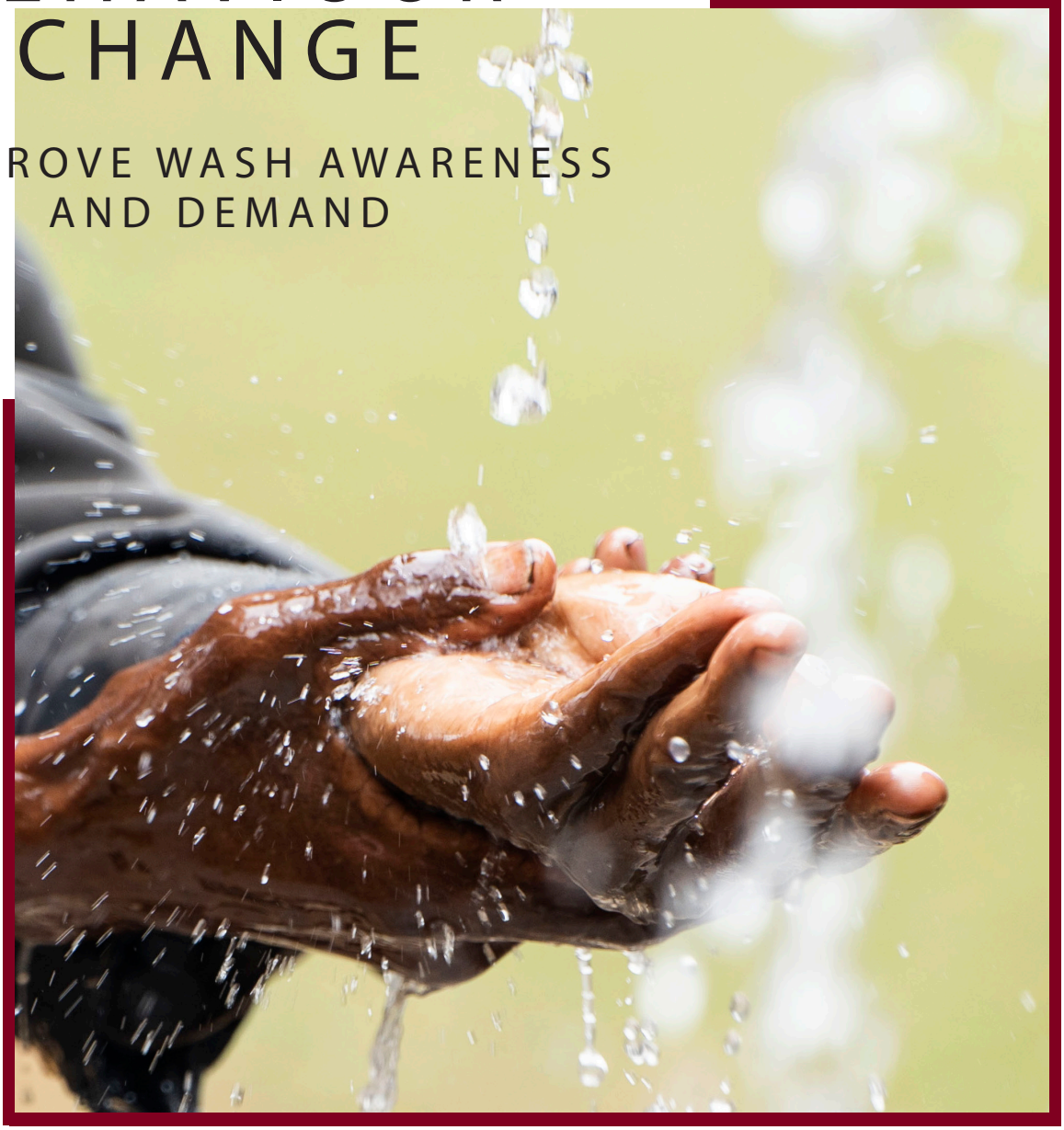
COMMUNITY-LED ACCELERATED WASH (COWASH)

VOL E

VOLUME E

SOCIAL AND BEHAVIOUR CHANGE

TO IMPROVE WASH AWARENESS AND DEMAND



JANUARY, 2025

COWASH IV FTAT

COWASH

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ACRONYMS

Acronym	Interpretation
ASCA	Accumulating Savings and Credit Associations
BMC	Business Model Canvas
BoE	Bureau of Education
BoF	Bureau of Finance
BoH	Bureau of Health
BoW	Bureau of Water
CBE	Commercial Bank of Ethiopia
CHC	Community Health Committee
CLTSH	Community-Led Total Sanitation and Hygiene
CMP	Community Managed Project
CMPS	CMP Supervisor
COWASH	Community-Led Accelerated WASH in Ethiopia
DPO	Disabled Peoples Organization
FTAT	Federal Technical Assistance Team
GIS	Geographic Information System
GoE	Government of Ethiopia
GoF	Government of Finland
HEW	Health Extension Worker
HH	Household
IEC	Information, Education and Communication
KWT	Kebele WASH Team
M&E	Monitoring & Evaluation
MBS	Market Based Sanitation
MFI	Microfinance Institution
MHM	Menstrual Hygiene Management
MoE	Ministry of Education
MoF	Ministry of Finance
MoH	Ministry of Health
MoLSA	Ministry of Labor & Social Affairs
MoWE	Ministry of Water & Energy
MoWSA	Ministry of Women & Social Affairs
MSE	Micro and Small Enterprise
MSP	Multi Stakeholders Platform
NGO	Non-Governmental Organization
NWCO	National WASH Coordination Office
NWSC	National WASH Steering Committee
O&M	Operation and Maintenance
ODF	Open Defecation Free
OWNP	One WASH National Program
PMU	Project Management Unit
PTA	Parent Teachers Association
PTSA	Parent Teachers and Students Association
PWDs	People with Disabilities
RPMU	Regional Program Management Unit
RSU	Regional Support Unit
RWCO	Regional WASH Coordination Office
RWMU	Regional Water Management Unit
RWSC	Regional WASH Steering Committee
RWTT	Regional WASH Technical Team
SBC	Social and Behaviour Change
SDG	Sustainable Development Goal
SECRSM	Social, Environmental and Climate Risk Screening and Management
SLA	Saving and Loan Association
SLTSH	School-led Total Sanitation and Hygiene
ToT	Training of Trainers
TVED	Technical, Vocational and Enterprises Development
TVET	Technical and Vocational Education and Training
UAP	Universal Access Plan
VIP	Ventilated Improved Pit
VSLA	Village Saving and Loan Association
WASH	Water, Sanitation & Hygiene
WASHCO	Water, Sanitation & Hygiene Committee
WASH SLA	WASH Saving and Loan Associations
WAT	Woreda Appraisal Team
WIF	WASH Implementation Framework
WMP	Woreda Managed Project
WoE	Woreda Office of Education
WoF	Woreda Office of Finance
WoFED	Woreda Finance and Economic Development Office
WoH	Woreda Office of Health
WoLSA	Woreda Office of Labor and Social Affairs
WoW	Woreda Office of Water
WHO	World Health Organization
WSP	Water Safety Plan
WUA	Water Users Association
WWT	Woreda WASH Team

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Appendices are not attached to this document and are available upon request:

Please contact FTAT at: www.cowash.org/contact-us
or email: cowashinfo@cmpethiopia.org
or download from: www.cowash.org

Appendices

Appendix 7 Training Manual for Frontline Health Workers

1. INTRODUCTION

The COWASH project was established to promote the efficient use of CMP (Community Managed Project) financing for rural WASH development. It is conducted under the umbrella of the country's One WASH national program and is funded by the Governments of Finland and Ethiopia, regional governments, and project beneficiaries.

The overarching goal of COWASH is to improve public health and well-being, social development, and climate resilience in the project area communities. A vital component of this is increased access to and usage of improved household latrines and increased practice of handwashing with soap among the COWASH water supply beneficiary households.

Social and Behaviour Change (SBC) is fundamental to achieving this by effecting changes in knowledge, attitudes, and practices at the individual, community, and societal levels. It enables people to adopt and sustain positive attitudes toward sanitation and hygiene by identifying the various factors influencing their behaviour and addressing them using the most effective approaches.

SBC aims to create awareness, demand, and acceptability for WASH products and services through a multi-level approach that harmonises interpersonal communication, community mobilisation, direct consumer contact, and mass media.

Under COWASH, two documents have been developed for SBC:

- Social and Behaviour Change Strategy (July 2021), setting out the FTAT's approach for SBC for COWASH IV
- The Social and Behaviour Change Training Manual for Frontline Health Workers (August 2021) which provides detailed training modules to help health workers plan, develop, and implement appropriate SBC activities.

This guideline summarises the COWASH strategy for SBC, describing its concept and needs, the barriers faced, the audiences to be reached, the goals and objectives, and the methods adopted to achieve those goals. It also includes an outline of the training conducted, which has been the foundation of the SBC efforts.

2. CONCEPT OF SOCIAL AND BEHAVIOUR CHANGE

SBC is a multifaceted process that influences how individuals and communities think and act. It involves understanding the social, cultural, and environmental factors driving behaviours and using this knowledge to design effective interventions. These interventions can range from public health campaigns and educational programs to policy changes and community engagement strategies. The ultimate goal of SBC is to promote positive behavioural shifts that lead to improved health, well-being, and societal outcomes. By addressing individual, societal, and systemic barriers to change, SBC initiatives can foster sustainable development and empower communities to embrace healthier and more equitable ways of living.

SBC investigates the factors influencing behaviour change in individuals. Research indicates that simply increasing knowledge or awareness of a specific behaviour without addressing

the underlying factors influencing it may not change behaviour. To bring about change, it is essential to comprehend certain fundamental aspects of human behaviour:

- People interpret information based on the context of their lives
- Culture and social networks influence people's behaviour
- Individuals may not always have control over the factors that create or influence their behaviour
- Decisions regarding health and well-being often compete with other priorities
- Emotional factors frequently play a significant role in people's decision-making, sometimes overshadowing logical considerations.

The steps involved in a successful SBC strategy are as follows:

Table 2.1: Steps for a Successful SBC Strategy

Understanding the Situation	Involves checking assumptions and identifying knowledge gaps, to enable the tailoring of a program to various audiences
Designing a Strategy	Includes developing activities, products, and communication channels
Creating Interventions and Materials	Involves testing concepts and designed materials to ensure that they command attention, have clarity, communicate a benefit, are consistent, cater to both the heart and head, create trust, and instil a call to action
Mobilizing and Monitoring	Involves budgeting and planning for appropriate resources, including materials, events, training, monitoring, and evaluation
Evaluating and Evolving	Includes measuring outcomes, disseminating results, and applying lessons learned

Under COWASH, the ten fundamental principles for effective SBC implementation are:

1. Follow a systematic approach to ensure organised and efficient execution.
2. Base the program on thorough research, not assumptions, to guarantee its effectiveness.
3. Consider the social context to tailor the program to the community's needs.
4. Keep the audience at the forefront of all decision-making processes to ensure the maximum impact.
5. Use established theories and models, such as the socio-ecological model, to inform strategy.
6. Engage partners and communities at every stage to foster collaboration and inclusivity.
7. Set practical objectives and carefully assess cost-effectiveness to maximise resources.
8. Implement interconnected materials and activities across various levels for a comprehensive approach.
9. Choose motivational and action-oriented strategies to drive engagement and participation.
10. Prioritise quality in every aspect of the program to ensure its success.

3. NEED FOR SBC

Ethiopia has one of the world's lowest coverage rates for improved water and sanitation. According to the Ethiopia Demographic Health Survey (2016) by the Central Statistical Agency,

33% of households have no toilet facilities, and only 6% possess improved toilet facilities. Only 7% of rural households use soap and water for handwashing. Diarrhoea causes 23% of all under-five deaths.

While the need for improved water and sanitation access is clear, there is an understanding that health and other development objectives cannot be achieved without the consistent and correct practice of WASH behaviour, including:

- Safe and hygienic disposal of human faeces, including infant faeces
- Consistent and correct handwashing with soap at critical junctures, particularly after defecation and before food preparation and feeding/eating
- Safe handling and storage of household water.

SBC is necessary to promote WASH behaviour, increase knowledge, attitude and practices among rural communities, and create demand for WASH products and services.

3.1 KEY BARRIERS

Some barriers, such as poverty, lack of physical capability, and lack of land or water, cannot be solved by SBC alone, but SBC can highlight the need to prioritise addressing these issues. The most critical barriers relating to sanitation, hygiene and safe drinking water that need to be overcome are:

For Sanitation:

- Limited awareness and knowledge of WASH products and services
- Lack of financial capability
- Lack of physical capability or assistance
- Limited space or land
- Misconceptions, low motivation, and poor practices in WASH
- Limited access to WASH products, services, and materials for latrine construction
- Limited technology for latrine construction
- Prevalent open defecation practices
- The belief that toilets cause unpleasant smells

For Hygiene/Handwashing:

- Lack of sufficient water
- The perception that people are unable to wash their hands regularly
- Lack of awareness or knowledge about hand washing stations
- Lack of skills to construct hand washing stations

For Safe Drinking Water:

- Difficulty in accessing chemicals in the market
- Limited access to finances and technologies
- A perception within the community that water treatment technologies have adverse health effects, such as infertility or sterility
- Lack of awareness of the existence of water treatment products

- Low awareness of safe water handling and storage mechanisms
- Non-functionality of constructed water points and institutional latrines

4. TARGET AUDIENCE

Audience analysis involves dividing the target audience into smaller groups based on their communication-related needs, preferences, and characteristics. Prioritisation helps determine where to focus efforts, while audience profiling helps visualise the audience and personalise communication to meet their needs.

Segmenting audiences enables COWASH to focus on the people most critical to reach and design the most effective and efficient strategy for helping each type of audience adopt new behaviour. It further enables programs to match audiences, messages, and media with WASH products and services based on each group's specific needs and preferences. Tailoring the SBC strategy to important audience types' characteristics, needs, and values improves the chances of achieving the desired behaviour change. In the COWASH SBC strategy, audiences are segmented as primary actors and supporting actors.

The primary actors are the direct beneficiaries, whereas the supporting actors are those who can influence the primary actors. Important primary and supporting actors for the COWASH SBC strategy are indicated below:

Table 4.1: Target Audiences

Primary Actors = Direct Beneficiaries
- Rural households (Men and women, women-headed households) - Students (boys and girls) - Adolescent and youths - Care givers - Institutions - People with disabilities - Vendors (for providing safe drinking water)

Supporting Actors = Influencers on the Primary Actors
- Health extension professionals - Peer groups - Community elders, religious and cultural leaders - Health care service providers - Community volunteers - Woreda WASH sector offices (Water, Health, Education, Agriculture) - Teachers, Parent Teacher Associations (PTAs), Parent Teacher Student Associations (PTSAs) - Disabled people organizations - Youth and women associations and their leaders - Kebele WASH teams - Water, Sanitation and Hygiene Committees (WASHCOs) - Water user associations

5. GOALS AND OBJECTIVES

The COWASH SBC strategy is aimed at achieving the following goals:

- Improved awareness of WASH products and services
- Improved attitude, culture, motivation and practice
- Improved ability to buy WASH products and services
- Improved access to products and services
- Improved and sustained usage of WASH products and services
- Enhanced adoption of good WASH practices

Demand for WASH products and services is only created when end-users have the motivation, opportunity, and ability to invest in a sanitation and water system that suits their needs and aspirations.

Motivation is created not by health messages but by realising the direct benefits: increased convenience, comfort, privacy, safety, sustainability of WASH services, avoidance of sexual harassment, prestige, etc.

Opportunity is provided by enabling access to good products, information, builders and materials, Operation & Maintenance (O&M) services, disaster risk reduction, and a climate-resilient WASH system.

Ability is having the resources, such as money, skill, means of transportation, and control over decisions needed to take advantage of opportunities.

5.1 SANITATION PRIORITY BEHAVIOUR

The objective of the SBC strategy is to promote the motivation, opportunity and ability for:

- The purchase of affordable and good-quality sanitation products and the building of improved latrines.
- To refrain from open defecation and to use improved latrines only.
- To dispose of children's faeces in the latrine.
- To clean the inside and surroundings of the latrine daily to maintain hygiene.
- To ensure household and institutional latrines are constructed at a safe distance from water points.
- To not dispose of solid and liquid waste near water sources.
- To avoid dumping agricultural waste near water points.

To achieve these priority behaviours, the following motivating factors can be instilled:

- Maintaining health and preventing disease, as advised by a health extension professional.
- Ensuring privacy, easy access and comfort.
- An awareness that latrines are essential and that it is unclean and unethical to defecate in an open field.
- To be seen as being modern.
- To provide dignity for the family members.

The methods employed aim to encourage households to choose to move up the sanitation ladder shown below:

Table 5.1: Sanitation Ladder

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 faeces in fields, forests, bushes, open bodies of water, beaches or other open spaces, or with solid waste.

The sanitation ladder recognises the limited financial resources that most rural households face when purchasing improved WASH products and practising recommended behaviour. Households are encouraged to purchase basic sanitation products if they cannot afford to construct safely managed latrines.

5.2 HYGIENE AND HANDWASHING PRIORITY BEHAVIOUR

The following habits need to be promoted:

- To permanently place handwashing facilities in/attached to the toilet.
- To wash hands with soap routinely and adequately during the five critical junctures: after using a latrine, after cleaning children, after handling wastes of any kind, before cooking food, and before eating.
- To permanently place handwashing facilities at the gates of institutions.
- To prepare safe spaces for menstrual hygiene management.

The motivating factor for these habits is that the entire family/community will become healthier by preventing diseases. Households are encouraged to choose to move up the handwashing ladder shown below:

Table 5.2: Handwashing Ladder

Service Level	Definition
Basic handwashing service	Availability of a handwashing facility on the premises with soap and water.
Limited hand-washing service	Availability of a handwashing facility on the premises but without soap or water.
No handwashing facility	No handwashing facility of any kind on the premises

5.3 SAFE DRINKING WATER PRIORITY BEHAVIOUR

The following behaviours need to be promoted, with the motivating factor that the community can be free from waterborne diseases and the aim of moving up the water service ladder shown in Table 5.3:

- To ensure safe drinking water, household water treatment and safe storage options like boiling or filtration should be used to ensure safe drinking water.
- To store treated water in an appropriate vessel, preferably with a narrow neck and tap.
- To wash water containers regularly before fetching water, using locally available cleaning materials (detergents, sand, ash, etc.).
- To apply climate-resilient water safety plans.

Table 5.3: Water Service Ladder

Service Level	Definition
Safely Managed	A basic/improved drinking water source, which is located on the premises, available when needed and free of faecal matter and chemical contamination
Basic	An improved water point, provided the 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
None	Water coming from surface water: river, dam, lake, pond, stream, canal or irrigation channel

6. APPROACHES FOR SBC

Communication is a powerful tool for improving knowledge and attitudes, which can lead to the desired behavioural changes in a household's WASH actions.

Individual and interpersonal communication, community mobilisation, mass media communication by service providers, and engaging community leaders, religious and cultural leaders, and other prominent community members are all effective methods. Community mobilisation should be conducted under the following principles:

- Social change is more sustainable if the individuals and communities most affected own the process and content of behavior-centered approaches
- Communication for social change should be an empowering, horizontal (versus top-down) approach
- Voices should be given to the previously unheard members of the community
- Parents, families, and communities should be the agents of change
- The emphasis should shift away from persuasion and the transmission of information from outside technical experts and towards support for dialogue, debate, and negotiation on issues that resonate with community members.
- The emphasis on outcomes should shift from individual behaviour to greater emphasis on social norms, policies, culture, and the supporting environment.

The active involvement of private and community-based organisations is crucial for improving access to WASH products and services and financing mechanisms. The COWASH strategy considers the significant roles of supply-side actors, such as WASH product retailers, manufacturers, community-based informal groups, and private and public financial institutions. Existing government and community-based organisations are leveraged to promote sanitation interventions.

This approach is in harmony with the National Health Promotion and Communication Strategy, the National Hygiene and Sanitation Strategy, and the National Market-Based Sanitation Implementation Guideline.

6.1 APPROACHES FOR SANITATION, HYGIENE AND HANDWASHING

The following list sets out the range of methods that are used for achieving the goals and objectives of the COWASH SBC strategy with respect to sanitation, hygiene and handwashing:

- Develop and implement a woreda-level sanitation and hygiene demand creation action plan.
- Provide capacity building to health professionals/health extension workers (HEWs) on WASH demand creation.
- Provide capacity-building for woreda sector offices on the safe management of waste, its implications for the safe supply of water to the community, and the role and benefits of water safety planning.
- Develop/adopt communication materials for HEWs to create demand for WASH products and services.
- Develop/adopt communication materials for low-literate communities and persons with disabilities to help them negotiate small, doable actions and adopt an improved WASH practice.
- Strengthen Community-Led and School-Led Total Sanitation and Hygiene (CLTSH/SLTSH) activities.
- Conduct community dialogue to address community and social norms.
- Organise community-based events, such as market shows, to promote sanitation products and increase exposure to target households.
- Link households to market-based sanitation centres where sanitation products are available.
- Develop and adopt TV/radio messages to promote improved latrines and good handwashing practices.
- Conduct periodic/frequent household visits at community level to support and monitor improved sanitation and handwashing practices.
- Conduct regular supportive supervision to encourage woredas to monitor the SBC interventions.

6.2 APPROACHES FOR SAFE DRINKING WATER

The following list sets out the range of methods that are used for achieving the goals and objectives of the COWASH SBC strategy with respect to safe drinking water:

- Promote the implementation of Climate Resilience Water Safety Plans.
- Develop/adopt communication materials for low-literate communities and People with Disabilities (PWDs) to help them adopt good practices.
- Organise community-based events, such as market shows, to promote water treatment and storage products and increase exposure to target households.
- Conduct periodic monitoring visits to ensure proper technology usage and the availability of safe drinking water at household level.
- Conduct regular supportive supervision to encourage woredas to monitor the SBC interventions

6.3 OTHER METHODS

- Advocating policymakers and key influencers to mobilise resources and create an enabling environment for sanitation and hygiene intervention.
- Engaging community figures and religious leaders to influence the communities and households to adopt positive behaviour.
- Engaging private institutions and manufacturers to produce and make various sanitation product options available for rural communities at acceptable prices.
- Use positive role models/change agents to influence other community members.
- Use digital technology options to improve community knowledge and practices.

7. SBC TRAINING

SBC training is conducted according to FTAT's Training Manual for Frontline Health Workers (August 2021), which aims to help/enable frontline health professionals, health extension workers, and other stakeholders to plan, develop, implement, monitor, and evaluate appropriate social and behaviour change activities to promote positive water, sanitation, and hygiene habits.

Training duration is three days for a group of 25-30 participants, covering the following four units:

Unit 1: Social Behaviour Change:
- Learning the difference between Information, Education and Communication (IEC) and SBC
- Understanding human behaviour
- Analysing the characteristics of SBC and how it works
- Tips for designing strategies, creating and testing SBC materials
- Behaviour Change Models: Social Ecological Model; Stages of Change Model

Unit 2: Creating Demand for Sustainable Sanitation and Hygiene
- Steps in creating demand for sanitation and hygiene
- Priority behaviours and key interventions to improve WASH services and products

Unit 3: Interpersonal Communications
- Adult learning
- Negotiated behaviour change
- Developing interpersonal communication skills (verbal/non-verbal/listening)
- Active listening skills

Unit 4: Community Mobilization
- Definition and principles of community mobilisation
- Importance of community mobilisation in WASH
- Community Action Cycle
- Participatory Rural Appraisal

The training comprises presentations, Q&A sessions, brainstorming, small group work, role-playing, and case scenarios. Trainees are evaluated using pre-test and post-test questionnaires.