknesses, Opportunities, and Threats analysis identified some weaknesses and opportunities of the hygiene and environmental health sector in Ethiopia. Some of the weaknesses identified were:</p> <ul style="list-style-type: none"> Insufficient harmonization and alignment of health communication and promotion interventions with law enforcement. Multiple communication strategies being implemented in the country, which in most instances were attributed among the community as a sign of failure, and communities growing tendencies in developing resistances for existing non-consistent and campaign-oriented communication tools. <p>Some of the opportunities identified were:</p> <ul style="list-style-type: none"> Growing information and communication technology (ICT) infrastructures, including the mobile and electronic media that have improved capacity to reach wider audiences. Opportunity to link the hygiene and environmental health sector with the national job creation strategies to improve access for hygiene and sanitation products. 	<p>The SBCC strategy and materials to be developed for Transform WASH SBCC activities need to be harmonized and in line with the National Hygiene and environmental health communication guideline and existing SBCC materials endorsed and being used by FMOH while making the necessary adaptations and contextualization to meet the USAID Transform WASH project objectives and implementation areas.</p> <p>In addition, the SBCC strategy should consider the potential for using the existing ICT infrastructures as well as integrating SBCC interventions with job creation efforts and strategies of the government and partners.</p>
National Sanitation Marketing Guideline, FMOH, June 2013⁵	<p>The overall strategic approach for establishing a viable sanitation marketing program is framed on three pillars, which include strengthening an enabling environment, creating access for basic sanitation products and services, and generating demand for these products and services. The guideline suggests that evidence-based advocacy should be undertaken for decision makers (multi stakeholders), and a collaborative spirit should be strengthened among the local institutions such as MFI, MSE, TVET, Health and development partners, business development service providers, and other support actors to create alignment for implementation of sanitation marketing to strengthen the enabling environment for sanitation marketing.</p>	<p>The SBCC strategy should consider using advocacy as one of the key implementation approaches to influencing key decision makers on sanitation marketing.</p> <p>The SBCC strategy should design interventions to promote multi-sectoral collaboration among key</p>

⁴ Federal Ministry of Health. (2016, November). National Hygiene and Environmental Health Communication Guideline: Advocacy, Social Mobilization and Behavior Change Communications. Author.

⁵ Federal Ministry of Health. (2013, June). National Sanitation Marketing Guideline. Author.

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	<p>To generate demand for basic sanitation technology options, the guideline suggests that stakeholders should design, test, and roll out evidence-based BCC materials for promotional and marketing campaigns aiming for demand generation for basic sanitation options through HEWs, development armies, and other mechanisms, using communication methods such as interpersonal communication (IPC), mass media, and direct consumer contact (DCC). Various communication channels, such as door-to-door sales, street theatre, mobile product displays, road shows, leafleting campaigns, and working closely with influential community members, health development armies, and early adopters, should be identified and based on a good understanding of consumer's motivation to buy or upgrade their latrine.</p>	<p>sanitation marketing actors at different levels.</p> <p>SBCC strategy demand generation activities should consider engaging HEWs, development armies, and other actors through IPC, DCC, mass media, and communication channels such as door-to-door sales, street theatre, mobile product displays, road shows, etc.</p>
<p>Review of selected USAID Transform WASH project documents</p>		
<p>Public-Private Partnership (PPP) Collaboration in Sanitation Markets: Global Scan and Potential for Ethiopia. USAID Transform WASH Learning Note.⁶</p>	<p>This learning note focuses on a broader model in which public and private-sector actors directly or indirectly collaborate in establishing, strengthening, or scaling up sanitation businesses to market sanitation goods and services to HHs. The learning note indicates that a viable PPP model has been developed for solid waste management in Ethiopia in which the public sector operates dumping sites and the private sector undertakes collection. However, no PPP arrangements exist for rural sanitation. The public sector raises awareness and stimulates demand while private entrepreneurs produce and sell products, and local artisans build latrines. The market is limited by low demand, lack of household finance, a weak enabling environment, and poorly established supply chains. A good PPP example from Peru is where regional governments sponsored sanitation fairs for local entrepreneurs to exhibit sanitation products and services for low-income families.</p> <p>The learning note recommends that to strengthen demand for sanitation products and services, the public sector needs to raise awareness and promote products, act as a client for products and services, and increase client purchasing power. Similarly, the private-sector actors should promote products through marketing and enhance product offerings.</p> <p>The learning note states that HEWs and the Health Development Army are key players in raising awareness and delivering additional sanitation and hygiene messages at grassroots to communities, HHs, and individuals. HEWs, however, lack clarity on their role in facilitating private-sector</p>	<p>The planned SBCC strategy should consider PPP as one of the strategy implementation approaches outlining key activities for key actors in sanitation marketing.</p> <p>The SBCC strategy should design clear strategies to engage HEWs in the promotion of PPP for sanitation marketing at community level.</p> <p>The SBCC strategy needs to outline advocacy activities to work with MFIs and other actors to promote sustainable financing for sanitation products and services.</p>

⁶ Johansson, E.M. and Debrework, E.D., 2017. *Public-private collaboration in sanitation markets: Global scan and potential for Ethiopia*. USAID Transform WASH Learning Note. IRC, Addis Ababa.

Document reviewed	Findings/Extracts	Implications for SBCC Strategy development
	<p>development, and need specific guidance on how best to promote basic sanitation products and services and link interested HHs to local businesses.</p> <p>Although some products have been piloted, Ethiopian MFIs (both public and private) generally lack sanitation loan products. Easily accessible and more flexible financing schemes could provide opportunities for HHs to move onto and up the sanitation ladder. MFIs should be encouraged by the government and supported by development partners to develop specific sanitation-related credit schemes or loan products. SACCOs, VSLAs, and self-help groups are alternative sources of finance.</p>	
<p>USAID Transform WASH: Business Model Briefs</p>	<p>The following four toilet construction business models have been identified and implemented, so far, by Transform WASH:</p> <ul style="list-style-type: none"> • Door-to-door Simple Upgrade (sales points are door-to-door sales pitches and installation directly by masons, referral from HEW outreach, and demand creation and referral from retailers and local sanitation product manufacturers) • Basic Manufacturing and Installation (sales points are mason/manufacturer direct sales, door-to-door service provision, HEW/HDA health promotion activities and referral to business, door-to-door promotion by sales agents or masons, market displays and model latrines at public areas, and market day events and promotion and community events) • Advanced Manufacturing and Construction (sales points are direct sale to walk-in customer, market displays and model latrines at public areas, market day events and promotion by manufacturer on market days, HEW/HDA health promotion activities and referral, door-to-door promotion by sales agents and/or masons, and promotion at community events) • Plastic Toilet Slab Sales and Support (sales points are direct sales to walk-in customer, market day events and promotion by retailer on market days, HEW/HDA health promotion activities, door-to-door promotion by sales agents, and promotion in community events) 	<p>The SBCC strategy needs to link and align its demand promotion activities and approaches with these four business models and sales points for sanitation products and services.</p>
<p>A Study on the Role of HEWs and Sales Agents in Creating Demand for Sanitation Products and Services</p>	<p>This study, conducted by IRC, a Transform WASH consortium member, revealed what is working well and what is not working regarding the demand creation activities undertaken by HEWs and sales agents at community level. The following can be taken as a milestone for SBCC strategy development:</p> <ul style="list-style-type: none"> • Practices working well <ul style="list-style-type: none"> ○ Most HEWs attended WASH SBCC trainings ○ Trained HEWs visited target HHs jointly with community volunteers ○ HEWs deliver sanitation messages explaining the health benefits of constructing an improved latrine ○ HEWs to some extent worked with manufacturers and sales agents 	<p>The SBCC strategy redefines the roles of demand side actors (HEWs, sales agents, community volunteers who are close to the community) and suggests the channels and communication materials to use.</p> <p>The conceptual framework defines the monitoring plans accordingly.</p>

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	<ul style="list-style-type: none"> ○ Deployment of sales agents at woreda and kebele level ○ Sales agents promote products through door-to-door visits and community meetings ● Practices not working well <ul style="list-style-type: none"> ○ HEWs didn't know all products and promoted limited products, mostly SATO PAN or Concrete slab ○ Very limited HH visits to influence behavior at HH level ○ HEWs didn't have communication materials ○ Limited integration and collaboration of HEWs, sales agents, and manufacturers ○ Sales agents and manufacturers not covering all kebeles ○ Very limited monitoring by woreda government officers and project staffs ○ Sales agents not attracted by the incentive and demotivated ○ Lack of documentation and reporting <p>In addition, the study recommended the role of HEWs and sales agents in creating awareness and real demand at HH level, which is based on the national sanitation marketing guideline.</p>	

11. References

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