2023-24

Creative Development and Formative Research Report

Face And Hand Washing With Soap For Children Under Nine For Trachoma Elimination

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MINISTRY OF HEALTH - ETHIOPIA

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OROMIA HEALTH BUREAU

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The Fred Hollows Foundation

SNV

upward spiral

Ethiopia

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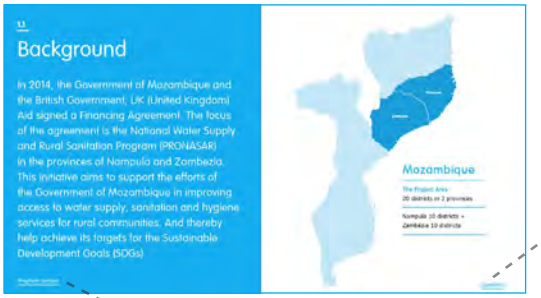

Inside pages

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Acronyms

BCD	Behaviour Centred Design
CU9	Children Under Nine Years
FGD	Focus Group Discussion
FWWS	Face Washing With Soap
F&HWWS	Face and Hand Washing With Soap
FR	Formative Research
HH	Household
HEW	Health Extension Worker
HWWS	Hand Washing With Soap
KII	Key Informant Interview
LSHTM	London School Of Hygiene & Tropical Medicine
WASH	Water, Sanitation and Hygiene
WASHTra	Water, Sanitation and Hygiene For Trachoma Elimination
WDA	Women Development Army

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Credits

SNV and Upward Spiral, *Creative Development and Formative Research Report, Face and Hand Washing and Soap for Children Under Nine for Trachoma Elimination,* Mumbai, Upward Spiral, 2024.

ANCP and FHF for financial support for this research through the WASH for Trachoma Elimination project.

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The views expressed in this document are those of the authors and do not necessarily reflect the view of SNV Netherlands Development Organisation, ANCP, FHF or Upward Spiral.

Cover photo: Upward Spiral/Nipa Desai

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About SNV

SNV is a global development partner, rooted in the African and Asian countries where we operate. With 60 years of experience and a team of approximately 1,600 people, it is our mission to strengthen capacities and catalyse partnerships that transform the agri-food, energy, and water systems to enable sustainable and more equitable lives for all. www.snv.org

The Fred Hollows Foundation

The Fred Hollows Foundation is an independent, not-for-profit, politically unaligned, and secular international development organization. We work in more than 25 countries to help train and empower local eye doctors, nurses and health workers to create a sustainable system of care in the communities that need it most. We also provide equipment, fund research, and support advocacy to improve eye health. www.hollows.org

About ANCP

The Australian NGO Cooperation Program (ANCP) is an annual grants program that supports Australian NGO community development programs which directly and tangibly alleviate poverty in developing countries. The program operates in over 50 countries worldwide and supports development in a range of sectors. The ANCP is the Australian aid program's largest and longest running funding support mechanism for Australian development non-government organisations (NGOs). www.dfat.gov.au

About Upward Spiral

Upward Spiral specialises in designing and delivering effective behaviour change interventions to create social impact at scale. It has worked extensively in the WASH sector across Asia and Africa. For more information: www.upwardspiral.in

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We would like to thank the following people and organisations for their support:

The rural community in the Zones of Jima and Bale for generously offering their time and perspectives, which are the foundation for this report.

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Support by Community Promoters: Tewodros Endale, Amayu Merdasa, Fetene Gizew, Mohammed Sani Hassen Abdurhaman and Gadisa Tolesa

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Let's keep the conversation going on WASH for Trachoma elimination!

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Executive Summary

Programme context

Trachoma is the leading infectious cause of blindness, with 142 million people remaining at risk of the disease globally. The World Health Organization endorses the SAFE strategy to guide Trachoma elimination efforts – Surgery (S), Antibiotics (A), Facial Cleanliness(F), and Environmental Improvement (E).

Fred Hollows Foundation (FHF) partnered with SNV in Ethiopia in 2018 to work on the F and E components. Phase 1 of WASH for Trachoma Elimination (WASHTra) was successfully implemented in 7 Woredas in Oromia from 2018 to 2021. Phase 2 of WASHTra (2022-2025) aims to contribute to the sustained reduction of the prevalence of Trachomatous inflammation– follicular (TF) to < 5% in four zones of Oromia region.

SNV has engaged Upward Spiral to support the behaviour change for facial cleanliness. Upward Spiral will work with SNV to guide the design of a behaviour change intervention, to increase face and hand washing in children under nine with the goal of breaking the chain of Trachoma transmision. Phase 2 of WASHTra is being implemented in partnership with the Federal Ministry of Health (MoH), Oromia Health Bureau and Water and Energy Bureau, Education Bureau at Regional, Zone and Woreda level.

Programme goals

The expected outcome of WASHTra is to contribute to the reduction of the prevalence of Trachomatous inflammation – follicular (TF) to < 5% in eight woredas in four zones of Oromia region by mid-2025. In order to achieve this goal the behavioural component aims to increase the behaviour of face and hand washing with soap of children under nine. To support this, the progrmme aims to integrate Water Sanitation Hygiene (WASH) and Neglected Tropical Diseases (NTD).

Face washing with soap

- Increased proportion of children (seven to nine years) reporting face washing twice daily
- Increased proportion of children with clean faces - no ocular or nasal discharge
- Increased face and hand wash facility (F&HWF)/availability of soap/water at household (HH)

Hand Washing with soap

- Increased proportion of children (age seven to nine years) reporting hand washing after defecation and before food
- Increased F&HWF/availability of soap/water at HH

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Approach

Behaviour Centred Design

We used the Behaviour Centred Design (BCD) Framework, developed by Robert Aunger and Valerie Curtis of London School of Hygiene and Tropical Medicine. There are five steps in the BCD process: Assess (existing knowledge), Build (through formative research), Create (the intervention), Deliver (the intervention) and Evaluate (process and impact). This creative development and formative research report is an output at the end of the second step – Build; and guides the finalisation of the third step - Create.

Research design

We used qualitative research methods such as Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), Behaviour demonstrations and trials; and Site Observations. We interacted with children under nine and their caregivers, schools staff, health workers, and religious leaders. The research was conducted in four Kebeles in the Zones of Jima and Bale, chosen to prioritise safety during data collection given the volatile security situation on ground.

Target behaviour

Key finding	Recommendations
Face and hands are often washed together, three times a day. Mothers are more involved in the day to day F&HWWS, while fathers are involved in provision of water, tools, soap.	Promote hand and face washing with soap, together, 3 times a day – in the morning before breakfast, in the afternoon before meal or after returning from school, and in the evening before eating. Target both parents – fathers for provision and mother for performing and supervising target behaviours.

Physical Environment

Key finding	Recommendations
No fixed facility is available for either water or soap for washing face and hands. Soap and water have to be brought together for washing, with no specified place for washing or drainage of water.	Promote fixed washing facility in the yard, with provision for soap/soapy water and drainage.

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Executive Brain

Key finding	Recommendations
Community members don't think they are at risk for contracting Trachoma. They have incomplete knowledge of Trachoma, and are aware of environmental cleanliness but not hand or facial cleanliness for it's prevention.	Use audio-visual media to enhance awareness of symptoms and prevalence of Trachoma.

Motivated Brain

Key finding	Recommendations
Caregivers are washing hands and face to keep children clean, not for health. They feel happy to see clean faces of children.	Motivate caregivers by tapping into the nurture motive, to wash and supervise washing of face and hands by children.

Reactive Brain - Reminders & Rewards

Key finding	Recommendations
There are no reminders for F&HWWS, and faces are not checked after washing.	Use reminders and rewards such as diary and mirrors.

Touchpoints

Key finding	Recommendations
While HEWs have the best reach, it would take 3 to 4 months for just one contact per household. Schools could host events for Trachoma prevention. Religious leaders are willing to support Trachoma prevention with help from HEWs.	Invite caregivers to events conducted at the school with support from HEW and WDA to motivate them for face and hand washing behaviours, with follow up for habit building. Religious leaders could be asked to endorse Trachoma prevention activities.

Campaign Creative Concept

Key finding	Recommendations
Caregivers liked both, the Clean Home Competition as well as the Good Habits Course. School leaders liked the concepts of Clean School competition as well as the learning network, and were interested in the WASH curriculum.	Promote the Clean Home Competition as it most suitable for the current project context.

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Programme context

1

1.1

Background

Trachoma is the leading infectious cause of blindness, with 142 million people remaining at risk of the disease globally. FHF has partnered with SNV for the ‘F’ and ‘E’ components of the SAFE strategy endorsed by WHO.

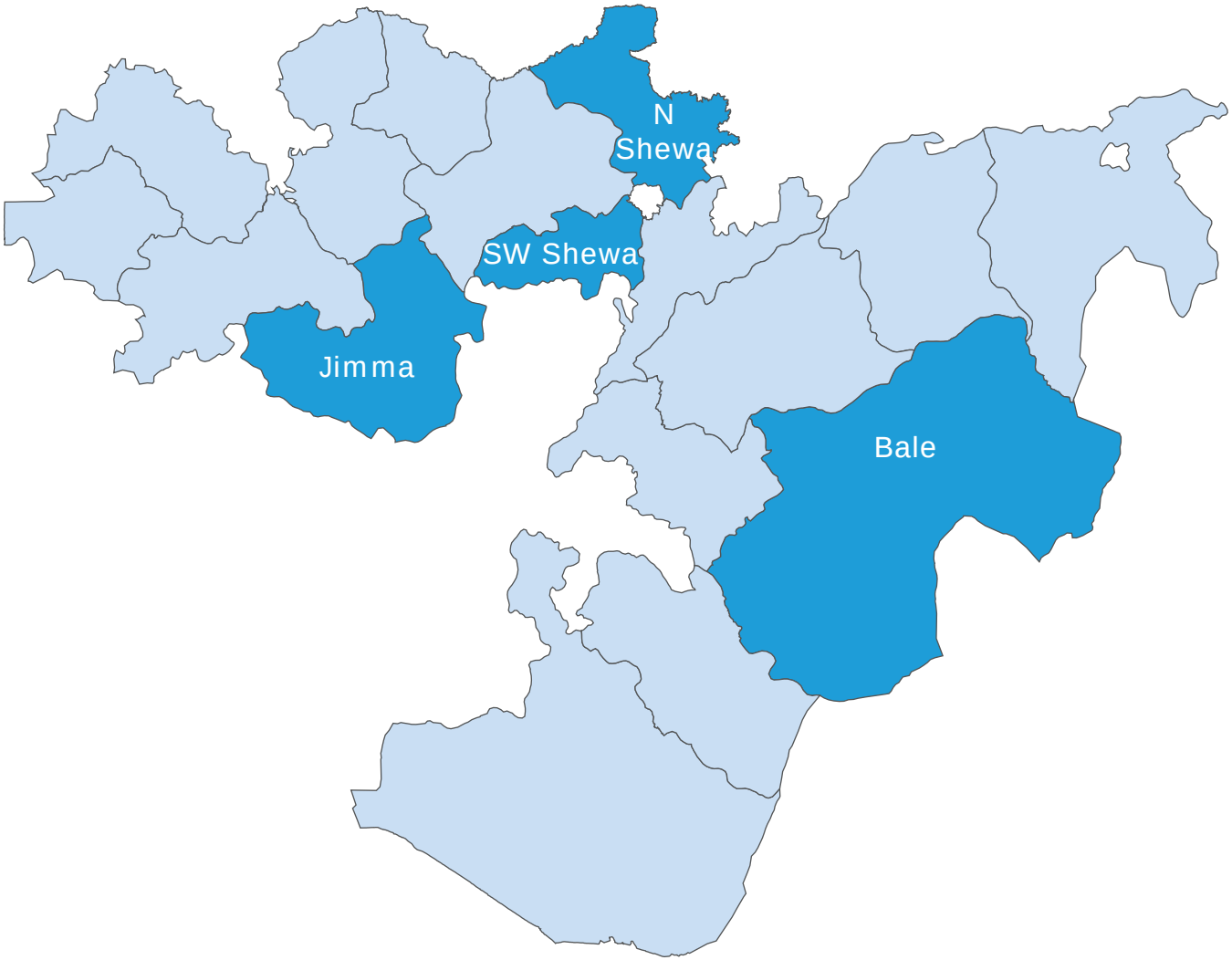
Phase 1 of WASH for Trachoma Elimination (WASHTra) was successfully implemented in 7 Woredas in Oromia until 2021.

Phase 2 of WASH for Trachoma Elimination (2022-25) is designed to contribute to the sustained reduction of the prevalence of Trachomatous inflammation– follicular (TF) to < 5% in 8 woredas in four zones of Oromia region by mid-2025.

The project is implemented in partnership with the Federal MoH, Oromia Regional Health Bureau, Regional Water and Energy Bureau, Regional Education Bureau and with same branch offices in the projects 4 zones and 8 woredas.

SNV has been directly working on ‘F’ and ‘E’ since 2022 in the target woredas and has engaged Upward Spiral to focus on the behaviour change intervention for ‘F’ - Face Washing with Soap in children under 9 years of age. This report includes findings for the creative development and formative research conducted to build upon previous learnings.

Oromia



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1.2

Indicators

Proportion of children (age seven to nine years) reporting twice daily face washing and hand washing, after defecation and before eating.

The desired outcome is an increase in hand and face washing practice across target woredas (to mitigate face to face and hand transmission route of Trachoma), as measured by:

Proportion of children that are observed to have clean faces i.e., free of nasal and ocular discharge

Increase in hand and face wash facilities at home

Contents

1.3

Current Status – Face washing with soap

In the Formative Research 2023, 59% reported children washing face regularly:

31%
less than once a day; **64%** once a day; **6%** twice day.

81%
reported washing the face in the morning.

44%
wash with water only.

In the Formative Research 2023, 50 children were observed out of a total sample of 402 in 5 Woredas, for facial cleanliness:

60%
Nasal discharge crusts were observed on nostril, cheeks or lips of children.

27%
Ocular discharge was observed on faces.

53%
Flies were observed on faces

Contents

1.3

Current Status – Hand washing with soap

In the Formative Research, 2023 handwashing practices of mothers of children under 9 (CU9) were probed, as reported below. Data is not available on handwashing practice of children.

HWWS Practice - Mothers of CU9 (n =109)

- 86% claimed to have washed hands ‘yesterday’, on average 3 times
- 90% before feeding child
- 68% claimed to have washed hands after defecation
- 38% after cleaning child’s bottom
- 33% before eating

37% claimed to have used soap, 29% ‘anything else’, 27% nothing in addition to water

Contents

1.3

Current Status – Hand washing facility

Hand wash facility

- In the Formative Research, 2023, respondents were asked about hand wash facility (HWF), and observations were conducted in smaller sample of 50 households:
- 9% HHs reported fixed facility; 46% HHS don't have and 44% use mobile object

Observation findings in HHs (n=50)

- 65% didn't have HWF in dwelling or yard; mobile object was seen in 31%
- Water was available in 17% and soap in 10% at place of handwash
- 71% didn't have a place for HW 5 meters from toilet/food preparation area

In the Baseline Survey 2023

- 73% HHS have latrine
- 12.4% HHs reported a hand-washing facility with soap next to latrine

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1.4

Goals

The purpose of the WASHTra 2 is to contribute to preventing blindness from Trachoma through improving facial cleanliness and environmental management component of the SAFE strategy. The end of project outcome is to contribute to the reduction of the prevalence of Trachomatous inflammation– follicular (TF) to < 5% in 8 woredas in four zones of Oromia region by mid-2025.

Face washing with soap

- Increased proportion of children (age seven to nine years) reporting face washing twice daily
- Increased proportion of children with clean faces - no ocular or nasal discharge
- Increased F&HWF/availability of soap/water at HH

Hand Washing with soap

- Increased proportion of children (age seven to nine years) reporting hand washing after defecation and before food
- Increased F&HWF/availability of soap/water at HH

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Approach

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Behaviour Centred Design framework

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2.1

Behaviour Centred Design (BCD) framework

We used the BCD framework developed by Robert Aunger and Valerie Curtis from the London School of Hygiene and Tropical Medicine (LSHTM). BCD is built on the latest insights from evolutionary and environmental psychology, marketing, and neuroscience. It has been applied successfully to behaviours ranging from handwashing, to oral rehydration, food hygiene, child and maternal nutrition, and post-operative exercise.

Links

The BCD resources page on the LSHTM website has many free resources that dive deeper into the the BCD framework, including the following:

Behaviour Centred Design, towards an applied science of behaviour change Aunger and Curtis, Health psychology review, 2016

The BCD manual

BCD - Formative research protocols

Books

Gaining Control Robert Aunger and Valerie Curtis

Don't look, Don't touch Valerie Curtis

Reset Robert Aunger

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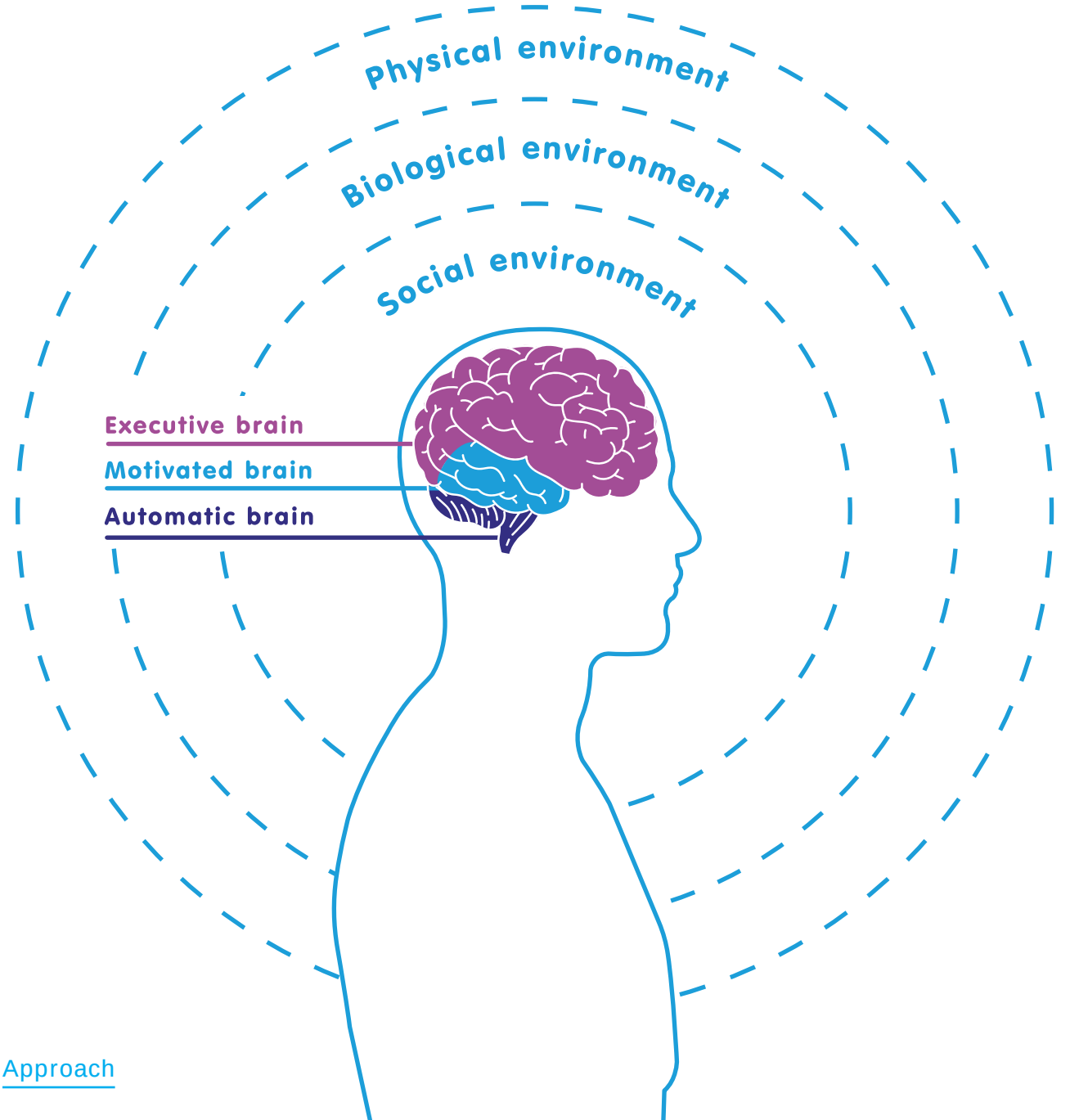
Behaviour determinants



Approach

BCD defines behaviour as a functional interaction between a body and its environment, designed to help an organism to get what it needs to survive and reproduce. At the individual level, the framework proposes roughly three regions in the human brain, related to three different types of behaviour:

Automatic brain

produces unconscious behaviours. These include reflexive behaviours such as flinching in response to contact with a flame and habitual behaviours such as driving a car.

Motivated brain

produces sub-conscious behaviours to achieve goals. One of the unique features of the BCD framework is that it has identified 15 fundamental, universal motives that drive all human behaviour.

Executive brain

produces conscious behaviours. It chooses the behaviour to perform and also plans for the same. While most of the health messaging is targeted at this brain, most of the behaviours are produced in the automatic or the motivated brain.

Environment

It proposes three levels to the environment that an individual interacts with during the performance of the behaviour. The physical, the biological, and the social environment.

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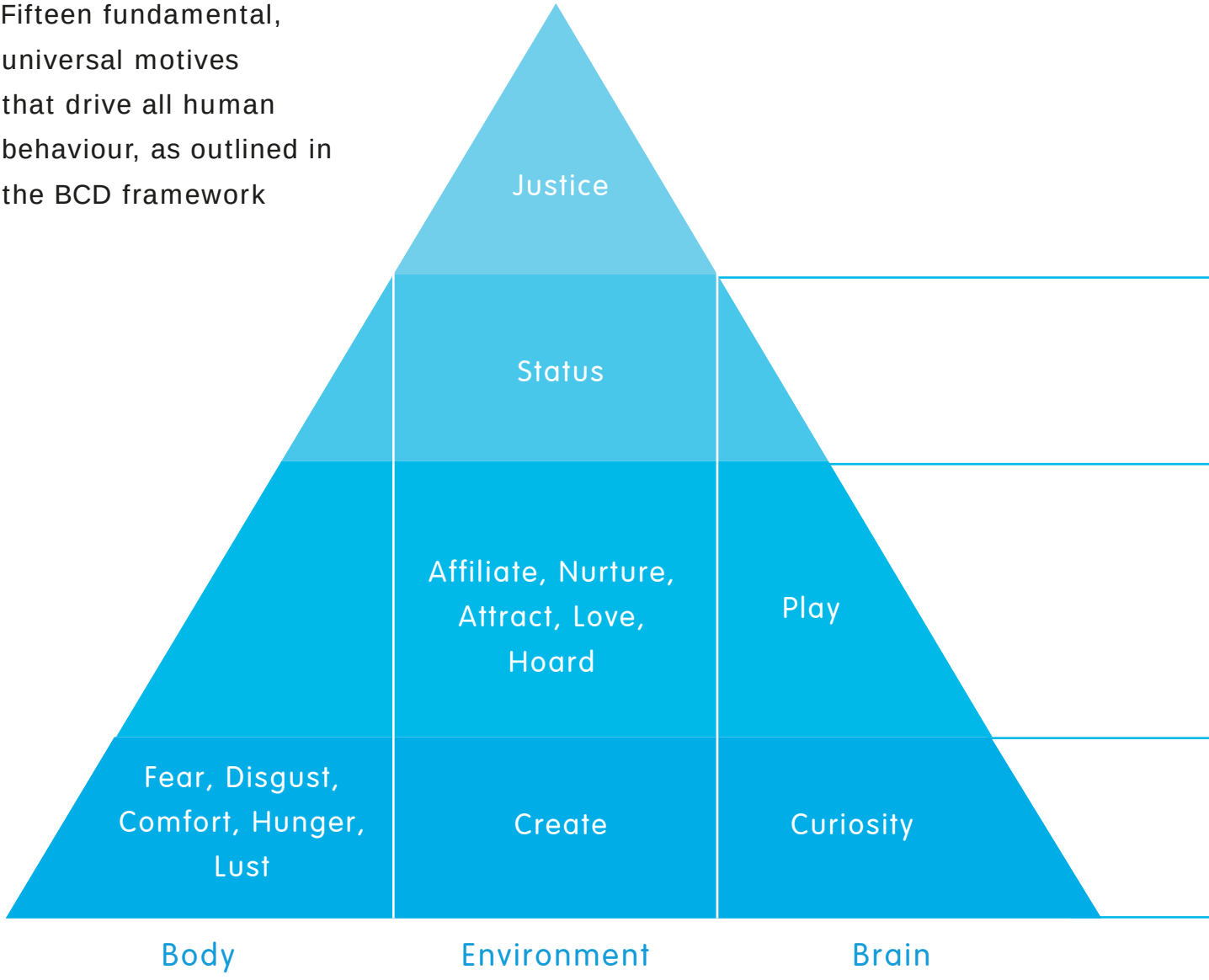
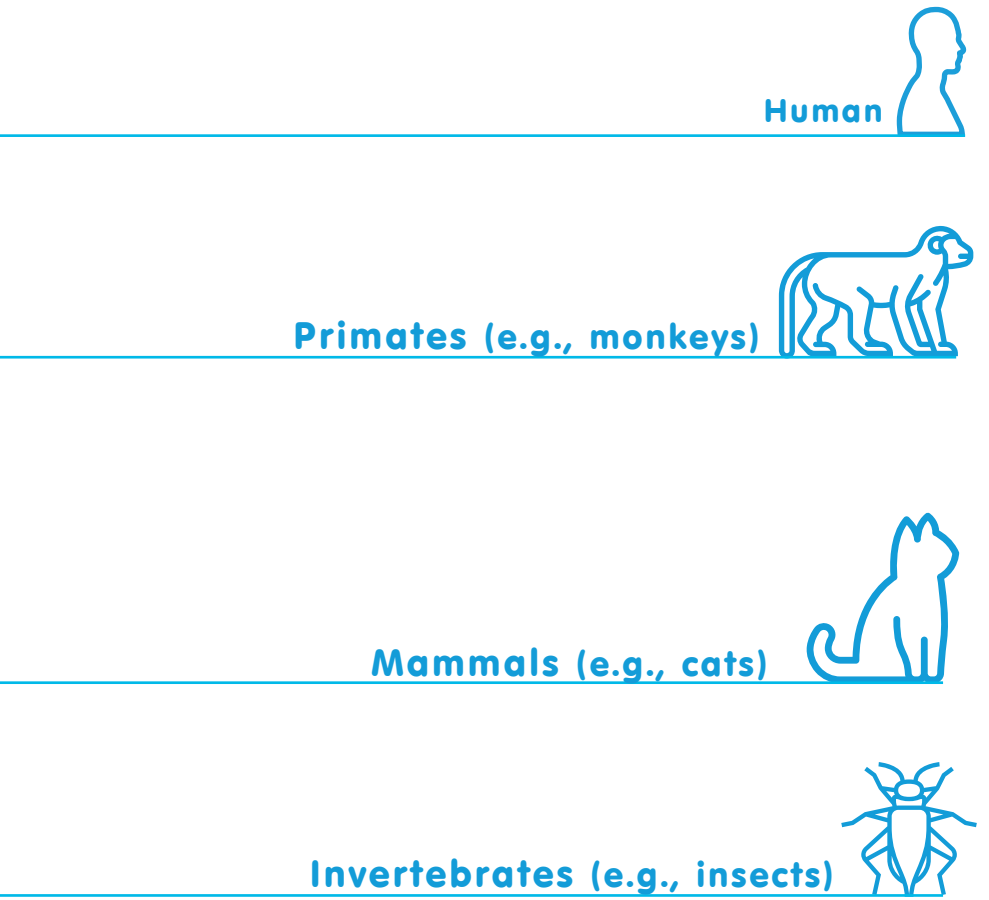
The motives pyramid

Fifteen fundamental, universal motives that drive all human behaviour, as outlined in the BCD framework



The aspect that is primarily modified by achieving a goal related to that motive



The stage of evolution at which these motives first evolved

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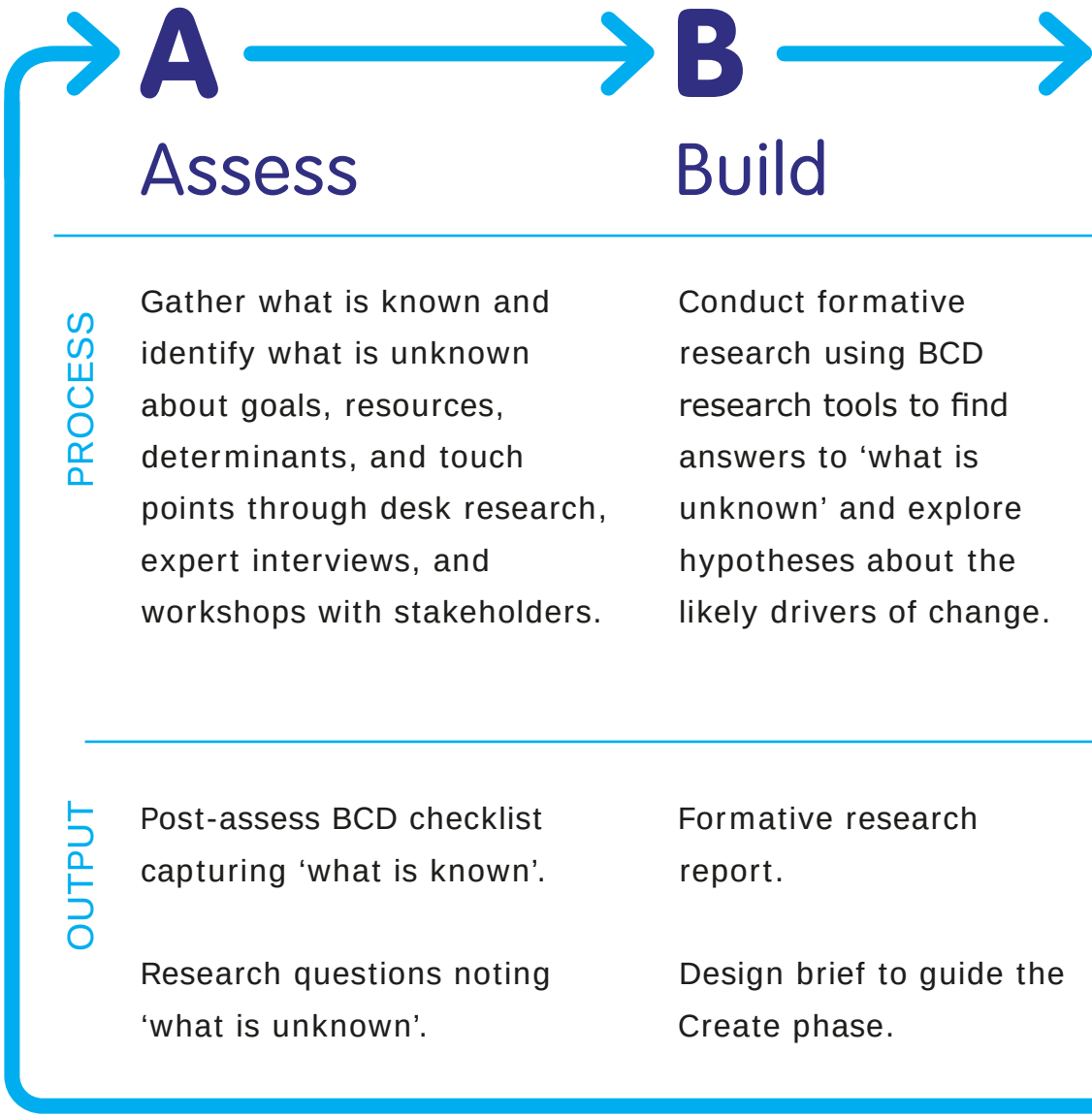
The BCD process

BCD provides a process for designing behaviour change interventions - ABCDE. Each letter explains one of the key steps in the process as seen below.



C → Create

Design the intervention through an iterative design process where creative ideas are refined through research with the target group.

An intervention package of surprising and relevant materials and activities designed to cause the desired behaviour change.

D → Deliver

Implement the intervention package through relevant touch points such as community events and mass media. Monitor this process to ensure on-going learning and adaptation.

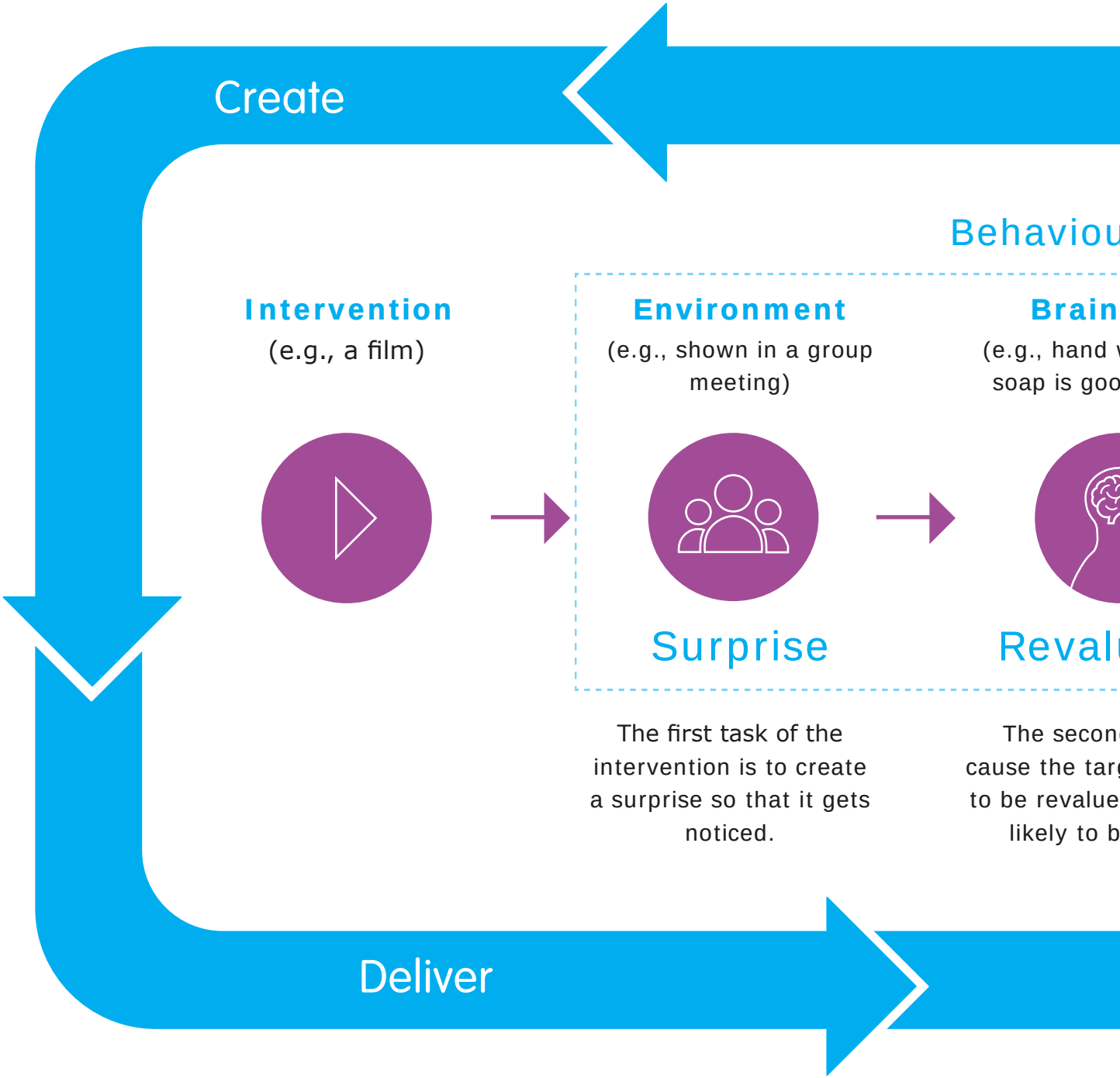
Project monitoring reports and learning documents.

E Evaluate

Measure the outcomes and evaluate the processes along the theory of change. Learn what has worked and what has not to inform future programmes.

Evaluation report of outcomes and processes.

Theory of change



During the Assess and Build phase of the project, we understand the causal links from the state of the world to behaviour to brain-body to environment. Based on this understanding, the intervention is created, delivered and evaluated.

Assess & Build

ur setting

-Body
washing with
od manners)

uation

Behaviour
(e.g., wash hands with soap)

Performance

State of the world
(e.g., less incidence of diarrhea)

d task is to
get behaviour
d so that it is
e chosen.

The third task is making sure the target behaviour gets selected and performed.

Evaluate

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Research design

3

3.1

Process

2023

October to November 2023

Assess

All existing knowledge from SNV-FHFs previous work was assimilated from the BCD perspective and gaps identified for further exploration.

December 2023

Research Design

Finalising research methods and sample. Preparing research tools.

January 2024

Training

Training of SNV advisors and community promoters.

Iterative Approach

The iterative approach helps answer new questions that emerge during the formative research. And thereby, move closer to strategic insights. Based on analysis of data from Zone one, we modified the research for Zone two. For instance, we wanted to understand more about the wash routines of children, so we added this component to interviews.

Research design

2024

January 2024

Data Collection

Data collection by two teams, supported by HEW or Woreda official. Raw data was stored on MS Teams

Jan – Feb 2024

Data Analysis

Done by Upward Spiral with support from SNV

Feb – April 2024

Reporting

Consolidation and presentation of research findings to key stakeholders and subsequently, as this report.

Ethical Consent

The respondents listened to the purpose of the study and gave their signed consent or video consent for use of data collected, including photographs. All researchers read and signed the SNV Child Protection Policy.

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Research questions

Target

Behaviour

What occasions of FWWS could we promote?

Brain

Executive

What is the perception of risk of getting Trachoma?

Motivated

What could motivate target persons for F&HWWS for children?

Reactive

What kind of reminders and rewards would support F&HWWS?

During the Assess phase, we identified the gaps in knowledge and organised them as key research questions. These formed the basis for designing the formative research.

Environment

Physical

What solutions could support F&HWWS – facility, soap, water; for PWD?

Touch Points

What touchpoints to effectively reach target persons?

Creative Concepts

What intervention ideas and concepts resonate with the target persons?

Contents

3.3

Research contexts

Focus Group Discussion (FGD) Held at a common location, separately with males and female caregivers of children under nine years of age.

Research design

Key Informant Interview (KII)

Conducted with experts, at Health Post, Schools and shops.

Household Visits

Including observations, demonstrations and interviews at homes with children, mix of infants, toddlers and school going children under nine years of age.

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3.3

Research methods

Creative and formative research in BCD is different from that which is usually conducted in a number of ways - it is designed to carefully answer questions that will help us to construct a Theory of Change for the behaviour. So, it focuses on behaviour and not so much on what people say about their behaviour, as many of the drivers of behaviour are non-conscious and so cannot easily be explained by the people involved.

To know more, please refer to BCD - Formative Research Protocols document.

Site Observation

Researchers observe the site and then interact with the community member to know more about what was observed. This helps us understand aspects of the physical environment, reasons for choices and rewards.

Behaviour Demonstration

Researchers observe the demonstration of the behaviour (e.g. face washing) and interact with the target persons to know more about what was observed. This helps us understand routines, tools used and challenges to performing the behaviour.

Behaviour Trial

Hand wash facility options are placed in a target persons home, and they are motivated to perform the target behaviours, for a few days. A debrief interview is conducted, to explore the experience of using the facility and performing the target behaviours.

Daily Routine

Respondents narrate what they do during a normal day from the time they wake up to the time they go to sleep. This helps us understand daily routines in general and those related to the target behaviour in particular.

Motive Stories

Respondents react to stories that link motives to the target behaviours. This helps us understand motives specific to the target behaviour.

User Imagery

Respondents imagine the profiles of those who perform the target behaviour and those who do not. This helps us understand motives, social norms and sanctions related to the target behaviour.

Concept Testing

After exposing respondents to product and creative ideas, researchers elicit reactions to them. This helps us understand target behaviour preferences, motives, knowledge, and willingness to pay or participate.

Behaviour Observations

Researchers stay over at target persons homes and observe hygiene behaviours, routines and tolls used.

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3.4

Sample design

The data was collected from two kebeles each in two Woredas of Jimma and Bale, which were selected keeping in mind the security conditions at the time of data collection. The respondents were from households with children under nine years of age, a mix of infants, toddlers and school going children. Respondents were from a mix of different religions and included persons living with disability.

	Respondent	Research Method / Tool	Number
1	Caregivers and CU9 (Infant, Toddler,School-going)	Household Visits:Rapid Site Observation, Behaviour Demonstration, Behaviour Trial, Interviews	Visit 1 - 16 HHs Visit 2 - 12 HHs Including 3 Persons With Disability
2	Males, Households with CU9	Focus Group Discussion	4
3	Female Caregivers of CU9	Focus Group Discussion	8
4	Households with CU9	HH Observation	8
5	School Leader WASH focal teacher Wash Club	Key Informant Interview Key Informant Interview Focus Group Discussion	4 4 4
6	Health Extension Workers	Key Informant Interview	4
7	Women Development Army	Focus Group Discussion	2
8	Religious Leaders	Focus Group Discussion Key Informant Interview	2 2
9	Wash/NTD Experts	Key Informant Interview	2
10	Shopkeepers	Market Study	8

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Research findings

4

4.1

Target behaviour

At the end of the Assess phase, we were clear that both face and hand washing behaviours would be performed either by the caregiver (usually the mother) or child under nine years of age, at home, and not at other venues such as school.

Although current promotion is twice or thrice a day, no occasions are specified, and we wanted to clarify the occasions to be promoted.

With regards to HWWS, data was not available for CU9, but we learnt that soap is not usually used by mothers, as confirmed by the absence of hand wash facility in most homes.

Key research questions

What occasions of FWWS/HWWS could we promote for children under nine for trachoma prevention?

How many times a day? Tied to existing washing routines?

Whenever there is ocular or nasal discharge?

Can face and hand washing with soap be bundled together?

Any method/sequence for face and hand washing with soap (F&HWWS)?

What are emerging norms for male participation in F&HWWS for CU9? Is there a role for increased participation of males in performing or supporting F&HWF (soap, water, HWF)?

Research findings

Finding

Face and hands are washed, often together, three times a day, for different reasons

Infants

- Morning - to remove discharge from the eyes after waking up, to freshen up for the day.
- Before/after food as the face may get dirty when feeding.
- Night – to help the baby sleep better, wash the whole body and apply Vaseline.

Toddlers and School-going children

- Morning – to remove discharge from the eyes after waking up, to freshen up for the day.
- Afternoon - after returning from playing or school and before lunch
- Evening – after retuning from play/ chores such as looking after animals and before eating dinner
- They may also wash hands with soap when hands are visibly dirty e.g., after returning from playing.

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Finding

Both parents play a role in childcare and F&HWWS

Fathers Role

Provide: food, clothes, water, soap, building the toilet, repairing home

Support care of children, keeping the yard free of hazardous items, bring to health facility if sick, supervise washing, changing clothes.

Mothers Role

Primarily provide all the care for children – breastfeed , prepare food, clean the face, hands, body and clothes, send to school, care when sick

Teach children to use soap, give them soap and water

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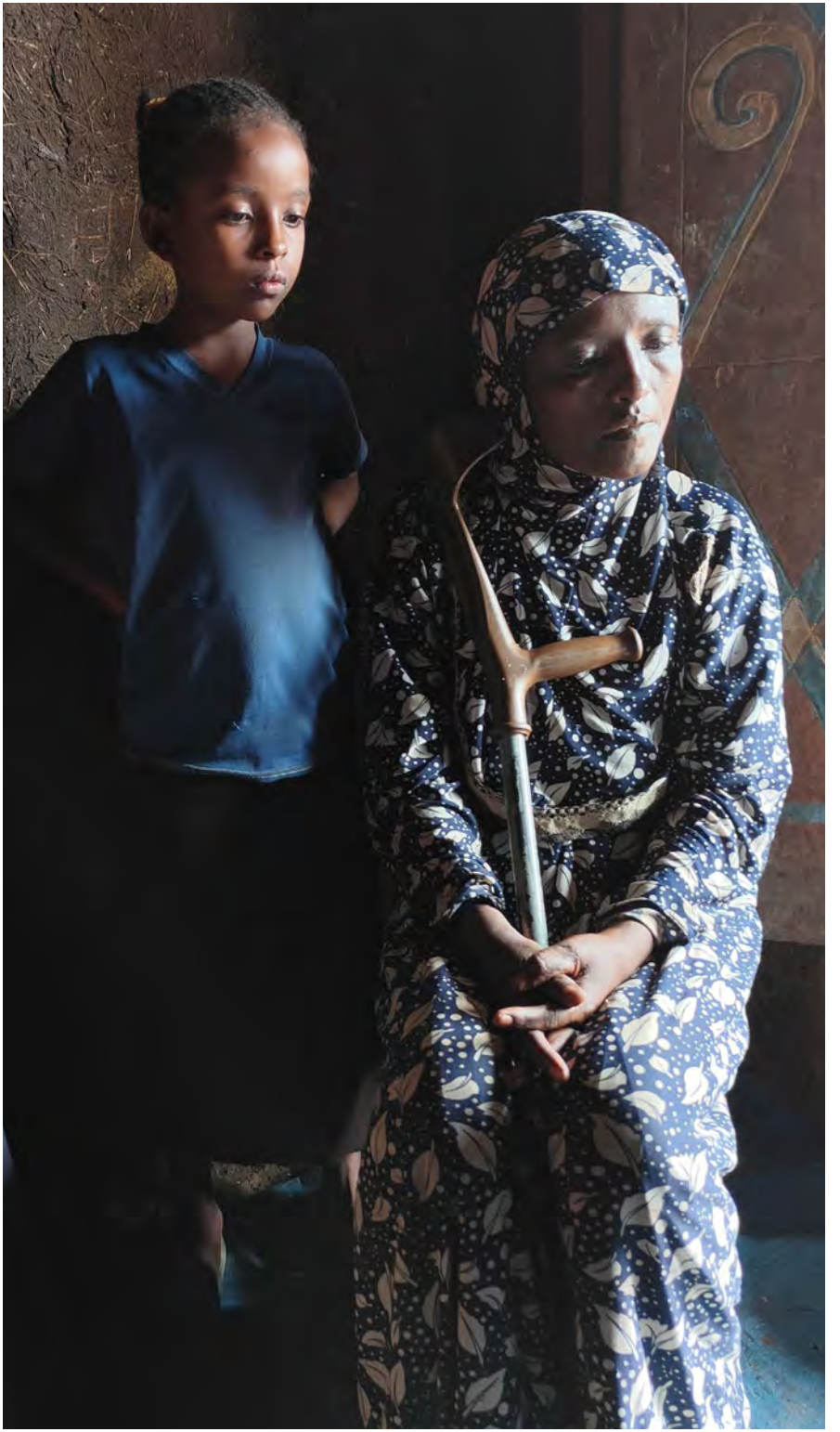
Research findings

Persons with disability provide partial (Caregivers of CU9)

Provide partial care as per their capacity and ensure the support of others (father, siblings, grandparents) in childcare as needed. When possible, they wash the children themselves, else supervise hygiene practices with support from others in the family.



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Research findings

Finding

Mothers are more engaged in the washing of face and hands of children

Infants

Mothers wash the infants themselves, either the face, hands or whole body, often multiple times a day e.g. upon waking, after feeding, before sleeping etc.

Toddlers

Mothers wash the toddlers because when they ask the child to wash themselves, they don't wash properly.

School-going children

Mothers provide the soap and water, and children sometimes wash by themselves

Determinants

We focus on presenting findings related to the determinants of behaviour change in this section. We have gathered insights, from the perspective of face and hand washing with soap for children under nine, around four determinants:

Environment

Physical

What solutions could support F&HWWS – facility, soap, water; for PWD?

Brain

Executive - What is the perception of risk of getting Trachoma?

Motivated - What could motivate target persons for F&HWWS for children?

Reactive - What kind of reminders and rewards would support F&HWWS?

Contents

4.2.1 Physical Environment

Yard

Yards are fairly clean. Flies were seen in most households. Floor was usually dirty – food, chicken droppings. There were animal faeces in the environment, but no human faeces.

Toilet

Toilets are usually located at quite a distance from the house and often smell bad. Most are basic, without cover. Some toilets are not in use as pits have filled up. Often have a Jerrycan but no water or soap.

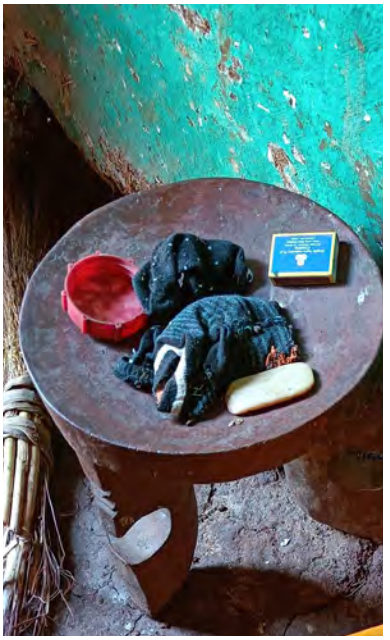
Water Storage

Big jerry cans and drums are seen, for collection and storage in kitchen, with small jug or pot to draw water.

Current wash facilities

There is usually no fixed facility near the kitchen, bowl and jug used as and when required.

Soap



Most homes had soap which is used for multiple purposes. No soap box, just kept in the open. Some use ash when soap isn't available.

Contents

4.2.1 Physical Environment

Washing Facility – Behaviour Trial

Handwash facilities were placed in homes for a few days, to explore solutions to support the performance of F&HWWS.

Options:

1. Storage can
2. Stopper / Tap
3. Soap / Soapy water
4. Mirror
5. Reminder Sheet

Contents

4.2.1 Physical Environment

Finding

All households responded very positively to the washing facilities in the behaviour trial.

- They placed it in a prominent position in the front yard.
- Took care of it.
- Made customized innovations.
- Made use of it.
- Arrangements were mostly done by the males in the household.

Stand to keep washing facility

String for stopper

Roof cover to protect from sunlight

Contents

4.2.1 Physical Environment

Finding

The new facility was found to be convenient and child friendly.

Convenience for all: Everything at one place.

"I don't have to find where the jug is. Just go and wash."

Caregiver CU9
Shebe

"The water is already there. I can wash it when I want to."

Mother of schoolgoing CU9
Agarfa

"You can relax. You can just open the tap and use." -

Caregiver PWD

Children can wash by themselves

"Previously I had to support my child with water and soap. This facility saves my time as they take themselves."

Mother CU9
Shebe

"Children wash automatically, I don't need to remind. Once they see it, they wash."

Mother of school going CU9
Shebe

"It is easier for children. They can only open the tap, wash and close it."

Caregiver PWD

Contents

Drainage systems designed to manage wastewater and keep the yard dry and clean

Research findings

Washing Facility Behaviour Trials

Finding

New washing facility - issues to consider

Water use – Just open the tap or stopper and use it continuously. During the entire performance of the behaviour, water keeps flowing. This may have to do with learning to use a new tool – ease of opening and closing.

Getting a tap properly fixed on the jerry can is difficult. Taps are also seen to be expensive, some said it could cost 300 Birr, and kids may break the tap.

Contents

4.2.1 Physical Environment

Soap and Soapy Water

Soapy water – They are familiar with it, and many prefer it over a bar of soap

“It saves soap, it is convenient to use, and it is so easy to make this.”


Caregiver PWD


Agarfa

“You keep soap on the ground, and it gets dirty. So, you have to wash it before using it. But the bottle is closed, so it stays fine”


Caregiver, school going CU9


Agarfa

Contents

4.2.2 Executive Brain

Finding

Community members don't believe they are at risk for contracting Trachoma.

There is knowledge of the adverse impact of Trachoma, i.e. blindness.

However, most people do not know of anyone who has gone blind from Trachoma or even had Trachoma.

Even the few that knew of someone with an eye illnesses, were not clear what illness it was - if it was Trachoma or something else.

"We have all this knowledge, but we don't practice it."

FGD Men

Shebe

Finding

Community members have incomplete knowledge about Trachoma

While there is knowledge of impact, transmission, prevention, and treatment it is not complete. For instance, many see environmental cleanliness (latrine use, clean yards, solid and liquid waste management) as important but not hand or facial cleanliness. Respondents were exposed to a film on Trachoma, see here (link).

After watching the film, there are some new learnings usually- the aspect of sun or air drying of face, washing two times, cleaning whenever there is discharge, Trachoma can be treated if caught early etc.

Being able to see it visually, vis-à-vis just hearing from Health Extension Worker (HEW), seems to make it clearer and easier to understand.

Contents

Finding

Caregivers wash the face and hands to keep them clean, not for health.

Why do you wash the child's face?

"Face is exposed to all kinds of dust and dirt, through the day"

Mother of CU9

Shebe

Why do you wash the child's hands?

"Children touch all kinds of things at school, maybe dusty and dirty. So, we don't allow her to eat without washing."

Mother of CU9
Agarfa

Contents

4.2.2 Executive Brain

Finding

Caregivers feel happy to see the clean faces of children.

“Before his eyes would have discharge. It looks nice now.”

Mother of CU9
Shebe

“When I see the child after cleaning, I feel very happy.”

Mother of CU9
Agarfa

“When I wash regularly, the baby’s face looks clean, and I feel confident in giving the baby to my sister to care for.”

Mother of CU9
Shebe

“See how beautiful the children’s faces look. Please tell the mother to continue this.”

Grandmother of CU9
Shebe

Contents

4.2.3 Motivated Brain

Imagined futures: Clean Vs. Dirty

When probed on the possible future lives of a child that is always clean versus a child that stays dirty, the following were the responses :

Clean Child (Future)

- Has a bright future, aspires for good things
- Participates in school, active, performs well
- Becomes doctor or pilot or teacher or government administrator
- Will marry someone similar, a doctor or any other good person
- Will live in a model home
- Good citizen, Model for the others, He will benefit himself, his family and the country

Dirty Child (Future)

- Has no vision for future
- Lazy in education, low self-esteem
- Becomes a farmer or thief
- Marries a beggar or daily labourer, someone with low economic status or divorced
- Their home will be unclean.
- Negative role-model

Contents

4.2.3 Motivated Brain

Finding

Caregivers resonated deeply with the motive of nurture.

Long-term investment – teach good, clean habits for success in life

"Just as good soil gives good plants, so good parents who give good care, education, manners, develop good child."

FGD Men
Shebe

"For a child to achieve a good position in life, family needs to provide long-term support."

FGD Women
Shebe

"She is imitating her mother washing face and hands."

FGD Women
Shebe

Respondents were exposed to HWWS film from SNV Laos

They want to be like the parents in the film.

"Her father is teaching her wherever he goes."

FGD Men
Shebe

"Can take it as a lesson for (how to bring up) our children."

FGD Men
Shebe

Contents

4.2.3 Motivated Brain

Finding

Caregivers were disgusted by a childs dirty face.

When exposed to the photographs, there was clear and strong disgust – Looking away from the photographs, spitting. There was greater disgust among women than men.

“This is disgusting.”

FGD Women
Shebe

“I can’t see this, I have to vomit.”

FGD Women
Shebe

“Don’t feel like looking at the photograph.“

FGD Women
Shebe

Research findings

Contents

4.2.3 Reactive Brain

Finding

Caregivers found the reminder diary useful.

It is helpful in reminding – like a checklist.

"It helped me to remember to tell them to wash."


Mother of CU9


Shebe

"When I see it, I remember I need to wash my baby."


Mother of CU9


Shebe

It is rewarding for the mother.

"When I look back it feels good to know that I am washing my child's face regularly."


Mother of CU9


Shebe

Contents

Finding

Caregivers and children found the mirror useful.

It helps to see if the face is really clean after washing.

"It gives us confidence when we look at the face. If there is something in the face, we can remove it."

Mother of CU9
Agarfa

"I see that my son checks his face in the mirror after washing his face. When he sees any dirt or soap left over, he washes again until its properly clean."

Mother of CU9
Shebe

Contents

4.3

Touch points

We already knew from previous research (FR 2023 and Household Baseline 2023) that the community is best reached by and receive health related information from the health workers. So, we specifically explored Health Extensions workers, and Women Development Army. We also explored possibilities of engagement of the school by talking to School leaders, WASH Focal teachers and WASH Club members. We also spoke to religious leaders; and explored effective ways to reach persons living with disabilities. We share here what we found about reach and engagement of different touch points.

Key research questions

HEW and WDA :

- Is Trachoma a priority? How can we influence it? What are the levels of skill and motivation of HEW and WDA?
- How can we ensure that HEWs and WDAs focus on Trachoma in their workflow? How do they plan and monitor WDA activities?
- Can HEW conduct group meetings for community? Household visits? Training for WDA?

School :

- How could school leader and WASH focal teachers engage with Trachoma prevention activities?
- Is it possible to include F&HWWS as a routine before school feeding?

PLWD :

- What channels exist for PLWD that can be used for Trachoma prevention?

Religious Leaders :

- What role can religious leaders play – messaging, providing soap/water at place of worship, any other?

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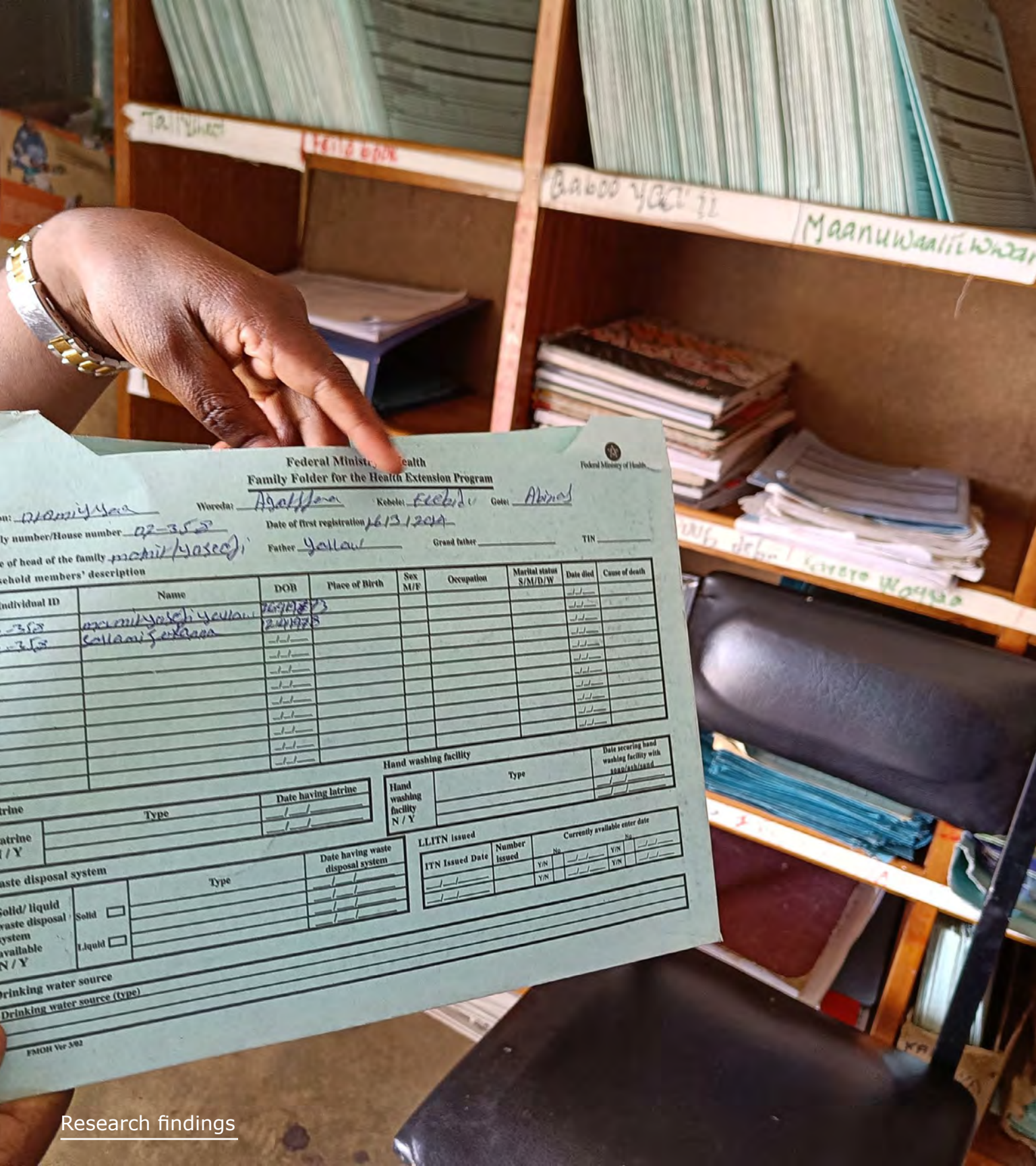

Research findings

Finding

HEW are busy but willing to support Trachoma elimination activities

There are 1 to 2 HEWs per Kebele and they are open to supporting Trachoma prevention work, as it falls within their mandate.

HEWs are busy juggling several priorities and it usually takes them 3 to 4 months to complete one visit per each household in their area.

They are willing to support a community event at the school and supervise household follow-up through the WDA network of 1 to 5 or 1 to 10.

Contents

Finding

School leaders are willing to support Trachoma prevention activities.

School leaders are willing to host events/sessions with community; help monitor activities; and making announcements with mini media kit. They are also open to reminding children to include F&HWWS in the regular Friday announcements for cleanliness and have a mass-level checking for clean faces. They are also willing to allocate some marks for clean faces and hands in the report card.

It is challenging to include F&HWWS before school feeding as water availability is insufficient and unreliable and would need support.

Wash focal teachers mentioned they would like to have refresher training, training focused on Trachoma and other NTDs, HIV; visual aids such as Flipchart and Manuals.

Religious leaders were willing to endorse a Trachoma campaign and offer space to host a session by HEW, at the place of worship. They were reluctant to include the message in their sermons/teachings, as they don't feel that they are an authority on health topics.

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4.4

Creative Concepts

As we already had some idea about the determinants from previous research (FR 2023 and Household Baseline 2023), we included some overall campaign ideas in the Creative Development Research. Here we present the response from the target persons – male and female caregivers of children under nine.


ittisa ulfaa adda addaa, gorsaa fi tajaajila mijaawaa dhiheessudha.
4.Waa'ee itti fayyadama kondoomii barsiisuu fi dhiheessuu
5.Tajaajila gorsaa fi qorannoo(kan ulfaa,qorannoo
fi gorsa HIV) kennuu
6.Qorannoo dhukkuboota naafsaalaa, wal'aansa, ittisuu fi to'aachuu
irratti tajaajila gorsaa kennuu.
7.Tajaajila kunuunsa da'umsa duraa,da'umsaa,da'umsa boodaa fi
akka HIV hadha irraa gara mucaatti hin dabarreef tajaajila
ittisu kennuu.
8.Tajaajila ulfa hin barbaachifne baasuu fi baasanii booda
tajaajila akka argataniif gara buufata fayyaatti erguu.
9.Guddattootaaf talaallii ittisaa boquu gogsuu fi qoricha
ittisa hir'ina dhiigaa kennuu.
10.Maatii fi guddattoota gidduu mariin waa'een fayyaa hormaata kana
ifa ta'een akka gaggeefammuu fi barumsa kennuu
11.Dhaabbilee fayyaa Sad arkaan jirani giinsa
fi sirna barbaachisu hun

Contents

4.4 Campaign Creative Concepts

Concept: Clean home competition

Everyone wants to participate: Care for family, learning, Role model for community

Concept

5-star home/clean home

1. Clean environment, no visible faeces.
2. Latrine with a fly-proof cover
3. Hand wash facility with water and soap.
4. Hand wash facility accessible to PWD
5. Children's faces are clean without snot or flies

Recognition

Certificate and Flag

Response

1. All caregivers were very keen to participate in the competition - fathers, mothers and grandmothers.
2. Caregivers expressed a desire to participate to learn more about how to maintain better cleanliness, to care for the family.
3. Caregivers expressed the wish to become role models for others with their exemplary cleanliness.

“Its good to have a comfortable and clean environment - children don’t get sick, and we feel confident when visitors come home. We feel happy.”

FGD Women

Shebe

“We already have improved sanitation, so we can win this competition. Keeping cleanliness is important, we can become a role model and contribute to our neighbours.”

FGD Women

Shebe

Contents

4.4 Campaign Creative Concepts

Concept: Good habits course for mothers

Concept

In the good habits course, mothers will learn how to teach good habits to their children.

Six sessions. There will be one session every week for 90 minutes.

Good habits related to keeping themselves clean and healthy such as bathing, washing faces and hands with soap.

Recognition

Certificate

Response

Everyone interested to participate. They hope to learn a new, modern way to raise their children:

“We have learnt to raise our children in a traditional way. We are hoping to learn a modern way to raise children.”

FGD Women
Agarfa

“We will be able to keep our children clean. They will grow well.”

FGD Women
Shebe

Contents

4.5 Campaign Creative Concepts

Concepts for School

Clean school competition

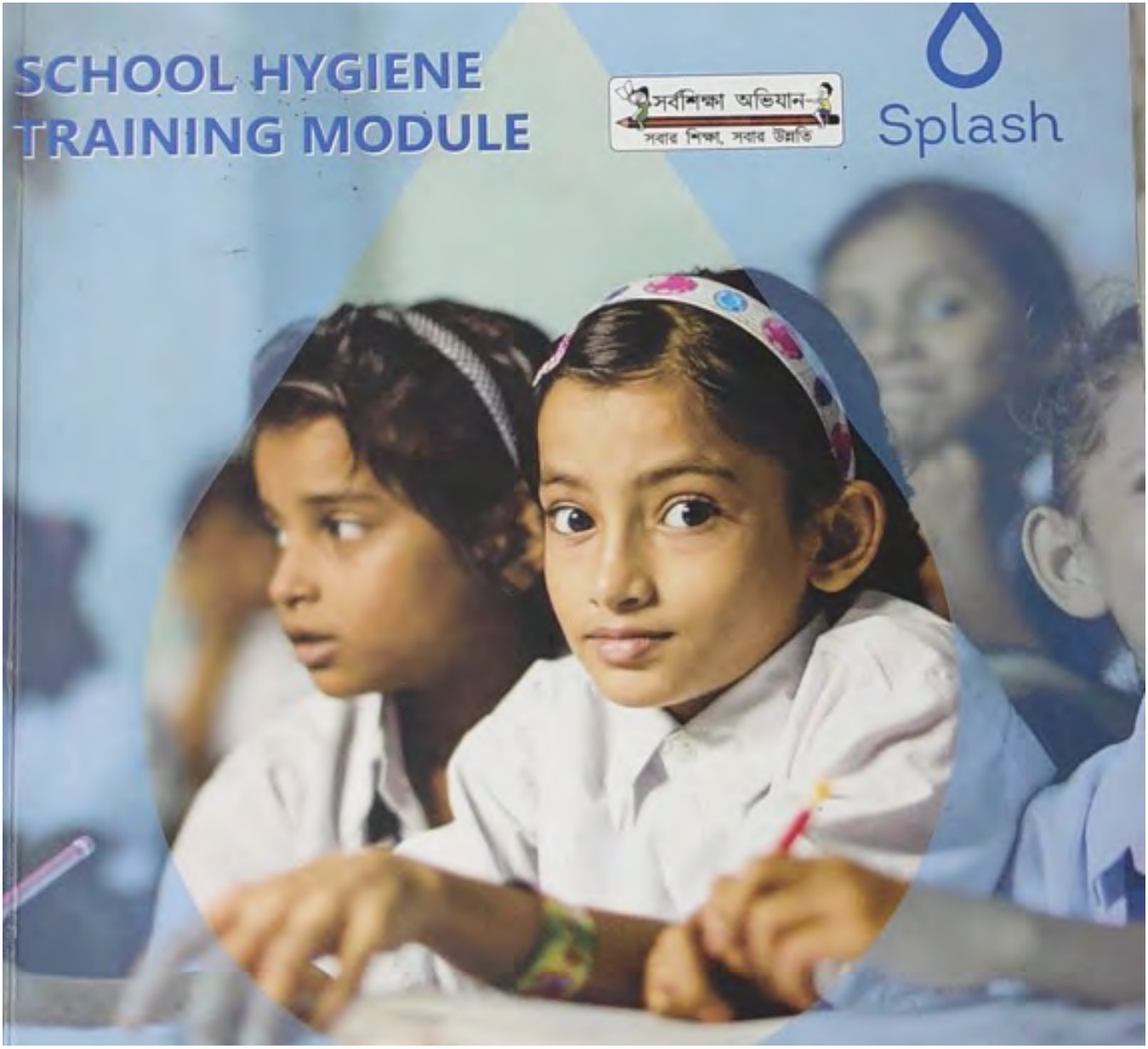
Similar standards to the clean home competition for homes.

Interested: Yes.

School leaders learning network

The school leaders network will have 6-8 schools from Kebeles from within a region. Once a month, the school leaders will meet with other school leaders in the network for 2 hours. The meeting will be facilitated by a mentor.

Interested: Yes.



WASH Curriculum

A curriculum of activities related to WASH that teachers can conduct with students.

Interested: Yes.

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Conclusions

5

Contents

Target behaviour

Key finding	Recommendations
Face and hands are washed, often together, three times a day. Both parents play a role in childcare and F&HWWS, but mothers are more engaged on a daily basis.	Promote hand and face washing with soap, together, 3 times a day – in the morning before breakfast, in the afternoon before meal or after returning from school, and in the evening before eating. Target both parents – fathers for provision and mother for performing and supervising target behaviours.

Physical Environment

Key finding	Recommendations
There is usually no fixed facility near the kitchen, bowl and jug used as and when required. Soap is not stored in any fixed location. Soap, and water have to be brought together for washing, with no specified place for washing or drainage of water.	Promote setting up hand wash facility in the yard, with provision for soap/soapy water and drainage so that washing becomes convenient with all required items available in one specified place.

Executive Brain - Knowledge and beliefs

Key finding	Recommendations
The perceived risk of contracting Trachoma is low in the community. While there is knowledge of impact, transmission, prevention, and treatment of Trachoma, it is not complete. There is strong awareness of Environmental cleanliness as important but not hand or facial cleanliness and its role in Trachoma prevention.	Enhance awareness of symptoms and prevalence of Trachoma, using audio-visual media.

Motivated Brain

Key finding	Recommendations
Washing of hands and faces is done for maintaining cleanliness, not for health. Caregivers feel happy to see clean faces of children.	Use nurture to motivate caregivers to wash and supervise washing of face and hands by children.

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Reactive Brain-Reminders & Rewards

Key finding	Recommendations
Reminders for F&HWWS are missing. Faces are not checked for to see if they are free of discharge after washing.	Use reminders and rewards such as diary and mirrors.

Touchpoints

Key finding	Recommendations
While HEWs have the best reach, it would take 3 to 4 months to contact each household once, and they have multiple activities to complete. Schools are open to hosting events for Trachoma prevention. Religious leaders are influential and willing to support Trachoma prevention but would like the support of HEWs for talking about specific messages.	Use the school with support from HEW and WDA to trigger and follow up habit building of face and hand washing behaviours. Engage Religious leaders to endorse Trachoma prevention activities.

Campaign creative concepts

Key finding	Recommendations
Target persons responded positively to the Clean Home competition as well as the Good Habits Course. School leaders liked the concepts of Clean School competition as well as the learning network, and were interested in the WASH curriculum.	The clean home competition is effective and doable within project context.

Annexure

Research tools

You can access all the research related documents in the links below:

Research guides and tools

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Contents