



COWASH

SOCIAL BEHAVIOR CHANGE STRATEGY

JULY, 2021

Table of Contents

Table of Contents	i
Acronyms	ii
1. Introduction	1
2. Background	2
3. Goals and objectives of the strategy	3
4. Theoretical frameworks of the SBC strategy	4
4.1 SBC pathway to WASH Practices	4
5. Priority Areas and Behaviors to Improve WASH	6
5.1 Sanitation	6
5.2. Hand washing	9
5.3. Safe drinking water	11
6. Audience Analysis	13
7. COWASH Demand Creation Strategic Approaches	15
7.1. Leveraging with Community/School-led Total Sanitation and Hygiene	17
7.2. Aligning the rural water supply HHs with improved latrine and handwashing facility	17
7.3. Demand creation implementations platforms	18
7.4. Demand Creation Approaches	20
8. Communication Materials and Tools	21
9. Monitoring and Evaluation	22
Annex I: COWASH SBC Strategy Implementation Plan	23
Annex II: Summary of the desk Review Findings on Key Behavioral Determinants of WASH	24
Annex III: References	26

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
FMoH	Federal Ministry of Health
HEP	Health Extension Program
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 Associations
SBC	Social Behavior Change
SDG	Sustainable Development Goal
SLTSH	School -led Total Sanitation and Hygiene
TV	Television
VSLA	Village self-Saving and Loan Association
WASH	Water, Sanitation and Hygiene
WASHCO	Water Supply, Sanitation and Hygiene Committee
WDA	Women's Development Army

1. Introduction

The Community-Led Accelerated WASH (COWASH) Project was established with the aim to serve as a transition programme towards Finland's 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 was 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 investment funds (grant) is carried 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 constraints households face, as well as their incentives to adopt and sustain improved WASH behaviors. The social behavior change (SBC) strategy is intended to suggest evidence-based behavioral change and demand creation approaches and to guide WASH behavior change intervention efforts 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 behavior change communication (SBC) 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.

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, 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 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], 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' residents 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. 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 37% (2019 EMDHS) 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.

COWASH Social Behavior Change Strategy

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 human feces, including infant feces
- ✚ Consistent and correct hand washing with Soap or ash at critical junctures, particularly after defecation and before food preparation and feeding/eating
- ✚ Safe handling and storage of household 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 WASH products and services at households and community level for the COWASH project being implemented in 107 districts of Amhara, 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 service.

Specifically, the strategy has the following objectives:

- ✚ To determine evidence-based WASH behavior 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 behavior change interventions and communication channels that will help communities to adopt positive behaviors.
- ✚ To show how the different demand creation approaches and interventions are interlinked toward positive sanitation and hygiene outcomes
- ✚ To document and share best practices on WASH behavior change interventions

4. Theoretical frameworks of the SBC strategy

Communication for behavior change has been the influential tool to improve knowledge and attitude and thus bring the desired behavior change on HHs WASH doable 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, National Health Promotion and Communication Strategy, National Hygiene and Sanitation implementation guideline support the design and implementation of evidence based and cost-effective SBC interventions. They recommend strengthening health education and promotion activities targeting specific populations through individual interpersonal communications (IPCs), community mobilizations and mass media communications by service providers, medias 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 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, and community-based informal groups; and private and public financial institutions.

4.1 SBC pathway to WASH Practices

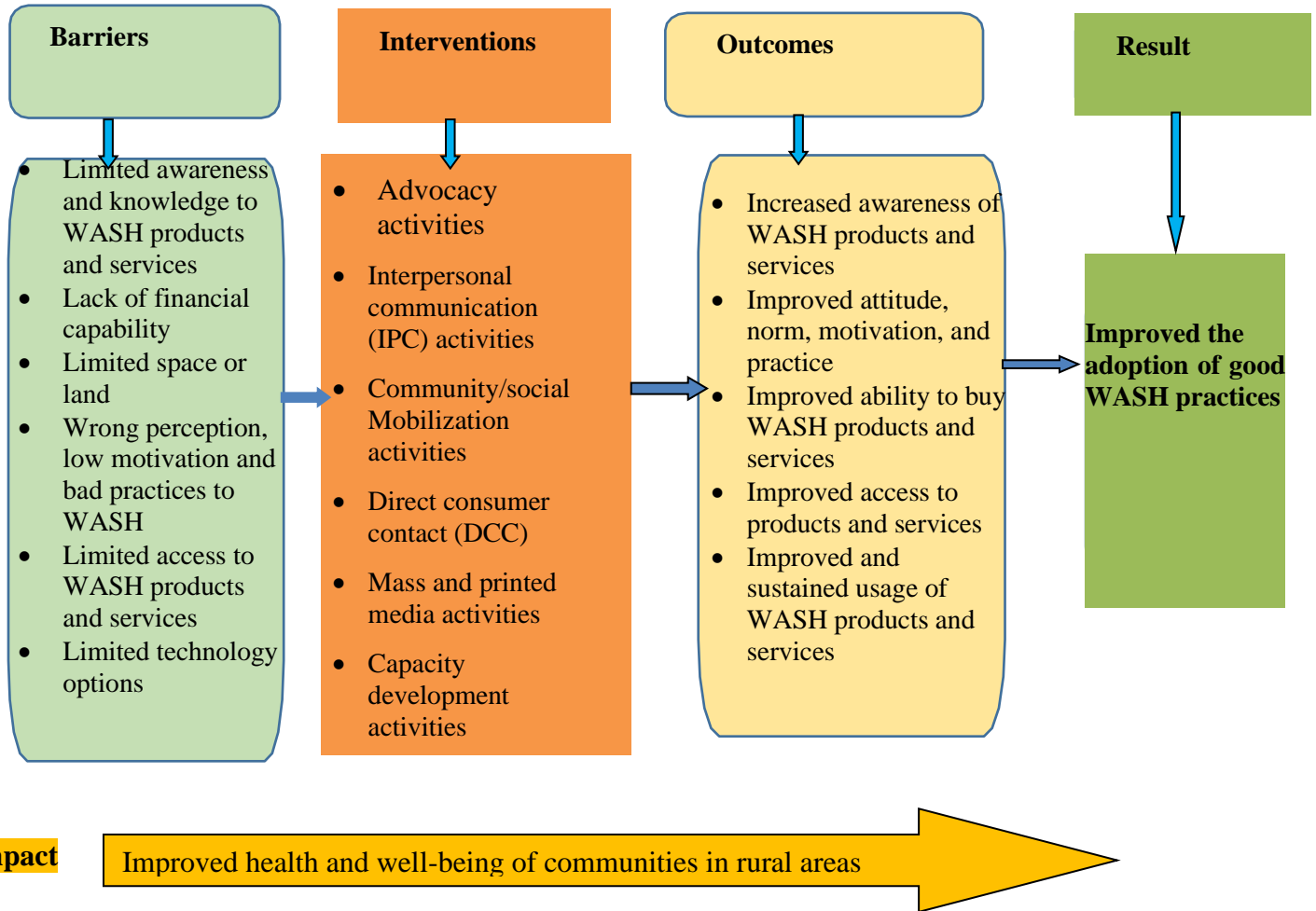
The strategy development process employed the Communication Pathways Model, a conceptual communication model derived from the socio-ecological model of behavior change. Based on the socio-ecological model, this strategy defines specific pathways to change for the different audience groups leading to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

This framework, as depicted here under, 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 Implementation Guideline.

COWASH Social Behavior Change Strategy

Figure below summarizes the overall Demand Creation intervention implementation framework for the COWASH SBC strategy.

Figure 1. COWASH Demand Creation Interventions Implementation Framework



Demand for WASH product and service is only created when end-users have 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 Behaviors to Improve WASH

The COWASH Behavior Change Strategy is built around the evidence that has been found from review of various literatures. 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 as follows:

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 also keys for delivery safe water to the community by preventing water source contamination and recontamination of water at household.

Key Decisions	Descriptions
<p>Key Behaviors to be promoted</p>	<ul style="list-style-type: none"> ✚ Purchase of low-cost and quality sanitation products and construct improved latrines. ✚ Avoid open defecation and exclusively use improved latrine at all times. ✚ Disposal of children’s feces in the latrine. ✚ Always keep 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 HH latrine at a safe distance from water points. ✚ Constructing water points at a safe distance from latrines, and constructing institutional latrine at a safe distance from water points ✚ Avoid dumping solid and liquid waste nearby water sources. ✚ Avoid dumping agricultural waste nearby water points.

COWASH Social Behavior Change Strategy

Target Audiences	Primary Actors	<ul style="list-style-type: none"> ✚ Household heads (men and women) ✚ School students (girls and boys) ✚ Adolescent and youths ✚ People with disabilities
	Supporting Actors	<ul style="list-style-type: none"> ✚ 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 ✚ PTSA (parent teachers students Associations) ✚ Disabled people organizations
Key Barriers		<ul style="list-style-type: none"> ✚ 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 toilet brings unpleasant smell
Key Motivators		<ul style="list-style-type: none"> ✚ To maintain health / Prevent disease ✚ Insures Privacy ✚ Easy access and comfort ✚ Wanting long-lasting and clean latrine ✚ Aware that latrine is important ✚ Being modern ✚ Due to Health extension professionals (gov't) advice

COWASH Social Behavior Change Strategy

	<p>and instruction</p> <ul style="list-style-type: none"> ✚ Unethical defecating on open field ✚ Safe and sustainable water supply throughout the year. ✚ Dignity of the family members ✚
<p>Key Interventions</p>	<ul style="list-style-type: none"> ✚ Capacitate health professional's/health extension professionals (HEPs), on WASH demand creation. ✚ Capacitate Woreda sectors offices on the safe management of waste and its implication on the safe supply of water to the community, and the role and benefits of WSP++++ (Climate resilience and disaster risk management, O&N and water tariff collection, Sanitation and Inclusion) in addressing this. Include also the role of top management and technical staffs in developing and implementing WSP++++. ✚ Develop/adopt communication materials for HEWs to create demand for WASH products and services. ✚ Develop/adopt communication materials for low literate communities and peoples 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/social norms. ✚ Organize community-based events to promote sanitation products and ensure channel mix, and increase exposure of target households. ✚ Link HHs to sanitation marketing centers where

COWASH Social Behavior Change Strategy

	<p>sanitation products available</p> <ul style="list-style-type: none"> ✚ Develop/adopt TV/radio messages to Promote an improved latrine practice ✚ Conduct periodic/frequent HH visits at community level to support and monitor Improved sanitation practices ✚ Conduct regular supportive supervision to target 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 (like bacteria and viruses) that cause these diseases.

Key Decisions		Descriptions
Key Behaviors to be promoted		<ul style="list-style-type: none"> ✚ Permanently place hand washing facilities in/attached to the toilet. ✚ Wash your hands with soap 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. ✚ Permanently place hand washing facilities at the gates of institutions. ✚ Prepare safe spaces for MHM
	Primary Actors	<ul style="list-style-type: none"> ✚ Household heads (men and women) ✚ School students (boys and girls) ✚ Adolescent and youths ✚ People with disabilities

COWASH Social Behavior Change Strategy

Target Audiences	Supporting Actors	<ul style="list-style-type: none"> + 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 + PTSA (parent teachers students Associations) + Disabled people organizations
Key Barriers		<ul style="list-style-type: none"> + 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 hand washing station
Key Motivators		<ul style="list-style-type: none"> + The entire community members become healthier or, conversely, to prevent diseases
Key Interventions		<ul style="list-style-type: none"> + 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 practice. + Strengthen CLTSH/SLTSH activities (Post ODF) + Conduct community dialogue to address community/social norms. + Organize community-based events to promote

COWASH Social Behavior Change Strategy

	<p>sanitation products and ensure channel mix, and increase exposure of target households.</p> <ul style="list-style-type: none"> ✚ Develop/adopt TV/radio messages to Promote good hand washing practices ✚ Conduct periodic/frequent HH 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 inadequate sanitation and hygiene are the overwhelming contributors to millions of annual deaths caused by diarrheal diseases. Large distribution systems involve a lot of operation and maintenance and often, drinking water gets contaminated during distribution and during handling in the household. Hence, treating drinking water at household level by using simple, yet effective HWTS options such as boiling, filtration and chlorination could significantly reduce incidences of waterborne diseases.

Key Decisions		Descriptions
Key Behaviors to be promoted		<ul style="list-style-type: none"> ✚ Use water treatment technologies to secure safe drinking water. ✚ Use other 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 Audiences	Primary Actors	<ul style="list-style-type: none"> ✚ Household heads (men and women) ✚ Students

COWASH Social Behavior Change Strategy

		<ul style="list-style-type: none"> ✚ Adolescent and youths (boys and girls) ✚ Institutions (schools, health facilities, etc.) ✚ Vendors (water container and chemical) ✚ People with Disabilities
	<p>Supporting Actors</p>	<ul style="list-style-type: none"> ✚ 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 people organizations
<p>Key Barriers</p>	<ul style="list-style-type: none"> ✚ Difficulty in accessing the 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 on the existence of such treatment products ✚ Low awareness on the safe water handling and storage mechanisms ✚ Non functionalities of constructed water points/institutional latrines 	



COWASH Social Behavior Change Strategy

Key Motivators	<ul style="list-style-type: none"> ✚ Desire to be free from diseases especially from waterborne diseases as the chemicals were thought to kill harmful germs Advised to use treatment chemicals by HEWs, mostly when there had been an outbreak of cholera.
Key Interventions	<ul style="list-style-type: none"> ✚ Promote the Implementation of CR-WSP (Climate Resilience Water Safety Plan) ✚ Develop/adopt communication materials for low literate communities and peoples with disabilities to help them to adopt good practices ✚ 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 wordas to monitor the SBC interventions

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 COWASH to focus on those audiences who are most critical to reach and to design the most effective and efficient strategy for helping each audience to 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 audiences. 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 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

COWASH Social Behavior Change Strategy

the COWASH SBC strategy are indicated below:

Primary Actors	Supporting Actors
<ul style="list-style-type: none">  Rural households (Men and women, Women headed households)  Students (boys and girls)  Adolescent and youths (boys and girls)  Care givers  People with Disabilities 	<ul style="list-style-type: none">  Health Extension professionals  Peer groups  Religious and cultural leaders  Health care service providers  Community volunteers (e.g., Women WDAs,)  Woreda WASH sector Offices  Teachers  Youth and Women Associations and their leaders  CBOs and FBOs  Kebele WASH Team  WASHCOs  Water user associations


COWASH Social Behavior Change Strategy

7. COWASH Demand Creation Strategic Approaches

The SBC for COWASH substantially focuses on water, sanitation and hygiene, 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	



COWASH Social Behavior Change Strategy

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:*

It 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-premise with soap and water.
Limited handwashing service	Availability of handwashing facility on-premises but without soap or water.
No handwashing facility	No handwashing facility of any kind on-premises



On the sanitation ladder, HHs 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 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.

COWASH Social Behavior Change Strategy

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 behavior and social change.

The activities suggested to be undertaken for COWASH demand creation 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 professionals and WASH clubs. 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.

7.2. Aligning the rural water supply HHs with improved latrine and handwashing facility

COWASH will use rural HH water supply construction/rehabilitation as an entry point to create demand for and use of improved latrine and handwashing practices. It will encourage participation of water user associations, various community groups, including family members

and opinion leaders who are using from the constructed/rehabilitated water points 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 latrine and installing hand washing facilities to practice improved WASH behaviors at their own premises. To achieve the desired behavioral change, COWASH uses the willingness to construct improved latrine and install handwashing facilities by HHs as a pre requisite 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 the created through the established sanitation marketing centers, VSLAs (Village Saving and Loan Associations) or any other platforms created for this purpose. The following are some of the platforms COWASH will going to use to created 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. Health extension professionals are potential promoters of improved sanitation, hygiene and HH safe water storage and treatment, WSP+++ and sanitation safety plan planning 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 HTPs and gender stereotypes, O and M, etc.
- ✚ **Community and religious leaders:** These are important platforms for COWASH to

COWASH Social Behavior Change Strategy

promote improved sanitation, hygiene and HH safe water storage and treatment, WSP+++ and sanitation safety plan planning 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 planning. disability awareness raising and HTPs.
- ✚ **Sanitation marketing centers:** COWASH will use San mark centers as one platform to create demand for improved latrines and properly hand washing practices. Product promotion and sales can be done by sales agents' home to home or through market day promotion.
- ✚ **Village self-Saving and Loan associations:** The project will use the already established VSLAs or will establish VSLAs (if necessary) use the platform to create demand for improved WASH services and products as necessary.
- ✚ **Woreda WASH sector Offices:** The project uses top management and experts in these institutions at woreda level in providing 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 to provide safe and sustainable WASH services.
- ✚ **Primary Health Care Units and schools**
- ✚ **Community Managed project:** COWASH's CMP approach is a potential 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 Network is one of our platforms to implement the SBC strategy and demand creation activities for WASH. It is a potential communication channel for COWASH to create Demand for improved sanitation and hygiene.

COWASH Social Behavior Change Strategy

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 on below table:

Category	Description of the activity	Main purposes
Interpersonal communication (IPC)	2-way facilitated dialogue by health extension professionals and health care providers/trained community volunteers, in small groups or with individual household	Ask/answer questions, build skills/confidence, problem solve, provoke thinking, persuade, change attitudes
Community mobilization	Organizing Community Events, Strengthen School WASH club, Community managed project promotion, Support Triggering, ODF Declaration and Certification, Use existing local community communication resources	Increase awareness, improve cultural/social norms, and correct wrong perceptions and practices that resulted in adverse health consequences, mobilizes resources
Direct Consumer Contact (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, reinforce IPC messages
Mass Media and printed materials	TV advertising/messages, radio messages, print (Flip chart/counseling cards, posters, billboards, banners, flyers, shop signs, etc.)	Raise awareness, convey information, remind and reinforce IPC messages

- ✚ Interpersonal communications (IPC) are considered the most influential channel when persuading someone to accept a new idea or behavior, though it can also be the most difficult channel to implement in a consistently.

8. Communication Materials and Tools

COWASH will conduct SBC materials inventory of the existing WASH communication materials and tools that were developed by the FMOH and partners. Based on gap and the barriers, motivators, and facilitators identified in the process of behavioral analysis to enable households to practice WASH behaviors, 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 the project woreda that will promote WASH practices.
- ✚ **Flip chart/counseling cards:** COWASH will develop/adopt flip chart/counseling cards that is going to 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 may be WDA leaders to conduct frequent HH counseling 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 like webpages, Facebook and telegram:** COWASH will use its existing digital platforms to promote improved WASH practices. Similarly, COWASH implemented 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 behavior change 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 visit to the HHs and supporting/encouraging them to practice the recommended behaviors
- ✚ 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.

COWASH Social Behavior Change Strategy

Annex I: COWASH SBC Strategy Implementation Plan

S/N	Activities	Direct implementer	Co-implementers	Time line
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	Pretest of SBC audio visual and print materials	FTAT	RSUs, Regional government WASH implementers	April, 2022
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 behavior 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 behavior change interventions	FTAT	RSUs, regional government WASH implementers, target woredas	Mid of 2023 End of project life

COWASH Social Behavior Change Strategy

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

Category	Main Determinants	Main Finding
Sanitation	<ul style="list-style-type: none"> ✚ 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 	<ul style="list-style-type: none"> ✚ 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	<ul style="list-style-type: none"> • Lack of knowledge • Limited attention • Financial constraint 	<ul style="list-style-type: none"> ✚ 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.

COWASH Social Behavior Change Strategy

		<ul style="list-style-type: none"> ✚ 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	<ul style="list-style-type: none"> ✚ Lack of awareness about water treatment chemicals ✚ Lack of access to water treatment chemicals ✚ Limited knowledge on HH water handling and transportation techniques 	<ul style="list-style-type: none"> ✚ 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 behavior 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: References

- USAID Growth through Nutrition: Market Landscape Assessment for Latrines, Hand washing Stations and Point-of-Use Water Treatment Products. Assessment report (2017)
- UNICEF Sanitation Marketing Learning Series. Guidance note 7: Demand Promotion and Marketing (2018)
- Ethiopia's One WASH National Programme. (2005). The Open University UK/World Vision Ethiopia/UNICEF, Open WASH.
- Central Statistical Agency (CSA) [Ethiopia] and ICF. (2016). Ethiopia Demographic and Health Survey 2016. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: Authors
- Federal Democratic Republic of Ethiopia. (2005, October). Ministry of Health, National Hygiene and Sanitation Strategy for Ethiopia.
- Federal Democratic Republic of Ethiopia, Ministry of Health, National Hygiene and Environmental Health Communication Guidelines.
- Federal Democratic Republic of Ethiopia. (2013, June). Ministry of Health, National Sanitation Marketing Guideline.
- Schmied, P. (2017). Behavior change toolkit for international development practitioners.
- UNICEF and World Health Organization 2008. (2017). Progress on drinking water and sanitation.
- USAID Transform WASH: Transforming the Market for WASH Products and Services in Ethiopia. Program brief.
- USAID WASH plus. (2013, December). Behavior change strategy for hygiene promotion. Bangladesh.
- USAID Growth Through Nutrition. Social and behavior change communication Strategy (2018)