Community-led Accelerated WASH Project, Phase IV



SOCIAL AND BEHAVIOUR CHANGE STRATEGY

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Acronyms

CBO	Community Based Organization
CLTS	Community-led Total Sanitation
CLTSH	Community-led Total Sanitation and Hygiene
CMP	Community Managed Project
COWASH	Community-led Accelerated Water, Sanitation and Hygiene
CR-WSP	Climate resilience Water Safety Plan
DCC	Direct Consumer Contact
EMDHS	Ethiopia Mini Demographic and Health Survey
FBO	Faith Based Organization
MoH	Ministry of Health
HEW	Health Extension Worker
HEPs	Health Extension Professionals
HH	Household
HTP	Harmful Traditional Practices
HWTS	Household Water Treatment and Safe Storage
IPC	Interpersonal Communication
MDG	Millennium Development Goal
MHM	Menstrual Hygiene Management
M&E	Monitoring and Evaluation
ODF	Open Defecation Free
O&M	Operation and Maintenance
OWNP	One WASH National Program
PTSA	Parents, Teachers and Students Association
RSU	Regional Supporting Unit
SBC	Social Behaviour Change
SDG	Sustainable Development Goal
SLTSH	School-led Total Sanitation and Hygiene
SWOT	Strength, Weakness, Opportunity, Threat
TV	Television
SLA	Saving and Loan Association
WASH	Water, Sanitation and Hygiene
WASHCO	Water, Sanitation and Hygiene Committee
WDA	Women's Development Army

1. Introduction

The Community-led Accelerated WASH (COWASH IV) Project was established with the aim to serve as a transition programme towards Finland's One WASH National Program (OWNP) support and with the overall objective to achieve universal access to WASH services in the rural areas of Ethiopia. The purpose of the Project is to support the acceleration of the rural water and sanitation targets attainment through the establishment of an enabling environment and implementation of Community Managed Project (CMP) interventions in selected rural areas of Ethiopia.

The implementation strategy of COWASH is based on the CMP approach. When the CMP approach is applied, communities are fully responsible for the water supply development process, through planning, financial management, construction management and maintenance management. The key feature of the CMP funding mechanism is that it transfers funds and project management responsibilities for physical construction or rehabilitation directly to communities or relevant institutions such as schools and health facilities. The transfer of in-vestment funds (grant) is carried out through regional micro-finance institutions (MFIs).

The COWASH uses audience insights gathered through desk review of existing documents and engaging stakeholders to gain a deep understanding of the key constraint's households face, as well as their incentives to adopt and sustain improved WASH behaviour. The social behaviour change (SBC) strategy is intended to establish evidence-based behavioural change and demand creation approaches and to guide WASH behaviour change intervention efforts to be implemented by the project. 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 behaviour changes communication material mapping; and a critical review of existing tools from the Ministry of Health (MoH), and stakeholder and partner consultation/discussion at national, regional, zonal, and woreda levels.

Furthermore, the 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 behaviour in the project intervention areas through a multi-level approach that includes the harmonization of interpersonal communication, community mobilization, direct consumer contact and mass media 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 maternal and child health in particular, have been achieved over

the last few decades, Ethiopia remains a country with one of 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], 2016, one in three households in Ethiopia have no toilet facility (39% in rural areas and 7% in urban areas), and only 6% of Ethiopian households use improved toilet facilities (16% in urban areas and 4% in rural areas). Regarding hand washing, soap and water, the essential hand washing agents, were observed in 28% of urban households and 7% of rural households. 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 households have access to an improved source of drinking water, compared with 57% of rural households. Urban and rural households rely on different sources of drinking water. The most common sources of drinking water in rural households are public taps/standpipes (19%), followed by protected springs (14%) and tube wells or boreholes (13%). Most households in both urban (88%) and rural (92%) areas report that they do not treat their water prior to drinking. Overall, 7% of households in Ethiopia (11% in urban areas and 6% in rural areas) are using an appropriate treatment method which 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, diarrhoea is the leading cause of under-five children's mortality in Ethiopia, causing 23% of all under-five deaths. As reported by the Ethiopia Mini Demographic and Health Survey, 2019 (EMDHS) around 37% of under-five 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 diarrhoea and to the lack of WASH services. Important nutrients that the child requires for growth are wiped out through diarrhoea and intestinal parasites take up the remaining nutrients. When this scenario continues for some time, children become stunted and their growth is significantly reduced.

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 behaviour, including:

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

This SBC strategy has therefore been developed to guide the design and implementation of evidence-based SBC intervention for promoting recommended WASH behaviour to create demand for WASH products and services at household and community levels for the COWASH project being implemented in 104 districts of Amhra, Oromia, SNNPR,

Sidama, Benishangul Gumuz and Tigray regions.

3. Goals and Objectives of the Strategy

The main goal of the COWASH SBC Strategy is to guide the design and implementation of SBC interventions to improve the health of rural communities in the target districts through increasing their knowledge and demand for improved WASH products and services. Specifically, the Strategy has the following objectives:

- To determine evidence-based WASH behaviour change and demand creation approaches that will help to improve WASH-related knowledge, attitude and practices among rural communities and institutions in the target districts;
- To design evidence-based sanitation and hygiene behaviour change interventions and communication channels that will help communities to adopt positive behaviour;
- To show how the different demand creation approaches and interventions are interlinked towards positive sanitation and hygiene outcomes; and
- To document and share best practices on WASH behaviour change interventions.

4. Theoretical Frameworks of the SBC Strategy

Communication for behaviour change has been the influential tool to improve knowledge and attitude and thus bring the desired behaviour change on a household's WASH actions. 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 SBC at the heart of interventions.

The Ethiopian Health Policy, the National Health Promotion and Communication Strategy and the National Hygiene and Sanitation Implementation Guideline supports the design and implementation of evidence based and cost-effective SBC interventions. These documents recommend strengthening health education and promotion activities targeting specific populations through individual interpersonal communication (IPC), community mobilization and mass media communication by service providers, media and the engagement of community leaders, religious and cultural leaders and other prominent community members.

Specific to WASH interventions, the active involvement of private and community-based structures is an important requirement to improve access to WASH products and services as well as financing mechanisms. Thus, the COWASH SBC Strategy Framework takes into consideration the significant roles of supply side actors, such as WASH product retailers, manufacturers, community-based informal groups and private and public financial institutions.

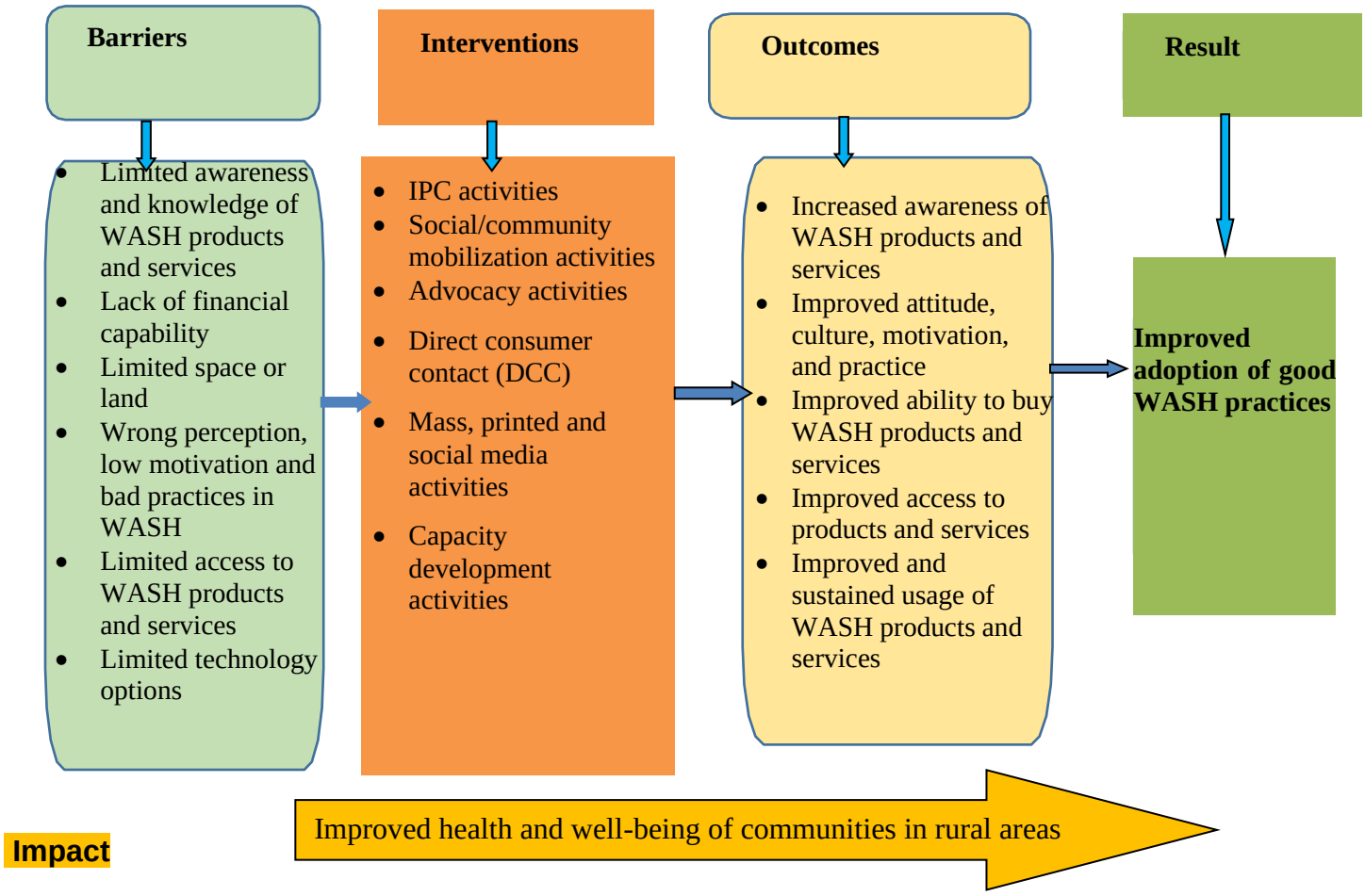
4.1 SBC Pathway to WASH Practices

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

This framework, as depicted below, is laid out to address the demand creation efforts targeting rural households 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 behavioural 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, the National Hygiene and Sanitation Strategy and the National Sanitation Marketing Implementation Guideline.

Figure 1 below summarizes the overall demand creation intervention implementation framework for the COWASH IV SBC Strategy.

Figure 1. COWASH Demand Creation Interventions Implementation Framework



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, which suits their needs and aspirations.

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

Opportunity: access to good product, information, builders and materials, O&M services, disaster risk reduction and climate resilience WASH system,

Ability: resources needed to make use of opportunities, such as money, skill, transportation, control over decisions.

5. Priority Areas and Behaviours to Improve WASH

The COWASH SBC Strategy is built around the evidence that has been found from the review of a wide variety of literature. Based on data gathered through desk review, key barriers and motivators (key determinants) affecting behaviour change in a specific priority or influencing group were identified as and are described below.

5.1 Sanitation

More than half of the global population does not have access to safe sanitation and still, 673 million people practice open defecation globally. Adequate sanitation is essential to childhood survival and development, improving children's education, increasing productivity and building resilience in the face of disease and disaster. Improved sanitation practice is also key for the delivery of safe water to the community by preventing water source contamination and recontamination of water at household level.

Key Decisions		Descriptions
Key behaviours to be promoted		✚ Purchase of low-cost and quality sanitation products and construct improved latrines. ✚ Avoid open defecation and exclusively use improved latrines at all times. ✚ Disposal of children's faeces in the latrine. ✚ Always maintain the hygiene of the latrine facility by cleaning inside and around the latrine every day ✚ Constructing water points at a safe distance from latrines and constructing household and institutional latrines at a safe distance from water points. ✚ Avoid dumping solid and liquid waste in the vicinity of water sources. ✚ Avoid dumping agricultural waste in the vicinity of water points.
Target Audiences	**Primary Actors**	✚ Household heads (men and women) ✚ School students (girls and boys) ✚ Adolescents and youths ✚ Persons with disabilities
	Supporting Actors	✚ Community elders and religious leaders ✚ Health Extension professionals ✚ Health care service providers ✚ Peers ✚ Teachers ✚ Woreda Health Office ✚ Woreda Agriculture Office

		✚ Woreda Water Office ✚ Woreda Education Office ✚ Women Development Armies/Volunteers ✚ Parents Teachers Students Associations (PTSAs) ✚ Disabled persons organizations
Key Barriers		✚ Lack of awareness ✚ Lack of financial capability ✚ Limited space or land ✚ Limited technology for latrine constructions ✚ Getting accustomed to open defecation ✚ Lack of availability of input materials ✚ Lack of physical capability or help ✚ Belief that toilets bring unpleasant smells
Key Motivators		✚ To maintain health/prevent disease ✚ Ensures privacy ✚ Easy access and comfort ✚ Desire for a long-lasting and clean latrine ✚ Awareness that latrines are important ✚ Being modern ✚ Health extension professional' advice and instructions ✚ Unethical defecating in an open field ✚ Safe and sustainable water supply throughout the year. ✚ Dignity of the family members
Key Interventions		✚ Develop and implement a Woreda-level sanitation and hygiene demand creation action plan ✚ Capacitate health professionals/health extension professionals (HEPs) on WASH demand creation. ✚ Capacitate Woreda sector offices on the safe management of waste and its implications on the safe supply of water to the community and the role and benefits of WSP4+ (**Climate resilience and disaster risk management**, **O&M and water tariff collection, Sanitation and Inclusion)** in addressing this. Include also the role of top management and technical staff in developing and implementing WSP4+. ✚ 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

	to negotiate small doable actions and adopt an improved WASH practice. - Strengthen CLTSH/SLTSH activities (triggering, post triggering, ODF certification, post ODF) - Conduct community dialogue to address community and social norms. - Organize community-based events such as market shows (see appendix III) to promote sanitation products and ensure channel mix, and increase the exposure of target households. - Link households to sanitation marketing centres where sanitation products are available - Develop/adopt TV/radio messages to promote improved latrine practice - Conduct periodic/frequent household visits at community level to support and monitor improved sanitation practices - Conduct regular supportive supervision to encourage woredas to monitor the SBC interventions

5.2. Hand washing

A number of infectious diseases can be spread from one person to another by contaminated hands. Washing hands properly with soap and water is the best way to prevent the spread of the germs (bacteria and viruses) that cause these diseases.

Key Decisions		Descriptions
Key Behaviours to be Promoted		- Permanently place hand washing facilities in/attached to the toilet. - Wash your hands with **soap** properly and consistently during the five critical junctures: after using a latrine; after cleaning children; after handling wastes of any kind including e.g., animal dung; before cooking food; and before eating. - Permanently place hand washing facilities at the gates of institutions. - Prepare safe spaces for MHM
	Primary Actors	- Household heads (men and women) - School students (girls and boys) - Adolescents and youths - People with disabilities

Target Audiences	**Supporting Actors**	✚ Community elders and religious leaders ✚ Health Extension professionals ✚ Health Care Service providers ✚ Peers ✚ Teachers ✚ Woreda Health Office ✚ Woreda Agriculture Office ✚ Woreda Water Office ✚ Woreda Education office ✚ Women development armies/Volunteers ✚ PTSAs ✚ Disabled people organizations
Key Barriers		✚ Lack of sufficient water. ✚ Perception that they are not able to wash their hands regularly. ✚ Lack of awareness or knowledge about hand washing stations and lack of skills about how to construct a hand washing station
Key Motivators		✚ The entire community members become healthier through the prevention of diseases.
Key Interventions		✚Develop/adopt communication materials for HEPs to create demand for WASH products and services. ✚Develop/adopt communication materials for low literate communities and students to help them to negotiate small doable actions and adopt good hand washing practices. ✚ Strengthen CLTSH/SLTSH activities (post ODF) ✚Conduct community dialogue to address community/social norms. ✚Organize community-based events such as market shows to promote sanitation products and ensure channel mix, and increase exposure of target households. ✚Develop/adopt TV/radio messages to promote good hand washing practices. ✚Conduct periodic/frequent household visits at community level to support and monitor hand washing practices. ✚Conduct regular supportive supervision to target

	woredas to monitor the SBC interventions.

5.3. Safe drinking water

Lack of improved access to safe drinking water, together with inadequate sanitation and hygiene are the overwhelming contributors to millions of annual deaths caused by diarrheal diseases. Water distribution systems involve significant operation and maintenance activities and are often operated on an intermittent basis. The lack of pressure in the mains during periods of non-operation leaves the supply vulnerable to contamination due to the ingress of polluted water. Hence, treating drinking water at household level by using simple, yet effective household water treatment and safe storage (HWTS) options such as boiling, filtration and chlorination could significantly reduce the incidence of waterborne diseases.

Key Decisions		Descriptions
Key Behaviours to be Promoted		✓ Use water treatment technologies to secure safe drinking water. ✓ Use HWTS options like boiling or filtration to secure safe drinking water. ✓ Store treated water in an appropriate vessel preferably with a narrow neck and a tap. ✓ Wash water containers regularly before fetching using locally available cleaning materials (detergents, sand, ash, etc.). ✓ Apply CR-WSP
Target Audience	**Primary Actors**	✓ Household heads (men and women) ✓ Students ✓ Adolescents and youths (girls and boys) ✓ Institutions (schools, health facilities, etc.) ✓ Vendors (water containers and chemicals) ✓ Persons with Disabilities
	Supporting Actors	✓ Community elders and religious leaders ✓ Health extension professionals ✓ Health care service providers ✓ WASHCOs ✓ Peers ✓ Teachers ✓ Woreda Health Office ✓ Woreda Agriculture Office ✓ Woreda Water Office ✓ Woreda Education office

		• Women development armies/volunteers • PTSA (parent teachers students associations) • Disabled persons organizations
Key Barriers		• Difficulty in accessing chemicals in the market. • Limited access to finances and technologies (poverty). • A perception by the community that water treatment technologies have adverse health results such as infertility/sterility. • Lack of awareness of the existence of such treatment products • Low awareness of safe water handling and storage mechanisms • Non-functionality of constructed water points and institutional latrines
Key Motivators		• Desire to be free from diseases especially from waterborne diseases as the chemicals are thought to kill harmful germs • Advised to use treatment chemicals by HEWs, mostly when there has been an outbreak of cholera.
Key Interventions		• Promote the implementation of CR-WSP (Climate Resilience Water Safety Plan • Develop/adopt communication materials for low literate communities and persons with disabilities to help them to adopt good practices • Organize community-based events such as market shows to promote sanitation products and ensure channel mix, and increase exposure of target households. • Conduct periodic monitoring visits to ensure proper usage of technologies and availability of safe drinking water at household level. • Conduct regular supportive supervision to target woredas to monitor the SBC interventions

6. Audience Analysis

Audience analysis is one of the major activities to segment the targets into smaller groups or groups with similar communication-related needs, preferences, and characteristics. Prioritizing helps to determine what 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 members.

Segmenting audiences enables COWASH to focus on the people who are most critical to reach and to design the most effective and efficient strategy for helping each audience to adopt new behaviour. 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 each group. Tailoring SBC strategy to the characteristics,needs and values of important audience segments improves the chances of achieving the desired behaviour change. In this strategy, audiences are segmented as primary actors and supporting actors.

The primary actors are the direct beneficiaries, whereas the supporting actors are those who influence the primary actors. Based on the desk review findings, important primary and supporting actors for the COWASH SBC strategy are indicated below:

Primary Actors	Supporting Actors
✓ Rural households (Men and women, Women headed households) ✓ Students (boys and girls) ✓ Adolescent and youths (boys and girls ✓ Care givers ✓ People with Disabilities	✓ Health Extension professionals ✓ Peer groups ✓ Religious and cultural leaders ✓ Health care service providers ✓ Community volunteers ✓ Woreda WASH sector Offices ✓ Teachers ✓ Youth and Women Associations and their leaders ✓ CBOs and FBOs ✓ Kebele WASH Team ✓ WASHCOs ✓ Water user associations

7. COWASH Demand Creation Strategic Approaches

SBC under COWASH substantially focuses on water, sanitation and hygiene and the implementation strategy recognizes and considers a sanitation ladder, which is a way of analysing WASH practices that highlights the trends in:

i. ***Sanitation:*** open defecation, shared and unimproved sanitation facilities and 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 faeces in fields, forests, bushes, open bodies of water, beaches or other open spaces, or with solid waste.



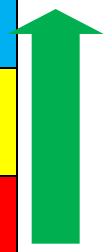
ii. ***Water:*** Unimproved drinking water sources, other improved drinking water sources, and improved or piped water on the premises.

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 feacal and priority chemical contamination	Improved Drinking Water Source
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	Unimproved drinking water source
None	Water coming from surface water: river, dam, lake, pond, stream, canal or irrigation channel	



iii. ***Handwashing:*** May be fixed or mobile and includes sinks with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other traditional handwashing agents.

Service	Definition
Basic handwashing service	Availability of a handwashing facility on the premises with soap and water.
Limited handwashing 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



On the sanitation ladder, households will choose to move up the "ladder," abandoning unimproved practices such as open defecation and unsafe drinking water, no hand washing facility and revealing a demand for WASH products, facilities, and services.

The sanitation ladder recognizes the problem of financial resources that most rural households face to purchase improved WASH products and practice recommended behaviour, such as constructing an improved latrine. 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.

7.1. Leveraging with Community/School-led Total Sanitation and Hygiene

COWASH 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 social and behaviour change.

The activities suggested to be undertaken for COWASH IV require the creation of directly support Community/School-led Total Sanitation and Hygiene (CLTSH/SLTSH) to realize its objectives through training of existing government health structures such as the Woreda and Kebele WASH team, Health Extension Workers and WASH clubs. They will work toward triggering villages; supporting households to attain a basic/improved latrine, which in turn increases latrine coverage; supporting institutions, such as kebele administrations 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 households 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 social and behavioural change, the SBC strategy uses a mix of communication approaches that complement each other. These approaches will engage, motivate, and empower households, 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 the desired behaviours.

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.

7.2. Aligning the rural water supply households' beneficiaries with improved latrine and handwashing facility construction

COWASH will use rural household water supply construction/rehabilitation as an entry point to create demand for and use of improved latrines and handwashing practices. It will encourage participation of water user associations and various community groups, including family members and opinion leaders who are using water from points the constructed or rehabilitated by COWASH IV.

The activities suggested to be undertaken for COWASH demand creation directly work with WASHCOs and water user associations to attain improved latrine and basic hand washing practices through buying of WASH products, constructing improved latrines and installing hand washing facilities to practice improved WASH behaviours at their own premises. To achieve the desired behavioural change, COWASH uses the willingness to construct improved latrines and install handwashing facilities by households as a prerequisite to construct/ rehabilitate community water points

7.3. Demand creation implementations platforms

In principle COWASH uses the existing government platforms for the implementation of WASH demand creation activities. But demand for improved WASH services and products can also be created through the established sanitation marketing centres, SLAs or any other platforms created for this purpose. The following are some of the platforms COWASH will use to create demand for improved WASH products and services:

- **Health Extension Program:** COWASH demand creation for improved WASH services and products will be leveraged with the existing Government of Ethiopia's HEP who are potential promoters of improved sanitation, hygiene and household safe water storage and treatment, WSP+++ and sanitation safety plan preparation

and implementation for COWASH at community level.

- **Women Development Armies and model HHs:** Women Development Armies and model HHs are among the platforms for COWASH to implement demand creation activities at grassroots level. COWASH will use them as positive role models to promote improved sanitation, hygiene and HH safe water storage and treatment WSP+++ and sanitation safety plan planning.
- **Schools:** COWASH will also use different school clubs to promote proper hand washing practices, improved latrine use, HH water storage and treatment, MHM, prevention of Harmful Traditional Practices (HTPs) and gender stereotypes, O&M, etc.
- **Community and religious leaders:** These are important platforms for COWASH to promote improved sanitation, hygiene and HH safe water storage and treatment, WSP+++ and sanitation safety plan preparation at community level.
- **WASHCOs/Water User Associations/Utilities:** WASHCOs are also another platform to promote improved WASH practices, to address issues on gender, WSP+++ and sanitation safety plan preparation. disability awareness raising and HTPs.
- **Sanitation marketing centres:** COWASH will use market-based sanitation centres as one platform to create demand for improved latrines and proper handwashing practices. Product promotion and sales can be carried out by sales agents on a home-to-home basis or through market day promotion.
- **Saving and Loan Associations:** The project will use the already established SLAs or will establish SLAs (if appropriate) to create demand for improved WASH services and products as necessary.
- **Woreda WASH Sector Offices:** The project will use top management and experts in these institutions at Woreda level to provide training and technical support to the community in the process of WSP+++ and sanitation safety plan preparation and implementation and performance monitoring with the objective of providing safe and sustainable WASH services.
- **Primary Health Care Units:** Health centres and health posts are the potential to create demand for improved latrines and proper handwashing practices.
- **Community Managed Project:** COWASH's CMP approach is a good platform to promote improved WASH practices, address issues on gender, WSP+++ and sanitation safety plan planning, disability awareness raising and HTPs.
- **Regional COWASH Communications Network:** Regional COWASH Communications Networks is one of the project's platforms to implement the SBC strategy and demand creation activities for WASH. It is a good communication channel for COWASH to create demand for improved sanitation and hygiene.

7.4. Demand Creation Approaches

Informed demand for WASH products and services is generated through a number of

communication channels and approaches. COWASH demand creation approaches are indicated in the table below:

Category	Description of the activity	Main purposes
IPC	Two-way facilitated dialogue by health extension professionals and health care providers/trained community volunteers, in small groups or with individual households	Ask/answer questions, build skills/confidence, problem solve, provoke thinking, persuade, change attitudes
Community mobilization	Organizing community events, strengthen School WASH clubs, community managed project promotion, support triggering, ODF declaration and certification, use existing local community communication resources	Increase awareness, improve cultural/social norms, correct wrong perceptions and practices that resulted in adverse health consequences and mobilizes resources
DCC	Scripted events (market shows, product demonstrations, etc), using edutainment approaches at venues/locations with large target audiences, sales promotion by sales agents	Raise awareness, introduce and promote new products, convey information, provoke thinking and reinforce IPC messages
Mass Media and printed materials	TV advertising/messages, radio messages, print (Flip chart/counselling cards, posters, billboards, banners, flyers, shop signs, etc.)	Raise awareness, convey information, remind and reinforce IPC messages

- IPCs are considered the most influential channel when persuading someone to accept a new idea or behaviour, though it can also be the most difficult channel to implement in a consistent manner.

8. Communication Materials and Tools

COWASH will conduct an SBC materials inventory of the existing WASH communication tools that were developed by the MoH and partners. Based on the gap analysis, together with the barriers, motivators and facilitators identified in the process of behavioural analysis to enable households to practice WASH behaviours, the communication materials, messages and medias will be developed/adopted.

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

- **Posters/flyers:** Gender sensitive posters/flyers will be developed/adopted and

distributed to the targeted communities and institutions in the project woredas that will promote WASH practices.

- **Flip chart/counselling cards**: COWASH will develop/adopt flip chart/counselling cards that will be used by health extension professionals or trained community development agents. The contents of the flip chart 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 health extension professionals, and trained community structures and WDA leaders to conduct frequent HH counselling visits
- **Audio- and audio-visual materials:** The project will develop, adopt and air target and context specific TV and radio advertising/messages, audio and video narrations or demonstrations that will promote good WASH practices at HH and institutions.
- **Digital platforms such as webpages, Facebook and Telegram:** COWASH will use its existing digital platforms to promote improved WASH practices. Similarly, COWASH implementing Regions, Zones and target Woredas will use their existing digital platforms to create awareness and improve the knowledge of WASH practices of their catchment populations

9. Monitoring and Evaluation

In order to track progress, effectiveness, and reach of the SBC interventions, it is necessary to develop a strong monitoring and evaluation (M&E) system. The M&E system should 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 its proposed activities.

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 strategy will depend on the following processes, which will be carefully monitored and evaluated:

- Effective planning and timely execution of the activities
- Identify and award best performing/positive role model households, Woreda, Kebele, etc.
- Ensuring proper documentation and sharing case stories and lessons learned on the implementation process
- Comprehensive and integrated supportive supervision at Regional, Woreda, Kebele, and HH levels
- Develop performance indicators to measure SBC performance

- Conducting regular visits to the HHs and supporting/encouraging them to practice the recommended behaviours
- Periodic review and reflection meetings with trained HEPs, Woreda and Zonal stakeholders to monitor progress
- Periodic, quarterly, and annual progress reports
- Conducting periodic assessments to evaluate effectiveness of channels and interventions and the ultimate outcome
- Fostering an experience share visits between regions, woredas, sector offices, etc.

Annex I: COWASH SBC Strategy Implementation Plan

S/N	Activities	Direct implementer	Co-implementers	Timeline
1	Finalize the first draft of the SBC strategy	FTAT	RSUs, stake holders	August 2021
2	Organize consultative workshop to refine and finalize the strategy	FTAT	RSUs	October 2021
3	Rollout the SBC Strategy at Woreda level	FTAT, RSUs	Regional government WASH implementers	Feb, 2022
4	Design SBC audio visual and print materials in local context	FTAT	RSUs, Regional government WASH implementers	March, 2022
5	Pre-test of SBC audio visual and print materials	FTAT	RSUs, Regional government WASH implementers	April, 20222
6	Production and printing of audio visual and print materials in local context	FTAT, Regional government WASH implementers	RSUs	August,2022
7	Distribution audio visual and print materials into target woredas	RSUs, RHBs, Target Woredas	FTAT, Regional government WASH implementers	October,2022
8	Monitor the proper utilization of audio visual and print materials and the change observed	Target Woredas WASH sector offices	RSUs, FTAT, Regional government WASH implementers	December 2022 onward
9	Assist project woredas to develop WASH demand creation action plan	RSUs	FTAT, Regional government WASH implementers	September 2022
10	Implement Woreda WASH demand creation Plans	Target Woredas	RSUs, Regional government WASH implementers	Starting from October 2022
11	Track the implementation of COWASH IV behaviour change interventions and share the best practices	Target Woredas	RSUs, FTAT, Regional government WASH implementers	Throughout the project life
12	Conduct periodic evaluation of COWASH IV behaviour change	FTAT	RSUs, regional government WASH	Mid of 2023 End of project

	interventions		implementers, target woredas	life

Annex II: Summary of the desk Review Findings on Key Behavioural Determinants of WASH

Category	Main Determinants	Main Finding
Sanitation	✓ Lack of awareness ✓ Perceived and real high costs ✓ Few technically appropriate, attractive, low-cost options available in local markets ✓ lack of /limited financing options ✓ Limited Space/land ✓ Getting accustomed to open defecation	✓ The majority of those who practiced open defecation was mainly due to a lack of awareness i.e., not knowing the benefits of having a latrine, negligence (e.g., wasting money on alcohol), and did not care to change their habits while viewing financial struggle as a key reason. ✓ The greatest reason for not having a latrine, as reported by those who do not have a latrine, was the lack of financial capability. ✓ Limited availability of space in the compound after frequent replacement of collapsed latrines was identified as one of the barriers for sustainable latrine adoption ✓ Lack of physical ability to construct a latrine was also the main barrier. Female participants more frequently reported an inability to construct a latrine. ✓ One of the main barriers for having improved latrine was lack availability of input materials and limited sanitation products. Few of the latrine options were technically appropriate, attractive, low-cost options.
Hand Washing	• Lack of knowledge • Limited attention • Financial constraint	✓ The main barrier to hand washing was lack of awareness or knowledge about hand washing stations and were unclear about how to make or get this product.

		▪ lack of attention to practice proper hand washing, or not giving a specific hand washing station was another barrier. ▪ Very few non-users mentioned financial constraint as barrier
Safe water drinking	▪ Lack of awareness about water treatment chemicals ▪ Lack of access to water treatment chemicals ▪ Limited knowledge on HH water handling and transportation techniques	▪ The prominent barrier for using water treatment chemicals was lack of awareness of the existence of such products ▪ Among users of point of use water treatment chemicals, the majority indicated difficulty in accessing the chemicals in the market. ▪ Majority of rural communities did not know how to properly handle/manage HH drinking water.

What did the desk review findings tell us?

- Sanitation facility is low priority for most HHs
- Most HHs overestimate cost of building latrine and have low awareness of facility options
- Tolerance and acceptability of open defecation is a factor associated with the behaviour itself
- Ready access to suppliers and availability of products and services affects demand for sanitation and hygiene
- Increase social status is a significant motivation for improved sanitation and hygiene

Annex III: COWASH IV SBC Guidance for Regional Supporting Units

1. Market Shows (planning and implementation)

Market show consists of a short drama, questions and answers program, cultural music show and a master of ceremony entertaining and educating audiences with WASH key messages. The market show will require personnel consisting of a show members like traditional music dancers, drama actors and actresses, master of ceremony and event coordinator. The objective of the market show event is to increase communities' knowledge on WASH doable actions and promote WASH practices.

1. Key tasks

- Identify the local talents working and residing in the intervention areas
- Writing the short drama script based on the core messages,
- Selection of drama and music performers and arrange rehearsals,
- Selection of music bands, cultural and traditional music, ensure quality of equipment, plan an entertaining drama and music show,
- Selection of the drama groups
- Preparation of Questions and Answers based on messages,
- Selection of master of Ceremony (MC) appropriate for the locations, he/she should be coached in how to conduct the whole ceremony by continuously passing the messages, and she/he should be coached in how to conduct the Q&A session,
- Organizing a rehearsal/pre-test show
- Organizing and performing the market shows
- Recording with video and taking photos of the actual shows taking place,

2. Key contents

- Dramas
- Questions and answer sessions
- Traditional/cultural music shows
- key messages delivery by master of the ceremony

3. **Creative Consideration**

- The market shows must be very creatively done and appealing to the target audience in rural areas.
- The contents of the shows should be clearly understandable by the general population (e.g., Low-literacy audiences),
- The market shows should be culturally appropriate for each intended audience in content/message. The drama should not contain offensive or distasteful content by all target audiences.
- The contents of the shows are preferred if the messages can be easily retained by the target audience persuading them to undertake the desired behavior.

2. Demand Creation Action plan development

Demand creation interventions are important to increases service uptake WASH services by providing targeted, easily accessible, and accurate information. The demand creation action plan can be used by Woreda and partners to:

- Determine the demand creation priority goals and objectives to be achieved
- Define targets for programmatic inputs required to be achieved to meet priority goals
- Specify key interventions and activities needed to meet the priority goals
- Determine costs associated with the interventions and activities
- Advocate for resources needed for the plan
- Monitor activities specified in the plan

1. Key Tasks

1.1. Identify the Approach and Purpose of the Plan

- The stakeholders identified and costed major priorities for WASH demand creation activities with well-defined goals.
- Extensive stakeholder engagement took place in developing the demand creation Action plan
- Stakeholders build on the Woreda context, identify the process they will follow, and agree on the purpose of the plan.
- This Demand creation Action plan serves as an advocacy tool to inform planning, and budgeting to strengthen demand creation as a priority area within the health system.

1.2. Conduct situational analysis

- A situational analysis involves the collection, review, and analysis of information and data from various sources to inform past and current status of the demand creation on WASH.
- The situational analysis involves primarily a desk review and consultations with stakeholders on demand creation (SWOT analysis).

1.3. Develop Priority Activities and Set Targets

- Based on the SWOT analysis, priority activities and targets will be developed for demand creation.
- The process of identifying and prioritizing specific activities can take various forms, including a series of technical expert consultations, working groups on specified areas, or individual expert(s).

1.4. Generate Demand Creation Cost Estimates for the Plan

- The costing estimates require detailed descriptions of activities so that the type and magnitude of resources required to support each activity can be determined.

1.5. Implement the Plan and Monitor Progress

- While implementation utilizes existing structures, monitoring involves developing indicators and a data collection and analysis process to assess the progress in activities and results.

3. Behavioural Change Materials Distribution and Monitoring

COWASH developed several prints and audio-visual behavior change communication materials in collaboration with Ministry of health, Water and Energy, Education, regional health bureaus for its target audiences. The soft copy of these materials will be sent to

the regional supporting units so that they will print, distribute and monitor the utilization of these behavior change communication materials and makes sure these materials used for the intended purposes. Some of the BCC materials developed by COWASH were posters (nine poster messages on different thematic areas), three radio messages and two TV messages. These materials were developed in Amharic, Afan Oromo and Sidamu Afo Languages.

1. COWASH Posters

COWASH developed 9 posters on different thematic areas and these posters will target beneficiaries of **COWASH IV new market-based sanitation woredas.**

1.1. Improved latrine Poster: This poster promotes the importance of having/ constructing improved house hold latrine and the responsibility of the household members to keep clean the latrine. The poster will be distributed to sample individual household members and the households are expected to hang/post the poster at their inner wall where visible by others. This poster also distributed and posted to Health posts, schools and kebele administration at the visible area where everybody can see.

1.2. **Hand washing Poster:** This poster promotes the importance of handwashing with soap and water during the critical times. The poster will be distributed to sample individual household members and the households are expected to hang/post the poster at their inner wall where visible by others. This poster also distributed and posted to Health posts, schools and kebele administration at the visible area where everybody can see.

1.3. **Safe water handling and storage:** This poster promotes the mechanisms of safe water handling and treatment using different methods at household level and its benefits. The poster will be distributed to sample individual household members and the households are expected to hang/post the poster at their inner wall where visible by others. This poster also distributed and posted to Health posts, schools and kebele administration at the visible area where everybody can see.

1.4. **COVID-19 poster-** This poster promotes the use of handwashing with soap and water as well as using sanitizer to prevent the COVID-19 virus. This poster will be distributed and posted to Health posts, schools and kebele administration at the visible area where everybody can see.

1.5. **Menstrual hygiene Management poster:** This poster promotes about the healthiness of seeing menstruation and the support needed for girls who are on menstruation to overcome the barriers, continue their education and enjoy healthy life. This poster will be distributed and posted to Health posts, schools and kebele administration at the visible area where everybody can see.

1.6. Water safety plan poster: This poster is developed to promote the importance of using different methods to increase the discharge and prevent the water point

from damage and chemical hazards. This poster will be distributed and posted to kebele administration at the visible area where everybody can see.

1.7. **Water tariff fee Poster:** This poster is developed to promote the importance of paying a water tariff that will used for the operation and maintenance of the water points for the sustainable use. This poster will be distributed and posted to kebele administration at the visible area where everybody can see.

1.8. **Disability inclusion poster:** This poster is developed to remind WASH sector offices to make sure that all activities in COWASH IV are disability inclusive and persons with disability themselves are actively engaged in the project development and implementation. This poster will be distributed and posted to kebele administration at the visible area where everybody can see.

1.9. Male support in household chores: This poster promotes the support of male partners for doing some household chores so that the women have time to rest and provide care for their children. This poster will be distributed and posted to kebele administration at the visible area where everybody can see.

2. Radio messages/spots

COWASH has developed three radio/audio messages in Amharic, Afan Oromo and Sidamu Afo languages. These radio massages target the rural communities and developed to reinforce COWASH interpersonal communication activities and to campaign about improved latrine, hand hygiene and safe water handling benefits. To create sustained and desired change through media campaign, individuals should to be exposed to messages again and again preferably the messages should be aired/placed on media 2 to 3 times a week at least for the consecutive 2 months. To increase the reach and intensity of the exposure, it is recommended to use media that have more reach, more listeners and choose pick time when the rural communities have time to listen the radio as a family.

COWASH will use the Regional COWASH Communications Network (RCCN) to place/ air the radio messages. The assumption is, the RCCN was established from different WASH sector offices communication directorate and will also work closely with the regional government and private medias as well as public relation and communication offices. RCCN will influence/ lobby the medias to air these messages with free of charge because these messages are public service announcements and COWASH have no budget for the air time cost. Once the RCCN agreed with the medias to air the messages, RSUs, RCCNs and the media company should prepare the placement/airtime program schedule. The program should be announced for the larger audience /communities with different channels before airing the messages so that the audiences know and allocate time to listen the program. RSUs should monitor regularly whether the radio messages aired as per the agreed, the reach and the listenership

status of the target beneficiaries.

3. **TV messages/Spots**

COWASH has developed two TV messages in Amharic, Afan Oromo and Sidamu Afo languages. These TV massages target the rural communities and developed to reinforce COWASH interpersonal communication activities and adopted to the sign languages. To create sustained and desired change through media campaign, individuals should to be exposed to messages again and again preferably the messages should be aired/placed on media 2 to 3 times a week at least for the consecutive 2 months. To increase the reach and intensity of the exposure, it is recommended to use media that have more reach, more listeners and choose pick time when the rural communities have time to listen and see the TV messages as a family.

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