



Andilaye Intervention Manual: A how-to-guide on implementing intervention activities

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Purpose of the *Andilaye* Intervention Manual

The purpose of the “*Andilaye* Intervention Manual” is to provide a detailed outlined of each *Andilaye* intervention activity and its behavior change strategy so: (1) key stakeholders can implement the *Andilaye* intervention with fidelity, and (2) public health practitioners, government officials, and other relevant stakeholders are able to effectively adapt the intervention or scale it in other regions of Ethiopia and perhaps beyond. This manual presents all behavior change catalyzing and maintenance activities that have been developed and tested by Emory University and Ethiopian partners as part of the *Andilaye* Trial.

The manual provides a comprehensive instructional guide for [all *Andilaye* intervention activities](#) including:

- **Description of the behavior change approach**
- **Access to all tools and materials (in English and Amharic) and guidance on their use**
- **Methods of delivery and implementation (including activity checklists)**
- **Process indicators to guide assessment of quality and integrity of intervention**

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Why Andilaye?

Poor water, sanitation, and hygiene (WASH) behaviors are key drivers of infectious disease transmission and adverse mental well-being. While WASH is seen as a critical enabler of health, important knowledge gaps related to the content and delivery of effective, holistic WASH programming exist:

- **Sustainability of CLTSH:** Community-led total sanitation and hygiene (CLTSH), the key approach to improving sanitation coverage and utilization in Ethiopia, has facilitated considerable changes in coverage of basic sanitation. However, some of these gains have not been sustained
- **Behavioral slippage:** WASH programs, more broadly, have focused on catalyzing initial behavior change, and have placed little, if any emphasis on the habituation of improved behaviors and behavioral maintenance. Such approaches have fostered behavioral slippage, or regression back to unimproved behaviors and practices
- **Negative motivators:** CLTSH largely focuses on leveraging shame to change norms around open defecation, but these negative affective motivators may not be the most appropriate or effective drivers of change, and may actually erode mental well-being and leave communities with negative impressions of CLTSH initiatives
- **Achievable goals:** Behaviors and facilities promoted by existing programs are aspirational but require considerable effort and/or capital investment to achieve. A focus on small, incremental improvements in WASH practices and facilities may be viewed as more achievable by program participants, particularly in low resource settings, and as such, may garner greater success
- **Over-burden of HEWs:** Health Extension Workers (HEWs) charged with implementing CLTSH have many responsibilities, few tools, and little capacity to continually reinforce messages. Although Cluster Health Centers (CHCs) are expected to closely support and monitor HEWs, due to a number of reasons, there is limited support extended to them
- **WASH-NTD programming:** Siloed approaches within the health and development sectors, namely WASH and those vertical programs involved in the control and elimination of neglected tropical diseases (NTDs), prevent the integration and harmonization of NTD and WASH behavior change initiatives

In response to these challenges, Emory University and partners developed a theoretically-informed, evidence-based behavioral intervention called **Andilaye - Amharic for “togetherness/integration.”**

Overview of the intervention design process

The *Andilaye* intervention encompasses the sentiment of the theoretically-informed and evidence-based intervention that Emory University and its consortium partners (“*Andilaye* team”) developed as part of the [Andilaye Impact Evaluation](#) (i.e., **Andilaye Trial**¹). Figure 1 provides an overview of the process used to design the *Andilaye* intervention. In accordance with USAID’s TOPs Theory of Change development process², qualitative and quantitative data from our formative research were used to generate problem and accompanying solution trees for select behavioral themes targeted for intervention (sanitation, personal hygiene, and household environmental sanitation). These trees formed the foundation of an intervention mapping process. Key stakeholders from the Federal Democratic Republic of Ethiopia Ministry of Health (FMOH), the Amhara Regional Health Bureau (ARHB), Zonal Health Departments,

¹ *Design of a parallel cluster-randomized trial assessing the impact of a demand-side sanitation and hygiene intervention on sustained behavior change and mental well-being in rural and peri-urban Amhara, Ethiopia: Andilaye study protocol.* BMC public health 19.1 (2019): 801

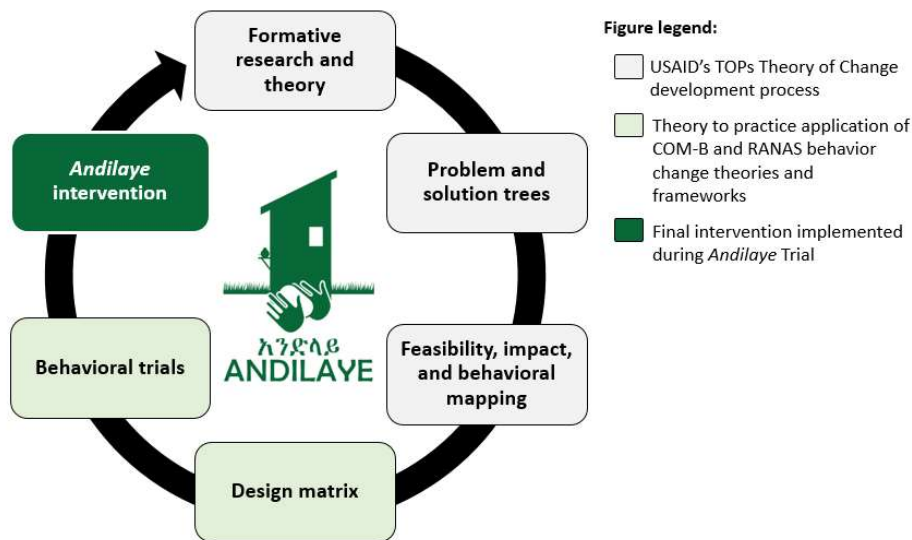
² *Designing for Behavior Change For Agriculture, Natural Resource Management, Health and Nutrition*, 2013

Woreda Health Offices, and other stakeholders from non-governmental, multi-lateral, and donor organizations provided feedback on the trees during an intervention design workshop held in Bahir Dar in April 2017 (see the meeting report [here](#)). Subsequent to breaking out into groups to discuss the trees, and presenting suggested modifications, the workshop participants weighed in on which of the factors presented in the solution trees were the most feasible to implement, and which were presumably the most impactful. Problem and solution trees resulting from this process can be found [here](#).

After the intervention design meeting, the *Andilaye* team completed formal intervention mapping. The first step of this intervention mapping process involved leveraging the refined problem and solution trees to identify overarching behavioral antecedent and determinant categories presented in the trees as well as the behavioral factors each tapped. Behavioral antecedents are precursors that need to be addressed before behavioral change and maintenance can occur. These include psychosocial factors such as attitudes and normative beliefs regarding improved practices, perceived and actual abilities to perform improved practices, self-regulation, and intentions to initiate and maintain the adoption of improved practices. Behavioral determinants reflect physical and contextual conditions, such as water availability and facilities access, which mediate the adoption and translation of behaviors into the execution of improved practices. The team then generated a list of possible activities that tracked to intervention techniques that would appropriately address those behavioral factors, per the *Andilaye* behavioral framework.³ A summary of behavioral drivers for each domain and related behavior change techniques mapped out using behavioral theories and frameworks can be found [here](#).

The team then returned to formative research communities to conduct a series of behavioral trials, during which various intervention activities, tools, and approaches were tested among formative research households and with potential community change agents. These trials gave community members and potential change agents a voice, and an opportunity to weigh in on the initially proposed *Andilaye* intervention. Feedback from households, community change agents, and other community leaders was used to refine the *Andilaye* intervention approach and accompanying behavioral tools.

Figure 1. Overview of the *Andilaye* intervention design process



³ The *Andilaye* behavioral framework reflects a compilation and adaptation of the *COM-B* and *RANAS* frameworks

Description of intervention

The *Andilaye* intervention is unique in that it takes a **positive, encouragement approach** to behavior change by promoting **incremental improvements** in behavior, and incorporates **behavioral maintenance strategies** to foster sustained behavioral change. The intervention – informed by rigorous, theoretically-driven formative research – **addresses issues related to over-extension of HEWs** through the engagement of additional community change agents as mechanisms for intervention delivery and was designed to be incorporated into prevailing programs, specifically CLTSH and Health Extension Program (HEP) more generally, to **complement existing efforts in Ethiopia**.

Andilaye's intervention motto, ***“Together we can be a strong, caring, healthy community,”*** and related intervention components offer aspirational messages that emphasize the need for collective action to make positive change in the community and use verbal persuasion to enhance collective efficacy perceptions. The intervention focuses on three behavioral themes, informed by formative research: (1) **sanitation**, (2) **personal hygiene**, and (3) **household environmental sanitation**. Within these themes are 11 constituent practices targeted by the intervention (see below). This intervention emphasizes that behaviors usually represent a collection of practices, and while the *Andilaye* intervention promotes 11 constituent practices of interest, these practices represent only three **NTD-preventive improved WASH behaviors** which specify all necessary practices required to adopt the related improved behaviors.

Sanitation

- Construct a long-lasting latrine that is comfortable and hygienic
- All household members use a latrine every time they defecate
- Immediately dispose of children's feces into the latrine
- Repair your latrine whenever it is damaged
- Upgrade your latrine so it becomes more long lasting, comfortable, and hygienic
- Close your pit when it becomes full and reconstruct a new latrine

Personal hygiene

- All household members wash their hands with water and soap or soap substitute AFTER handling animal and human feces, even children's feces
- All household members wash their hands with water and soap or soap substitute BEFORE handling food
- All household members wash their faces with water whenever they are dirty and use soap when it is available

Household environmental sanitation

- Keep all animals separated from the house
- Keep the household compound clean by disposing of all animal feces and other waste on a DAILY basis

Intervention target audience

While primary caregivers comprise the intervention's primary target audience, we designed the intervention to address intra- and inter-personal behavioral factors and promote behavior change among all household members and the community at large.

Intervention activities

Andilaye intervention **activities operate at four levels – district, community, group, and household** (Table 1, Figure 2) – and employ a variety of behavior change and maintenance techniques. Related intervention components leverage several motives to address behavioral antecedents and determinants at various levels of influence.

District-level activities

Prior to activity roll out in the community, the *Andilaye* intervention commences with district-level capacity building activities, such as action planning and training of trainers and intervention activity facilitators. Further, district-level refresher trainings and adaptive management activities are conducted to reinforce previously acquired knowledge and skills, address trainer/facilitator turnover, and review successes and address challenges faced in implementing group and household level activities.

Community-level activities

Community-level activities include the 'whole system in the room'⁴, community mobilization and commitment events, and cross-fertilization visits. These activities are intended to engage community stakeholders in action planning, create an enabling environment in which change may occur, and address inter-personal factors related to public commitment, social norms, and social support related to improved practices, among others.

Group-level activities

Group-level activities such as structured community conversations, provide further opportunity for peer-to-peer counselling and support. These activities serve to address action knowledge and capacity, enhance barrier identification and planning, shift perceptions regarding empirical expectations, and improve perceptions regarding individual and community capabilities (e.g., self-and collective efficacy appraisals).

Household-level activities

Household-level counselling visits by WDALs provide personalized counselling to caregivers to equip them with the knowledge, skills, and motivation necessary (e.g., individual and household goal setting and monitoring [self-regulation], self-efficacy, tailored barrier identification and planning) to adopt and maintain improved WASH practices.

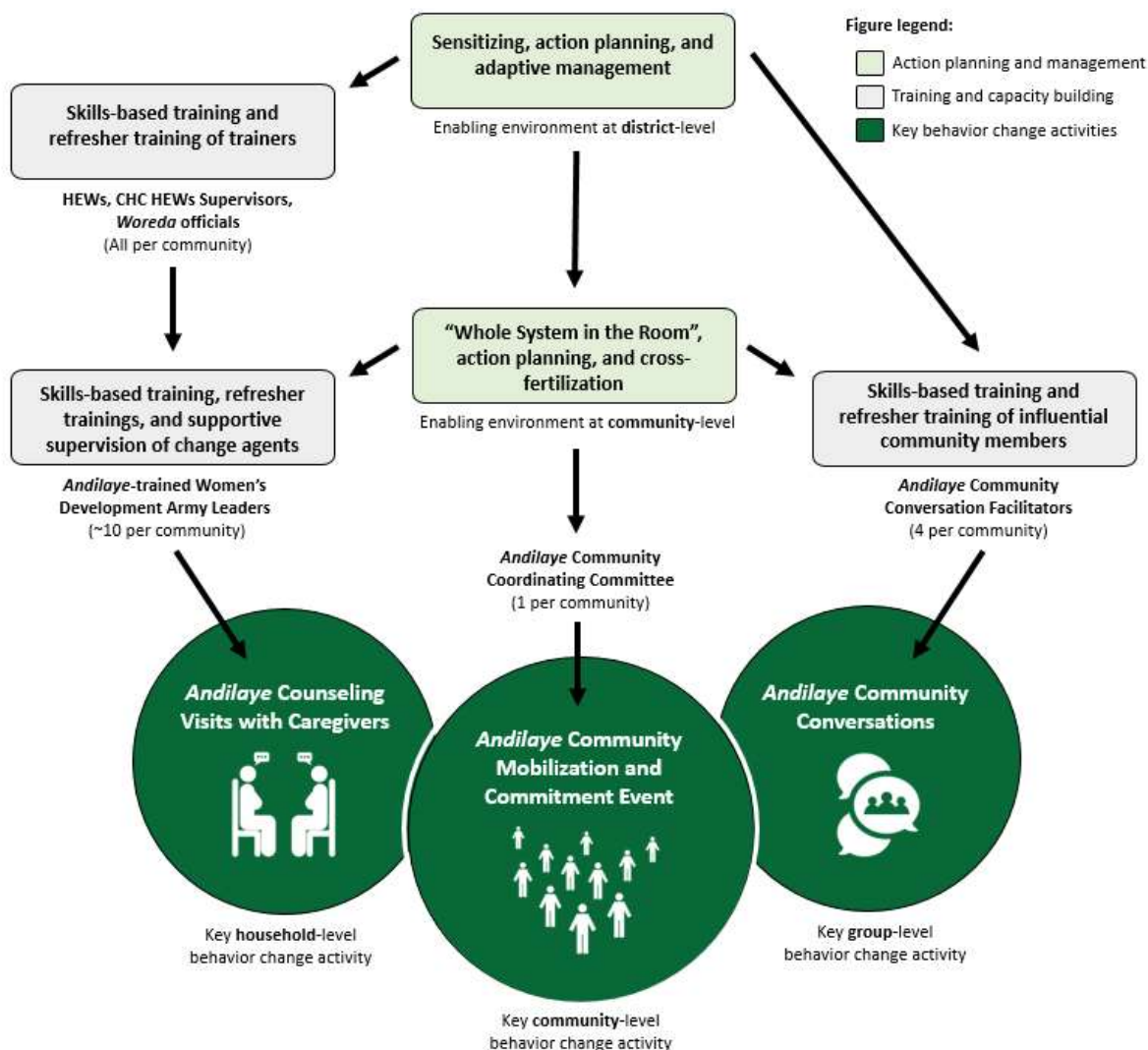
⁴ Federal Democratic Republic of Ethiopia Ministry of Health, 2012

Table 1. *Andilaye* intervention behavioral change catalyzing and maintenance activities

	Activity	Aim
District	Sensitizing and action planning workshop	To orient key stakeholders to the <i>Andilaye</i> 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.
	Skills-based training of the trainers (ToT) for HEWs, CHC HEWs Supervisors, <i>Woreda</i> officials	To provide skills-based training to HEWs/CHC HEWs Supervisors/ <i>Woreda</i> officials on household (HH)-level intervention activities, supportive supervision, and on-the-job-training so HEWs can, in turn, effectively train WDALs on the implementation of HH-level activities and provide them with supportive supervision and on-the-job training.
	Training of community conversation facilitators	To provide comprehensive facilitator training to selected <i>gott</i> and <i>kebele</i> stakeholders on the ‘community conversations’ group-level intervention activity.
	Skills-based refresher training for supervisors and facilitators	To reinforce previously acquired knowledge and skills and address trainer/facilitator turnover. Prior experience indicates that such trainings serve to sustain actor motivation and further strengthen capacity.
	Adaptive management workshops	To leverage monitoring data to facilitate evidence-based, controlled, and documented operational-specific modifications during critical program moments (i.e., “change gates”). To improve intervention outcomes and resource management by learning from monitored program outcomes.
Community	Whole system in the room and action planning	To engage key community stakeholders, orient them to the <i>Andilaye</i> intervention, and facilitate their involvement in intervention action planning. This participatory approach aims to generate community-level buy-in and foster an enabling environment (i.e., social opportunity) in which the <i>Andilaye</i> intervention can be supported and effectively implemented for a “ <i>strong, caring, healthy community.</i> ”
	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 HEWs Supervisors, and <i>Woreda</i> officials.
	Skills-based review meetings and refresher trainings for Women’s Development Army Leaders	To reinforce previously acquired knowledge and skills, address WDAL turnover, and review successes and address challenges faced in implementing counseling visits with caregivers. Prior experience indicates that such trainings serve to sustain actor motivation and further strengthen capacity.
	Community mobilization and commitment event	To improve action knowledge, barrier identification and planning, and attitudes regarding targeted NTD-preventive WASH behaviors through a form of contextually appropriate and interactive edutainment. To initiate the process of shifting social norms through community-generated and managed by-laws and sanctions and public commitment thereof.
	Cross-fertilization visits	To provide an opportunity to share experiences across different intervention communities – to address common implementation bottlenecks, propose solutions, and share perspectives on preliminary behavior change and health outcomes.
Group	Community conversations	To change factual beliefs and attitudes, enhance action knowledge, improve perceptions of capability, identify and make plans to overcome barriers, and shift social norms regarding targeted behaviors through community group dialogue. To carry out demonstrations that address key factors associated with both breaking away from unimproved practices and adopting improved sanitation and hygiene practices.

	Follow-up community conversations	To generate community-level dialogue regarding nuanced issues associated with maintenance of improved practices and barriers thereof through a follow-up round of community group dialog. To carry-out demonstrations related to behavioral maintenance issues.
Household	Counseling visits with caregivers	To provide personalized counseling to caregivers to equip them with the knowledge, skills, and motivation necessary to adopt improved WASH practices. To foster action capacity, self-efficacy, and barrier planning so caregivers maintain the improved WASH practices.
	Follow-up barrier planning counseling visits with caregivers	To provide continuous follow-up to households such that the house graduates from counseling related to initial adoption of improved practices to counseling related to behavioral maintenance skills. These visits will progressively focus more and more on specific barrier identification and planning skills so the caregiver can maintain his/her improved WASH practices, especially as personal setbacks, systemic shocks, and other obstacles arise.

Figure 2: Diagram summarizing the *Andilaye* intervention



Intervention behavior change tools

Illustrations developed for *Andilaye* intervention's behavior change tools were produced by an artist based in Ethiopia and were informed by our formative research. We employed a cognitive validation process, through which we obtained feedback from potential participants and implementers (e.g., WDALs, HEWs) regarding comprehension and ease of use of the materials, to ensure the behavior change tools were locally appropriate and acceptable. Emory University oversaw the development of all behavior change tools used for the *Andilaye* intervention. The description and function of key behavior change tools developed for community, group, and household-level *Andilaye* intervention activities are provided below.

Community-level: *Andilaye* Community Commitment Banner

This banner is used during the *Andilaye* community mobilization and commitment event to guide a discussion on and facilitate community commitment for the adoption of improved WASH behaviors and practices aligning with each *Andilaye* intervention behavioral theme (sanitation, personal hygiene, and household environmental sanitation). Community members willing to commit to community goals and cooperating with *Andilaye* community change agents (e.g., WDALs, HEWs, community conversation facilitators) signify their commitment by leaving their mark (e.g., ink thumb print or maker signature) on the empty space of the banner. See [Amharic](#) and [English](#) versions.

Group-level: *Andilaye* Community Conversations Flipbook

This illustrative flipbook is used by selected *gott/kebele* stakeholders to guide *Andilaye* community conversations and follow-up community conversations. The flipbook contains information regarding the ideal way to perform the 11 targeted WASH practices promoted by the *Andilaye* intervention. Through probing questions, the flipbook guides facilitators to encourage participants to reflect on their perceptions, experiences, and challenges and solutions regarding the adoption of the targeted practices. Changes in attitudes toward these improved practices are facilitated by discussing the benefits of practicing the target WASH practices, and an attempt is made to dispel misconceptions through demonstrations. These demonstrations also provide an opportunity for participants to obtain skills and action knowledge related to the execution of the improved WASH practices promoted by the *Andilaye* intervention. Lastly, the flipbook prompts facilitators to: (1) encourage participants of community conversations to reach a consensus about the adoption of the improved behaviors targeted by the *Andilaye* intervention, and (2) commit to practicing the improved behaviors and encouraging other to do as well. The flipbook is color coordinated into sections that align with each behavioral theme targeted by the *Andilaye* intervention (i.e., sanitation [green], personal hygiene [blue], and household environmental sanitation [yellow]). See [Amharic](#) and [English](#) versions.

Household-level: *Andilaye* Gobezi! (Good job!) Flipbook

This illustrative flipbook is used by WDALs to guide *Andilaye* counseling visits with caregivers. The first pages of the flipbook highlights the five steps of a counseling visit: (1) greeting household members and building rapport with the caregiver, (2) conducting a transect walk of the entire household compound to get a better understanding of the household's current WASH practices and conditions (including a detailed illustration on what to look for), (3) goal setting using the *Andilaye* Household Goal Card, (4) performing tailored (behavioral theme and need-specific) inter-personal counselling using the following sections of the flipbook, and (5) setting an appointment for the next follow up visit and concluding remarks. The inter-personal counseling pages of the flipbook contain information regarding: (1) ideal ways to perform the 11 improved WASH practices targeted by the *Andilaye* intervention, (2) benefits related to the improved practices, (3) barrier identification (specific personal and household barriers are discussed, but the

flipbook contains a list of common barriers, identified during formative research, to help facilitate the conversation), and (4) information regarding how to plan for, cope with, and overcome barriers (e.g., personal setbacks or shocks to the system [e.g., floods, drought]). The flipbook is organized into sections and color coordinated to align with each behavioral theme targeted by the *Andilaye* intervention (sanitation [green], personal hygiene [blue], and household environmental sanitation [yellow]). See [Amharic](#) and [English](#) versions.

Household-level: *Andilaye* Household Goal Card

This goal card provides intervention households several options for committing to and prioritizing incremental changes each month. These incremental changes represent progressive steps toward aspirational goals that reflect the 11 improved WASH practices promoted by the *Andilaye* intervention. Allowing households to: (1) identify the incremental changes they think are most feasible at a given time-point, and (2) select the timing of their own behavioral goals facilitates a tailored approach to behavioral adoption at the household level. Such an approach provides each household with the opportunity to consider its own situation and select the goals it feels are most important and attainable to focus on each month. Mastery experiences obtained through the attainment of small, incremental goals also serves to enhance and reinforce efficacy appraisals (i.e., perceptions regarding the ability and autonomy to pursue and achieve tasks and/or goals). The goal card hangs in intervention households so all members can see and track their progress toward the goals. Progress made on the attainment of household goals are reviewed by the caregiver and the WDAL during follow-up *Andilaye* counseling visits. Like other *Andilaye* intervention tools, the *Andilaye Household Goal Card* is color coordinated to align with each behavioral theme targeted by the intervention (sanitation [green], personal hygiene [blue], and household environmental sanitation [yellow]). See [Amharic](#) and [English](#) versions.

Intervention delivery

The intervention addresses issues related to over-extension of HEWs, and over-saturation of messaging via the HEP’s Health Extension Services Package through the engagement of additional community change agents as mechanisms for intervention delivery. For the purposes of the *Andilaye* Trial, the intervention was designed to complement existing government programming (i.e., HEP). A summary of the alignment of relevant roles and responsibilities for the HEP and *Andilaye* Intervention are shown in Table 2. That said, these roles could be revised to fit within the delivery structure of other health programming efforts (e.g., NGO-hired health promotion workers, cluster coordinators, etc.). See the following section for *Andilaye* implementation guidance materials.

Table 2. Alignment of relevant roles and responsibilities for the HEP and *Andilaye* Intervention

Stakeholder	Relevant HEP roles and responsibilities	Alignment with <i>Andilaye</i> Intervention
The Federal Ministry of Health	Design: Determine overall program concept, standards, and implementation guidelines and provide communication tools and materials	Engaged during formative research and intervention design
	Implementation (National-level): Mobilize national and international resources	Rolling out a government sponsored program in a select number of areas was both politically and logistically infeasible
	Reporting: Establish the health management information system	

The Regional Health Bureaus/Zonal Health Departments	Design: Adapt implementation guidelines to local conditions and communication tools; and adapt materials into local languages and distributes them to <i>woredas</i>	Engaged during formative research and intervention design
	Implementation (Regional/Zonal-level): Provide technical and administrative support to <i>Woreda</i> Health Offices	Performed by the <i>Andilaye</i> team as regional/zonal government officials failed to take on this role
	Reporting: Obtain reports from <i>Woreda</i> Health Offices and provide information to the Ministry of Health	
The <i>Woreda</i> Health Office	Design: Adapt communication tools and materials	Engaged during formative research and intervention design
	Implementation (District-level): Provide technical, administrative, and financial support to health centers and health posts; and plan and provide in-service training to HEWs and <i>Woreda</i> Health Office staff	While financial and overall technical support was provided by the <i>Andilaye</i> team, the <i>Woreda</i> Health Office was designed as the key stakeholder in implementing all district-level activities
	Supportive supervision: Provide supportive supervision of HEWs and the overall management of health centers and health posts	Supportive supervision and on-the-job-training of HEWs designed to be completed by CHC HEWs Supervisors via an <i>Andilaye</i> -specific checklist
	Reporting: Obtain reports from health posts and health centers and provide information to Regional Health Bureaus or Zonal Health Departments	While detailed process data was collected by the <i>Andilaye</i> team, program monitoring mechanisms were included in the design
Health Extension Workers	Implementation (Community-level): Manage operations of health posts; and identify, train, and collaborate with WDALS teams	While overall technical support was provided by the <i>Andilaye</i> team, the HEW was designed as the key stakeholder in implementing all community-level activities and engaging additional community change agents for group-level and household-level activities
	Implementation (Group-level): Communicate health messages by involving the community social networks, associations, religious institutions, and government structures	Over-extension of HEWs addressed through the engagement of additional community change agents for group-level activities (i.e., community conversation facilitators) and household-level activities (i.e., WDALS)
	Implementation (Household-level): Conduct home visits and outreach services to promote preventive actions; and prioritize households with low performance in implementing the package and support them in all the health extension packages that are relevant to them	
	Supportive supervision: Provide supportive supervision and evaluation of WDAL teams; and conduct biweekly meetings to evaluate the performance of the development teams	Supportive supervision and on-the-job-training of WDALS designed to be completed by HEWs via an <i>Andilaye</i> -specific checklist
	Reporting: Provide reports to <i>Woreda</i> Health Offices	While detailed process data was collected by the <i>Andilaye</i> team, program monitoring mechanisms were included in the design

Women’s Development Army Leaders	Implementation (Community, group, and household-level): Volunteers not institutionalized into the health system; they are regarded as community representatives and reflect government efforts to devolve responsibilities for health to individuals and local communities by mobilizing the population and supporting HEWs	In addition to supporting community and group-level activities, WDALs are trained to provide inter-personal counselling with caregivers by conducting <i>Andilaye</i> household counseling visits with each household in her catchment area
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Andilaye implementation guidance material

Instructional guidance for the delivery of all *Andilaye* intervention activities are provided in the following sections of the manual. Implementation guidance material for these activities including: (1) activity summary (aim, timeline, facilitators, target audience, tools, duration, and frequency), (2) purpose, (3) objectives, (4) detailed description and protocols, (5) checklists, and (6) process indicators. Click the links below to review the guidance material for each activity.

Action planning and management activities

- [District-level: Sensitizing and action planning workshops](#)
- [Community-level: ‘Whole system in the room’ and action planning](#)
- [District-level: Adaptive management workshops](#)
- [Community-level: Cross-fertilization visits](#)

Training and capacity building activities

- [District-level: Skills-based training of the trainers for HEWs, CHC HEWs Supervisors, Woreda officials](#)
- [District-level: Skills-based refresher training of the trainers for HEWs, CHC HEWs Supervisors, Woreda officials](#)
- [District-level: Training of community conversation facilitators](#)
- [District-level: Review meeting and refresher training of community conversation facilitators](#)
- [Community-level: Skills-based training of Women’s Development Army Leaders](#)
- [Community-level: Skills-based review meetings and refresher trainings for Women’s Development Army Leaders](#)

Key behavior change activities

- [Community-level: Community mobilization and commitment event](#)
- [Group-level: Community conversations \(and follow-up conversations\)](#)
- [Household-level: Counseling visits with caregivers \(and follow-up barrier planning visits\)](#)

Sensitizing and action planning workshop

Activity summary	
Activity aim	To orient key stakeholders to the <i>Andilaye</i> 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
Activity level	District catalyzing
Timeline	First <i>Andilaye</i> intervention activity implemented
Facilitators	<ul style="list-style-type: none"> • <i>Andilaye</i> team
Target audience	<ul style="list-style-type: none"> • Regional COWASH Representative • Regional Core Process Owner • <i>Woreda</i> Administrator • Relevant <i>Woreda</i> sector office heads (health, water, agriculture, education, women, children and youth affairs) • <i>Woreda</i> Health Office Officer (Hygiene and Sanitation Officer) • <i>Woreda</i> Health extension program officer • <i>Woreda</i> COWASH Representative • Intervention <i>Kebele</i> Administrators • Relevant local NGOs/CSOs
Essential tools	<ul style="list-style-type: none"> • <i>Andilaye</i> Overview Presentation (English) • <i>Andilaye</i> Project Summary (English) • District-Level Action Planning Tool (English and Amharic)
Complementary tools	<ul style="list-style-type: none"> • <i>Andilaye</i> ‘Gobez!’ Flipbook (English / Amharic) • <i>Andilaye</i> Household Goal Card (English / Amharic) • <i>Andilaye</i> CC Facilitator Flipbook (English / Amharic)
Duration	1 full-day workshop
Frequency	1x per intervention district

Purpose

Prior to activity roll out in the community, the *Andilaye* intervention commences with district-level capacity building activities, such as action planning and training of trainers and intervention activity facilitators. The purpose of the district-level ‘Sensitizing and action planning workshop’ is to generate engagement in the intervention implementation with key stakeholders and create an enabling environment at the district-level for the roll out of subsequent district-level activities (i.e., ‘Skills-based training of the trainers for HEWs, CHC HEWs Supervisors, *Woreda* officials’ and ‘Training of community conversation facilitators’).

Objectives

1. To introduce key stakeholders with *Andilaye* project and purpose
2. To familiarize key stakeholders with target behaviors and intervention activities
3. To provide key stakeholders with intervention tools
4. To develop an action plan for key stakeholders and encourage endorsement
5. To learn initial feedback from stakeholders regarding each activity level (district, community, group, and household)

Activity Description

Pre-activity preparation

This one day workshop will take place at the *Woreda* town for each district involved in the *Andilaye* intervention. The workshop will be led by the *Andilaye* team (i.e., public health practitioners, government officials, and other relevant stakeholders implementing the intervention). Relevant *Woreda* sector office heads from the various departments (health, water, agriculture, education, women, children and youth affairs), the Regional and *Woreda* COWASH representatives, the Regional Core Process Owner, and *Kebele* Administrators will be invited in advance to participate in the workshop, for a total of 10-20 participants (see target audience in activity summary table above).

Activity sessions

Complete the following workshop sessions in order to engage regional and district-level stakeholders to come to a consensus on a district-level action plan for the implementation of the intervention at district, community, group, and household-levels. See the checklist below for guidance on implementing this activity.

1. Registration of participants

Register all participants on arrival to document activity participation.

2. Welcome note

Andilaye team, *Woreda* Administrator, and the Health Office Head provide a welcome note to discuss the purpose, aims, objective of the workshop (as outlined above), and offer thanks to the participants for attending. Facilitators will lead an ‘ice-breaker’ so all participants get to know each other and can establish ‘ground rules’ for the workshop and its agenda.

3. Overview presentation on the *Andilaye* intervention

Provide the ***Andilaye Overview Presentation*** to:

- Demonstrate how this enhanced, demand-side intervention can help regional to district-level stakeholders achieve their WASH, NTD, and One WASH program mandates and targets at the community-level;
- Identify how it is important for regional to district-level stakeholders to continue being engaged in the implementation of the intervention via supportive supervision visits;
- Discuss the *Andilaye* intervention components (motto, approach, target behavioral themes and level of implementation), its purpose, key intervention activities and their corresponding tools
- Offer thanks to the participants for attending and continuing their engagement

During the presentation, distribute the ***Andilaye Project Summary*** and examples of the behavior change tools, such as the ***Andilaye ‘Gobez!’ Flipbook***, ***Andilaye CC Facilitator Flipbook***, and ***Andilaye Household Goal Card***, for the participants to examine.

4. Group discussion on *Andilaye* – open floor for general discussion and feedback

Andilaye team and the Health Office Head will facilitate a group discussion where participants recall in their own words the key components of the *Andilaye* intervention:

- **Motto:** “*Together we can be a strong, caring, healthy community*”

- **Approach:** The *Andilaye* intervention is unique in that it takes a positive, encouragement approach to behavior change by promoting incremental improvements in behavior, and incorporates behavioral maintenance strategies to foster sustained behavioral change
- **Target behavioral themes:** (1) sanitation, (2) personal hygiene, and (3) household environmental sanitation – and targeted practices
- **Intervention activity levels:** (1) district, (2) community, (3) group, (4) household – and catalyzing and maintenance activities at each level

During the discussion of the components of the *Andilaye* intervention, ask the participants to provide feedback on activities and tools. **This is the point of the workshop during which the *Andilaye* team obtains buy-in from stakeholders.** Select prompt questions to facilitate this process are listed below:

- Based on what you heard during this workshop, what have you learned about the *Andilaye* intervention in general?
- What are the short term and long term goals of the *Andilaye* intervention?
- What makes the *Andilaye* Intervention special compared to other projects you know?
- Why is your office taking part in the *Andilaye* intervention?

5. Action planning

The *Andilaye* team will introduce the **District-Level Action Planning Tool** – explaining the different sections and how to fill them out, activities that require direct participation of district stakeholders vs. supportive supervision, etc.

5.1. Break out into two groups to fill in action plan table

The *Woreda* Health Office Head and *Woreda* Administrator will then ask the participants to break up into small discussion groups, and each Office Head will work with a group to fill in each aspect of the action plan.

5.2. Group presentations and finalization of action planning

Once each group is finished completing the action plan, each group will (1) present their action plans, (2) discuss potential barriers and mitigation plans, and (3) schedule of intervention activity implementation (i.e., specific dates or date ranges). A nominated recorder will compile feedback from each group, and draft a finalized, comprehensive district-level action plan based on the presentations and the group discussion.

5.3. Final review and endorsement of action plan

After each group presents their ideas, all participants will discuss what has been presented, come to a consensus on a district-level action plan, and review and publically commit to the plan by publically signing the action plan.

5.4. Group discussion on workshop and closing remarks and distribution of action plan copies

At the end of the action planning session, the group will identify an owner for the district-level action plan, have a final discussion to review their respective roles, and discussion any remaining questions. Copies of the signed action plan will be made and distributed to all participants.

6. Post assessment (optional)

Post assessment surveys can be administered to capture additional process data, if desired.

Learnings from the *Andilaye* Trial:

When scheduling workshops, the *Andilaye* team was often faced with negotiations from the *woreda* to conduct the workshop out of town, the reason being that this would result in an increase in per diem. These negotiations and other district-level health program priorities (e.g., community-based health insurance, vaccine campaigns, etc.) often resulted in delayed implementation of intervention activities. Additionally, the availability of regional and district-level government workers for a daylong meeting may be a challenge. To accommodate other government meetings (if needed), participants can discuss and finalize the action plan as one group to ensure all participants are present for this important activity.

Sample activity checklist

Below, we have outlined a sample checklist to document the completion of key activities and objectives specifically related to the Sensitizing and action planning workshop.

Sample activity checklist for 'Sensitizing and action planning workshop'		
Complete		Objective
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Registration of participants ✓ Welcome note and overview presentation on the <i>Andilaye</i> intervention 	Objective 1 Objective 2 Objective 3
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Group discussion on <i>Andilaye</i> – open floor for general discussion and feedback 	Objective 5
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Distribution of action planning template ✓ Break out into two groups to fill in action plan table 	Objective 4
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Group presentations and finalization of action planning ✓ Final review and endorsement of action plan 	Objective 4
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Group discussion on workshop ✓ Closing remarks and distribution of action plan copies 	Objective 5

Process evaluation

Below, we have outlined an illustrative example of process evaluation indicators specifically related to the Sensitizing and action planning workshop.

Key process evaluation data to capture for 'Sensitizing and action planning workshop'		
Elements	Indicator	Record data below
Participation: Proportion of the intended priority audience that participates in the intervention activity	Total number of participants	
	Proportion of intervention districts with Amhara Regional Health Bureau OR COWASH representative in attendance during workshop	
	Proportion of study districts with <i>Woreda</i> Health Office representative AND Hygiene and Sanitation Officer in attendance during workshop	
	Proportion of intervention <i>kebeles</i> with administrator in attendance	
Dose delivered: Amount or number of intended units of each intervention activity delivered or provided by intervention implementers	Proportion of intervention districts with activity implemented	
	Proportion of intervention districts with activity objectives completed as planned (see checklist)	
	Length of activity (one day workshop)	
Dose received: Extents to which participants actively engage with, interact with, are receptive to, and/or use materials or recommended resources	HEW and CHC HEWs Supervisors were identified for ALL intervention <i>kebeles</i> for action planning	
	Matrix components completed for ALL catalyzing and non-catalyzing activities in the action plan	
	Dates scheduled for ALL catalyzing and non-catalyzing activities	
	Proportion of intervention districts with endorsed action plan for the completion of district-level activities and the 'Whole system in the room and action planning' community-level activity and accompanying supportive supervision	
	Proportion of participants that endorsed action plan for the completion of district-level activities and the 'Whole system in the room and action planning' community-level activity	

‘Whole systems in the room’ and action planning

Activity summary	
Activity aim	To orient key <i>gott</i> and <i>kebele</i> stakeholders to the <i>Andilaye</i> intervention and engage them in intervention action planning so as to generate buy-in and foster an enabling environment in which the <i>Andilaye</i> intervention can be supported and effectively implemented for a “strong, caring, healthy community”
Activity level	Community catalyzing
Timeline	First community-level <i>Andilaye</i> intervention activity implemented after district-level Sensitizing and action planning workshop
Facilitators	<ul style="list-style-type: none"> • Relevant <i>Woreda</i> Official • <i>Kebele</i> Administrators • Key influencers from the <i>gott/kebele</i> • <i>Andilaye</i> team (support)
Target audience	<ul style="list-style-type: none"> • <i>Kebele</i> Manager • HEWs • AEWs • School Directors • WDALs • Religious Leaders • Influential community members from the <i>gott/kebele</i>, including elders
Essential tools	<ul style="list-style-type: none"> • Community-Level Action Planning Tool (English and Amharic)
Complementary tools	<ul style="list-style-type: none"> • <i>Andilaye</i> ‘Gobez!’ Flipbook (English / Amharic) • <i>Andilaye</i> Household Goal Card (English / Amharic) • <i>Andilaye</i> CC Facilitator Flipbook (English / Amharic)
Duration	1 part-day (2-3 hour) workshop
Frequency	1x per intervention community

Purpose

The purpose of the ‘Whole system in the room’ and action planning (WSR&AP) activity is to orient key *gott* and *kebele* stakeholders to the *Andilaye* intervention and engage them in intervention action planning so as to engagement in the intervention implementation. Completion of this activity is necessary to create an enabling environment at the community as *Andilaye* community conversation (CC) facilitators and community coordinating committee will be selected.

Objectives

1. To bring together all key *gott* and *kebele* stakeholders to familiarize them with the *Andilaye* intervention
2. To share lessons learned among *gott* and *kebele* stakeholders from their past experiences in implementing community-based WASH and health programming
3. To engage *gott* and *kebele* stakeholders in developing an action plan for implementing the *Andilaye* intervention activities in their community, and identifying key roles and responsibilities

Activity Description

Pre-activity preparation

The *Andilaye* team will support the *Woreda* Official(s) and HEWs with the *Kebele* Administrators to organize the 2-3 hour WSR&AP activity in each intervention *kebele*. The *Kebele* Administrators will set the date and time of the event, and identify an accessible location at the center of the *kebele* (e.g., *kebele* hall, school building). It is important that this date and time of the event is confirmed *Woreda* Official(s), such as CHCs representatives, to ensure their participation. The *Kebele* Administrators will also mobilize all key *gott* and *kebele* stakeholders to attend, specifically key influencers (i.e., potential change agents) from the intervention *gott* and the respective WDALs from the intervention *gott* who will implement the household-level activities. Key influencers may include formal government staff, such as *kebele* leaders, HEWs, AEWs, school director, women and children affairs representative, and informal stakeholders, such as religious leaders and influential elders (see target audience in activity summary table above).

Activity sessions

Complete the following workshop sessions in order to engage key *gott* and *kebele* stakeholders in intervention action planning so as to generate buy-in and foster an enabling environment in which the *Andilaye* intervention can be supported and effectively implemented. See the checklist below for guidance on implementing this activity.

- 1. Registration of participants**

Register all participants on arrival to document activity participation.

- 2. Welcome note**

Kebele Administrator and *Woreda* Official (“Facilitators”) provide a welcome note to discuss the purpose, aims, objective of the workshop (as outlined above), and offer thanks to the participants for attending. Facilitators will lead an ‘ice-breaker’ so all participants get to know each other.

- 3. Overview of *Andilaye* intervention**

Facilitators and the *Andilaye* team will provide an overview of the *Andilaye* intervention, including community, group, and household-level activities (along with a brief review of their corresponding behavior change tools) so the participants have a holistic understanding of the *Andilaye* intervention and understand the different ways community members are being engaged to change their behaviors. The intervention motto will also be introduced – **“Together we can be a strong, caring, healthy community.”**

The *Andilaye* team will distribute examples of the behavior change tools, such as the ***Andilaye* ‘Gobez!’ Flipbook, *Andilaye* CC Facilitator Flipbook, and *Andilaye* Household Goal Card**, for the participants to examine. The *Kebele* Administrator will then invite the participants to provide their first impressions on the *Andilaye* intervention, and **share lessons learned from their own experiences implementing WASH and health-related community-based programs, initiated by the government or by external partners.** Note, intervention actors (HEWs, WDALs, and CC facilitators) will be trained in more detail on the use and implementation of the behavior change tools in subsequent training activities.

- 4. Action planning**

Facilitators and the *Andilaye* team will lead an action planning session using the **Community-Level Action Planning Tool** where key roles are identified, such as the CC facilitators and community

mobilization and commitment event (CMCE) coordination committee, and next steps are outlined for implementing the *Andilaye* intervention activities in an integrated and holistic manner with all *kebele* members involved.

4.1. Fill in action plan table for community conversations

The WSR&AP participants should initiate a discussion regarding which audiences (i.e., individual cohorts) should be targeted for the CC groups. Examples of target audiences include, but are not limited to, heads of households, religious leaders, mother-in-laws, WDALs, water committee members, influential elders, etc. The groups may even be 'mixed' with a variety of different cohorts in a single CC group. While the identified CC facilitators and *Kebele* Administrator will make note of these groups, further discussion will occur during the 'Training of community conversation facilitators' activity prior to the groups being finalized.

4.2. Fill in action plan table for community mobilization and commitment event

WSR&AP participants will also discuss and come to a consensus on who should comprise the CMCE coordination committee. These individuals will be responsible for helping to plan, advertise, and ensure wide community participation at the event (i.e., via mobilizing the community on the day of). These committee members should be active and influential within the intervention *gott* and/or *kebele*, and ideally, they should be present during the WSR&AP event so they can personally agree to participate in the committee. In addition to the CMCE coordination committee, two or three individuals should be identified to serve as master of ceremonies (MC) during the community event.

4.3. Fill in action plan table for key influencers

Prior to finalizing the WSR&AP, participants will enumerate a list of key influencers within the intervention *gott/kebele* who can provide support to community level actors as they implement household, group, and community-level interventions.

4.4. Final review and endorsement of action plan

The group will discuss how they will monitor progress against the action plan, the tools that will be used to do so, and the *kebele/gott*-level stakeholder's roles and responsibilities for doing so. At the end of the action planning session, each participant will be asked to come to the front of the room to provide their endorsement the action plan. These endorsements should be as public and ceremonial as possible. Copies of the signed action plans will be made and distributed to all participants.

Learnings from the *Andilaye* Trial:

The expectation of payment (per diem) associated with the activity caused challenges in engaging participants. Government policies were followed and no per diem were provide to participants, as this was a 2-3 hour activity located in the community. Some participants expressed their disappointment in this. The facilitation of this event by relevant *Woreda* Officials is not only helps facilitate an enabling environment from the district-level but also helps in managing policy-relevant issues like this that may arise.

Sample activity checklist

Below, we have outlined a sample activity checklist to document the completion of key activities and objectives specifically related to the 'Whole system in the room' and action planning.

Sample activity checklist for 'Whole system in the room' and action planning		
Complete		Objective
<input type="checkbox"/>	✓ Welcome note completed by <i>kebele</i> administrator or other representative	Objective 1
<input type="checkbox"/>	✓ Orientation to <i>Andilaye</i> intervention and motto and overview of the <i>Andilaye</i> 'Gobez!' Flipbook and <i>Andilaye</i> Household Goal Card	Objective 1
<input type="checkbox"/>	✓ Feedback provided on <i>Andilaye</i> intervention from participants and lessons from their own experiences shared by participants	Objective 2
<input type="checkbox"/>	✓ Conversation about which audiences should be targeted for community conversation groups	Objective 3
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Members of the Community mobilization and commitment event coordination Committee identified ✓ Individuals to serve as a master of ceremony during the community event identified 	Objective 3
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Individual to hold the action plan identified ✓ List of key influencers within the intervention <i>gott/kebele</i> identified ✓ Action plan endorsed by all present 	Objective 3

Process evaluation

Below, we have outlined an illustrative example of process evaluation indicators specifically related to the ‘Whole system in the room’ and action planning.

Key process evaluation data to capture for WSR&AP ‘Whole system in the room’ and action planning		
Elements	Indicator	Record data below
Proportion: Proportion of the intended priority audience that participates in the intervention activity	Total number of participants	
	Proportion of <i>kebeles</i> with <i>kebele</i> administrator acting as activity facilitator	
	Proportion of intervention <i>kebeles</i> with <i>Woreda</i> Office representatives acting as activity facilitator	
	Proportion of intervention <i>kebeles</i> with <i>kebele</i> manager in attendance during activity	
	Proportion of intervention <i>kebeles</i> with at least one HEW in attendance during activity	
	Proportion of intervention <i>kebeles</i> with at least one AEW in attendance during activity	
	Proportion of intervention <i>kebeles</i> with at least one school director in attendance during activity	
	Proportion of intervention <i>kebeles</i> with at least one WDAL in attendance during activity	
	Proportion of intervention <i>kebeles</i> with at least one religious leader in attendance during activity	
	Proportion of intervention <i>kebeles</i> with at least one Influential elders or other influential people from the <i>gott</i>	
Dose delivered: Amount or number of intended units of each intervention activity delivered or provided by intervention implementers	Proportion of intervention districts with activity implemented	
	Proportion of intervention districts with activity objectives completed as planned (see checklist)	
Dose received: Extents to which participants actively engage with, interact with, are receptive to, and/or use materials or recommended resources	Proportion of activities in which the action plan endorsed	
	Proportion of intervention <i>kebeles</i> with <i>Andilaye</i> community conversation facilitators identified in the action plan	
	Proportion of intervention <i>kebeles</i> with a coordinating committee for the ‘Community mobilization and commitment event’ identified in the action plan	
	Proportion of intervention <i>kebeles</i> with a master of ceremony for the ‘Community mobilization and commitment event’ identified in the action plan	

Adaptive management workshop

Activity summary	
Activity aim	To leverage monitoring data to facilitate evidence-based, controlled, and documented operational-specific modifications during critical program moments (i.e., “change gates”). To improve intervention outcomes and resource management by learning from monitored program outcomes.
Activity level	District maintenance
Timeline	After key behavior change activities at the community, group, and household-level have been implemented for some time
Facilitators	<ul style="list-style-type: none"> • <i>Andilaye</i> team • <i>Woreda</i> Health Office Heads
Target audience	<ul style="list-style-type: none"> • <i>Woreda</i> Hygiene and Sanitation Officers • <i>Woreda</i> HEW Program Officers • Health Center Heads • Health Center Hygiene and Sanitation (HEW) Focal Persons • <i>Kebele</i> Administrators • HEW representatives
Essential tools	<ul style="list-style-type: none"> • Training summary for household counselling visits (English / Amharic) • HEW Supportive Supervision Tool (English / Amharic) • <i>Woreda</i> Official Supportive Supervision Tool (English / Amharic) • Completed action plans from previous workshops • Process data from implemented activities
Complementary tools	<ul style="list-style-type: none"> • <i>Andilaye</i> ‘Gobez!’ Flipbook (English / Amharic) • <i>Andilaye</i> Household Goal Card (English / Amharic) • <i>Andilaye</i> Household Monitoring Matrix Card (English / Amharic) • <i>Andilaye</i> CC Facilitator Flipbook (English / Amharic)
Duration	1 full-day workshop
Frequency	1x per year per intervention district

Purpose

The purpose of the Adaptive Management workshop is to leverage monitoring data to facilitate evidence-based, controlled, and documented operational-specific modifications during critical program moments (i.e., “change gates”), and to improve intervention outcomes and resource management by learning from monitored program outcomes. This activity should be implemented periodically (every 6 months) and strategically in accordance with other maintenance activities as monitoring data becomes available.

Objectives

1. To provide a general refresher of the *Andilaye* intervention
2. To leverage monitoring data to facilitate evidence-based, controlled, and documented operational-specific modifications during critical program moments
3. To improve intervention outcomes and resource management by learning from monitored program outcomes
4. To strengthen supportive supervision activities

Activity Description

Pre-activity preparation

This one day workshop will take place at the *Woreda* town for each district involved in the *Andilaye* intervention. The workshop will be led by the *Andilaye* team. *Woreda* Health Office Heads will co-facilitate to improve intervention outcomes and resource management. Prior to the implementation of this activity, the *Andilaye* team should analyze and review process data to pre-identify challenges and/or gaps in implementation. Participants should be encouraged to come to the training with all *Andilaye*-related material they may have from previous catalyzing activities (i.e., flipbooks, handouts, action plans). While this is a one day workshop, it is recommended that the ‘Cross-fertilization visit’ be planned for the following day, given the overlap in target audience for both maintenance activities.

Activity sessions

Complete the following workshop sessions in order to conduct the ‘Adaptive management workshop’. See the checklist below for guidance on implementing this activity.

1. Registration of participants

Register all participants on arrival to document activity participation.

2. Welcome note

Andilaye team and the Health Office Head provide a welcome note to discuss the purpose, aims, objective of the workshop (as outlined above), and offer thanks to the participants for attending. Facilitators will lead an ‘ice-breaker’ so all participants get to know each other and can establish ‘ground rules’ for the workshop and its agenda.

3. Overview presentation on the *Andilaye* intervention

Provide the ***Andilaye Overview Presentation (with process data)*** to:

- Reiterate how this enhanced, demand-side intervention can help regional to district-level stakeholders achieve their WASH, NTD, and One WASH program mandates and targets at the community-level;
- Reiterate how it is important for regional to district-level stakeholders to continue being engaged in the implementation of the intervention via supportive supervision visits;
- Reintroduce the *Andilaye* intervention, its purpose, target WASH behavioral themes, key intervention activities and their corresponding tools, and intervention motto– ***“Together we can be a strong, caring, healthy community”***
- Present monitoring data to facilitate evidence-based discussion on operational-specific modifications required for implementation of the intervention
- Offer thanks to the participants for their involvement in completed implemented activities and continuing their engagement

4. Review of household-level *Andilaye* activities

After the presentation, facilitators will review aspects of the *Andilaye* counseling visits with caregivers household-level activity, the corresponding behavior change tools. At this point, facilitators will bring the participants attention to the household-level activity behavior change tools to all participants (***Andilaye ‘Gobez!’ Flipbook***, ***Andilaye Household Goal Card***, and ***Andilaye Household Monitoring Matrix Card***). Facilitators will re-distribute copies of the ***Training summary for household counselling visits*** and ***HEW and Woreda Official Supportive Supervision Tools*** that were originally provided in the ‘Skills-based training of trainers.’ Facilitators will review

the following about the inter-personal counseling visits with caregivers (using the training summary as a guide):

- Purpose and desired outcomes of the inter-personal counseling visits
- Role and responsibilities of WDALs as the main counselors, and HEWs, CHCs, and *Woreda* Health Office Officials as support
- Engagement of the primary caregiver of the youngest child along with other household members as the target audience for this activity
- Logistics of the visits such as the frequency and length (i.e., visit each household in WDAL catchment area to conduct an *Andilaye* household counselling visit about once per month, with each visit lasting around 30 minutes)
- Key steps for performing *Andilaye* household counselling visits (initial counseling and follow-up visits) including: (1) greeting, (2) transect walk of the entire household compound, (3) goal setting, (4) tailored (behavioral theme and need-specific) inter-personal counseling, and (5) appointment setting and concluding remarks

5. Discussion successes, challenges, and solutions related to household-level *Andilaye* activities

Facilitators will review progress on household-level activities and guide the participants in filling out a matrix on successes, challenges, and proposed solutions to improve intervention outcomes and resource management. During this discussion, participants should identify high performing *kebeles* with regards to household-level *Andilaye* activities.

6. Review of group-level *Andilaye* activities

Facilitators will review aspects of the *Andilaye* community conversations (CC) group-level activity, the corresponding behavior change tools. At this point, facilitators will bring the participants attention to the group-level activity behavior change tools to all participants (***Andilaye* CC Facilitator Flipbook**). Facilitators will explain that the target audiences for the CCs were selected by *kebele*-level stakeholders during the ‘Whole system in the room’ and action planning activity and explain the suggested approach to reach all target audiences for CCs:

- CC facilitators, with support from *Kebele* Administrator, HEW, and other *kebele* officials will select mix of 15-20 CC participants for each CC series (i.e., a group of participants that will partake in CCs for all three behavioral themes) – in accordance to the completed action plan
- Since four CC facilitators will be trained in each *kebele*, CC facilitators will split into pairs so that they can conduct two groups of CC participants at once for each CC session (i.e., sanitation, personal hygiene, and household environmental sanitation)
- Based on the number of households in a *gott*, facilitators will select a mix of individuals for each group. Thus, for the first CC session (i.e., sanitation), the two groups of CC participants should be a mix of participants
- The two pairs of CC facilitators will select participants from the intervention *gott* till all head of households in the *gott* will be addressed. After three sessions on three behavior themes are conducted, the team of CC facilitators will select another mix of 15-20 participants to partake in CCs for all three behavioral themes
- After all of the target audience members indicated in the action plan are engaged in a full series of CCs, facilitators can continue to other nearby *gotts* within the *kebele*

7. Discussion successes, challenges, and solutions related to group-level *Andilaye* activities

Facilitators will review progress on group-level activities and guide the participants in filling out a matrix on successes, challenges, and proposed solutions to improve intervention outcomes and resource management. During this discussion, participants should identify high performing *kebeles* with regards to group-level *Andilaye* activities.

8. Review of supportive supervision and related follow-up systems

Facilitators will review what is meant by ‘supportive supervision,’ why it is integral to the success of the *Andilaye* intervention, and what kinds of follow up systems should be put in place. The facilitators will then demonstrate how to use the **HEW Supportive Supervision & On-The-Job Training Tool** and take notes on what the WDAL is doing well, and areas that require improvement. The facilitators will demonstrate how to use the **Woreda Official Supportive Supervision & On-The-Job Training Tool** and take notes on what the HEW/CHC/WDAL is doing well, and areas that require improvement for each actor. Facilitators will highlight the ‘Tracking form’ of the **Andilaye CC Facilitator Flipbook** and review how this is to be used by CC facilitators to record and monitor the CC sessions.

9. Action planning

The group will facilitate a discussion on how to support the HEW and other community actors in making progress toward and achieving their work plan tasks by the timelines established therein.

Learnings from the *Andilaye* Trial:

Although they were not involved in the *Andilaye* Trial (for budget reasons), it is recommended that relevant *Woreda* office heads from non-health sectors (e.g., water, agriculture, education, women, children and youth affairs) also participate in this activity given their involvement in the action planning of the ‘Sensitization and action planning workshop.’

Sample activity checklist

Below, we have outlined a sample agenda to document the completion of key activities and objectives specifically related to the Adaptive management workshop.

Sample activity checklist for 'Adaptive management workshop'		
Complete		Objective
<input type="checkbox"/>	✓ Welcome note completed by <i>Woreda</i> Health Office Head or other representative	
<input type="checkbox"/>	✓ Overview presentation on the <i>Andilaye</i> intervention	Objective 1
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Review of household-level <i>Andilaye</i> activities, including aims and objectives, materials, roles and responsibilities, and protocol ✓ Present process data on household-level <i>Andilaye</i> activities 	Objective 1 Objective 2
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Complete matrix on successes, challenges, and proposed solutions to improve household-level intervention outcomes and resource management ✓ Identify 'high performing' <i>kebeles</i> 	Objective 3
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Review of group-level <i>Andilaye</i> activities, including aims and objectives, materials, roles and responsibilities, and protocol ✓ Present process data on group-level <i>Andilaye</i> activities 	Objective 1 Objective 2
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Complete matrix on successes, challenges, and proposed solutions to improve group-level intervention outcomes and resource management ✓ Identify 'high performing' <i>kebeles</i> 	Objective 2 Objective 3 Objective 4
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Demonstrate how to use the HEW Supportive Supervision & On-The-Job Training Tool and take notes on what the WDAL is doing well, and areas that require improvement ✓ Demonstrate how to use the <i>Woreda</i> Official Supportive Supervision & On-The-Job Training Tool and take notes on what the HEW/CHC/WDAL is doing well, and areas that require improvement for each actor ✓ Demonstrate the 'Tracking form' of the <i>Andilaye</i> CC Facilitator Flipbook and review how this is to be used by CC facilitators to record and monitor the CC sessions 	Objective 4
<input type="checkbox"/>	✓ Discussion on how to support the HEW and other community actors in making progress toward and achieving their work plan tasks	Objective 2 Objective 3 Objective 4

Process evaluation

Below, we have outlined an illustrative example of process evaluation indicators specifically related to the Adaptive management workshop.

Key process evaluation data to capture for 'Adaptive management workshop'		
Elements	Indicator	Record data below
Participation: Proportion of the intended priority audience that participates in the intervention activity	Total number of participants	
	Proportion of intervention districts with <i>Woreda</i> Health Office Head, Hygiene and Sanitation Officer, AND HEW Program Officer in attendance	
	Proportion of intervention <i>kebele</i> CHC Heads AND HEWs Supervisors in attendance	
	Proportion of intervention <i>kebeles</i> with administrator in attendance	
Dose delivered: Amount or number of intended units of each intervention activity delivered or provided by intervention implementers	Proportion of intervention districts with activity implemented	
	Proportion of intervention districts with activity objectives completed as planned (see checklist)	
	Length of activity	
Dose received: Extents to which participants actively engage with, interact with, are receptive to, and/or use materials or recommended resources	Proportion of intervention districts that identified implementation challenges and developed action plan for ways forward for the completion of district, community, group, and household-level activities	

Cross-fertilization visits

Activity summary	
Activity aim	To provide an opportunity to share experiences across different intervention communities – to address common implementation bottlenecks, propose solutions, and share perspectives on preliminary behavior change and health outcomes.
Activity level	District maintenance
Timeline	After district-level ‘Adaptive management workshop’
Facilitators	<ul style="list-style-type: none"> • <i>Andilaye</i> team • <i>Woreda</i> Office Heads • HEWs and other community actors of high performing <i>kebeles</i>
Target audience	<ul style="list-style-type: none"> • <i>Woreda</i> Hygiene and Sanitation Officers • <i>Woreda</i> HEW Program Officers • Health Center Heads • Health Center Hygiene and Sanitation (HEW) Focal Persons • <i>Kebele</i> Administrators • HEW representatives • WDAL representatives • CC facilitator representatives
Essential tools	<ul style="list-style-type: none"> • Household Visits Observation Checklist (English and Amharic) • Community Conversation Observation Checklist (English and Amharic)
Complementary tools	<ul style="list-style-type: none"> • HEW Supportive Supervision Tool (English / Amharic) • <i>Woreda</i> Official Supportive Supervision Tool (English / Amharic)
Duration	1 full-day field visit in selected intervention communities
Frequency	1x per year per intervention district

Purpose

The purpose of the ‘Cross-fertilization visit’ is to provide an opportunity to share experiences across different intervention communities – to address common implementation bottlenecks, propose solutions, and share perspectives on preliminary behavior change and health outcomes. Cross fertilization visits are conducted in higher performing *kebeles* selected during the ‘Adaptive management workshop’ and participants will be invited to observe household visits and/or community conversations (CCs) in these *kebeles*.

Objectives

1. To provide an opportunity to share experiences across different intervention communities
2. To address common implementation bottlenecks, propose solutions, and share perspectives on preliminary behavior change and health outcomes

Activity Description

Pre-activity preparation

Local government officials of the *Woreda* Health Office will identify high performing *kebeles* with respect to *Andilaye* group and household-level activities as part of the ‘Adaptive management workshop.’

Coordination efforts will be made with HEWs and other community actors so that participants can observe counseling visits with caregivers and/or CCs within these high performing *kebeles*. The visits will be led by the *Andilaye* team. *Woreda* Health Office Heads, HEWs, and other community actors in these high performing *kebeles* will co-facilitate to provide an opportunity to share experiences. Travel preparation should be made in advance for participants to arrive in the selected *kebeles* at the agreed time on when the visit will take place.

Activity sessions

Complete the following workshop sessions in order to conduct the ‘Cross-fertilization visits.’ See the checklist below for guidance on implementing this activity.

1. Registration of participants

Register all participants on arrival to document activity participation.

2. Welcome note

Andilaye team and the Health Office Head provide a welcome note to discuss the purpose, aims, objective of the workshop (as outlined above), and offer thanks to the participants for attending. Facilitators will lead an ‘ice-breaker’ so all participants get to know each other and can establish ‘ground rules’ for the workshop and its agenda.

3. Separate into groups for observations

Andilaye team and the Health Office Head will separate participants into groups. These groups will accompany HEW and other community actors in these high performing *kebeles* as they demonstrate model counseling visits with caregivers and CCs. Participants will be provided **Household Visit and Community Conversation Observation Checklists** to engage them in the experience sharing process. Participants will also observe model households that have demonstrated adherence to the *Andilaye* behavioral themes and practices.

4. Reflections and discussions

After observations, participants will meet in a centralized location in the community (e.g., health post) to discuss what they learned and perspectives they gained on preliminary behavior change and health outcomes. Participants will reflect on how they can address common implementation bottlenecks and propose solutions discussed during the ‘Adaptive management workshop.’

Sample activity checklist

Below, we have outlined a sample agenda to document the completion of key activities and objectives specifically related to the Cross-fertilization visit.

Sample activity checklist for 'Cross-fertilization visit'		
Complete		Objective
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Participants meet in high performing <i>kebeles</i> ✓ Welcome note completed by <i>Woreda</i> Health Office Head or other representative 	Objective 1
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Participants provided Household Visit and Community Conversation Observation Checklists to engage them in the experience sharing process ✓ Groups accompany HEW and other community actors as they demonstrate model counseling visits with caregivers and CCs ✓ Participants observe model households that have demonstrated adherence to the <i>Andilaye</i> behavioral themes and practices 	Objective 1 Objective 2
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Participants meet in a centralized location in the community (e.g., health post) and discuss what they learned and perspectives they gained on preliminary behavior change and health outcomes ✓ Participants reflect on how they can address common implementation bottlenecks and propose solutions discussed during the 'Adaptive management workshop' 	Objective 1 Objective 2

Process evaluation

Below, we have outlined an illustrative example of process evaluation indicators specifically related to the Cross-fertilization visit.

Key process evaluation data to capture for 'Cross-fertilization visit'		
Elements	Indicator	Record data below
Participation: Proportion of the intended priority audience that participates in the intervention activity	Total number of participants	
	Proportion of intervention districts with <i>Woreda</i> Health Office Head, Hygiene and Sanitation Officer, AND HEW Program Officer in attendance	
	Proportion of intervention <i>kebele</i> CHC Heads AND HEWs Supervisors in attendance	
	Proportion of intervention <i>kebeles</i> with administrator in attendance	
Dose delivered: Amount or number of intended units of each intervention activity delivered or provided by intervention implementers	Proportion of intervention districts with activity implemented	
	Proportion of intervention districts with activity objectives completed as planned (see checklist)	
	Proportion of 'high performing' <i>kebeles</i> visited	
	Number of intervention activities observed (counseling visits with caregivers, community conversations, supportive supervision)	
	Length of activity	
Dose received: Extents to which participants actively engage with, interact with, are receptive to, and/or use materials or recommended resources	Proportion of participants with completed observation checklists	
	Proportion of intervention districts that identified implementation challenges and developed action plan for ways forward for the completion of district, community, group, and household-level activities	

Skills-based training of the trainers for HEWs, CHC HEWs Supervisors, Woreda Officials

Activity summary	
Activity aim	To provide skills-based training to HEWs/CHC HEWs Supervisors/ <i>Woreda</i> 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
Activity level	District catalyzing
Timeline	After district-level Sensitizing and action planning workshop and before community-level Skills-based training of Women’s Development Army Leaders
Facilitators	<ul style="list-style-type: none"> • <i>Andilaye</i> team
Target audience	<ul style="list-style-type: none"> • All HEWs from intervention <i>kebeles</i> • At least two CHC HEWs Supervisors from all CHCs • <i>Woreda</i> Hygiene and Sanitation Officer • <i>Woreda</i> Health Extension Program Officer • <i>Woreda</i> Health Office Head
Essential tools	<ul style="list-style-type: none"> • Training Summary for Household Counselling Visits (English / Amharic) • <i>Andilaye</i> ‘Gobez!’ Flipbook (English / Amharic) • <i>Andilaye</i> Household Goal Card (English / Amharic) • <i>Andilaye</i> Household Monitoring Matrix Card (English / Amharic) • HEW Supportive Supervision Tool (English / Amharic) • <i>Woreda</i> Official Supportive Supervision Tool (English / Amharic) • Training of Trainers Action Planning Tool (English and Amharic) • CHC Action Plan Monitoring Tool (English and Amharic) • <i>Woreda</i> Action Plan Monitoring Tool (English and Amharic)
Complementary tools	<ul style="list-style-type: none"> • <i>Andilaye</i> CC Facilitator Flipbook (English / Amharic) • <i>Andilaye</i> Overview Presentation (English)
Duration	2 full-day workshop
Frequency	1x per intervention district

Purpose

Prior to activity roll out in the community, the *Andilaye* intervention commences with district-level capacity building activities, such as action planning and training of trainers and intervention activity facilitators. Following the district-level ‘Sensitizing and action planning workshop’, HEWs, CHC HEWs supervisors, and *Woreda* Officials are provided a comprehensive training on the implementation of *Andilaye* activities (specifically household-level counseling visits with caregivers) and supportive supervision of their respective personnel.

Objectives

1. To familiarize HEWs/CHC HEWs Supervisors/*Woreda* Officials with household-level intervention activities
2. To ensure HEWs/CHC HEWs Supervisors/*Woreda* Officials understand how the household-level activities align with the other intervention activities
3. To equip HEWs with the necessary knowledge on sanitation and hygiene concepts, and the necessary inter-personal counseling skills, so they can train WDALS on these concepts
4. To provide the didactic portion of the supportive supervision - 'on-the-job' skills training to HEWs/CHC HEWs Supervisors/*Woreda* Officials so they may establish follow-up and supportive supervision systems for their respective personnel (e.g., HEWs support key community-level stakeholders like WDALS, CC facilitators, community mobilization and commitment event coordinating committee) and effectively implement the *Andilaye* intervention with high fidelity
5. To develop an action plan for HEWs to train their WDALS on the household-level intervention activities

Activity Description

Pre-activity preparation

The two-day training will take place at the *Woreda* town for each district involved in the *Andilaye* intervention. The training will be facilitated by the *Andilaye* team. HEWs from all intervention *kebeles* will be asked in advance to participate in the training, along with the CHCs and the *Woreda* Health Office representatives. The CHCs will be asked to take part in the training so they may act as a support and resource for HEWs during the intervention, and work with the HEW to provide overarching supportive supervision for the implementation of the community, group, and household-level intervention activities. Likewise, the *Woreda* Officials (e.g., Health Office Head, Hygiene and Sanitation Officer and Health Extension Program Officer) will also participate in the training to provide supportive supervision for HEWs and CHCs. If the number of participants for a given district exceeds 25-30 people, the participants will be split into two separate training groups to ensure the training remains effective.

Activity sessions

Complete the following workshop sessions in order to engage HEWs/CHC HEWs Supervisors/*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. See the checklist below for guidance on implementing this activity.

5. Registration of participants

Register all participants on arrival to document activity participation.

6. Welcome note

Andilaye team and the Health Office Representative ("Trainers") provide a welcome note to discuss the purpose, aims, objective of the workshop (as outlined above), and offer thanks to the participants for attending. Trainers will lead an 'ice-breaker' so all participants get to know each other and can establish 'ground rules' for the workshop and its agenda.

7. Overview of *Andilaye* intervention

Trainers will provide an overview of the *Andilaye* intervention, including community, group, and household-level activities (along with a brief review of their corresponding behavior change tools) so the participants have a holistic understanding of the *Andilaye* intervention and understand the

different ways community members are being engaged to change their behaviors. The intervention motto will also be introduced – ***“Together we can be a strong, caring, healthy community.”***

8. Group discussion on *Andilaye* – open floor for general discussion and feedback

Andilaye team and the Health Office Representative will facilitate a group discussion where participants recall in their own words the key components of the *Andilaye* intervention:

- **Motto:** *“Together we can be a strong, caring, healthy community”*
- **Approach:** The *Andilaye* intervention is unique in that it takes a positive, encouragement approach to behavior change by promoting incremental improvements in behavior, and incorporates behavioral maintenance strategies to foster sustained behavioral change
- **Target behavioral themes:** (1) sanitation, (2) personal hygiene, and (3) household environmental sanitation – and targeted practices
- **Intervention activity levels:** (1) district, (2) community, (3) group, (4) household – and catalyzing and maintenance activities

9. Household-level *Andilaye* activities and behavior change tools

The first part of the training will cover aspects of the *Andilaye* counseling visits with caregivers household-level activity, the corresponding behavior change tools, and the skills the HEWs will need to develop amongst the WDALs so they may effectively conduct the visit. At this point, trainers will distribute copies of the household-level activity behavior change tools to all participants (***Andilaye ‘Gobez!’ Flipbook*** and ***Andilaye Household Goal Card***) as well as the ***Training Summary for Household Counselling Visits***. Trainers will explain the following about the inter-personal counseling visits with caregivers (using the training summary as a guide):

- Purpose and desired outcomes of the inter-personal counseling visits
- Role and responsibilities of WDALs as the main counselors, and HEWs, CHCs, and *Woreda* Health Office Officials as support
- Engagement of the primary caregiver of the youngest child along with other household members as the target audience for this activity
- Logistics of the visits such as the frequency and length (i.e., visit each household in WDAL catchment area to conduct an *Andilaye* household counselling visit about once per month, with each visit lasting around 30 minutes)
- Key steps for performing *Andilaye* household counselling visits (initial counseling and follow-up visits) including: (1) greeting, (2) transect walk of the entire household compound, (3) goal setting, (4) tailored (behavioral theme and need-specific) inter-personal counseling, and (5) appointment setting and concluding remarks
- Overview of how the WDALs should use the behavior change tools associated with each step of the counseling visit
- Behavior change techniques to be used during the visits, as facilitated by the behavior change tools including: (1) equip them with the knowledge, skills, and motivation necessary to adopt improved WASH practices and (2) foster action capacity, self-efficacy, and barrier planning so caregivers maintain the improved WASH practices

During the discussion of the components of the *Andilaye* counseling visits with caregivers, ask the participants to provide feedback on activity and tools. **This is the point of the workshop during which the *Andilaye* team obtains buy-in from stakeholders.**

10. Behavioral theme sessions

Next the training will move into a series of three sessions – one on each behavioral theme. These sessions will review key concepts related to the behavioral theme, walk through the corresponding sections of the behavior change tools, and include counseling skills practice sessions.

Session 1: Sanitation

6.1. Sanitation concepts and brainstorming activity

The first session will cover sanitation concepts and the corresponding sanitation aspects of the counseling level visit with caregivers. Trainers will conduct a brainstorming activity where participants are asked what they know about sanitation practices and how they relate to disease prevention. Participants will also be asked to share the current sanitation practices of their communities and the challenges they face in promoting sanitation practices as HEWs. Participant responses will be recorded on poster sheets for everyone to see and reflect on. After the brainstorming and discussion, trainers will walk through the 6 targeted sanitation practices of the *Andilaye* intervention and facilitate a discussion amongst the participants regarding the benefits and barriers to each sanitation behavior. **After the participants contribute their feedback, the *Andilaye* team will add any other commonly cited benefits and barriers that the participants have missed.**

6.2. Sanitation components of behavior change tools

Trainers will then ask participants to follow along as they walk through the sanitation section (green) of the *Andilaye 'Gobez!' Flipbook* and the *Andilaye Household Goal Card*, reviewing each message and picture. Trainers will encourage participants to ask clarifying questions and offer feedback throughout the review of the behavior change tools.

6.3. Sanitation counseling skills

Trainers will provide practical guidance on inter-personal counseling techniques since the main approach of the household visits is to give tailored counseling to caregivers on improved WASH practices. Trainers will present the basic concepts and explain key techniques for effective counseling, and will explain how the behavior change tools (*Andilaye Household Goal Card* and *Andilaye 'Gobez!' Flipbook*) are utilized as counseling tools for the household visits.

6.4. Sanitation counseling practice

Trainers will then act out the sanitation components of the initial counseling visit with one trainer acting as the WDAL and the other as the caregiver. The pair will demonstrate the initial counseling visit, showcasing the various counseling techniques and how to properly use the behavior change tools to discuss sanitation behaviors. Trainers will then invite the participants to pair-up and practice the sanitation component of the initial counseling visit with their partner. After all participants have had a chance to practice, the trainers will call on a volunteer pair to demonstrate their skills to the larger audience. Both the trainers and larger audience will offer feedback to the volunteers. Next, the trainers will act out an example follow-up counseling visit and participants will be given a chance to pair-up and practice this visit type as well, with one pair being selected to demonstrate. Then the floor will be opened to a larger discussion about the challenges and lessons learned on counseling and other aspects of this household-level activity.

Session 2: Personal Hygiene / Session 3: Household Environmental Sanitation

The trainers will then repeat the above activities (6.1. – 6.4.) once for a session on personal hygiene, covering the concepts, components of behavior change tools, and related counseling skills, and then a again for a session on household environmental sanitation.

11. Monitoring tools

Trainers will introduce and review the data collection tool (**Andilaye Household Monitoring Matrix Card**) that will be used by WDALs to record their counseling visits with caregivers and how this data collection tool will be used by HEWs, CHCs, *Woreda* Health Offices to compile WDAL activity.

12. Supportive supervision and related follow-up systems

After review of the monitoring tools and their integration into existing HEP efforts, the discussion will focus on supportive supervision, and activity monitoring and follow-up. The trainers will outline what is meant by ‘supportive supervision,’ why it is integral to the success of the *Andilaye* intervention, and what kinds of follow up systems should be put in place. The participants will then split up into a HEW/CHC group and a *Woreda* Official group to receive supportive supervision training specific to their respective roles.

HEW/CHC group will cover the following as part of their training

8.1. Supportive supervision and ‘on-the-job’ training

- How to use the **HEW Supportive Supervision & On-The-Job Training Tool** and take notes on what the WDAL is doing well, and areas that require improvement
- How to give constructive and effective feedback in a timely manner

8.2. Work plan and tracking progress

- How to create a work plan with the WDAL
- How to track progress toward the work plan, and provide support, when necessary

Woreda Official group will cover the following as part of their training

8.3. Supportive supervision and ‘on-the-job’ training

- How to use the **Woreda Official Supportive Supervision & On-The-Job Training Tool** and take notes on what the HEW/CHC/WDAL is doing well, and areas that require improvement for each actor
- How to give constructive and effective feedback in a timely manner

8.4. Work plan and tracking progress

- How to track progress toward the work plan, and plan for modification, as needed
- How to support the HEW and other community actors in making progress toward and achieving their work plan tasks by the timelines established therein

13. Supportive supervision and on-the-job training practice

The *Andilaye* team will explain how and when supportive supervision and on-the-job training will be provided to community actors. While supportive supervision will take place during other intervention activities, on-the-job training will be carried out routinely for household counseling visits. The *Andilaye* team should demonstrate how to use the **Woreda Official and HEW Supportive Supervision & On-The-Job Training Tools** to provide on-the-job training, and then ask training participants to break out into groups to practice. Then, one group will be selected to

present to the larger break-out group. The larger group will observe the demonstration, and offer suggestions for what was done well, and what can be improved.

14. Action planning

At the end of the two-day training, *Andilaye* team member will introduce the **Training of Trainers Action Planning Tool** – explaining the different sections and how to fill them out.

10.1. Break out into groups to fill in action plan table

HEWs and their respective CHCs and *Woreda* Officials will work together to develop an action plan for (1) training the necessary WDALs in their *kebele* on the household-level activities and (2) following-up with WDALs and providing supportive supervision. All HEWs within the same cluster will sit together but they will plan their own *kebele* activities. Health Office Representatives and will rotate between the groups. *Andilaye* team will rotate between all groups to offer guidance. CHC HEWs Supervisors will work within groups of their cluster. CHC HEWs Supervisors should work with HEWs as the HEWs make their action plans. This will help the CHC HEWs Supervisors understand the schedule of each HEW within the cluster.

10.2. Group presentations and finalization of action planning

Once HEWs from each *kebele* are finished completing the action plan, each group will (1) present their action plans, (2) discuss potential barriers and mitigation plans, and (3) schedule of intervention activity implementation (i.e., specific dates or date ranges). The larger audience will provide feedback based on their respective action plans.

10.3. Final review and endorsement of action plan

CHC HEWs Supervisors will complete the **CHC Action Plan Monitoring Tool** using information from all action plans created by the HEWs in their coverage area. Health Office Representatives will complete the **Woreda Action Plan Monitoring Tool** using information from all action plans in their *Woreda*. At the end of the action planning session, each HEW will be asked to come to the front of the room to provide their endorsement to their HEW action plan. Then, CHC HEWs Supervisors will provide their endorsement to the HEW action plan(s) for their *kebele* and the CHC monitoring tool. Then, Health Office Representatives will endorse the HEW action plans, CHC monitoring tool, and *Woreda* monitoring tools. These endorsements should be as public and ceremonial as possible.

10.4. Group discussion on workshop and closing remarks and distribution of action plan copies

At the end of the action planning session, participants will have a final discussion to review their respective roles, and discussion any remaining questions. Copies of the signed action plans will be made and distributed to all participants. CHCs and Health Office representatives will keep their respective monitoring tools.

Learnings from the *Andilaye* Trial:

Although they were not involved in the *Andilaye* Trial (for budget reasons), it is recommended that other *kebele* level stakeholders such as Agriculture Extension Workers, teachers, and *kebele* managers be trained as trainers as well. These stakeholders will likely be involved upcoming *Andilaye* activities (e.g., community conversation facilitators) and can help decrease the burden of HEWs by assisting in providing on-the-job training and supportive supervision to WDALs. It is also recommended to extend this to a 3-day training, if financially reasonable, to ensure that participants have additional time to practice the counseling skills under the supervision of the *Andilaye* team.

Sample activity checklist

Below, we have outlined a sample activity checklist to document the completion of key activities and objectives specifically related to the Skills-based training of trainers.

Sample agenda for 'Skills-based training of trainers'		
Complete	Day 1	Objective
<input type="checkbox"/>	✓ Welcome note and opening speech by <i>Woreda</i> Health Office Head (if present)	Objective 1
<input type="checkbox"/>	✓ Orientation to the <i>Andilaye</i> intervention, review of training objectives and agenda	Objective 1 Objective 2
<input type="checkbox"/>	✓ Introduction of training participants and setting of training ground rules	Objective 1
<input type="checkbox"/>	✓ Pre-training assessment	Objective 3
<input type="checkbox"/>	✓ Briefing <i>Andilaye</i> household visit steps	Objective 1 Objective 3
<input type="checkbox"/>	✓ Introduction of 'Gobez' flipbook, sanitation and hygiene goal card and household counseling visit monitoring card	Objective 1 Objective 3 Objective 4
<input type="checkbox"/>	✓ Basics of counseling and key skills	Objective 1 Objective 3
<input type="checkbox"/>	✓ Practical counseling visits for changing and sustaining sanitation, personal hygiene, and household environmental sanitation at individual and household levels	Objective 1 Objective 3
Complete	Day 2	Objective
<input type="checkbox"/>	✓ Practical counseling visits	Objective 1 Objective 3
<input type="checkbox"/>	✓ Presentation and discussion on sanitation, personal hygiene, and household environmental sanitation basics	Objective 1 Objective 3
<input type="checkbox"/>	✓ Basic concepts of monitoring and evaluation	Objective 4
<input type="checkbox"/>	✓ Introduction of supportive supervision activities and the checklist	Objective 2 Objective 4
<input type="checkbox"/>	✓ Introduction of planning templates	Objective 5
<input type="checkbox"/>	✓ Planning session	Objective 5
<input type="checkbox"/>	✓ Presentation and submission of action plans	Objective 5
<input type="checkbox"/>	✓ Post-training assessment	Objective 3

Process evaluation

Below, we have outlined an illustrative example of process evaluation indicators specifically related to the Skills-based training of trainers.

Key process evaluation data to capture for 'Skills-based training of trainers'		
Elements	Indicator	Record data below
Participation: Proportion of the intended priority audience that participates in the intervention activity	Total number of participants	
	Proportion of intervention districts with <i>Woreda</i> Health Office representative AND Hygiene and Sanitation Officer in attendance during training	
	Proportion of intervention <i>kebele</i> CHC HEWs Supervisors trained	
	Proportion of intervention <i>kebele</i> HEWs trained	
	Proportion of intervention <i>kebeles</i> with at least one HEW trained	
Dose delivered: Amount or number of intended units of each intervention activity delivered or provided by intervention implementers	Proportion of intervention districts with activity implemented	
	Proportion of intervention districts with activity objectives completed as planned (see checklist)	
	Length of activity each day (two day training)	
Dose received: Extents to which participants actively engage with, interact with, are receptive to, and/or use materials or recommended resources	Proportion of intervention <i>kebeles</i> with endorsed action plan for the completion of household-level activities and accompanying supportive supervision	

Skills-based refresher training of the trainers for HEWs, CHC HEWs Supervisors, Woreda officials

Activity summary	
Activity aim	To reinforce previously acquired knowledge and skills and address trainer/facilitator turnover. Prior experience indicates that such trainings serve to sustain actor motivation and further strengthen capacity.
Activity level	District maintenance
Timeline	After key behavior change activities at the community, group, and household-level have been implemented for some time and before ‘Skills-based review meetings and refresher trainings for Women’s Development Army Leaders’
Facilitators	<ul style="list-style-type: none"> • <i>Andilaye</i> team
Target audience	<ul style="list-style-type: none"> • All HEWs from intervention <i>kebeles</i> • At least two CHC HEWs Supervisors from all CHCs • <i>Woreda</i> Hygiene and Sanitation Officer • <i>Woreda</i> Health Extension Program Officer • <i>Woreda</i> Health Office Head
Essential tools	<ul style="list-style-type: none"> • Training Summary for Household Counselling Visits (English / Amharic) • <i>Andilaye</i> ‘Gobez!’ Flipbook (English / Amharic) • <i>Andilaye</i> Household Goal Card (English / Amharic) • <i>Andilaye</i> Household Monitoring Matrix Card (English / Amharic) • HEW Supportive Supervision Tool (English / Amharic) • <i>Woreda</i> Official Supportive Supervision Tool (English / Amharic) • Training of Trainers Action Planning Tool (English and Amharic) • CHC Action Plan Monitoring Tool (English and Amharic) • <i>Woreda</i> Action Plan Monitoring Tool (English and Amharic) • Process data from implemented activities
Complementary tools	<ul style="list-style-type: none"> • <i>Andilaye</i> CC Facilitator Flipbook (English / Amharic)
Duration	2 full-day workshop
Frequency	1x per year per intervention district

Purpose

After key behavior change activities at the community, group, and household-level have been implemented for some time, HEWs, CHC HEWs supervisors, and *Woreda* Officials should be provided a comprehensive refresher training. This refresher training will reinforce previously acquired knowledge and skills and address trainer/facilitator turnover. Further, monitoring data will be used to facilitate evidence-based, controlled, and documented operational-specific modifications during critical program moments (i.e., upcoming ‘Skills-based review meetings and refresher trainings for Women’s Development Army Leaders’).

Objectives

1. To provide skills-based training for new and untrained HEWs, CHC HEWs Supervisors, *Woreda* officials
2. To refresh HEWs/CHC HEWs Supervisors/*Woreda* Officials on how the household-level activities align with the other intervention activities
3. To reequip HEWs with the necessary knowledge on sanitation and hygiene concepts, and the necessary inter-personal counseling skills, so they can train WDALS on these concepts
4. To re-provide the didactic portion of the supportive supervision - 'on-the-job' skills training to HEWs/CHC HEWs Supervisors/*Woreda* Officials so they may establish follow-up and supportive supervision systems for their respective personnel (e.g., HEWs support key community-level stakeholders like WDALS, CC facilitators, community mobilization and commitment event coordinating committee) and effectively implement the *Andilaye* intervention with high fidelity
5. To revisit action plans for HEWs to train and provide support to their WDALS on the household-level intervention activities

Activity Description

Pre-activity preparation

The two-day refresher training will take place at the *Woreda* town for each district involved in the *Andilaye* intervention. The training will be facilitated by the *Andilaye* team. HEWs from all intervention *kebeles* will be asked in advance to participate in the training, along with the CHCs and *Woreda* Health Office representatives. Participants should be encouraged to come to the training with all *Andilaye*-related material they may have from previous catalyzing activities (i.e., flipbooks, handouts, action plans). The *Andilaye* team and *Woreda* officials should pre-identify how many HEWs from intervention *kebeles* were not part of the original 'Skills-based training of the trainers for HEWs, CHC HEWs Supervisors, *Woreda* officials' and prepare necessary materials for them. Additional materials should also be provided for participants that may have lost or damaged their materials. Prior to the implementation of this activity, the *Andilaye* team should analyze and review process data to pre-identify challenges and/or gaps in implementation.

Activity session

The activity sessions outlined in the activity description of the '[Skills-based training of the trainers for HEWs, CHC HEWs Supervisors, Woreda officials](#)' should be repeated to reinforce previously acquired knowledge and skills and address trainer/facilitator turnover. Facilitators will supplement and prioritize refresher training items to address challenges and gaps identified in process data. To initiate this discussion, facilitators will review progress on household-level activities and guide the participants in filling out a matrix on successes, challenges, and proposed solutions to improve intervention outcomes and resource management.

Training of community conversation facilitators

Activity summary	
Activity aim	To provide comprehensive facilitator training to selected <i>gott</i> and <i>kebele</i> stakeholders on the ‘community conversations’ group-level intervention activity
Activity level	District catalyzing
Timeline	After community-level ‘Whole system in the room’ and action planning
Facilitators	<ul style="list-style-type: none"> • <i>Andilaye</i> team
Target audience	<ul style="list-style-type: none"> • CC facilitators, as selected in WSR&AP • <i>Woreda</i> Hygiene and Sanitation Officer • <i>Woreda</i> Health Office Head • <i>Woreda</i> Health Extension Program Officer
Essential tools	<ul style="list-style-type: none"> • <i>Andilaye</i> CC Facilitator Flipbook (English / Amharic) • Community Conversation Action Planning Tool (English and Amharic)
Complementary tools	<ul style="list-style-type: none"> • <i>Andilaye</i> ‘Gobez!’ Flipbook (English / Amharic) • <i>Andilaye</i> Household Goal Card (English / Amharic) • <i>Andilaye</i> Overview Presentation (English)
Duration	2 full-day workshop
Frequency	1x per intervention district

Purpose

Prior to activity roll out in at the group-level, the *Andilaye* intervention commences with district-level capacity building activities, such as action planning and training of trainers and intervention activity facilitators. Following the district-level sensitizing and action planning workshop, community conversation (CC) facilitators such as HEWs, Agriculture Extension Workers, *Kebele* Administrators and Managers, school directors, Development Team Leaders, religious leaders, and elders selected during the community-level ‘Whole system in the room’ and action planning activity are provided a comprehensive training on the implementation of *Andilaye* activities (specifically group-level CCs) and supportive supervision of their respective personnel.

Objectives

1. To familiarize CC facilitators with the group-level intervention activity
2. To ensure CC facilitators understand how the CCs align with other intervention activities
3. To equip CC facilitators with the necessary knowledge on sanitation and hygiene concepts and facilitation skills needed to effectively conduct CCs
4. To develop an action plan for carrying out the CCs in each *kebele* and establish follow-up and support systems

Activity Description

Pre-activity preparation

The two-day training will take place at a reserved training hall in the *Woreda* town for each district involved in the *Andilaye* intervention. The training will be facilitated by the *Andilaye* team. Stakeholders from each

intervention *kebele/gott* will be selected during the ‘Whole system in the room’ and action planning activity to take on the CC facilitator role. The stakeholders can be both formal government staff, such as HEWs, AEWs, and school directors, and non-formal stakeholders, such as religious leaders and influential elderly community members. It is recommended to select up to four CC facilitators per intervention community. The *Woreda* Hygiene and Sanitation Officer and Health Office Head, and Health Extension Program Officer will also be invited to attend and support the training. If the total number of participants for a given district exceeds 25-30 people, then the participants will be split into two separate training groups to ensure the training remains effective.

Activity sessions

Complete the following workshop sessions in order to engage selected *gott* and *kebele* stakeholders on the ‘community conversations’ group-level intervention activity. See the checklist below for guidance on implementing this activity.

1. Registration of participants

Register all participants on arrival to document activity participation.

2. Welcome note

Andilaye team and the Health Office Representative (“Trainers”) provide a welcome note to discuss the purpose, aims, objective of the workshop (as outlined above), and offer thanks to the participants for attending. Trainers will lead an ‘ice-breaker’ so all participants get to know each other and can establish ‘ground rules’ for the workshop and its agenda.

3. Conceptual training on *Andilaye* behavioral themes (sanitation, personal hygiene, and household environmental sanitation)

Andilaye team, with support of Hygiene and Sanitation and *Woreda* Health Officers, will facilitate the training on the basics of sanitation, personal hygiene, and household environmental sanitation with the aim of highlighting the concepts of the three thematic behaviors to trainees. Trainers will conduct a brainstorming activity. Participants will be asked what they know about WASH practices and why improved WASH practices are important. Participants will share the current WASH practices of their communities and the challenges they face in trying to improve WASH practices in their various roles. Participant responses will be recorded on poster sheets for everyone to see and reflect on. Allow participants to offer their own suggests regarding benefits, but do not limit them to disease prevention. We want to leverage other more effective motivators of behavioral change. The conversations should focus on ALL perceived benefits of improved WASH practices. **After the brainstorming and discussion, trainers will walk through the 11 WASH key messages of the *Andilaye* intervention and outline the benefits and barriers to each key message with participant feedback and contribution.**

4. Overview of *Andilaye* intervention

Trainers will provide an overview of the *Andilaye* intervention, including community, group, and household-level activities (along with a brief review of their corresponding behavior change tools) so the participants have a holistic understanding of the *Andilaye* intervention and understand the different ways community members are being engaged to change their behaviors. The intervention motto will also be introduced – ***“Together we can be a strong, caring, healthy community.”***

5. Group discussion on *Andilaye* – open floor for general discussion and feedback

Andilaye team and the Health Office Representative will facilitate a group discussion where participants recall in their own words the key components of the *Andilaye* intervention:

- **Motto:** “*Together we can be a strong, caring, healthy community*”
- **Approach:** The *Andilaye* intervention is unique in that it takes a positive, encouragement approach to behavior change by promoting incremental improvements in behavior, and incorporates behavioral maintenance strategies to foster sustained behavioral change
- **Target behavioral themes:** (1) sanitation, (2) personal hygiene, and (3) household environmental sanitation – and targeted practices
- **Intervention activity levels:** (1) district, (2) community, (3) group, (4) household – and catalyzing and maintenance activities

6. Community conversations activity and behavior change tools

The first part of the training will cover aspects of the *Andilaye* CCs group-level activity, the corresponding behavior change tools, and the skills the facilitators will need to develop so they may effectively conduct the CCs. At this point, trainers will distribute copies of the group-level activity behavior change tool to all participants (***Andilaye CC Facilitator Flipbook***). Copies of the ***Andilaye Household Goal Card*** should also be circulated during this session. The trainers will explain that the cards will remain at the households of community members, but CC facilitators will be provided a copy of the Goal Card for them to bring to CCs.

7. Community conversations objectives and desired outcomes

Trainers will discuss the objectives and desired outcomes of the CCs in greater detail (using contents of the ***Andilaye CC Facilitator Flipbook*** as a guide – “Facilitator instructions” and “Steps to follow during the community conversations”):

- To change attitudes toward improved practices by discussing the benefits of practicing the target WASH behaviors and dispel misconceptions through demonstrations
- To enhance action knowledge and capacity through group discussions, practical activities, and demonstrations
- To facilitate conversation amongst group members regarding barrier identification and planning by discussing personal experiences and challenges in practicing the target WASH behaviors, and identifying solutions through community group dialog
- To reinforce messaging from the community and household-level activities and ensure community members understand how the activities are related
- To mobilize group members to commit in front of their peers to practicing the target WASH behaviors, and encouraging their household members to create a “strong, caring, healthy community”
- To establish and foster a supportive environment among community members so they can rely on each other to address behavioral barriers

8. Community conversation techniques

The trainers will explain that the CCs will be used to reinforce *Andilaye* household-level activities with caregivers that will be conducted by WDALs. Trainers will distribute a copy of the ***Andilaye ‘Gobez!’ Flipbook*** to demonstrate how the activities align. To reinforce *Andilaye* at the group-level, CCs will target religious leaders, elders, husbands, mother and father in-laws and others that are influential in the community. CCs are also intended to equip CC facilitators with the proper knowledge and skill on WASH concepts as well as basic skills required to ensure quality community dialogue on WASH behaviors. It will also help to ensure coordination among different

sectors at *gott/kebele* level to act on *Andilaye* interventions. In all CCs, the key aspect of quality is active participation among the participants. Trainers will provide practical guidance on facilitation skills to prepare the participants for facilitating active group dialog during the CC sessions:

- While facilitators organize the actual CC, they should be polite, be respectful, be good listener, appreciate knowledge and skill of the participants, be patient, and do not take sides on difficult issues
- Facilitators should make sure that the CCs runs smoothly, and ensure the clarity of the views for each of the participants by checking out their level of understanding
- Facilitators should help participants to stick to the main issues and the agenda and make sure that everybody listens to each other

9. Target audiences and how to establish the community conversation group

Trainers will explain that the target audiences for the CCs were selected by *kebele*-level stakeholders during the ‘Whole system in the room’ and action planning activity and explain the suggested approach to reach all target audiences for CCs:

- CC facilitators, with support from *Kebele* Administrator, HEW, and other *kebele* officials will select mix of 15-20 CC participants for each CC series (i.e., a group of participants that will partake in CCs for all three behavioral themes) – Note, this will be completed during the second day of the training by completion of the action plan
- Since four CC facilitators will be trained in each *kebele*, CC facilitators will split into pairs so that they can conduct two groups of CC participants at once for each CC session (i.e., sanitation, personal hygiene, and household environmental sanitation)
- Based on the number of households in a *gott*, facilitators will select a mix of individuals for each group. Thus, for the first CC session (i.e., sanitation), the two groups of CC participants should be a mix of participants (representatives from religious leaders, WDALs, mother and father in-laws, elders and other segments of community mentioned during WSR&AP)
- The two pairs of CC facilitators will select participants from the intervention *gott* till all head of households in the *gott* will be addressed. After three sessions on three behavior themes are conducted, the team of CC facilitators will select another mix of 15-20 participants to partake in CCs for all three behavioral themes
- After all of the target audience members indicated in the WSR&AP are engaged in a full series of CCs, facilitators can continue to other nearby *gotts* within the *kebele*

10. Frequency and length of community conversation sessions

Trainers will explain that the frequency of sessions will be determined during the CC facilitators training – Note, this will be completed during the second day of the training by completing the action plan. CC participants will be consulted about the frequency of the sessions during the first session. They will be asked to give their opinion on the frequency (e.g. 1 per month, 2 per month, etc.). If more than 75% of participants are comfortable on the frequency, the sessions will proceed according to the action plan. Otherwise, the frequency will be changed based on participants opinion.

11. Summarized protocol for carrying out the community conversations

After discussing the target audience and frequency of CCs, trainers will summarize the overall protocol for carrying out the CCs). Trainers should refer CC facilitators to page 2 (“Welcome and

general introduction”), page 4 (“Community conversations: session 1”), page 21 (“Community conversations: session 2”) and page 34 (“Community conversations: session 3”) of the flipbook for details.

12. Community conversations session practice

Trainers will then ask CC facilitators to follow along as they walk through the sanitation section (green) of the **Andilaye CC Facilitator Flipbook**, providing practical guidance on facilitation skills to prepare the participants for facilitating active group dialog during the CC sessions. Trainers will present the basic concepts and key techniques of facilitation, and will explain how the **Andilaye CC Facilitator Flipbook** should be utilized to help facilitate the sessions. Trainers will encourage participants to ask clarifying questions and offer feedback throughout the review of the behavior change tools.

Trainers will then demonstrate these facilitation skills by acting out a CC session with the participants as the group members and two trainers as the facilitators. After the example skit, participants will be asked to point out the key facilitation skills that the trainers demonstrated. CC facilitators will then be divided into two smaller groups so they can practice an example CC session among themselves. Participants will rotate acting as the facilitators vs. CC participants. Each CC facilitator will receive feedback and guidance from the trainers and fellow CC facilitators during this practice session. After all CC facilitators have had a chance to practice, the two groups will join together again, and share challenges and lessons learned on facilitation.

13. Demonstrations

After the practice session, the trainers will lead an interactive demonstration that addresses a misconception about the improved WASH behaviors discussed in each behavioral theme. Trainers will indicate that most likely, the misconception will have arisen during the discussion, and the facilitators can easily transition from the group dialog to the demonstration. Here are the demonstrations and their objectives by session:

13.1. Sanitation demonstrations

See protocols on pages 15-18 of the **Andilaye CC Facilitator Flipbook**

- **Negotiations – latrine construction:** Practicing negotiations regarding latrine repairs and upgrades (i.e., how to approach decision-makers in a convincing and friendly way, who to engage to support and reinforce the conversation, etc.). The objective of this demonstration is to convince late adopters and/refusals to construct a latrine as fast as possible
- **Negotiations – latrine use:** Practicing negotiations with household members who are late adopters or refuse to exclusively defecate in a latrine (i.e., how to approach the person in a convincing and friendly way, who to engage to support and reinforce the conversation, etc.). The objective of this demonstration is to convince late adopters and/refusals to use a latrine as fast as possible
- **Pooper scooper:** The facilitator asks for a volunteer from the group to help assist with putting together a pooper scooper ‘model’ using local materials. The facilitator lays out the materials - bamboo and a half-cut 10L jerrican – and then asks the volunteer to follow his directions as he guides the volunteer through the construction of this pooper scooper model (which shows to the other participants that they too can make this!). The facilitator then asks the volunteer to demonstrate using the newly made pooper scooper by scooping up a rock or some other material in the nearby area. The objective of this

demonstration is to show participants how to make and use a pooper scooper to dispose of child feces

- **Child feces disposal:** Facilitators demonstrate how to collect the child's feces, dispose of them in the latrine, or bury them if the household has not yet constructed a latrine, and wash hands after the feces have been safely disposed. The objective of this demonstration is to demonstrate how to dispose child feces to a latrine or by burying and to encourage them to wash their hands after disposal
- **Visit to model household:** The facilitator identifies a household ahead of time that is a role model for the sanitation target behaviors. The facilitator asks the group members to follow him/her to the role model's house where one of the household members at the house (be it the head of household or main caregiver) shows the group their practices and discusses how they made it happen, the challenges they faced, the solutions they came up with, etc. The objective of this demonstration is to encourage the late adopters, and tell them that they can adopt practices to construct household latrine, upgrade and/repair it regularly, and exclusively use the latrine for defecation

13.2. Personal hygiene demonstrations

See protocols on pages 29-31 of the *Andilaye CC Facilitator Flipbook*

- **Dispel misconception faces and hands are clean:** Facilitators should be provided with white or light colored cloths wetted down with some clean water in advance of the CC on personal hygiene. The facilitators should first ask who thinks their face/hands are clean – show of hands. Everyone in the group should either wipe his/her face or the face of any young children who accompanied him/her with one of the cloths. Then, everyone in the group should wipe his/her hands or the child's hands with a different part of the cloth. The facilitators should do the same. The facilitators should then ask all participants to show their cloths to the group. The facilitators should note that even when it seems as though someone's face and hands are clean, they may not be. The facilitators should call on someone to volunteer washing his/her face and hands (or those of a child), and then repeat wiping with the wet wipe/cloth. The facilitators should ask what the group thinks – what does this mean for how and when faces and hands should be washed in order to keep them clean? Why is it important to keep them clean? The objective of this demonstration is to show participants that hands and faces that do not have visible dirt may not be clean and to encourage participants and all household members to wash hands and faces
- **Dispel misconception around how much water is needed to wash your face:** The facilitators will ask the participants how much water is needed to wash one's face and to then act out how to properly wash one's face (facilitators ensure the group shows washing the whole face and discusses washing with water and soap when it is available). The facilitators will then demonstrate to the participants how to make a tippy-tap out of a 1 liter bottle and a bar of soap. Next, the facilitators will invite participants to come up one-by-one and properly wash their face, as discussed. The facilitators will monitor the amount of water used by participants at the tippy-tap. Once the 1 liter bottle is empty, the facilitators will ask the participants to count the number of people who were able to wash their face with just 1 liter of water. The facilitators will end the demonstration by asking the participants again how much water they think is needed to wash one's face and how this amount differs from what they stated at the start of the demonstration. The objective of this demonstration is to help household members to come up with solutions

to barriers of face washing, particularly the misconception that it is too difficult to collect enough water for face washing

- **Make soapy water for face and handwashing:** The facilitators will emphasize the importance of using soap when washing one's hand and face. The facilitators will demonstrate that making soapy water can reduce costs of purchasing soap for face and handwashing by up to 80%. The facilitator will then demonstrate the protocol for making soapy water and how to use soapy water for face and handwashing. The objective of this demonstration is to show how households can reduce cost on soap for face and handwashing while still using an effective cleansing agent

13.3. Household environmental sanitation demonstrations

See protocols on pages 44-46 of the *Andilaye CC Facilitator Flipbook*

- **Pooper scooper:** The facilitator asks for a volunteer from the group to help assist with putting together a pooper scooper 'model' using local materials. The facilitator lays out the materials - bamboo and a half-cut 10L jerrican – and then asks the volunteer to follow his directions as he guides the volunteer through the construction of this pooper scooper model (which shows to the other participants that they too can make this!). The facilitator then asks the volunteer to demonstrate using the newly made pooper scooper by scooping up a rock or some other material in the nearby area. The objective of this demonstration is to show participants how to make and use a pooper scooper to keep their household compound clean
- **Negotiations – household compound cleanliness and separating animals from family living area:** Practicing negotiations regarding household environmental sanitation (i.e., how to approach decision-makers in a convincing and friendly way, who to engage to support and reinforce the conversation, etc.). The objective of this demonstration is to convince late adopters and/refusals to participate in keeping the household compound clean and separating animals from the main family living area as fast as possible
- **Visit to model household:** The facilitator identifies a household ahead of time that is a role model for the household environmental sanitation target behaviors (the household has a separate building for their livestock, has constructed a chicken coop, is actively using a solid waste pit for disposal of waste in the household compound, etc.). The facilitator asks the group members to follow him/her to the role model's house where one of the household members at the house (be it the head of household or main caregiver) shows the group their practices and discusses *how* they made it happen, the challenges they faced, the solutions they came up with, etc. The objective of this demonstration is to motivate participants and their household members to keep their household compound clean and separating animals from their main family living area

13. Monitoring tools

Trainers will introduce and review the tracking forms that CC facilitators will use to record the CC sessions. Trainers should refer CC facilitators to page 49-52 of the flipbook for details. Trainers will assure that CC facilitators are comfortable in recording the following for each CC:

- Date and location
- Number of participants
- Number of participants from each target group
- Which demonstrations were conducted

14. Action planning and related follow-up systems

At the end of the two-day training, *Andilaye* team member will introduce the **Community Conversations Action Planning Tool** – explaining the different sections and how to fill them out.

14.1. Break out into groups to fill in action plan tables

CC facilitators from the same *kebele* will work to finalize the list of target audiences for their CCs and come to an agreement regarding which CC facilitator will be responsible for which target audience(s). For each target audience, the designated CC facilitator will be responsible for:

- Identifying individuals from within the intervention *gott* (first, and the larger *kebele* once all target audience members from within the intervention *gott* have participated in a CC series) that fall within the target audience
- Recruiting the individuals to the CC group series
- Facilitating each series of CCs until all individuals who fall within the target audience have participated in a CC series

Together, CC facilitators from the same *kebele* will develop an action plan for setting up their first CCs of the series for each target audience. Trainers will emphasize to each '*kebele* team' that they should first prioritize establishing CC groups with target community members from their intervention *gott* first, and later focus on community members from the surrounding *gotts*.

14.2. Group presentations and finalization of action planning

Each '*kebele* team' will present their CC action plan to the larger audience for feedback. The participants will then come together to develop district-wide systems for follow-up, such as scheduling of supportive supervisory visits by the HEWs and *Woreda* Officials during the CCs.

10.3. Final review and endorsement of action plan

At the end of the action planning session, each CC facilitator will be asked to come to the front of the room to provide their endorsement to their action plan. Copies will be made of the action plans so that each CC facilitator and Health Office representative has a copy. These endorsements should be as public and ceremonial as possible.

Learnings from the *Andilaye* Trial:

As with the 'Skills-based training of the trainers for HEWs, CHC HEWs Supervisors, *Woreda* officials, it is also recommended to extend this to a 3 day training, if financially reasonable, to ensure that participants have additional time to practice the community conversation facilitating skills under the supervision of the *Andilaye* team. It is also recommended to hold a celebration to reward groups/communities for completing the three CC session and to motivate one another to sustain well-earned gains. Celebrations foster motivation and also help reinforce improved behaviors and promote healthy competition among communities.

Sample activity checklist

Below, we have outlined a sample activity checklist to document the completion of key activities and objectives specifically related to the training of community conversation facilitators.

Sample activity checklist for 'Training of community conversation facilitators'		
Complete	Day 1	Objective
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Welcome and opening remarks ✓ Pre-training assessment 	Objective 1
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Overview of community and household <i>Andilaye</i> intervention activities 	Objective 1 Objective 2
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Conceptual training on sanitation, personal hygiene, and household environmental sanitation 	Objective 3
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Objectives and desired outcomes of the community conversations ✓ Explanation of the purpose behind the community conversations technique 	Objective 2
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Introduction to Community Conversations activity & BCC tools 	Objective 3
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Target audiences and how to establish the community conversation group ✓ Frequency and length of community conversation session 	Objective 3
Complete	Day 2	Objective
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Recap and review of Day 1 	Objective 1
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Demonstrations of sanitation, personal hygiene, and household environmental sanitation community conversations 	Objective 3
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Facilitator skills and practice 	Objective 3
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Action planning 	Objective 4
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Post-training assessment and feedback 	Objective 1

Process evaluation

Below, we have outlined an illustrative example of process evaluation indicators specifically related to the training of community conversation facilitators.

Key process evaluation data for 'Training of community conversation facilitators'		
Elements	Indicator	Record data below
Reach: Proportion of the intended priority audience that participates in the intervention activity	Total number of participants	
	Proportion of intervention districts with <i>Woreda</i> Health Office representative AND Hygiene and Sanitation Officer in attendance	
	Proportion of <i>Andilaye</i> community conversation facilitators in attendance during the training	
	Proportion of intervention <i>kebeles</i> with <i>Andilaye</i> trained community conversation facilitators	
Dose delivered: Amount or number of intended units of each intervention activity delivered or provided by intervention implementers	Proportion of intervention districts with activity implemented	
	Proportion of intervention districts with activity objectives completed as planned (see checklist)	
	Length of activity each day (two day training)	
Dose received: Extents to which participants actively engage with, interact with, are receptive to, and/or use materials or recommended resources	Proportion of intervention <i>kebeles</i> with representatives that endorsed action plan for the completion of group-level activities	

Review meeting and refresher training of community conversation facilitators

Activity summary	
Activity aim	To reinforce previously acquired knowledge and skills and address trainer/facilitator turnover. Prior experience indicates that such trainings serve to sustain actor motivation and further strengthen capacity.
Activity level	District maintenance
Timeline	After key behavior change activities at the community, group, and household-level have been implemented for some time
Facilitators	<ul style="list-style-type: none"> • <i>Andilaye</i> team
Target audience	<ul style="list-style-type: none"> • CC facilitators, as selected in WSR&AP • <i>Woreda</i> Hygiene and Sanitation Officer • <i>Woreda</i> Health Officer
Essential tools	<ul style="list-style-type: none"> • <i>Andilaye</i> CC Facilitator Flipbook (English / Amharic) • Community Conversation Action Planning Tool (English and Amharic)
Complementary tools	<ul style="list-style-type: none"> • <i>Andilaye</i> ‘Gobez!’ Flipbook (English / Amharic) • <i>Andilaye</i> Household Goal Card (English / Amharic)
Duration	1 full-day workshop
Frequency	1x per year per intervention district

Purpose

After key behavior change activities at the community, group, and household-level have been implemented for some time, community conversation (CC) facilitators will be provided a comprehensive refresher training. This refresher training will reinforce previously acquired knowledge and skills and address trainer/facilitator turnover. Further, monitoring data will be used to facilitate evidence-based, controlled, and documented operational-specific modifications during critical program moments (i.e., ‘Follow-up community conversations’).

Objectives

1. To ensure CC facilitators understand how the CCs align with other intervention activities
2. To equip CC facilitators with the necessary knowledge on sanitation and hygiene concepts and facilitation skills needed to effectively conduct CCs
3. To revisit an action plans for carrying out the CCs in each *kebele* and follow-up and support systems

Activity Description

Pre-activity preparation

The one-day refresher training will take place at the *Woreda* town for each district involved in the *Andilaye* intervention. The training will be facilitated by the *Andilaye* team. CCs from all intervention *kebeles* will be asked in advance to participate in the training, along with the Sanitation and Hygiene Officer and Health Officer, for a total of 30-50 participants. Participants should be encourage to come to the training with all *Andilaye*-related material they may have from previous catalyzing activities (i.e., flipbooks, handouts,

action plans). The *Andilaye* team and *Woreda* officials should pre-identify how many CC from intervention *kebeles* were not part of the original ‘Training of community conversation facilitators’ or CC facilitators that need to be replaced and prepare necessary materials for them. Prior to the implementation of this activity, the *Andilaye* team should analyze and review process data to pre-identify challenges and/or gaps in implementation.

Activity session

The activity sessions outlined in the activity description of the ‘[Training of community conversation facilitators](#)’ should be repeated to reinforce previously acquired knowledge and skills and address trainer/facilitator turnover. Facilitators will supplement and prioritize refresher training items to address challenges and gaps identified in process data. To initiate this discussion, facilitators will review progress on group-level activities and guide the participants in filling out a matrix on successes, challenges, and proposed solutions to improve intervention outcomes and resource management.

Learnings from the *Andilaye* Trial:

It is also recommended to extend this to a 2 day training, if financially reasonable, to ensure that participants have additional time to practice the community conversation facilitating skills under the supervision of the *Andilaye* team. Or, if more applicable, a “mop up” training is recommended to train any new CC facilitators to address turnover.

Skills-based training of Women’s Development Army Leaders

Activity summary	
Activity aim	To provide skills-based training to WDALs on household-level intervention activities, as detailed in the training of the trainers for HEWs, CHC HEWs Supervisors, and <i>Woreda</i> Officials
Activity level	Community catalyzing
Timeline	After district-level Skills-based training of the trainers for HEWs, CHC HEWs Supervisors, <i>Woreda</i> Officials and before community-level Community mobilization and commitment event
Facilitators	<ul style="list-style-type: none"> • HEWs • CHC HEWs Supervisors • <i>Andilaye</i> team (support)
Target audience	<ul style="list-style-type: none"> • WDALs
Essential tools	<ul style="list-style-type: none"> • Training Summary for Household Counselling Visits (English / Amharic) • <i>Andilaye</i> ‘Gobez!’ Flipbook (English / Amharic) • <i>Andilaye</i> Household Goal Card (English / Amharic) • <i>Andilaye</i> Household Monitoring Matrix Card (English / Amharic)
Complementary tools	<ul style="list-style-type: none"> • <i>Woreda</i> Official Supportive Supervision Tool (English / Amharic) • HEW Supportive Supervision Tool (English / Amharic)
Duration	2 full-day training
Frequency	1x per intervention community

Purpose

The purpose of the household-level *Andilaye* ‘Counselling visit with caregivers’ is to provide household/caregiver-specific counselling to caregivers to equip them with the knowledge, skills, and motivation necessary to develop improved sanitation, personal hygiene, and household environmental sanitation practices. Women’s Development Army Leaders (WDALs) are the primary counsellor and will visit each household in her catchment area to conduct the counseling visits. The ‘Skills-based training of Women’s Development Army Leaders’ will provide WDALs with counseling skills necessary to conduct household-level intervention activities.

Objectives

1. To orient WDALs with the *Andilaye* intervention and the purpose and desired outcomes of the inter-personal counseling visits
2. To familiarize WDALs with their role as the main counselors, and the role of HEWs and CHCs as support
3. To train WDALs on the key activity steps they should perform during initial counseling and follow-up visits
4. To familiarize the WDALs with the use of BCC tools during the counseling visits
5. To train WDALs on behavior change techniques to be used during the visits, as facilitated by the BCC tools and how to engage the primary caregiver of the youngest child along with other household members

6. To train WDALs on the logistics of the visits such as the frequency and length

Activity Description

Pre-activity preparation

The two-day training will take place at a central location (e.g., health post) of each intervention community involved in the *Andilaye* intervention. The training will be facilitated by HEWs and CHC HEWs Supervisors trained during the district-level ‘Skills-based training of trainers’, and the *Andilaye* team will complete full observations of the trainings to assist trainers as needed. WDALs selected by HEWs, CHC HEWs Supervisors, and *Woreda* Officials from all intervention *kebeles* will be asked in advance to participate in the training, for a total of around 10 WDALs per *gott/kebele*.

Activity sessions

Complete the following workshop sessions in order to provide skills-based training to WDALs on household-level intervention activities, as detailed in the training of the trainers for HEWs, CHC HEWs Supervisors, and *Woreda* Officials. See the checklist below for guidance on implementing this activity.

1. **Registration of participants**

Register all participants on arrival to document activity participation.

2. **Welcome note**

HEWs and the CHC HEWs Supervisors (“Trainers”) provide a welcome note to discuss the purpose, aims, objective of the workshop (as outlined above), and offer thanks to the WDALs for attending. Trainers will lead an ‘ice-breaker’ so all WDALs get to know each other and can establish ‘ground rules’ for the workshop and its agenda.

3. **Overview of *Andilaye* intervention**

Trainers will provide an overview of the *Andilaye* intervention, including community, group, and household-level activities (along with a brief review of their corresponding behavior change tools) so the WDALs have a holistic understanding of the *Andilaye* intervention and understand the different ways community members are being engaged to change their behaviors. The intervention motto will also be introduced – ***“Together we can be a strong, caring, healthy community.”***

4. **Group discussion on *Andilaye* – open floor for general discussion and feedback**

Trainers will facilitate a group discussion where WDALs recall in their own words the key components of the *Andilaye* intervention:

- **Motto:** *“Together we can be a strong, caring, healthy community”*
- **Approach:** The *Andilaye* intervention is unique in that it takes a positive, encouragement approach to behavior change by promoting incremental improvements in behavior, and incorporates behavioral maintenance strategies to foster sustained behavioral change
- **Target behavioral themes:** (1) sanitation, (2) personal hygiene, and (3) household environmental sanitation – and targeted practices
- **Intervention activity levels:** (1) district, (2) community, (3) group, (4) household – and catalyzing and maintenance activities

5. **Household-level *Andilaye* activities and behavior change tools**

The first part of the training will cover the protocol for household counseling visits with caregivers, the corresponding behavior change tools, and the skills the WDALs will need to develop so they may effectively conduct the visit. At this point, HEWs will distribute copies of the household-level activity behavior change tools to all WDALs (*Andilaye 'Gobez!' Flipbook* and *Andilaye Household Goal Card*). HEWs will explain the following about the inter-personal counseling visits with caregivers (using the *Training Summary for Household Counselling Visits* as a guide):

- Purpose and desired outcomes of the inter-personal counseling visits
- Role and responsibilities of WDALs as the main counselors, and HEWs, CHCs, and *Woreda* Health Office Officials as support
- Engagement of the primary caregiver of the youngest child along with other household members as the target audience for this activity
- Logistics of the visits such as the frequency and length (i.e., visit each household in WDAL catchment area to conduct an *Andilaye* household counselling visit about once per month, with each visit lasting around 30 minutes)
- Key steps for performing *Andilaye* household counselling visits (initial counseling and follow-up visits) including: (1) greeting, (2) transect walk of the entire household compound, (3) goal setting, (4) tailored (behavioral theme and need-specific) inter-personal counseling, and (5) appointment setting and concluding remarks
- Overview of how the WDALs should use the behavior change tools associated with each step of the counseling visit
- Behavior change techniques to be used during the visits, as facilitated by the behavior change tools including: (1) equip them with the knowledge, skills, and motivation necessary to adopt improved WASH practices and (2) foster action capacity, self-efficacy, and barrier planning so caregivers maintain the improved WASH practices

6. Behavioral theme sessions

Next the training will move into a series of three sessions – one on each behavioral theme. These sessions will review key concepts related to the behavioral theme, walk through the corresponding sections of the behavior change tools, and include counseling skills practice sessions.

Session 1: Sanitation

6.1. Sanitation concepts and brainstorming activity

The first session will cover sanitation concepts and the corresponding sanitation aspects of the counseling level visit with caregivers. Trainers will conduct a brainstorming activity where WDALs are asked what they know about sanitation practices and how they relate to disease prevention. WDALs will also be asked to share the current sanitation practices of their communities and the challenges they face in promoting sanitation practices. Participant responses will be recorded on poster sheets for everyone to see and reflect on. After the brainstorming and discussion, trainers will walk through the 6 targeted sanitation practices of the *Andilaye* intervention and facilitate a discussion amongst the WDALs regarding the benefits and barriers to each sanitation behavior. **After the WDALs contribute their feedback, the *Andilaye* team will add any other commonly cited benefits and barriers that the WDALs have missed.**

6.2. Sanitation components of behavior change tools

Trainers will then ask WDALs to follow along as they walk through the sanitation section (green) of the *Andilaye 'Gobez!' Flipbook* and the *Andilaye Household Goal Card*, reviewing each

message and picture. Trainers will encourage WDALs to ask clarifying questions and offer feedback throughout the review of the behavior change tools.

6.3. Sanitation counseling skills

Trainers will provide practical guidance on inter-personal counseling techniques since the main approach of the household visits is to give tailored counseling to caregivers on improved WASH practices. Trainers will present the basic concepts and explain key techniques for effective counseling, and will explain how the behavior change tools (**Andilaye Household Goal Card** and **Andilaye 'Gobez!' Flipbook**) are utilized as counseling tools for the household visits.

6.4. Sanitation counseling practice

Trainers will then act out the sanitation components of the initial counseling visit with one trainer acting as the WDAL and the other as the caregiver. The pair will demonstrate the initial counseling visit, showcasing the various counseling techniques and how to properly use the behavior change tools to discuss sanitation behaviors. Trainers will then invite the WDALs to pair-up and practice the sanitation component of the initial counseling visit with their partner. After all WDALs have had a chance to practice, the trainers will call on a volunteer pair to demonstrate their skills to the larger audience. Both the trainers and larger audience will offer feedback to the volunteers. Next, the trainers will act out an example follow-up counseling visit and WDALs will be given a chance to pair-up and practice this visit type as well, with one pair being selected to demonstrate. Then the floor will be opened to a larger discussion about the challenges and lessons learned on counseling and other aspects of this household-level activity.

Session 2: Personal Hygiene / Session 3: Household Environmental Sanitation

The trainers will then repeat the above activities (6.1. – 6.4.) once for a session on personal hygiene, covering the concepts, components of behavior change tools, and related counseling skills, and then a again for a session on household environmental sanitation.

7. Monitoring tools

Trainers will introduce and review the data collection tool (**Andilaye Household Monitoring Matrix Card**) that will be used by WDALs to record their counseling visits with caregivers and how this data collection tool will be used by HEWs, CHCs, *Woreda* Health Offices to compile WDAL activity.

8. Supportive supervision and related follow-up systems

After review of the monitoring tools and their integration into existing HEP efforts, the discussion will focus on supportive supervision, and activity monitoring and follow-up. The trainers will outline what is meant by 'supportive supervision,' why it is integral to the success of the *Andilaye* intervention, and what kinds of follow up systems should be put in place. HEW and CHC HEWs Supervisors will then schedule on-the-job training and supportive supervision for the initial round of counseling visits.

- HEWs will offer supportive supervision and on-the-job-training to each WDAL in her catchment area as the WDAL conduct her household counselling visits. Each time the HEW moves with each 1 to 30 WDAL (for the round of initial household counselling visits and subsequent monthly visits), she should observe a minimum of 3 household counselling visits with each WDAL. HEWs will use the **HEW Supportive Supervision & On-**

The-Job Training Tool and take notes on what the WDAL is doing well, and areas that require improvement.

- CHC HEWs Supervisors will perform supportive supervision and on-the-job training with HEWs for a minimum of one round for initial household counselling visits and at least once per month for subsequent monthly visits for each WDAL in her catchment. CHC HEWs Supervisors will use the **Woreda Official Supportive Supervision & On-The-Job Training Tool** and take notes on what the HEW.

Learnings from the *Andilaye* Trial:

Given that this training takes place in the community, challenges may arise in ensuring WDALs are present for the entire training as they may be diverted to domestic responsibilities. Mechanisms should be established to address this challenge. For example, HEWs and CHC HEWs Supervisors could work with WDALs in advance so they can organize assistance for their domestic responsibilities while they are attending the training.

Sample activity checklist

Below, we have outlined a sample agenda to document the completion of key activities and objectives specifically related to the Skills-based training of WDALs.

Sample activity checklist for 'Skills-based training of WDALs'		
Complete	Day 1	Objective
<input type="checkbox"/>	✓ Review of training objectives and agenda	Objective 1
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Orientation to the <i>Andilaye</i> intervention ✓ Review of <i>Andilaye</i> motto and approach 	Objective 1
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Orientation to the <i>Andilaye</i> intervention behavioral themes ✓ Orientation to the messages related to sanitation, personal hygiene, and household environmental sanitation 	Objective 1
<input type="checkbox"/>	✓ Introduction to the <i>Andilaye</i> household counseling visit protocol	Objective 1 Objective 2 Objective 3
<input type="checkbox"/>	✓ Introduction of the 'Gobez' flipbook, sanitation and hygiene goal card and household counseling visit monitoring matrix card	Objective 4 Objective 5 Objective 6
Complete	Day 2	Objective
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Demonstration of household visits ✓ Pair-to-pair household visit practice ✓ Pair-to-pair household visit demonstration 	Objective 5

Process evaluation

Below, we have outlined an illustrative example of process evaluation indicators specifically related to the skills-based training of WDALs.

Key process evaluation data for 'Skills-based training of WDALs'		
Elements	Indicator	Record data below
Participation: Proportion of the intended priority audience that participates in the intervention activity	Proportion of intervention <i>kebeles</i> with HEWs acting as activity training facilitator	
	Proportion of intervention <i>kebeles</i> with CHC HEWs Supervisors acting as activity training facilitator	
	Proportion of WDALs from intervention <i>gotts</i> in attendance during the training	
	Proportion of intervention <i>kebeles</i> with <i>Andilaye</i> trained WDALs	
Dose delivered: Amount or number of intended units of each intervention activity delivered or provided by intervention implementers	Proportion of intervention <i>kebeles</i> with activity implemented	
	Proportion of intervention <i>kebeles</i> with activity objectives completed as planned (see checklist)	
	Length of activity each day (two day training)	
Dose received: Extents to which participants actively engage with, interact with, are receptive to, and/or use materials or recommended resources	Proportion of intervention <i>kebeles</i> with HEWs reporting that they have received <i>Andilaye</i> supportive supervision from CHC HEWs Supervisors	
	Proportion of WDALs reporting that they have received <i>Andilaye</i> supportive supervision from HEWs	
	Proportion of respondents from households in intervention <i>kebeles</i> reporting that an HEW accompanied the WDAL for an <i>Andilaye</i> counseling visit with caregivers	

Skills-based review meeting and refresher training of Women’s Development Army Leaders

Activity summary	
Activity aim	To reinforce previously acquired knowledge and skills, address WDAL turnover, and review successes and address challenges faced in implementing counseling visits with caregivers. Prior experience indicates that such trainings serve to sustain actor motivation and further strengthen capacity.
Activity level	Community maintenance
Timeline	After district-level ‘Skills-based refresher training of the trainers for HEWs, CHC HEWs Supervisors, <i>Woreda</i> Officials’
Facilitators	<ul style="list-style-type: none"> • HEWs • CHC HEWs Supervisors • <i>Andilaye</i> team (support)
Target audience	<ul style="list-style-type: none"> • WDALs
Essential tools	<ul style="list-style-type: none"> • Training Summary for Household Counselling Visits (English / Amharic) • <i>Andilaye</i> ‘Gobez!’ Flipbook (English / Amharic) • <i>Andilaye</i> Household Goal Card (English / Amharic) • <i>Andilaye</i> Household Monitoring Matrix Card (English / Amharic) • HEW Supportive Supervision Tool (English / Amharic)
Complementary tools	<ul style="list-style-type: none"> • <i>Woreda</i> Official Supportive Supervision Tool (English / Amharic)
Duration	1 half-day training
Frequency	2x per year per intervention community

Purpose

The purpose of the ‘Women’s Development Army Leader (WDAL) training’ is to provide skills-based training to WDALs on household-level intervention activities.

Objectives

1. To re-familiarize WDALs with their role as the main counselors, and the role of HEWs and CHCs as support
2. To retrain WDALs on the key activity steps they should perform during initial counseling and follow-up visits
3. To re-familiarize the WDALs with the use of BCC tools during the counseling visits
4. To retrain WDALs on behavior change techniques to be used during the visits, as facilitated by the BCC tools and how to engage the primary caregiver of the youngest child along with other household members
5. To retrain WDALs on the logistics of the visits such as the frequency and length

Activity Description

Pre-activity preparation

The one half-day training will take place at a central location (e.g., health post) of each intervention community involved in the *Andilaye* intervention. The training will be facilitated by HEWs and CHC HEWs Supervisors trained during the district-level 'Skills-based refresher training of trainers', and the *Andilaye* team will complete full observations of the trainings to assist trainers as needed. WDALs selected by HEWs, CHC HEWs Supervisors, and *Woreda* Officials from all intervention *kebeles* will be asked in advance to participate in the training, for a total of around 10 WDALs per *gott/kebele*. Participants should be encouraged to come to the training with all *Andilaye*-related material they may have from previous catalyzing activities (i.e., flipbooks, handouts, action plans). The *Andilaye* team and HEWs should pre-identify how many WDALs from intervention *kebeles* were not part of the original 'Skills-based training of Women's Development Army Leaders' and prepare necessary materials for them.

Activity session

The activity sessions outlined in the activity description of the '[Skills-based training of Women's Development Army Leaders](#)' should be repeated to reinforce previously acquired knowledge and skills and address trainer/facilitator turnover. HEWs and CHC HEWs Supervisors will prioritize training around proposed solutions to improve intervention outcomes and resource management discussed during the 'Skills-based refresher training of the trainers for HEWs, CHC HEWs Supervisors, *Woreda* Officials.'

Community mobilization and commitment event

Activity summary	
Activity aim	To improve action knowledge, barrier identification and planning, and attitudes regarding targeted NTD-preventive WASH behaviors through a form of contextually appropriate and interactive edutainment. To initiate the process of shifting social norms through community-generated and managed by-laws and sanctions and public commitment thereof.
Activity level	Community catalyzing
Timeline	After community-level 'Whole system in the room' and action planning and before implementation of group and household-level activities (i.e., community conversations and counseling visits with caregivers)
Facilitators	<ul style="list-style-type: none"> • Kebele Administrator • CMCE coordination committee, masters of ceremonies, and other <i>kebele/gott</i> stakeholders, as selected in WSR&AP • Cultural performance group
Target audience	<ul style="list-style-type: none"> • Community members
Essential tools	<ul style="list-style-type: none"> • <i>Andilaye</i> Community Commitment Banner (English / Amharic) • WASH Role Play Scripts (English / Amharic) • Masters of Ceremonies Guide (English and Amharic)
Duration	1.5-2 hour event
Frequency	1x per intervention community

Behavior change approach

- **Psychological and Physical capability:** Change perceptions in one's ability to perform the key WASH behaviors by identifying and addressing challenges through role play performances
- **Risk factors:** Change factual beliefs by providing health risk messaging through role play performances
- **Attitude factors:** Change attitudes (including personal normative beliefs) by providing motivational messaging through role play performances.
- **Self-regulation factors:** Provide a reminder of community commitment to adopting improved WASH practices by hanging the community commitment and performance banner in a central location in the community.
- **Social opportunity:** Change empirical expectations and normative expectations by creating social recognition and promotion of the key WASH behaviors through influential community members, and communal commitment to adopting improved WASH practices

Purpose

The purpose of the community-level *Andilaye* community mobilization and commitment events (CMCE) is to shift social norms improve action knowledge, barrier identification and planning, and attitudes regarding targeted WASH behaviors through contextually appropriate and interactive edutainment.

Objectives

1. To create awareness among community members about the *Andilaye* intervention

2. To perform role play skits that acknowledge real-life behavioral barriers to the target WASH behaviors while utilizing motives and social messaging to emphasize the benefits
3. To publically recognize positive deviant households in order to shift social norms around the target WASH behaviors
4. To mobilize community members to pledge in a public forum to practicing the target WASH behaviors to create a “strong, caring, healthy community,” and agree upon community by-laws regarding adoption of improved practices as well as sanctions for those who do not adhere to the by-laws

Activity Description

Pre-activity preparation

The CMCE will take place during a single day at a date, time, and location specified during the ‘Whole system in the room’ and action planning activity. The date of the event should not conflict with social gatherings or religious activities (e.g., funerals, church), and the time of day should take weather into consideration (e.g., avoiding afternoon sun). Lastly, the selected location should be somewhere near the center of the intervention *kebele/gott* that is accessible to community members, has adequate space for the performance, and is an appropriate location to hang the community banner, such as at the health post.

A cultural performance group will be identified ahead of time, and provided with the **WASH Role Play Scripts** to practice, one on each behavioral theme. Along with the CMCE coordination committee (i.e., active and influential members of the *kebele/gott*, as selected during the ‘Whole system in the room’ and action planning activity), two or three *kebele/gott* stakeholders (selected during the ‘Whole system in the room’ and action planning activity) will act as masters of ceremonies (MCs) for the event, leading the opening and closing activities of the event. A few days before the performance, the *kebele/gott* stakeholders will also work with HEWs to identify two or three ‘positive deviant’ households that practice many of the improved WASH behaviors targeted by the *Andilaye* intervention – these households will be highlighted during the event, and serve as role models within the community.

Activity sessions

Complete the following activity sessions in order to conduct the *Andilaye* CMCE. See the checklist below for guidance on implementing this activity.

1. Opening

Once a large crowd has gathered, the MCs will open the event with a ‘welcome note’ – this can be anything that the MC deems is important, but must include the following:

1. Explanation of the purpose of the *Andilaye* project
2. Explanation of the purpose of the event and how it contributes to the *Andilaye* project
3. Introduction of the intervention motto and three behavioral themes
4. Encouragement to actively engage in the entire CMCE

The *Andilaye* team will provide the MC with a **Masters of Ceremonies Guide** and they should feel free to interject if/when the MC is not providing accurate or clear information.

2. Dance performances and behavioral theme skits

After the welcome note, there will be a dance performance with music. The three **WASH Role Play Skits** will then follow. After the three skits are performed, the MCs should emphasize how

all of these behaviors, when prioritized, adopted, and sustained by the community can allow the community to become a strong, caring, health community and together, the community can make important changes that will benefit all community members.

2.1. Performance of sanitation skit and related dance

Audience participation: The MCs invite 2-3 audience members to share with the community what they learned from the skit, what they thought were the key messages of the skit

2.2. Performance of personal hygiene skit and related dance

Audience participation: The MCs invite 2-3 audience members to share with the community what they learned from the skit, what they thought were the key messages of the skit

2.3. Performance of household environmental sanitation skit and related dance

Audience participation: The MCs invite 2-3 audience members to share with the community what they learned from the skit, what they thought were the key messages of the skit

3. Key message summary and recognition of positive deviants

Once the skits are completed, the MCs will review the 11 key messages promoted by the *Andilaye* interventions (using the **Masters of Ceremonies Guide**). After the MCs summarize the *Andilaye* key messages, they will call up the 2-3 positive deviant households identified by the HEWs/WDALs prior to the start of the event. The MCs will indicate that these households have been identified by their community members as being role models for prioritizing and committing to improving their households and the community at large by carrying out improved sanitation and hygiene practices. The MCs will ask the audience to congratulate the members of these households, and then ask these individuals to share their experiences about why they have prioritized these behaviors and practices, how adopting improved practices has changed their lives, and suggestions to other community members for making these behaviors and practices a priority.

4. Introduce *Andilaye* group and household-level activities

The MCs will then explain to the audience that this event is part of a larger program (*'Andilaye'*) that will include household counseling visits and community conversations and that this event is meant to mobilize the community, and now these additional activities will provide support and guidance so that all households can practice these improved WASH behaviors and experience the benefits of doing so. The MCs will emphasize again the *Andilaye* motto and call on the audience members to clap in unison if they pledge to come together with their fellow community members to improve their WASH practices, including actively cooperating with WDALS, HEWs, community conversation (CC) facilitators, and other community change agents to take part in activities to improve their WASH behaviors and build a better community.

5. Community by-laws and related community-driven reinforcement thereof

The MCs and *Kebele* Administrator will lead a discussion regarding the development of community by-laws by following the discussion prompts below:

- **What should our community do to ensure that these improved behaviors and practices that we are committing to are adopted EXCLUSIVELY by the entire community?**
- **Do you think it would help if our community created some ground-rules or by-laws?** If the community does not agree to establish ground-rules/by-laws, the MCs should skip to the community commitment activity. If the community agrees to ground-rules – the MC continues to facilitate the conversation by posing the following questions:

- **OK, great, shall we come up with a list of practices that our community no longer deems acceptable?**
- **Which practices do we think we should include in our community by-laws as no longer acceptable in our community? Who has an idea to share about practices that are no longer acceptable?** The MCs will call on community members to share their ideas. For each practice proposed by a community member, the MCs should ask if others agree with this, does everyone agree – should this practice be included in the list? The *Andilaye* team and members of the CMCE coordination committee will help record on the community's banner the list of practices that are no longer deemed acceptable
- **Shall we come up with a list of improved sanitation and hygiene behaviors and practices our community is committed to practicing?**
- **Which practices do we think we should include in our community by-laws as the improved sanitation and hygiene behaviors and practices that our community is committed to prioritizing and exclusively practicing?**
- **Who has an idea to share about the improved sanitation and hygiene behaviors and practices the community is committed to practicing?** The MCs will call on community members to share their ideas. For each practice proposed by a community member, the MCs should ask if others agree with this, does everyone agree – should this practice be included in the list? The *Andilaye* team and members of the CMCE coordination committee will help record on the community's banner the list of behaviors and practices the community is committed to practicing
- **Great – let's look at these practices, and how they compare to the practices promoted by the *Andilaye* intervention. Did we miss any practices? If yes, do we want to include these practices as well?**
- **When people deviate from improved sanitation and hygiene practices, it puts the entire community at risk, and keeps us from developing and becoming a strong, caring, healthy community. The community by-laws we just created can help us become a stronger community**
- **What should our community do about people who break these by-laws? Should the community come up with a list of repercussions if people break these by-laws?** The MCs calls on community members to share their ideas, and reminds them that the *Andilaye* team and the government is not well positioned to decide how the community should govern itself when it comes to ensuring the by-laws are met – it's the community's decision about what should be done and how the by-laws should be regulated. For each practice proposed by a community member, the MCs should ask if others agree with this, does everyone agree – should this practice be included in the list? If the sanctions seem excessively harsh, the MCs should try suggesting something similar, but less severe. The *Andilaye* team can help with this, as needed. The *Andilaye* team and CMCE coordination committee will help record on the community's banner the list of sanctions the community agrees upon

6. Community and household commitment

Once the community has come up with its by-laws (or opted not to create by-laws, if that's the case), the MCs will ask the audience to clap in unison if they agree to pledging to these community by-laws. The MCs will then invite at least one adult (aged 18+ years) household member of every household that is willing to commit to actively aspiring toward these goals, and cooperating with community change agents such as WDALs, HEWs, CC facilitators, and

other key stakeholders to improve their household's behaviors up to the stage. Note: more than one adult household member is welcome to the stage to demonstrate their commitment – children are encouraged to demonstrate their commitment by cheering on the adults, but they should not be invited to the stage to leave their marks on the banner.

- The MCs will ask the household representative(s) to sign the banner, one-by-one, by placing his/her thumb ink and leaving their mark on the banner to signify their commitment to the community by-laws
- The MC should emphasize that this indicates the household's commitment to improving the community and agreement of the by-laws
- The MC will explain that the *Andilaye* banner will hang permanently in a designated public location to serve as a reminder of each household's commitment, and as a symbol and reminder that the community has decided that together it can be a strong, caring, healthy community

7. Closing ceremony

The MCs and *Andilaye* team will provide closing remarks that can include: (1) a summary of the *Andilaye* motto, key messages, (2) what the community has committed to in terms of their new by-laws and (3) encouraging words to the community members to actively participate in *Andilaye* household counselling visits and community conversations to further develop and strengthen the community. The performance group will perform song and dance to end the CMCE, and send the community off in good spirits.

Learnings from the *Andilaye* Trial:

As a maintenance activity to the catalyzing 'Community mobilizing and commitment event,' it is recommended to hold a celebration to reward household/communities and to motivate one another to sustain well-earned gains. Celebrations foster motivation and also help reinforce improved behaviors and promote healthy competition among communities. This was originally considered in the *Andilaye* Trial, however, was not feasible due to restrictions in time and budget. For the *Andilaye* trial, the *Andilaye* banner was typically hung on the health post, however, it is recommended that a strong stand with posts be used to hang the banner, if possible. Lastly, MCs are recommended to be two persons per *kebele* – one who will be influential in leading the discussion of the community by-laws and related community-driven reinforcement thereof, and another who has already been trained on *Andilaye* and can confidently lead discussions on *Andilaye* key messages and activities.

Sample activity checklist

Below, we have outlined a sample activity to document the completion of key activities and objectives specifically related to the Community mobilization and commitment event.

Sample activity checklist for 'Community mobilization and commitment event'		
Completed		Objective
<input type="checkbox"/>	✓ Welcome note and explanation of the purpose of the event	Objective 1
<input type="checkbox"/>	✓ Introduction to the intervention motto and three behavioral themes	Objective 1
<input type="checkbox"/>	✓ Encouragement of participants to actively engage in the full event	Objective 2
<input type="checkbox"/>	✓ 3 dance performances ✓ 3 skits	Objective 2
<input type="checkbox"/>	✓ Recognition of active participants and local WASH champions	Objective 3
<input type="checkbox"/>	✓ Review of key messages	Objective 1
<input type="checkbox"/>	✓ Audience members who actively participated were called to the stage ✓ Positive deviant household members called to stage	Objective 3
<input type="checkbox"/>	✓ Asking of audience members to clap in unison as a pledge	Objective 4
<input type="checkbox"/>	✓ Discussion led to develop by-laws for the community	Objective 4
<input type="checkbox"/>	✓ Determination of practices no longer deemed to be acceptable to the community ✓ Determination of improved practices ✓ Determination of regulations for monitoring the by-laws	Objective 4
<input type="checkbox"/>	✓ <i>Andilaye</i> banner brought to stage ✓ By-laws written on the <i>Andilaye</i> banner	Objective 4
<input type="checkbox"/>	✓ Household representatives called to stage to commit to by-laws ✓ Explanation that the banner will hang permanently as a reminder of each household's commitment	Objective 4
<input type="checkbox"/>	✓ Audience members called to the stage to reiterate the <i>Andilaye</i> motto	Objective 1

Process evaluation

Below, we have outlined an illustrative example of process evaluation indicators specifically related to the Community mobilization and commitment event.

Key process evaluation data for 'Community mobilization and commitment event'		
Elements	Indicator	Record data below
Participation: Proportion of the intended priority audience that participates in the intervention activity	Estimated average number of adult community members in attendance during the event	
	Proportion of respondents from households in intervention <i>kebeles</i> that reported attending the <i>Andilaye</i> community mobilization and commitment event	
	Proportion of intervention <i>kebeles</i> with ALL CMCE coordination committee members selected during WSR&AP in attendance during the event	
	Proportion of CMCE coordination committee members selected during WSR&AP in attendance during the event	
	Proportion of intervention <i>kebeles</i> with ALL masters of ceremony selected during WSR in attendance during the event	
	Proportion of masters of ceremony selected during WSR in attendance during the event	
	Proportion of intervention <i>kebeles</i> with ALL HEWs in attendance during the event	
	Proportion of intervention <i>kebeles</i> with at least one HEW in attendance during the event	
	Proportion of intervention <i>kebeles</i> with ALL <i>Andilaye</i> trained WDALS in attendance during the event	
	Proportion of <i>Andilaye</i> trained WDALS in attendance during the event	
Dose delivered: Amount or number of intended units of each intervention activity delivered or provided by intervention implementers	Proportion of intervention <i>kebeles</i> with activity implemented	
	Proportion of intervention <i>kebeles</i> with activity objectives completed as planned (see checklist)	
	Average length of activity	
Dose received: Extents to which participants actively engage with, interact with, are receptive to, and/or use materials or recommended resources	Proportion of intervention <i>kebeles</i> that determined practices no longer deemed to be acceptable by the community at the end of the event	
	Proportion of intervention <i>kebeles</i> that determined improved behaviors at the end of the event	
	Proportion of intervention <i>kebeles</i> that determined regulations for monitoring the by-laws at the end of the event	
	Proportion of respondents households in intervention <i>kebeles</i> that reported seeing the <i>Andilaye</i> community commitment banner in the community	

Community Conversations (and follow-up community conversations)

Activity summary	
Activity aim	<p>To change factual beliefs and attitudes, enhance action knowledge, improve perceptions of capability, identify and make plans to overcome barriers, and shift social norms regarding targeted behaviors through community group dialogue. To carry out demonstrations that address key factors associated with both breaking away from unimproved practices and adopting improved sanitation and hygiene practices.</p> <p>Follow-up community conversations aim to generate community-level dialogue regarding nuanced issues associated with maintenance of improved practices and barriers thereof through a follow-up round of community group dialog. To carry-out demonstrations related to behavioral maintenance issues.</p>
Activity level	Group catalyzing and maintenance
Timeline	After district-level Training of community conversation facilitators and community-level Community mobilization and commitment event
Facilitators	<ul style="list-style-type: none"> Trained community conversation facilitators
Target audience	<ul style="list-style-type: none"> Community conversation group, as selected in WSR&AP and training of community conversation facilitators. The total number of groups is dependent on the number of groups it takes to reach all targeted community members in the intervention <i>gott/kebele</i>
Essential tools	<ul style="list-style-type: none"> <i>Andilaye</i> CC Facilitator Flipbook (English / Amharic)
Complementary tools	<ul style="list-style-type: none"> <i>Andilaye</i> Household Goal Card (English / Amharic) <i>Andilaye</i> 'Gobez!' Flipbook (English / Amharic)
Duration	1 hour per session
Frequency	1x every 2-3 weeks, 3 sessions per community conversation group

Behavior change approach

- **Psychological and physical capability:** Change perceptions in one's ability to perform the key WASH behaviors by identifying and addressing challenges through facilitated group discussion on barriers and solutions
- **Risk factors:** Change factual beliefs and attitudes (including personal normative beliefs) by providing health risk messaging and motivational messaging through facilitated group discussion on the benefits to the key WASH behaviors.
- **Attitude factors:** Change factual beliefs and attitudes (including personal normative beliefs) by providing health risk messaging and motivational messaging through facilitated group discussion on the benefits to the key WASH behaviors.
- **Self-regulation factors:** Establish aspects of behavioral maintenance through group barrier planning, action planning, and commitment to the key WASH behaviors and by fostering a supportive household and community environment by the engagement of influential community members.

- **Social opportunity:** Change empirical expectations and normative expectations by creating social recognition and promotion of the key WASH behaviors through group acknowledgement and commitment by influential community members (husbands, elders, religious leaders, and mother-in-laws).

Purpose

The purpose of the group-level *Andilaye* community conversation (CC) is to change factual beliefs and attitudes, enhance action knowledge, improve perceptions of capability, identify and make plans to overcome barriers, and shift social norms regarding targeted behaviors through community group dialogue. To carry out demonstrations that address key factors associated with both breaking away from unimproved practices and adopting improved sanitation and hygiene practices.

Objectives

1. To change attitudes toward improved practices by discussing the benefits of practicing the target WASH behaviors and dispel misconceptions through demonstrations
2. To enhance action knowledge and capacity through group discussions, practical activities, and demonstrations
3. To facilitate conversation amongst group members regarding barrier identification and planning by discussing personal experiences and challenges in practicing the target WASH behaviors, and identifying solutions through community group dialog
4. To reinforce messaging from the community and household-level activities and ensure community members understand how the activities are related
5. To mobilize group members to commit in front of their peers to practicing the target WASH behaviors, and encouraging their household members to create a “strong, caring, healthy community”
6. To establish and foster a supportive environment among community members so they can rely on each other to address behavioral barriers

Activity Description

Pre-activity preparation

Four facilitators, identified during the ‘Whole system in the room’ and action planning activity, from each intervention *gott* will be trained on the CCs activity. During the training, facilitators will develop an action plan for establishing community groups. The CC group target audiences will be determined during the ‘Whole system in the room’ and action planning activity, but will primarily focus on influential community members and those who are not reached during the counseling visits (e.g., male heads of households, religious leaders, mother-in-laws). Each group should have no more than 20 participants, and will be led by two facilitators. The groups may be comprised of a single type of influential community member or may be a mix of different types of community members (it is dependent upon what *kebele* stakeholders decide during the ‘Whole system in the room’ and action planning activity). The facilitators will identify an accessible, semi-private, and comfortable location for the community conversations to take place, such as under a central tree that gives nice shade. Each group will meet for three sessions; each session will focus on one of the three behavioral themes. The sessions will take around 1 hour each. During the first session, participants can decide upon the date, time, and location for their remaining two sessions. After one group completes its 3 sessions, the two facilitators will then establish another group until all target community members from the intervention *gott* have been reached. The facilitators may then move on to target other individuals falling within the target audiences from other *gotts* within the *kebele*.

Activity sessions

Complete the following activity sessions in order to conduct the *Andilaye* CCs and follow-up conversations. See the checklist below for guidance on implementing this activity. These activities should be completed as indicated in the ***Andilaye CC Facilitators Flipbook***.

14. Opening and expectations

During the first session, the facilitators will open the session by welcoming participants, introducing themselves, outlining the topics for each of the three sessions, and setting expectations (e.g., active participation). Each of the group members will be asked to introduce themselves and will then decide together the date, time, and location for the following two sessions.

During the second and third sessions, the facilitators will open the session by welcoming the group members back, and asking a series of questions to review the discussion and concepts from the previous session.

15. Facilitated discussion: experiences, barriers and solutions

The facilitators will focus on the main part of the CC – a group dialog that explores community members’ understanding, experiences, and challenges with the improved behaviors related to the session’s behavioral theme. Facilitators will ask a series of questions to help facilitate this dialog. Group members will be encouraged to engage with each other, especially when group members share the challenges and barriers they have faced, and strategies they employed for overcoming those challenges. The facilitators will guide the conversation so that group members focus on identifying solutions for the challenges and barriers discussed. **See (1) Discussion questions, (2) Summary of benefits, and (3) Summary of solutions to barriers for each behavioral theme in the *Andilaye CC Facilitator Flipbook*.**

16. Demonstrations

After the group dialog, the facilitators will lead an interactive demonstration that addresses a misconception about the improved WASH behaviors discussed in the previous session. Most likely, the misconception will have arisen during the discussion, and the facilitators can easily transition from the group dialog to the demonstration. Here are the demonstrations and their objectives by session:

16.1. Sanitation demonstrations

See protocols on pages 15-18 of the ***Andilaye CC Facilitator Flipbook***

- **Negotiations – latrine construction:** Practicing negotiations regarding latrine repairs and upgrades (i.e., how to approach decision-makers in a convincing and friendly way, who to engage to support and reinforce the conversation, etc.). The objective of this demonstration is to convince late adopters and/refusals to construct a latrine as fast as possible
- **Negotiations – latrine use:** Practicing negotiations with household members who are late adopters or refuse to exclusively defecate in a latrine (i.e., how to approach the person in a convincing and friendly way, who to engage to support and reinforce the conversation, etc.). The objective of this demonstration is to convince late adopters and/refusals to use a latrine as fast as possible
- **Pooper scooper:** The facilitator asks for a volunteer from the group to help assist with putting together a pooper scooper ‘model’ using local materials. The facilitator lays out

the materials - bamboo and a half-cut 10L jerrican – and then asks the volunteer to follow his directions as he guides the volunteer through the construction of this pooper scooper model (which shows to the other participants that they too can make this!). The facilitator then asks the volunteer to demonstrate using the newly made pooper scooper by scooping up a rock or some other material in the nearby area. The objective of this demonstration is to show participants how to make and use a pooper scooper to dispose of child feces

- **Child feces disposal:** Facilitators demonstrate how to collect the child's feces, dispose of them in the latrine, or bury them if the household has not yet constructed a latrine, and wash hands after the feces have been safely disposed. The objective of this demonstration is to demonstrate how to dispose child feces to a latrine or by burying and to encourage them to wash their hands after disposal
- **Visit to model household:** The facilitator identifies a household ahead of time that is a role model for the sanitation target behaviors. The facilitator asks the group members to follow him/her to the role model's house where one of the household members at the house (be it the head of household or main caregiver) shows the group their practices and discusses how they made it happen, the challenges they faced, the solutions they came up with, etc. The objective of this demonstration is to encourage the late adopters, and tell them that they can adopt practices to construct household latrine, upgrade and/repair it regularly, and exclusively use the latrine for defecation

16.2. Personal hygiene demonstrations

See protocols on pages 29-31 of the [Andilaye CC Facilitator Flipbook](#)

- **Dispel misconception faces and hands are clean:** Facilitators should be provided with white or light colored cloths wetted down with some clean water in advance of the CC on personal hygiene. The facilitators should first ask who thinks their face/hands are clean – show of hands. Everyone in the group should either wipe his/her face or the face of any young children who accompanied him/her with one of the cloths. Then, everyone in the group should wipe his/her hands or the child's hands with a different part of the cloth. The facilitators should do the same. The facilitators should then ask all participants to show their cloths to the group. The facilitators should note that even when it seems as though someone's face and hands are clean, they may not be. The facilitators should call on someone to volunteer washing his/her face and hands (or those of a child), and then repeat wiping with the wet wipe/cloth. The facilitators should ask what the group thinks – what does this mean for how and when faces and hands should be washed in order to keep them clean? Why is it important to keep them clean? The objective of this demonstration is to show participants that hands and faces that do not have visible dirt may not be clean and to encourage participants and all household members to wash hands and faces
- **Dispel misconception around how much water is needed to wash your face:** The facilitators will ask the participants how much water is needed to wash one's face and to then act out how to properly wash one's face (facilitators ensure the group shows washing the whole face and discusses washing with water and soap when it is available). The facilitators will then demonstrate to the participants how to make a tippy-tap out of a 1 liter bottle and a bar of soap. Next, the facilitators will invite participants to come up one-by-one and properly wash their face, as discussed. The facilitators will monitor the amount of water used by participants at the tippy-tap. Once the 1 liter bottle is empty, the facilitators will ask the participants to count the number of people who were able to

wash their face with just 1 liter of water. The facilitators will end the demonstration by asking the participants again how much water they think is needed to wash one's face and how this amount differs from what they stated at the start of the demonstration. The objective of this demonstration is to help household members to come up with solutions to barriers of face washing, particularly the misconception that it is too difficult to collect enough water for face washing

- **Make soapy water for face and handwashing:** The facilitators will emphasize the importance of using soap when washing one's hand and face. The facilitators will demonstrate that making soapy water can reduce costs of purchasing soap for face and handwashing by up to 80%. The facilitator will then demonstrate the protocol for making soapy water and how to use soapy water for face and handwashing. The objective of this demonstration is to show how households can reduce cost on soap for face and handwashing while still using an effective cleansing agent

16.3. Household environmental sanitation demonstrations

See protocols on pages 44-46 of the **Andilaye CC Facilitator Flipbook**

- **Pooper scooper:** The facilitator asks for a volunteer from the group to help assist with putting together a pooper scooper 'model' using local materials. The facilitator lays out the materials - bamboo and a half-cut 10L jerrican – and then asks the volunteer to follow his directions as he guides the volunteer through the construction of this pooper scooper model (which shows to the other participants that they too can make this!). The facilitator then asks the volunteer to demonstrate using the newly made pooper scooper by scooping up a rock or some other material in the nearby area. The objective of this demonstration is to show participants how to make and use a pooper scooper to keep their household compound clean
- **Negotiations – household compound cleanliness and separating animals from family living area:** Practicing negotiations regarding household environmental sanitation (i.e., how to approach decision-makers in a convincing and friendly way, who to engage to support and reinforce the conversation, etc.). The objective of this demonstration is to convince late adopters and/refusals to participate in keeping the household compound clean and separating animals from the main family living area as fast as possible
- **Visit to model household:** The facilitator identifies a household ahead of time that is a role model for the household environmental sanitation target behaviors (the household has a separate building for their livestock, has constructed a chicken coop, is actively using a solid waste pit for disposal of waste in the household compound, etc.). The facilitator asks the group members to follow him/her to the role model's house where one of the household members at the house (be it the head of household or main caregiver) shows the group their practices and discusses **how** they made it happen, the challenges they faced, the solutions they came up with, etc. The objective of this demonstration is to motivate participants and their household members to keep their household compound clean and separating animals from their main family living area

17. Summary of key messages

The facilitators will move from the demonstration to a summary of key concepts and strategies that they want to ensure group members take away to facilitate behavioral adoption and/or maintenance. These key messages will align closely with the messages from the **Andilaye 'Gobez!' Flipbook** – outlining benefits to each target behavior and strategies for addressing common barriers and possible solutions so as to improve attitudes, action knowledge and capacity, barrier

planning, and confidence in continuation. **See these key messages outlined on pages 7, 24, and 37 of the *Andilaye CC Facilitator Flipbook*.**

18. Participants’ decision and pledge

The facilitators will end the session by asking participants to summarize what was discussed, agreed to, and decided during the CC (adding anything they missed). The facilitators will take out the *Andilaye Household Goal Card*, and reiterate how the messages on the card, the household visits by WDALs, and CCs are interconnected. Next, the facilitators will inform the participants to share the information and skills covered during the CC with their family members. Lastly the participants will show that they agree and demonstrate their commitment by going around the group and having each person separately state their name, and that they agree and commit to practicing the improved behaviors discussed during the CC and encouraging other in their household and community to do the same. After this pledge, the facilitators will thank the group and remind them of the date, time, and place of the next session (until all three sessions are completed). **See Participants’ decision and pledge for each behavioral theme in the *Andilaye CC Facilitator Flipbook*.**

19. Record *Andilaye* community conversation

The facilitators will record the date, behavioral theme addressed, number of community members and target groups that participated, and demonstration activities conducted. **See group Tracking forms on pages 49-52 of the *Andilaye CC Facilitator Flipbook*.**

Learnings from the *Andilaye* Trial:

As mentioned above in the ‘Training of community conversation facilitators,’ it is recommended to hold a celebration to reward groups/communities for completing the three CC session and to motivate one another to sustain well-earned gains. Celebrations foster motivation and also help reinforce improved behaviors and promote healthy competition among communities. It is recommended that WDALs be invited to join the CC facilitators, if possible, and they can share common barriers and solutions they are identifying during ‘Counseling visits with caregivers.’ Or, at the very least, CC facilitators coordinate with WDALs before conducting CCs to review barriers and solutions specific to the community.

Sample activity checklist

Below, we have outlined a sample activity checklist to document the completion of key activities and objectives specifically related to Community conversations.

Sample activity checklist for 'Community conversations'		
Completed		Objective
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Opening and expectations setting ✓ Ask each member of the group to introduce themselves ✓ Determine together the date, time, and location for the following 2 CC sessions ✓ (Session 2 & 3) Welcome and opening review questions 	Objective 1 Objective 2
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Group dialogue of community members' understanding, experiences, barriers, and solutions with the improved behaviors related to the behavioral theme 	Objective 3
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Interactive demonstration that addresses misconception about the improved WASH behaviors (See below for description of demonstration by session) 	Objective 4
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Summary of key messages and strategies for group members to take away to facilitate behavioral adoption and/or maintenance. 	Objective 4
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Pledge setting using the Household Goal Card ✓ Groups members to clap in unison to show commitment to their pledges ✓ Facilitators to remind participants to be a strong support system for each other in overcoming and addressing challenges to target behaviors 	Objective 5 Objective 6

Process evaluation

Below, we have outlined an illustrative example of process evaluation indicators specifically related to Community conversations.

Key process evaluation data for 'Community conversations'		
Elements	Indicator	Record data below
Participation: Proportion of the intended priority audience that participates in the intervention activity	Average number of community members attending conversations per intervention <i>kebele</i>	
	Proportion of respondents from households in intervention <i>kebeles</i> reporting attending at least one <i>Andilaye</i> community conversations	
Dose delivered: Amount or number of intended units of each intervention activity delivered or provided by intervention implementers	Proportion of intervention <i>kebeles</i> with activity implemented	
	Proportion of groups per intervention <i>kebele</i> attending sessions for all three behavioral themes	
	Average (min-max) number of community conversation sessions conducted per intervention <i>kebele</i>	
Dose received: Extents to which participants actively engage with, interact with, are receptive to, and/or use materials or recommended resources	Proportion of community conversation sessions with demonstration activity conducted	
	Proportion of respondents from households in intervention <i>kebeles</i> reporting that they have heard about the <i>Andilaye</i> community conversations	
	Proportion of groups per intervention <i>kebele</i> with pledge completed at the end of the activity	

Counseling visits with caregivers (and follow-up barrier planning counseling visits)

Activity summary	
Activity aim	<p>To provide personalized counseling to caregivers to equip them with the knowledge, skills, and motivation necessary to adopt improved WASH practices. To foster action capacity, self-efficacy, and barrier planning so caregivers maintain the improved WASH practices.</p> <p>Follow-up barrier planning counseling visits with caregivers aim to provide continuous follow-up to households such that the house graduates from counseling related to initial adoption of improved practices to counseling related to behavioral maintenance skills. These visits will progressively focus more and more on specific barrier identification and planning skills so the caregiver can maintain his/her improved WASH practices, especially as personal setbacks, systemic shocks, and other obstacles arise.</p>
Activity level	Household catalyzing and maintenance
Timeline	After community-level Skills-based training of WDALs and Community mobilization and commitment event
Facilitators	<ul style="list-style-type: none"> Trained WDALs
Target audience	<ul style="list-style-type: none"> Primary caregivers
Essential tools	<ul style="list-style-type: none"> <i>Andilaye</i> Household Goal Card (English / Amharic) <i>Andilaye</i> 'Gobez!' Flipbook (English / Amharic) <i>Andilaye</i> Household Monitoring Matrix Card (English / Amharic)
Duration	30 minutes per visit
Frequency	1x every month for all households in WDAL catchment area

Behavior change approach

- **Psychological and physical capability:** Change perceptions in one's ability to perform the key WASH behaviors by identifying and addressing challenges through tailored inter-personal counseling on barriers and solutions
- **Risk factors:** Change factual beliefs and attitudes (including personal normative beliefs) by providing health risk messaging and motivational messaging through tailored inter-personal counseling on the benefits to the key WASH behaviors
- **Attitude factors:** Change factual beliefs and attitudes (including personal normative beliefs) by providing health risk messaging and motivational messaging through tailored inter-personal counseling on the benefits to the key WASH behaviors
- **Self-regulation factors:** Establish aspects of behavioral maintenance to enhance and reinforce efficacy appraisals (i.e., perceptions regarding the ability and autonomy to pursue and achieve tasks and/or goals through mastery experiences obtained through the attainment of small, incremental goals
- **Social opportunity:** Change empirical expectations and normative expectations by creating social recognition and promotion of the key WASH behaviors through acknowledgement and commitment by family members and WDALs

Purpose

The purpose of the household-level *Andilaye* counselling visit with caregivers is to provide household/caregiver-specific counselling to caregivers to equip them with the knowledge, skills, and motivation necessary to develop improved sanitation, personal hygiene, and household environmental sanitation practices. Visits will foster caregiver's/household's ability to practice on the interventions, to perform the improved practices, to identify barriers, to make plan to solve identified barriers, to self-control (observe and monitor their own household members' WASH practices against set goal), so household members adopt and maintain the WASH practices.

Objectives

1. To equip caregivers with the necessary knowledge around the target WASH practices and skills for how to perform them
2. To generate motivation for practicing the target WASH behaviors through recognition of their health and non-health benefits
3. To facilitate discussion around the caregiver and her/his household's current WASH practices and to identify ways in which they can improve upon their WASH practices
4. To provide incremental, manageable steps for improvement of WASH practices and utilize goal setting to establish commitment and ownership by the caregiver to carry-out the steps
5. To provide continuous follow-up and barrier planning counseling so the caregiver can maintain his/her improved WASH practices, especially as obstacles arise
6. To embolden the caregiver to encourage her/his own household members to practice the improved WASH behaviors

Activity Description

Pre-activity preparation

The WDALs will be trained ahead of time by their HEWs and respective CHC HEWs Supervisors on the necessary concepts, skills, and behavior change tools for the counseling visits (see 'Skills-based training of WDALs'). During the training, WDALs will be provided their own copy of each behavior change tool used during household counseling visit with caregivers (**Andilaye Household Goal Card** and **Andilaye 'Gobez!' Flipbook**). Prior to the initial counseling visit, WDALs will be provided for one goal card for each household in her catchment area. An **Andilaye umbrella**, which can be used by the WDAL while making household visits, will be provided as an in-kind motivator. Following the typical structure for the WDA and in accordance with the HEP, the WDAL will be responsible for conducting counseling visits amongst the 30 households in her catchment area. The WDAL will visit the households in her catchment area about once a month, with each visit lasting around 30 minutes.

As outlined in action plans completed during the 'Skills-based training of the trainers for HEWs, CHC HEWs Supervisors, *Woreda* officials,' HEWs and CHC HEWs Supervisor will schedule supportive supervision and provide on-the-job training to WDALs and HEWs respectively. HEWs will offer supportive supervision and on-the-job-training to each WDAL in her catchment area as the WDAL conduct her household counselling visits. Each time the HEW moves with each 1 to 30 WDAL (for the round of initial household counselling visits and subsequent monthly visits), she should observe a minimum of 3 household counselling visits with each WDAL. HEWs will use the **HEW Supportive Supervision & On-The-Job Training Tool** and take notes on what the WDAL is doing well, and areas that require improvement. CHC HEWs Supervisors will perform supportive supervision and on-the-job training with HEWs for a minimum of one round for initial household counselling visits and at least once per month for subsequent monthly visits for each WDAL in

her catchment. CHC HEWs Supervisors will use the **Woreda Official Supportive Supervision & On-The-Job Training Tool** and take notes on what the HEW.

Activity session

Complete the following activity sessions in order to conduct the *Andilaye* counseling visit with caregivers and follow-up barrier planning counseling visits with caregivers. WDALs, HEWs, and CHC HEWs Supervisors will conduct the initial round of household counselling visits and accompanying supportive supervision as identified in the ‘Skills-based training of Women’s Development Army Leaders.’ See below for guidance on agenda completion for this activity. These activities should be completed as indicated in the ***Andilaye ‘Gobez!’ Flipbook*** and **Training summary for household counselling visits**. **The steps for household counseling visits are visually summarized in page 2 of the *Andilaye ‘Gobez!’ Flipbook* to act as a reminder to WDALs.**

1. Greeting

The WDAL should greet those household members in sight, and build a rapport with the caregiver.

- During the initial household counseling visit, the WDAL will introduce herself and ask after the caregiver of the youngest child of the household – this is the target participant for the household counselling visit
- The WDAL should plan her household visit when she knows the targeted caregiver will be at her household. If the targeted caregiver is not present or available, the WDAL should come back to the household as soon as possible
- Once the caregiver is present and available, the WDAL should explain the purpose of her visit and future visits, try to build rapport with the caregiver, and ask the caregiver’s permission to start the household visit this time
- The WDAL will explain how her visit relates to the *Andilaye* ‘Community mobilizing and commitment event’, and inquire if the caregiver attended the event or heard about it. The WDAL will then discuss the caregiver’s reflections regarding the event

2. Transect walk of the entire household compound

After greeting and establishing rapport with the household members and the caregiver, the WDAL will ask the caregiver to take a transect walk of the household compound together, in order to get a better understanding of the household’s current WASH practices and conditions.

- The WDAL and caregiver should move throughout the entire household compound, using the ‘transect walk’ page of the ***Andilaye Gobez! Flipbook*** as a reminder of the different WASH-related attributes they should be looking to assess
- The WDAL should ensure the caregiver is with her at all times, so they can reflect on and discuss what they see – the household’s current WASH practices – during the transect walk.

3. Goal setting

The goal setting and commitment process allows households, via the caregiver, to set their own goals for the coming month (until the WDAL’s next visit). The WDAL should use the ***Andilaye Household Goal Card*** to facilitate the goal setting and commitment process, but it is the caregiver who actually sets or re-commits to the current household goals. These are the goals that the household will work toward over the next month, until the WDAL’s next counselling visit.

- The WDAL should first show the ***Andilaye Household Goal Card*** to the caregiver and explain that there are three types of goals or behavioral themes the household can set – those related

to sanitation (green), personal hygiene (blue), and household environmental sanitation (orange)

- Next, the WDAL asks which types of goals or behavioral themes the caregiver would like the household to work on before her next visit
- After identifying the number and type of goals the household is interested in pursuing (or re-committing to) during the next month, the WDAL should explain the various paths of change on the goal card (circles on the goal card depicting the attributes, specific practices, actors within the household that will be the target of progress over the coming month), and ask the caregiver to identify the path of change she would like to target for this period
- Finally, the WDAL should make a mark on the goal card to document the goal the caregiver and household are committing to for the next month. The WDAL should NOT fill in the circle completely. During follow-up visits, if and when the household attain the goal, the WDAL will completely fill in the circle.
- When the household achieves ALL goals related to ALL improved practices targeted by the *Andilaye* intervention, the household should be celebrated, and they will transition on to setting behavioral maintenance goals.

3.1. Initial household counselling visit

- The WDAL should assist household members in mounting the **Andilaye Household Goal Card** and the **Andilaye Household Visit Monitoring Card** inside the household. This can be done by using nails to attach the cards side by side on the wall. It is important that the WDAL stress that these cards should not be damaged or removed and that the WDAL assures that the cards are properly hung at the end of each household counselling visit

3.2. Follow-up household counselling visit

- The WDAL should first ask the caregiver to provide her own self-assessment of how much progress the household has made toward existing goals over the previous month, and whether the household has reached its existing goals. The WDAL should listen to the caregiver, but also reflect back on what the WDAL and caregiver just observed during the household transect walk
- It is important for the WDAL to inform the caregiver that personal obstacles that cause a person to go back to his or her old, unimproved practices are normal, and can actually be a productive part of the behavioral change and maintenance process
- The WDAL should assist the caregiver in developing her monitoring and coping skills by: (1) acknowledging that relapse is normal, (2) informing the caregiver that she and her household members can overcome these obstacles and barriers by actively monitoring and controlling their behaviors, (3) encouraging the household to routinely monitor their practices against their goals, and adjust their efforts if there are any gaps between their goals and their current behaviors, (4) advising the caregiver to be honest with herself and the WDAL about personal obstacles, and (5) instructing the caregiver that shocks to the system such as floods and draughts, serious sickness, or death of a family member are common occurrences, but that households can plan for an overcome these shocks
- In addition to assessing progress toward existing goals, the WDAL should inquire as to whether the caregiver would like to set additional goals for the upcoming month using the **Andilaye Household Goal Card**. Even if the household has not achieved existing goals, and has decided to re-commit to these goals, the caregiver may choose to select new, additional goals

4. Tailored (behavioral theme and need-specific) inter-personal counselling

The WDAL will employ inter-personal counselling skills to carry out the remainder of the household visit. It is extremely important that the WDAL tailor her counselling approach to attend to each household's unique and personally-identified needs. The WDAL will tailor her counselling approach by working through the sections of the **Andilaye Gobeze! Flipbook** that align with the current goals the caregiver has set or re-committed to on the **Andilaye Household Goal Card**. Each color-coded flipbook section (behavioral theme) is comprised of images the WDAL should use to: (1) disseminate information regarding the ideal way to perform the targeted practices, (2) identify benefits related to the improved practices, (3) identify barriers, including the household's own barriers as well as other common barriers, and (4) counsel caregivers on how to plan for, cope with, and overcome barriers.

4.1. Target behaviors and practices

- The WDAL should use the images in the **Andilaye Gobeze! Flipbook** to disseminate all behavior change and maintenance messages contained in the pages the flipbook that are relevant to the behavioral themes related to the household's current goals. These flipbook images show the ideal way to perform targeted behaviors and practices

4.2. Benefits

- When the WDAL reaches the benefits page of the **Andilaye Gobeze! Flipbook**, she should ask the caregiver what she thinks are the benefits of the improved practices. If the caregiver does not mention some of the common health and non-health benefits, the WDAL will indicate those as well, using the images in the flipbook as a guide

4.3. Barrier identification

- When the WDAL reaches the barrier page of the **Andilaye Gobeze! Flipbook**, she should first discuss the common barriers identified in the flipbook
- Next, and most importantly, the WDAL should ask the caregiver what specific barriers she and her household face that may prevent them from carrying out the improved practices. While the barriers contained in the flipbook represents common barriers, each household's specific barriers to improved practices are unique

4.4. Make a plan to solve identified barriers

- When the WDAL reaches the solutions to barriers page of the **Andilaye Gobeze! Flipbook**, she should discuss issues that may be related to misconceptions (such as the large quantity of water needed to wash one's face) and poor attitudes related to the improved behaviors.
- Next, the WDAL should discuss how the caregiver and her family members can plan for continuing improved practices when barriers, including but not limited to personal obstacles and relapse, arise.
- The WDAL and caregiver should refer back to the specific barriers the caregiver mentioned during the barrier identification conversation related to this behavioral theme.
- The WDAL should ask the caregiver how she thinks she and her family can set a plan for overcoming their common barriers, personal obstacles, relapse, and shocks such as floods or draught, death or serious sickness of a member of the household.
- It is important for the WDAL to acknowledge that personal obstacles are normal, and are actually a part of the behavior change process.
- It is also important for the WDAL to encourage the caregiver and her family to use their **Andilaye Household Goal Card** to track their behavioral intentions (i.e., goals) and their

attainment of progressive goals so they may continually self-monitor and control (i.e., regulate) their household's behaviors.

5. Appointment setting and concluding remarks

After the WDAL has completed steps 1-4, she should take a few minutes to conclude the visit, record what was conducted during the visit, and speak with the caregiver about follow up visits.

- First, the WDAL should indicate which behavioral themes(s) were covered during the household/caregiver-specific inter-personal counselling of the household counselling visit—sanitation (green), personal hygiene (blue), and household environmental sanitation (orange). This should be done by placing a mark in the appropriate column of the **Andilaye Household Visit Monitoring Card**. The WDAL should note that each row of the monitoring card represents one household counselling visit
- Next, the WDAL should speak with the caregiver about when she will return, in about a month, to monitor the progress the household has made toward their goals, and set additional goals
- The WDAL should encourage the caregiver to share what she has learned today with the rest of her household members, leave the caregiver with some words of encouragement regarding the household's ability to achieve their goals and remark on how the individual and household goals the caregiver has committed to are contributing to “a strong, healthy, caring community”

Learnings from the *Andilaye* Trial:

For the *Andilaye* Trial, it was designed to have WDALs visit each household in her catchment area about once a month, with each visit lasting around 30 minutes. We limited the visit to 30 minutes and tailored (behavioral theme and need-specific) inter-personal counselling on one behavioral theme to accommodate domestic responsibilities of WDALs. That said, if non-government actors (e.g., paid health promotion workers) are conducting these activities, it is recommended that all need-specific behavioral themes can be addressed in one visit – if the caregiver is comfortable with a counseling visit longer than 30 minutes. In addition, in-kind motivators can differ based on the interest of the organization implementing *Andilaye* activities.

Sample activity checklist

Below, we have outlined a sample activity checklist to document the completion of key activities and objectives specifically related to counseling visits with caregivers.

Sample activity checklist for 'Counseling visits with caregivers'		
Completed	Initial counseling visit	Objective
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ WDAL introduces herself, explains the purpose of her visit and future visits ✓ WDAL explains how her visit relates to the community mobilizing and commitment event 	Objective 1
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ WDAL asks the caregiver if they can make a transect walk of the household compound together ✓ WDAL uses the 'transect walk' page in her flipbook to remember the different WASH-related attributes to look for 	Objective 3
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ WDAL shows the goal card to the caregiver and explain that there are three types of goals or behavioral themes the household can set ✓ WDAL asks which types of goals or behavioral themes the caregiver would like the household to work on before her next visit ✓ WDAL explains the various paths of change on the goal card and ask the caregiver to identify the path of change she would like to target for this period ✓ WDAL marks the goal card to document the goal the caregiver and household are committing to for the next month ✓ WDAL assists household members in mounting the goal card and the monitoring matrix card inside the house 	Objective 4
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ WDAL tailors her counselling approach by working through the sections of the <i>Andilaye</i> Gobezi! Flipbook that align with the current goals the caregiver has set ✓ For each target WASH behavior, WDAL discusses the ideal way to perform the behavior, and ask the caregiver what she thinks are the benefits of the behavior, and what are the common barriers to practicing the behavior ✓ WDAL discusses other health and non-health benefits as well as common barriers to practicing the behavior that the caregiver did not indicate ✓ WDAL offers solutions that address those barriers, with specific attention going to the barriers that the caregiver identified 	Objective 1 Objective 2 Objective 3
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Conclude the visit and record what was conducted during the visit on the <i>Andilaye</i> Household Monitoring Matrix Card ✓ Speak with the caregiver about follow up visits 	Objective 6
Completed	Follow-up counseling visit	Objective
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ WDAL greets caregiver and reiterates the purpose of her visit and future visits 	Objective 1
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ WDAL asks the caregiver if they can make a transect walk of the household compound together ✓ WDAL uses the 'transect walk' page in her flipbook to remember the different WASH-related attributes to look for 	Objective 3

<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ WDAL asks the caregiver to provide her own self-assessment of how much progress the household has made toward existing goals over the previous month, and whether the household has reached its existing goals ✓ WDAL listens to the caregiver, but also reflect back on what the WDAL and caregiver just observed during the household transect walk ✓ WDAL assists the caregiver in developing her monitoring and coping skills by: (1) acknowledging that relapse is normal, (2) informing the caregiver that she and her household members can overcome these obstacles and barriers by actively monitoring and controlling their behaviors, (3) encouraging the household to routinely monitor their practices against their goals, and adjust their efforts if there are any gaps between their goals and their current behaviors, (4) advising the caregiver to be honest with herself and the WDAL about personal obstacles, and (5) instructing the caregiver that shocks to the system such as floods and draughts, serious sickness, or death of a family member are common occurrences, but that households can plan for an overcome these shocks ✓ WDAL inquires as to whether the caregiver would like to re-commit to these goals, and/or choose to select new, additional goals 	<p>Objective 4</p>
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ WDAL tailors her counselling approach by working through the sections of the <i>Andilaye</i> Gobezi! Flipbook that align with the current goals the caregiver has set ✓ For each target WASH behavior, WDAL discusses the ideal way to perform the behavior, and ask the caregiver what she thinks are the benefits of the behavior, and what are the common barriers to practicing the behavior ✓ WDAL discusses other health and non-health benefits as well as common barriers to practicing the behavior that the caregiver did not indicate ✓ WDAL offers solutions that address those barriers, with specific attention going to the barriers that the caregiver identified 	<p>Objective 1 Objective 2 Objective 3 Objective 5</p>
<input type="checkbox"/>	<ul style="list-style-type: none"> ✓ Conclude the visit and record what was conducted during the visit on the <i>Andilaye</i> Household Monitoring Matrix Card ✓ Speak with the caregiver about follow up visits 	<p>Objective 6</p>

Process evaluation

Below, we have outlined an illustrative example of process evaluation indicators specifically related to Counseling visits with caregivers.

Key process evaluation data for 'Counseling visits with caregivers'		
Elements	Indicator	Record data below
Participation: Proportion of the intended priority audience that participates in the intervention activity	Proportion of respondents from study-enrolled households in intervention <i>kebeles</i> reporting an <i>Andilaye</i> counseling visit from a WDAL	
	Proportion of households in intervention <i>kebeles</i> with an <i>Andilaye</i> goal card hung in the house	
	Proportion of respondents from households in intervention <i>kebeles</i> that could identify the WDAL responsible for conducting their <i>Andilaye</i> counseling visits	
Dose delivered: Amount or number of intended units of each intervention activity delivered or provided by intervention implementers	Proportion of intervention <i>kebeles</i> with activity implemented	
	Proportion of respondents from households in intervention <i>kebeles</i> reporting monthly <i>Andilaye</i> counseling visits from a WDAL	
	Average number of <i>Andilaye</i> counseling visits reported by respondents from households in intervention <i>kebeles</i>	
	Average number of <i>Andilaye</i> counseling visits reported by <i>Andilaye</i> Household Monitoring Matrix Cards from households in intervention <i>kebeles</i>	
	Proportion of respondents from study-enrolled households in intervention <i>kebeles</i> reporting more than one <i>Andilaye</i> counseling visit from a WDAL [during endline household visits	
Dose received: Extents to which participants actively engage with, interact with, are receptive to, and/or use materials or recommended resources	Proportion of respondents from study-enrolled households in intervention <i>kebeles</i> reporting they set household goals or incremental improvements	
	Proportion of respondents from study-enrolled households in intervention <i>kebeles</i> reporting they set discussed barriers to the goals or incremental improvements	
	Proportion of respondents from study-enrolled households in intervention <i>kebeles</i> reporting they set discussed solutions to the barriers of the goals or incremental improvements	
	Proportion of households in intervention <i>kebeles</i> with all Gobezi! (Good job!) circles checked on their goal cards	