

UGANDA SANITATION FOR HEALTH ACTIVITY

Social Behavior Change Framework



December 2019

This publication was produced for review by the United States Agency for International Development. It was prepared by Tetra Tech and SNV.

“I no longer have to touch
the floor while in the toilet
like I used to before, now I
just sit on my SATO Stool.”

*Aida Nakyese,
Buikwe, Uganda*



Prepared for the United States Agency for International Development by the Uganda Sanitation for Health Activity (USHA), contract number 72061718C00003.

Tetra Tech Contacts:

Sean Cantella, Chief of Party
Sean.Cantella@uganda-sanitation.org

Jonathan Annis, Project Manager
jonathan.annis@tetrattech.com

Tetra Tech
159 Bank Street, Suite 300, Burlington, VT 05401
Tel: 802-495-0282, Fax: 802 658-4247
www.tetrattech.com/intdev

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DISCLAIMER

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ACRONYMS AND ABBREVIATIONS

| | |
|----------|--|
| BCC | Behavior Change Communication |
| CE | Central East |
| CLTS | Community-Led Total Sanitation |
| CW | Central West |
| ERP | Elephant-Rider-Path |
| FOAM | Focus Opportunity Ability Motivation |
| FSM | Fecal Sludge Management |
| HH | Household |
| HIC | Home Improvement Campaigns |
| HWF | Hand Washing Facility |
| HWWS | Hand Washing With Soap |
| IPC | Interpersonal Communication |
| JMP | Joint Monitoring Program |
| M&E | Monitoring and Evaluation |
| MBS | Market-Based Sanitation |
| MBSIA | Market-Based Sanitation Implementation Approach |
| MoH | Ministry of Health |
| MWE | Ministry of water and Environment |
| OAM | Opportunity Ability Motivation |
| PHAST | Participatory Hygiene and Sanitation Transformation |
| RHIS | Rural Household and Institutional Survey |
| SaniFOAM | Sanitation: Focus, Opportunity, Ability and Motivation |
| SBC | Social Behavior Change |
| SDG | Sustainable Development Goals |
| USAID | United States Agency for International Development |
| USHA | Uganda Sanitation for Health Activity |
| WASH | Water, Sanitation and Hygiene |
| WSP | Water and Sanitation Program |

PART I: CONCEPT OF THE USHA SBC FRAMEWORK

INTRODUCTION

Social Behavior Change (SBC) can broadly be defined as a structured process of persuading and empowering groups or individuals with the aim to influence and ultimately change their behaviors in order to positively impact the community. It borrows from both, behavior and social change. Within the Water, Sanitation and Hygiene (WASH) sector, SBC has been promoted for a long time with mixed, and often disappointing results. As a result, the SBC paradigm has shifted: whereas its focus used to be on instructing people on the adequate behaviors (that is, telling them what to do), nowadays it is broadly accepted that effective SBC starts with understanding the behavioral determinants (beliefs, taboos, implicit social norms) that constrain or enable change. This evidence is then used to design strategies, which include comprehensive approaches addressing people's motivation, ability and their environment, recognizing that multi-faceted interventions are needed to enable behavior and social change.

The Uganda Sanitation for Health Activity (USHA) has developed an overarching evidence-based SBC framework aiming to accelerate progress for the achievement of Sustainable Development Goal (SDG) 6 by addressing the two most persistent WASH behavior challenges in Uganda: the limited use of improved, individual household toilet facilities (access to basic sanitation¹) and the low rates of hand washing with soap at critical junctures.

The proposed SBC framework uses a combination of the Elephant-Rider-Path (ERP) and the Focus, Opportunity, Ability and Motivation (FOAM) frameworks. The ERP is a straightforward, visual model that speaks to the importance of aligning emotional drivers (the Elephant) with rational arguments (the Rider) and necessary enabling conditions (the Path) so that sustainable behavior change can take place. The Sanitation and Hygiene (SaniFOAM)² framework developed for sanitation behaviors and the FOAM³ framework developed for handwashing behavior also analyses behavior according to the Opportunity for change (Path), the individual's Ability to change (Rider) and the individual's Motivation for change (Elephant). When used together, the ERP/FOAM frameworks provide a dual-purpose tool that is easy to understand, and possesses the specificity needed as a data analysis tool for WASH behaviors.

The SaniFOAM and FOAM frameworks were developed as tools to understand consumer behavior, aligning with and contributing directly to USHA's market-based approach, which is equally focused on framing the enabling market conditions (the Path) that are required for people to be able to find desirable, quality and affordable improved sanitation and hygiene products and services.

Through this SBC framework, USHA implementing partners will have available guidance for WASH activities. Furthermore, the SBC framework can be applied to other development challenges where SBC is required, including nutrition improvement or other health promotion initiatives.

¹ "Percentage of population using an improved sanitation facility that is not shared with other households" (MWE, 2019 p iv).

² https://www.wsp.org/sites/wsp/files/publications/GSP_sanifoam.pdf

³ <https://www.wsp.org/featuresevents/features/foam-framework-design-effective-handwashing-programs>

PURPOSE

The SBC framework is intended to coherently define an approach to design both USHA's and other partners' SBC promotional activities to achieve sustainable behavior change results in line with the WASH SDG sanitation and hygiene targets. Therefore, the intended target audience for the framework is:

1. Primarily, USHA staff and grantees to effectively implement SBC.
2. Secondly, all national and district level partners who oversee projects that aim to positively influence behavior.
3. Lastly, partners in the development sector who implement SBC activities as part of their program implementation.

SCOPE

This SBC framework may be applied at the individual, family and community levels. It acknowledges that the interplay of behavior changes at the individual and family level feeds into wider community social norm transformations and vice versa, so that the related health benefits can ultimately and sustainably be achieved. While SBC interventions are more focused and outputs expected at the individual, family and community level, there are crucial complementary interventions such as establishment of an enabling environment that must be achieved. This is particularly relevant at the district and national level as illustrated in Annex I.

RATIONAL

A. The Sanitation Challenge

Tremendous efforts by both government and partners in Uganda have led to open defecation being more than halved from 2000 to 2015. Uganda's open defecation rate is currently at 8% in rural households and 2% in urban households.⁴ Nationally, only 7%⁵ of Ugandans do not have any form of access to sanitation. USHA's Rural Household and Institutional Survey (RHIS) showed geographical variations in sanitation behaviors, with open defecation found to be at its lowest in central and western regions (at 2%, on average) and highest in the northern region (at 18%).

Most households - 65% in rural areas and 25% in urban areas - use unimproved toilets, while 11% of households in rural areas and 46% of households in urban areas use a shared facility.⁶

Most worryingly, progress towards increased access to improved sanitation facilities, especially in rural areas, has taken a 'snail's pace' increase from 14% in 2000 to 19% in 2019. At the current rate, the SDG 6.2 aim to "by 2030, achieve access to adequate and equitable sanitation and hygiene for all, and end open defecation..." will not be achieved.

The very limited progress in access to basic sanitation is attributed to market failures, housing situations and to the limitations of the approaches typically used in sanitation promotion. Sanitation supply chains in Uganda are limited, disorganized and fragmented, and as a result, people are not able

⁴ USHA, 2018, Findings from phase I: Understanding Sanitation landscape.

⁵ Ibid

⁶ USHA, 2018. Rural Household and Institutional Survey (RHIS).

to easily find affordable sanitation products that suit their needs and preferences.⁷ In urban areas, high tenancy rates constitute a particular challenge as tenants are not willing to invest in an improved toilet while landlords tend to perceive sanitation improvements as an unnecessary cost.

Initial approaches to sanitation promotion focused on the enforcement of the Public Health Act (2000). The authorities and officers dictated, enforced and punished under the law in order to maintain the “clean and sanitary condition” in their areas of operation. The achievement of high sanitation coverage was attributed to the “effective machinery for law enforcement” but its results often did not last.⁸ Other methods have successfully created demand for sanitation, including Community-Led Total Sanitation (CLTS), but these had no specific focus on the quality of the sanitation facilities and resulted, to a large extent, in an unimproved service level.

B. The Hygiene Challenge

A 2007 Water and Sanitation Program (WSP) commissioned baseline showed only 19% of caregivers in Uganda washed their hands with soap after cleaning a baby’s bottom, and of the 60% that reportedly washed their hands before feeding a child, only 6% used soap. In schools, of the 54% of pupils observed to wash hands after toilet use, only 5% used soap.⁹

By 2012, following several hygiene promotion campaigns, the situation had improved, but overall hand washing with soap rates remained low: just a third (32.7%) of toilet users washed their hands with soap afterwards.¹⁰ The rate of caregivers practicing hand washing with soap (HWWS) after cleaning a baby’s bottom had increased from 19% to 27%. Hand washing with soap before feeding a baby had increased from 6% to 8%.¹¹

In 2019, the national rate of households with hand washing facilities (HWF) had increased to 38%, with small variations from rural households at 36% to urban ones at 40%.¹² Nonetheless, the consistent use of soap remained a critical challenge: for example, although as many as 95% of the households in Central and Western Districts have soap, it is primarily used to wash clothes, dishes and adult bodies. Only 15% had soap at the hand washing facility that was within the vicinity of the toilet.¹³ Lack of knowledge about the importance of hand washing with soap after defecation is not a relevant factor as 93% of the people are aware of it.¹⁴ Research further suggests that affordability of hygiene products and access to basic water sources is also not a constraint, as lower and higher income households present similar rates.¹⁵ Rather, the behavior results from lack of motivation to perform the actual practice and the limited options of suitable hand washing facilities beyond tippy taps, which are often constructed of poor quality temporary materials.

⁷ PATH, 2012. Analysis of the Sanitation Supply Chain in Rural and Small Towns in Uganda. Seattle, USA. PATH and USHA, 2018. Rural Household and Institutional Survey (RHIS).

⁸ MoH, 2005. The National Environmental Health Policy, Kampala, Uganda. Environmental Health Division, Ministry of Health.

⁹ Steadman, 2007. Formative and Baseline Survey on Handwashing with Soap. Report Prepared for WSP.

¹⁰ Water and Environment Annual Sector Report (2013-2014).

¹¹ https://www.mwe.go.ug/sites/default/files/library/HWWS_Communication%20Strategy%20%26%20Tool%20Kit_Final_0.pdf

¹² MWE, 2019. *Water and Environment Sector Performance Report 2019*. Kampala, Uganda. Ministry of Water and Environment. <https://www.mwe.go.ug/library/sector-performance-report-2019>.

¹³ USHA, 2018. Quantitative Household Baseline Survey Reports for CE and CW.

¹⁴ Ipsos, 2012, Mid-term evaluation on hand washing with soap campaign. Report prepared for WSP:

¹⁵ Ibid

All the identified factors underlying the hygiene and the sanitation challenges – behavior practices, market conditions, house tenure situations - are critical elements derailing progress towards the SDGs’ sanitation and hygiene targets and are aspects that the USHA SBC framework seeks to address.

OUTPUTS

The application of the SBC framework to enhance the adoption and sustenance of behaviors is critical for the USHA project. Therefore, this framework will ensure that all staff and grantees are knowledgeable and aware of the SBC principles. This will enable the project to achieve the following outputs;

- i. Number of households with access to basic sanitation services, that is, that use an improved facility that hygienically separates human excreta from human contact *and* that is not shared with other households increased.
- ii. Percentage of households with soap and water at a hand washing station commonly used by family members increased.

BUILDING BLOCKS

As described, this SBC framework is rooted in an evidence-based, behavior change model - the Elephant-Rider-Path (ERP) - to design a high-level behavior change strategy. The evidence that sustains the ERP proposed solutions is obtained through the Sanitation and Hygiene (SaniFOAM) tool to analyze the behavioral determinants (many of which are affected by market conditions, socio-economic status), and a market analysis of the targeted populations.

A. Behavior Change Model: The Elephant-Rider-Path (ERP)

Developed by Chip and Dan Heath in 2010, the Elephant-Rider-Path (ERP) model is based on the well-established fact that people’s rational decision-making systems are not always aligned with their emotional drivers. For clarity, the model uses the analogy of an elephant and its rider. The key principle underlying the model is that for behavior change to take place, it is necessary that both the emotional drivers (the Elephant) and the rational mind (the Rider) are aligned towards the same direction, while an enabling environment (the Path) is cleared and shortened for them.



Rational Mind: Guide with clear directions to a prescribed destination (behavior, products or service).

Emotional Mind: Find the ‘emotional hook’, connect with and motivate in order to move

Environment: Remove all obstacles, reshape and shorten path to destination

Photo: @jesusgilhernandez.com

Figure 1: Illustration of the Elephant- Rider-Path Model

Emotional drivers (the implicit set of beliefs, values, taboos, and social norms) tend to be underestimated in behavior change processes. Often people are very much aware of the importance of a certain behavior (take the 93% of Ugandans that recognize the need to practice hand washing with soap after defecation, but whose actual practice is at 38%, even when water and soap are readily available), but their current behavior mind set does not support the practice. Emotions get people to act or fail to act, even when their head may say no or yes, respectively. Therefore, the analogy of the Elephant is particularly insightful: the sheer size and strength of the Elephant will always overpower the Rider when there is a disagreement on which direction to take. The direction (path) to take should be shaped in a way to enable the behavior to be practiced with ease. The path is often the “situation problem,”¹⁶ such as lack of visually appealing and affordable hand washing stations (e.g. unattractive and low-quality tippy taps) that can act as nudges for the desired behavior. Therefore, it is critical to influence the path through interventions that create the enabling environment so that the path is clear for the intended behavior to happen. An Elephant will very easily go back to “business as usual” if the conditions required for the change to take place are not available, regardless of the direction the Rider tries to take.

B. SaniFOAM Framework

WSP introduced SaniFOAM in 2009 as a tool to analyze sanitation and hygiene behaviors, with the aim of supporting effective WASH interventions. The SaniFOAM “uses a classification system commonly used in the fields of consumer behavior, social marketing, and organizational management to categorize sanitation behavioral determinants” to inform sanitation and hygiene promotion initiatives.¹⁷ The classification criteria are: Focus, Opportunity, Ability and Motivation. In Figure 1, the four criteria are unpacked to reveal the multiple levels of information provided by the tool:



Figure 2: Sani-FOAM Matrix Illustration

SaniFOAM answers the following questions:

1. Focus: What and whose behaviors need to be improved?
2. Opportunity: Does the individual have the chance to perform the behavior?
3. Ability: Is the individual capable of performing the desired behavior?
4. Motivation: Does the individual want or is likely to perform the positive behavior?

SaniFOAM is a pragmatic framework that acknowledges that not all desired changes can be promoted amongst all populations at the same time: priorities must be established considering overall sanitation and hygiene conditions in each country or region. Furthermore, not all individuals are found in similar

¹⁶ Chip Heath and Dan Heath, 2010. Excerpted from Switch: How to Change Things When Change Is Hard. New York, USA. Crown Publishing Group.

¹⁷ DEVINE J, 2009. Introducing SaniFOAM: A Framework to Analyze Sanitation Behaviors to Design Effective Sanitation Programs. Washington DC, USA. Water and Sanitation Program.

levels in relation to the desired behavior. Therefore, the first step is to prioritize and hone in on a relevant behavior and to define the target population whose behavior needs to change. Focus is critical to success.

Once these are defined, SaniFOAM then looks at the **Opportunities** individuals must perform the desired behavior. These include verifying market conditions, that is, the availability of and **access** to the *sanitation product or service*; the desirability of the existing *product attributes* against needs and preferences; the *social norms* that constrain or enable the desired behavior, and in close relation, formal or informal *sanctions and enforcement mechanisms* currently in place.

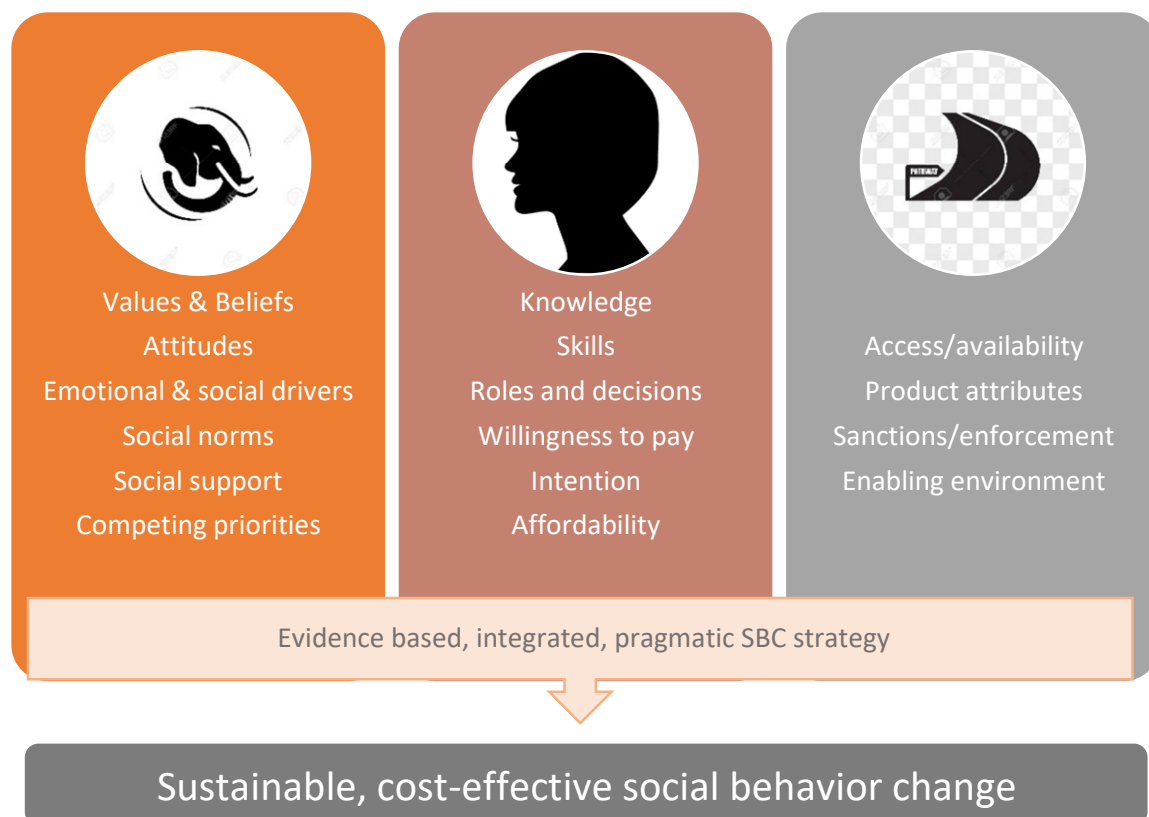
The **Abilities** section analyses the level and type of knowledge people have for instance; if they know the distinctions between an unimproved and improved latrine, if they have the skill needed to perform the desired behavior (for instance, are they able to dig a pit if outsourcing the service is not an option), the levels of social support (encouragement/restriction) towards the desired change and also the way roles and decision making processes affect the change process (these can highlight, for instance, that women are strong supporters of sanitation investments but have limited control over financial resources) and the perceived and actual levels of affordability of the sanitation or hygiene products.

Finally, the **Motivations** section analyzes the set of **attitudes, beliefs and values**, as well as broader emotional and social drivers that shape the behavior as it currently is. Motivation is also heavily affected by the hierarchization of sanitation and hygiene investments against competing priorities. Intention allows to identify the likelihood, along a continuum, of people moving in the desired direction, revealing the level of effort that needs to be put in place for change to take place (for instance, users of unimproved facilities might be satisfied with the current situation and have no intention of changing, or, they can be unhappy with the level of safety it provides for children and are very willing to change). The identification of the amount of money people are willing to pay is a very important indicator to shape the sanitation supply chain. All these factors nurture and give substance to the ERP model that is detailed in the previous section.

C. The Added Value: Integration of SaniFOAM and ERP

As detailed, to ignite the desired change, it is necessary to understand the behavior determinants (so as to be able to steer the Elephant), to know what information or support is needed (so as to guide the Rider) and to develop an enabling environment (so as to clear the Path). Figure 3 shows how the SaniFOAM data feeds into the design of the ERP model to bring forward an evidence-based and pragmatic SBC framework.

Figure 2 Intersection of the SANIFOAM Approach with the ERP model



D. SBC Framework in Practice: An Example

Typical WASH challenge: household owner who is unwilling to invest in an improved toilet with additional features, such as a lined substructure, so that it can be easily emptied. Context notes: with urbanization, many house owners are struggling with improving their latrines to match the new developments. The old pits are filling up, yet there is limited expansion space thus a need to build emptyable pits.

Typical household owner reasoning and emotion: *“I have finally been able to build a new home for my family and me. I believe that an improved toilet, let alone one with a lined substructure, is too expensive and it will not add value to my property. None of my neighbors have it. Last I heard, a friend had one built, but it filled up soon. It smelled and he could not find somebody to empty it. Frankly, I don’t see how it is worth the hassle, and it’s not like the local authorities care anyway.”*

Application of the SaniFOAM tool: Household owner lacks knowledge on the advantages of an improved toilet with a lined substructure for the health of his/her family and community. Conformity, status and social prestige are important social drivers. Overall, social norms are not conducive to change behaviors, nor is there any enforcement or sanctions if compliance with any lined pit requirements are not observed. Perceptions of lack of return on investment are seemingly more relevant than actual affordability. Some neighbors are shunning lined toilets because of smell and the pit emptying marketplace is not providing quality services that are affordable and easy to find.

Application of the ERP model:

- ✓ (Elephant) Associate the investment on a toilet with a lined substructure with feelings of:
 - Nurturing (towards one's family)
 - Community responsibility
 - Social status and prestige in leading by example (paving the way for early adopters of the new behavior) and conformity (not being the ones left behind)
- ✓ (Rider) Provide information and guidance so that the HH owner knows:
 - The public health benefits of an improved toilet with a lined substructure and the negative impacts of a toilet with an unlined substructure.
 - The convenience of having an unimproved toilet with a lined substructure and using it properly (does not smell, does not overflow, does not clog if no environmental waste is disposed in it and if emptying schedules are followed)
 - The incentives/disincentives of complying with having an unimproved toilet with a lined substructure construction
 - Where to easily find toilet emptying service providers that are professional and offer multiple options suitable for the HH condition, location and size
 - Where to easily find favorable financing packages to enable households the ability to access improved toilets with lined substructures, particularly for households with irregular or seasonal income, using other forms of collateral.
 - Potential long-term cost savings of the toilet investment, due to the longevity within which a toilet with a lined substructure can be used.
- ✓ (Path) Develop an enabling environment by ensuring the availability of:
 - Trained professional and certified toilet emptiers that can provide quality and safe services to different customer segments.
 - Strategies to link the household heads to improve ease of accessibility to the emptying services providers.
 - A public incentive and disincentives mechanism that reliably rewards compliance, identifies, and punishes violations and that clearly establishes toilets with lined substructures as the new norm.
 - Favorable financing mechanisms to enable households' access to improved toilets.

PART II: APPLICATION OF THE SBC FRAMEWORK

As detailed, the SBC framework starts by using the SaniFOAM approach to identify priority behaviors and related target groups, then goes on to detail the behavior determinants, barriers and opportunities to perform the desired behavior, and finally it resorts to the ERP model to present a structured high-level SBC strategy.¹⁸ The SBC Framework can be applied to a wide range of behavioral interventions beyond WASH and USHA as illustrated in Annex II. In annex II we attempt to present the application of the ERP in contexts beyond WASH or USHA interventions. It is our hope that the reader can start to apply ERP in other contexts of life when social behavior change is required or advisable.

¹⁸ The CLTS approach has proven effective to drive sanitation access in communities that widely practice open defecation. The overall low rate of households in both rural and urban areas that still practice open defecation are expected to be impacted and act on the spin-off effects of the social behavior change efforts detailed in this framework to drive people to upgrade to basic sanitation. For these reasons, USHA's SBC framework recommends the continuation of use of CLTS in communities with high defecation levels and, as such, CLTS will be the social behavior change methodology in use in those communities.

PRIORITY WASH BEHAVIORS

As described, there are two key behavior challenges that most significantly constrain Uganda’s progress towards its sanitation and hygiene targets. The first is the low use (at 19%) of improved, individual household basic toilet facilities. The second is the low rates (at 38%) of hand washing with soap. Given the slow progress in increasing access to these basic service levels and the high percentage of households resorting to unimproved or limited toilets, the proposed USHA framework will prioritize this behavior and corresponding target groups, alongside hand washing with soap, as detailed in the table below:

| Prioritized behaviors | Target group | Target group size (% of total population) | Geographical distribution of the target group |
|--|--|---|--|
| Build/upgrade an improved, individual household toilet facility | Households that use an unimproved toilet facility | 54% | - Majority in rural areas, northern (67%), western (73%) - 25% in urban areas |
| | Households that use an improved, albeit shared, toilet facility | 20% | - 46% of urban households - 11% in rural areas |
| Practice of hand washing with soap at critical junctures | Households that do not have a hand washing facility with soap in the toilet vicinity | 62% | - 67% in rural areas - 60% in urban areas |

Figure 3: Prioritized WASH Behaviors and Target Groups

BEHAVIOUR DETERMINANT ANALYSIS

Behavior I: Build/Upgrade an Improved, Individual Household Toilet.

Under this behavior, interventions will pursue two main results. First is moving people from unimproved to improved toilets (A) and second, moving people from improved but shared toilets to the construction and use of improved individual household toilets (B).

A. In upgrading from unimproved to improved toilets: The USAID RHIS (2018) revealed that although people find unimproved toilets unpleasant (due to smell), unsafe (especially for children and the elderly) and difficult to maintain and clean (absence of slabs and the lack of cementation in the drop hole area), their motivation to upgrade is generally low. Difficulties in accessing affordable, durable and aesthetically pleasing sanitation products, as well as competing financial priorities, are relevant constraints mentioned. Another obstacle is that convenience and privacy are key desired features that the unimproved facilities seemingly already provide, to some degree.

However, in the communities where toilets were closely associated with social prestige, where convenience and conformity levels are high, and where open defecation was more strongly frowned

upon, the willingness to upgrade was higher.¹⁹ These beliefs are key motivations that harbor potential to trigger change.

B. In moving from an improved, shared facility to an individual one: Landlords typically provide fewer stances for their renters and many households on a homestead may also share a toilet. Study findings²⁰ show that shared facilities users' sources of dissatisfaction are related to convenience (as availability of the facility at critical times is not consistently guaranteed) and to hygiene (as it is often not clean enough). Functionality of the facility seems to be challenging in the case of pit toilets, as they can quickly get full, and even more so if users tend to dispose of solid waste in it. This leads to periods during which the shared facilities are not functioning well and cannot be used, which is perceived as a great nuisance.

Motivation to build individual, improved latrines on a homestead in rural areas or by landlords in urban areas tends to be low. Affordability constraints, a lack of return on their investment, and the natural inertia present when families have been doing something the same way for several generations is all impediments to scaled improvements in household sanitation. Nonetheless, individual household toilets are associated with prestige, and particularly for female users, the features of safety (notably during nocturnal use) and full privacy are highly valued.

SBC INTERVENTION

A. In upgrading from unimproved to improved facilities: Combined, the market and behavior determinants described above suggest that an effective market base, behavior change strategy to increase people's willingness and ability to upgrade from an unimproved to an improved toilet would hinge on:

- ✓ Emphasizing the elements that make upgrading seem unnecessary, such as privacy, safety and convenience.
- ✓ Re-affirming the drivers that make investments in improved facilities increase households' social value (prestige, pride, social standing, conformity)
- ✓ Facilitating access to a variety of durable, easy to maintain, improved toilet options, including aesthetically pleasing ones, for low and higher end consumers.

B. In moving from an improved, shared toilet to constructing an individual improved toilet: The described behavior determinants, market conditions and household settings are challenging but potentially effective change drivers and have also been identified. An effective market-based behavior change strategy aiming to increase the landlord's willingness to build more units of improved toilets for tenants focuses on the identified opportunities, minimizes the constraints and intersects multiple, mutually reinforcing approaches through:

- ✓ Emphasizing the fact that this increases the property market value, hence higher rent charges for the comfort of tenants.
- ✓ Highlighting the advantages of more improved individual toilets as a better way of ensuring proper sanitation and hygiene at his rental units. (Landlord's control over the facility's

¹⁹ Pertinent to segments B & C in the Central West regions. This arose as part of the customer segmentation under the RHIS, 2018.

²⁰ RHIS, 2018 I and II.

management such as limiting dumping of solids, use and maintenance, increased hygiene, safe emptying safety for tenants, social prestige associated with better run rental units).

- ✓ Targeting the social responsibility of landlords both through accountability mechanisms (public registries, incentives and disincentives) and through the valorization of their properties (safe return on investment)
- ✓ Facilitating access to a variety of durable, easy to maintain options, including aesthetically pleasing ones, for low and higher end consumer segments and by increasing the professionalization of masons in building high quality and durable structures

Behavior 2: Practice of Hand Washing with Soap at Critical Junctures

The behavior will focus on promoting HWWS after toilet use in the households.

BEHAVIOUR DETERMINANTS ANALYSIS

Hand washing with soap after toilet use is acknowledged to be important for 93% of Ugandans. However, the practice is much lower (at 38%) and the use of soap even more so (at 19% in some areas). Main reasons for the disconnection between the knowledge and the behavior were self-reported (MWE, 2012) as being: forgetfulness, complacency, limited availability of water, no hand washing facility available and the cost of soap. However, almost every household (at 95%²¹) has soap that is primarily used for clothes and dish washing, as well as for bathing. The tippy tap is the widely used technology for HWWS in households. In a WSP 2011 study, tippy taps were not seen as a ‘must have’ or ‘pull technology’. In addition, perceived benefits of one did not translate into a “drive” to adoption of HWWS without the “social pressure” from promotions²². This suggests that it is both the set of beliefs and values, as well as the limited availability of facilities, water, or soap that derails the practice of the behavior.

Among parents/caretakers of children in households, the priority was placed on immediately hand washing before addressing a child’s needs, such as feeding, is perceived as not attending to the child’s needs quickly enough and therefore, not associated with good “motherhood” standards. Particularly for men, the use of soap for hand washing is seen as something “fancy and modern” that does not fit with the local norms and traditions.²³ On the other hand, disgust was identified as a powerful trigger – nobody likes to feel or be seen as “unclean.” Conformity, that is, following the behavior that the majority deems appropriate, is an important value for most households, notably in rural areas.

In primary schools, the Handwashing Facilities used for pupils’ HWWS are usually small tanks with taps placed outside the toilets. However, only 19% of pupils washed their hands and a meagre 5% were observed to use soap. The biggest barriers in the schools included substandard or a lack of hand washing infrastructure, inadequate funds to procure soap and lack of motivation for teachers to promote positive WASH behaviors.

²¹ Insights from the Steadman, 2007. Formative and Baseline Survey on Handwashing with Soap. Report Prepared for WSP.

²² Adam Biran, 2011. Enabling Technologies for Handwashing with Soap: A Case Study on the Tippy-Tap in Uganda. February 2011. WSP.

²³ Steadman, 2007. Formative and Baseline Survey on Handwashing with Soap. Report Prepared for WSP

SBC INTERVENTION

Nurture – the universal behavior driver of a mother to care for her child - is often used in hand washing campaigns with good results. However, in this case, the nurture driver is connected with negative social norms such as no need to wash hands before tending to a child common in central Uganda that constrain the hand washing practice. The SBC intervention will not resort to this trigger, but rather:

- ✓ Strongly mobilize extreme feelings of purity, freshness and comfort of clean hands before use and before eating or feeding a child.
- ✓ Neutralize associations between hand washing with soap and fanciness or modernity²⁴, by embedding the practice in the locally valued social norms.
- ✓ Emphasize the already existing availability of most of the resources needed (jerricans, soap) in the household.
- ✓ Facilitate access to affordable hand washing facilities that are visually attractive (strong colors, for instance) to nudge the automation of the behavior and minimize forgetfulness.

A structured presentation of the key elements of the probable USHA SBC strategy as detailed above organized according to the ERP model is shown below.

²⁴ Steadman, 2007. Formative and Baseline Survey on Handwashing with Soap. Report Prepared for WSP.

ELEMENTS OF THE USHA SBC STRATEGY

In this section of the framework, USHA provides a practical guide to applying the ERP model to a common social behavioral challenge in the WASH sector. By identifying the challenge and the targeted behavior group, and then applying the ERP model to that target group, the desired SBC output can be identified, and activities can be developed to move from the challenge to the desired SBC output.

USHA also provides illustrative examples at the National, District, Community and Family levels where activities can be developed and implemented to engage in social behavior change.

Finally, USHA has also been asked to demonstrate how the ERP model could be applied by other implementing partners engaging in social behavior change efforts in the health facility setting. As such, some illustrative examples are provided in that domain, as well.



Annex I: Applying the ERP Model to common WASH challenges

| Behavior challenge | Targeted behavior group | Application of the ERP model | | | Behavior objective |
|--|---|---|--|--|--|
| | | Elephant (emotional drivers) | Rider (rational guidance) | Path (enabling conditions) | |
| Use of unimproved facilities | i) Users of unimproved sanitation facilities in rural and urban areas | <p><u>Associating</u> improved toilets with:</p> <ul style="list-style-type: none"> Feelings of safety (for children and elderly), and family nurture Feelings of pride, prestige and increased social standing Feelings of conformity with relevant social and religious norms Feelings of trust on the durability and quality of the materials and construction process | <p><u>Knowing</u> that improved toilets:</p> <ul style="list-style-type: none"> Improve health and hygiene standards Are safer and easier to use and clean Improved toilet products are readily available, affordable and easy to build well with long lasting features. Suitable financial products and services for toilet purchase are also readily available and affordable. | <p>Identifying <u>availability</u> of:</p> <ul style="list-style-type: none"> Sanitation supply chains that provide diverse, durable and aesthetically pleasing improved toilet products in targeted communities. Training masons to provide professional product and service delivery to respond to demand. Providing information in easy to use formats through channels that are credible by the target group. | Increased access to improved, individual toilets |
| Behavior challenge | Targeted behavior group | Application of the ERP model | | | Behavior objective |
| | | Elephant (emotional drivers) | Rider (rational guidance) | Path (enabling conditions) | |
| Use of shared unimproved or improved facilities | i) Landlords and households using shared, albeit improved, facilities in urban and rural areas, respectively. | <p><u>Associating</u> individual rental unit's improved toilets with:</p> <ul style="list-style-type: none"> Increased income from increased property market value. | <p><u>Knowing</u> that improved toilets:</p> <ul style="list-style-type: none"> Are initially expensive but has high returns in future. Are more convenient and easier manage in order to | <p>Identifying <u>availability</u> of:</p> <ul style="list-style-type: none"> Responsive and professional pit emptying services. Sanitation supply chains that provide diverse, durable and aesthetically | Increased access to improved, individual household toilets |

| | | <p>Feelings of control over toilet functionality and proper maintenance.</p> <p>Feelings of pride and socially responsibility through higher standards for landlords.</p> <p>Feelings of trust on the durability and quality of the materials and construction process.</p> | <p>maintain proper sanitation and hygiene at premises.</p> <p>Are readily available, affordable and easy to build through the trained masons.</p> <p>Can be readily and affordably safely emptied on demand.</p> | <p>pleasing improved toilet products.</p> <p>Rapid response to demand and professional product and service delivery.</p> <p>Incentive mechanisms to reward landlords for individual HH toilet construction.</p> <p>Suitable credit mechanisms.</p> | |
|---|---|---|---|--|---------------------------------------|
| Behavior challenge | Targeted behavior group | Application of the ERP model | | | Behavior objective |
| | | Elephant (emotional drivers) | Rider (rational guidance) | Path (enabling conditions) | |
| Limited practice of hand washing with soap after toilet use and before eating. | Practice of hand washing with soap particularly after defecation and before eating. | <p><u>Associating</u> HWWS with soap with:</p> <ul style="list-style-type: none"> - Purity, comfort and attractive hands. - Suitable behavior where soap is used regularly to wash hands at critical times. - Feelings that HWWS reflects a broader sense of belonging to the local community. | <p><u>Knowing</u> that HWWS:</p> <ul style="list-style-type: none"> - is critical for the wellbeing and health of the family and especially of young children. - is easy enough to perform and necessary resources are for the most part already available. | <p>Identifying <u>availability</u> of:</p> <ul style="list-style-type: none"> - visually appealing hand washing stations that can act as nudges for the desired behavior. - hygiene supply chains with sufficient outreach, by training local masons in the production of affordable, desirable hand washing stations. | Increased HWWS practice in households |

Annex II: Illustration of SBC Complimentary Interventions and Output Levels

| Output Level | Complimentary Interventions to SBC Outcome/ Output | Illustrative Examples |
|----------------------------|--|--|
| National Government | <p>Establishment of favorable enabling environment</p> <ol style="list-style-type: none"> 1. Development of appropriate policies and regulations 2. Provision of smart subsidies to incentivize households and service providers 3. Provision of technical guidance to implementers 4. Advocacy to bring SBC issues to the forefront of public awareness and debate 5. Effective organization and coordination of key actors 6. Institution of standards and effective regulation. | <ol style="list-style-type: none"> 1. Development of policies, such as Uganda’s Public Private Partnership Act (2015), to engage private sector actors. 2. Endorsement of tax breaks to make plastic sanitation products more affordable and accessible to customers. 3. Establishment of national-level taskforces and committees to implement national WASH awareness campaigns. |
| District | <ol style="list-style-type: none"> 1. Increased community awareness 2. Increased demand for products and services. 3. Reduced barriers to behavior adoption | <ol style="list-style-type: none"> 1. Use of district events and political leaders to inform communities about behavior 2. Integrate messages into departmental community awareness activities 3. Use of empowered District WASH Coordination committees to address barriers, regulate and monitor SBC activities. |
| Output Level | SBC Outcome/ Output | Illustrative Examples |
| Community | <ol style="list-style-type: none"> 1. Community acceptance of promoted behavior 2. Positive attitude and demystified myths 3. Collective action to improve individuals and households 4. Social support for adoption of promoted behavior 5. Peer to peer advocacy for positive behavior | <ol style="list-style-type: none"> 1. Protection of water sources and sanitation facilities located in schools 2. Formation of social groups to support individual members and households to construct improved toilets. 3. Mobilization of parents’ association to pull resources for construction of toilets in schools 4. Acceptance that menstruating girls and women should not be discriminated against. |

| | | |
|-------------------|--|--|
| Family | <ol style="list-style-type: none"> 1. Increased demand for improved sanitation products and services 2. Increased number of household members consistently using and maintaining the family toilet. 3. Heightened social support for each member to practice behavior | <ol style="list-style-type: none"> 1. Constructing individual toilets instead of a homestead using one toilet. 2. Cleaning and hygienic maintenance of family toilet. 3. Practicing of Hand washing with soap after toilet use. 4. Adopting good hygiene practices in the family based on information a child has learned in school. |
| Individual | <ol style="list-style-type: none"> 1. Increased awareness about positive WASH behavior 2. Increased better perception of promoted positive WASH behavior. 3. Increased demand and use of improved toilets. 4. Sustained practice of adopted behavior. | <ol style="list-style-type: none"> 1. More knowledge about the sanitation and hygiene related diseases routes and actions for prevention. 2. Better decision making by mothers to wash hand with soap before feeding a child. 3. Better appreciate and use of biodegradable anal cleansing materials. |

Annex III: Applying ERP in the Health Facility Setting

| Issue (s) | Insights | Desired Behavior(s) | Rational (Rider) | Emotion (Elephant) | Shaping the Path | Intervention Goal |
|--|--|---|--|---|--|--|
| <p>A high rate of patients experiencing reinfection in health care facilities leading to patients distrusting the health care they receive or worse leading to deaths. Hence, patients avoid visiting health care facilities.</p> | <p>Many reinfections come from doctors and nurses attending to multiple patients and not following proper hand washing with soap practices.</p> | <p>Doctors and nurses wear rubber gloves.</p> | <p>According to the Hippocratic oath, doctors and nurses are obligated to ensure that sick people are treated properly and as quickly as possible to relieve their pain.</p> | <p>Testimonies of patients who were re-infected in hospitals.</p> <p>Recognition of doctors and nurses as ‘top notch practitioners’ who are valued and held in high esteem by their patients.</p> | <p>Providing a fully stocked glove box in the treatment rooms in plain sight of an examination stretcher for doctors/nurses to use.</p> | <p>More patients talking positively about doctors and nurses.</p> <p>Reduced reinfection rates and increased enrollment of patients.</p> |
| | | <p>Doctors and nurses wash hands with soap and water before attending to each patient</p> | <p>Although hand washing reduces infection rates by 45%, doctors and nurses see this as time wasted when they have many patients waiting for their attention.</p> | <p>The patients attest to and believe in their doctors’ abilities to heal them.</p> | <p>Providing hand sanitizers at each bed post as an alternative to cut down on the time spent hand washing with soap and water.</p> | |
| <p>Sanitation and hygiene conditions in hospitals are poor due to improper cleaning of toilets and patient areas in the health centers.</p> | <p>Cleaning attendants do not feel appreciated. They are often not provided adequate support and cleaning materials are not adequately provided.</p> | <p>Proper and regular cleaning of patient waiting areas, treatment rooms and wards.</p> | <p>Improper cleaning in hospitals re-infects people who are already sick.</p> | <p>‘Cleaning with pride.’ Health center staff are ‘professional’ lifelines providing patient care, akin to frontline soldiers.</p> | <p>Motivated attendants trained and given “Ambassador of Cleanliness” tags to wear.</p> <p>Health care facilities budget and provide adequate cleaning supplies.</p> | <p>Patients experience a clean, inviting environment at health facilities and do not hesitate to visit if needed.</p> |



U.S. Agency for International Development

1300 Pennsylvania Avenue, NW

Washington, DC 20523

Tel: (202) 712-0000

Fax: (202) 216-3524

www.usaid.gov