



Photo: Jeddiah Snyder, Emory University

Andilaye

Impact of enhanced, demand-side sanitation and hygiene promotion on sustained behavior change and health

policy brief

One year follow-up: Summary of *Andilaye* Impact Evaluation findings and recommendations



- **Project:** Andilaye "Togetherness" in Amharic
- **Location:** West Gojjam and South Gondar Zones of Amhara, Ethiopia
- **Target Population:** Rural and peri-urban households
- **Implementing Partners:** Amhara Regional Health Bureau
- **Funders:** World Bank, International Initiative for Impact Evaluation (3ie), The Children's Investment Fund Foundation (CIFF)

Key Messages

- The *Andilaye* intervention is theoretically-grounded and empirically-informed. Despite some gaps, fidelity remains relatively high.
- Given the timeline, it is too early to assess the impact of the intervention on the sustainability of improvements in key water, sanitation, and hygiene (WASH) practices; however, some one year follow-up findings provide early indications of the potential promise of the intervention.
- Data collected from a two year follow-up in mid-2019 will provide important, actionable findings and policy recommendations.

The Project The *Andilaye* project (Amharic for "togetherness") leverages behavioral theory and formative research to inform the design of a novel demand-side sanitation and hygiene intervention. We are in the process of evaluating the impact of the *Andilaye* intervention on sustained behavior change and mental well-being in Amhara, Ethiopia. This project is timely in that it is being carried out as Federal Democratic Republic of Ethiopia's Ministry of Health is critically reviewing the design and execution of its Health Extension Program and principal components, including community-led total sanitation and hygiene (CLTSH).

The Study The *Andilaye Impact Evaluation* is designed as a cluster-randomized controlled trial with 25 communities or 'kebeles' receiving *Andilaye* intervention activities, and 25 *kebeles* receiving the status quo (established roll-out of CLTSH) in three districts (*woredas*) of Amhara, Ethiopia. A total of 1,592 households were enrolled in the study during baseline data collection in March-April 2017. Surveys were administered to study households again during March-April 2018 to assess the impact of the *Andilaye* intervention and examine the study's evaluation questions one year later (midline). A two year follow-up (endline) will be conducted during March-April 2019 to assess whether sustained behavior change resulted from the *Andilaye* intervention. Findings and recommendations presented here are from midline data collection. The final evaluation will be complete in August 2019 following the collection of endline data.

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Timeline Implementation of *Andilaye* intervention activities began in September 2017 and will continue, with a focus on behavior change catalyzing activities, through and beyond midline (March-April 2018). Intervention activities will transition to behavior change maintenance activities shortly thereafter, as dictated by household and community progress, and continue until endline (March-April 2019).

Specific findings for policy and practice Given the timeline, it is too early to assess the impact of the intervention on the sustainability of improvements in key WASH practices; however, some midline findings provide early indications of the potential promise of the intervention.

- We noted some gains in key behaviors (handwashing stations with soap, handwashing after defecation, improvements in many latrine characteristics) and impact on mental well-being that we will need to explore further at endline
- There is a need for approaches that enhance CLTSH and focus on behavioral maintenance. Our endline data collection will attempt to assess not only behavior change, but behavioral maintenance
- We have developed tools that address behavioral antecedents of our targeted behaviors. We expect that further analysis will yield usable tools that could be used for future WASH evaluations
- The use of behavioral theory and a structured approach to intervention development, that incorporated stakeholder feedback, yielded important guidance for the selection of target behaviors, identification of indicators of behavior change, and overarching design of our intervention approach
- There is a need to coordinate WASH activities, and readily target behaviors that can mitigate neglected tropical diseases endemic to Ethiopia within WASH programming. We have demonstrated that it is feasible to develop a holistic WASH intervention that incorporates neglected tropical disease-preventive behavior change components
- Our intervention focuses in part on capacitating Women's Health Development Army leaders (WDALs). However, of the 25 intervention *kebeles*, the WDAL structure is fully functional in less than half. There is a need to further strengthen the WDAL system and explain what duties and responsibilities they should have as volunteers
- Data from the midline and feedback from WDALs and Health Extension Workers (HEWs) suggest that there is limited support from Cluster Health Center (CHC) HEW Supervisors and *Woreda* Officials for WDALs. There may be a need for more integration of activities during provision of supportive supervision to HEWs and WDALs

Learn more about the *Andilaye* intervention

Project website - <http://www.freemanresearchgroup.org/andilaye>

The *Andilaye* intervention was developed by Emory University, in partnership with the Federal Ministry of Health, the Amhara Regional Health Bureau, and relevant Zonal Health Departments and *Woreda* Health Offices. Funding for the project is provided by World Bank, International Initiative for Impact Evaluation (3ie), and Children's Investment Fund Foundation (CIFF).

Year One Activities

Sensitizing and action planning workshops

- To orient key stakeholders to the *Andilaye* intervention and engage them in intervention action planning so as to generate buy-in and foster an enabling environment in which the intervention can be implemented.

Whole system in the room and action planning

- To engage key community stakeholders, orient them to the *Andilaye* intervention, and facilitate their involvement in intervention action planning. This participatory approach aims to generate buy-in and foster an enabling environment (i.e., social opportunity) in which the *Andilaye* intervention can be supported and effectively implemented for a "strong, caring, healthy community."

Skills-based training of the trainers

- To provide skills-based training to HEWs, CHC HEW Supervisors, and *Woreda* Officials on household-level intervention activities, supportive supervision, and on-the-job-training so HEWs can, in turn, effectively train WDALs on the implementation of household-level activities and provide supportive supervision.

Skills-based training of Women's Development Army Leaders

- To provide skills-based training to WDALs on household-level intervention activities, as detailed in the training of the trainers for HEWs, CHC HEW Supervisors, and *Woreda* Officials.

Community mobilization and commitment events

- To shift social norms (including community by-laws and sanctions), and improve action knowledge, barrier identification and planning, and attitudes regarding targeted WASH behaviors through a form of contextually appropriate and interactive edutainment.

Household counseling visits with caregivers

- To provide personalized counseling to caregivers to equip them with the knowledge, skills, and motivation necessary to develop improved WASH practices. To foster action capacity, self-efficacy, and barrier planning so caregivers maintain the improved WASH practices.

Year Two Activities

Intervention activities will transition to behavior change maintenance activities, as dictated by household and community progress, and continue until the two year follow-up in March-April 2019. In addition to ongoing counseling visits with caregivers, key activities include review meetings and refresher trainings.