Sustaining behavioural change in a pandemic

Proceedings of an SNV WASH First and Hygiene Behaviour Change Coalition (HBCC) hybrid learning event

Indonesia, Rwanda, Uganda, Mozambique and Kenya

6-8 July 2021

Ministry of Foreign Affairs of the Netherlands

About SNV Netherlands Development Organisation

SNV is a not-for-profit international development organisation that makes a lasting difference in the lives of people living in poverty by helping them raise incomes and access basic services. We focus on only three sectors – agriculture, energy, and water, sanitation and hygiene (WASH) – and have a long-term, local presence in around 24 countries in Asia, Africa, and Latin America. Our team of 1,297 staff is the backbone of SNV. We apply our know-how to deliver results at scale. Driven by the Sustainable Development Goals, we are dedicated to a society in which all people are free to pursue their own sustainable development, and no one is left behind. This commitment to equity directs us to focus on gender and youth. By connecting our global expertise with our extensive and longstanding in-country experiences, we help realise locally-owned solutions. Our services include advice, brokering and stakeholder engagement, advocacy, fund management, results-based financing, and delegated management.

For further information visit: www.snv.org

About WASH First

WASH First is a project funded by the Government of the Netherlands and implemented by the WASH SDG Consortium comprising of SNV, WASH Alliance International (WAI), and Plan International Netherlands. WASH First seeks to prioritise access to safe water, sanitation and hygiene (WASH) as a key determinant of health in selected countries with relatively low WASH coverage.

For further information visit: https://snv.org/project/wash-first-scaling-wash-sdg-efforts

About HBCC

To curb the spread of Covid-19 among the world's most vulnerable populations, SNV joined up with 20 INGOs in the Hygiene and Behaviour Change Coalition (HBCC) programme of the United Kingdom's Foreign, Commonwealth and Development Office (FCDO) and Unilever. HBCC is a public-private sector partnership that leverages the know-how and networks of all implementing partners to promote handwashing and good hygiene messages. Within the partnership, SNV is the main partner responsible for HBCC activities in Indonesia and Mozambique.

For further information visit: https://snv.org/project/hygiene-and-behaviour-change-coalition-hbcc

Cover photo

Government officials and partners demonstrate the use of a newly installed handwashing with soap facility. Above the facility, a stepwise visual instruction on how to wash hands properly (Photo by: Parmeshwar Jha).

About this report

This report documents the activities from the learning event organised by SNV Netherlands Development Organisation from 6th to 8th July 2021. It was part of the learning undertakings of 'WASH First: Scaling WASH SDG efforts' and 'Hygiene and Behaviour Change Coalition (HBCC)' projects. The event was attended by 59 participants (19 women | 40 men) from 13 different countries.

The report was prepared by Sonja Hofbauer with input from Fanuel Nyaboro (SNV Multi-country Programme Leader, WASH First and HBCC), Dr. Jackson Wandera (SNV Global WASH Technical Advisor) and Antoinette Kome (SNV Global WASH Coordinator). Findings, observations, comments, interpretations and conclusions contained in this report are those of the author's and may not necessarily reflect the views of SNV.

Disclaimer

The following text is the unedited proceedings of the July 2021 hybrid online learning event, Sustaining Behavioural Change in a Pandemic for Indonesia, Rwanda, Uganda, Mozambique and Kenya.

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Executive summary

The economic and social disruption caused by the **Covid-19 pandemic** is enormous: 2020 will be the first year since 1998 that the global rate of poverty increases. Millions of people living in poverty face great health risks and the economic crisis it triggers. This makes SNV's mission to help people living in poverty to lift their incomes and access basic water, sanitation and hygiene services even more important. SNV is well-positioned to help communities respond to the crisis and become more resilient.

Since the Covid-19 pandemic awareness that **hygiene and behaviour change** ("the first lines of defence") are not only essential for health but also to create a safe context for income generating activities has increased enormously. SNV has acted quickly and customised approaches in ongoing and new projects considering the changed circumstances. More than one year after the onset of the pandemic impressive results have been achieved and it was time to reflect and harness the lessons learnt to continuously improve approaches and sustain the gains made.

Against this background SNV convened a **learning event** from 6th to 8th July 2021 to reflect on how to sustain behavioural change in a pandemic and adjust to new knowhow and developments of the recent months. To give an example, the key prevention measures promoted remain wearing masks, handwashing and social distancing but new areas to be addressed in communication come in such as informing people about vaccinations and encourage them to get fully immunised. Another example is the increased understanding of transmission pathways (air transmission) which needs to be reflected in communication by emphasising the need for ventilation.

This learning event was organised as part of SNV's **WASH First and Hygiene Behaviour Change Coalition** programmes which aim to improve hygiene behaviours and access to water and sanitation in several countries across Asia and Africa. 59 participants working in the WASH and health sectors in Indonesia, Rwanda, Uganda, Mozambique and Kenya convened partially physically and partially online for the learning event. An even broader group of participants participated in the facilitated e-group discussion that took place ahead of the event. Together with the event, this facilitated in-depth discussions amongst SNV's teams, private sector partners, government partners and WASH SDG Consortium Partners WASH Alliance International (WAI) and Plan Netherlands.

The learning event's **objectives** were to (i) learn from different country response strategies and approaches, and ongoing initiatives in improving hygiene behaviour, (ii) exchange ideas and deepen understanding of the opportunities and priorities to sustain the gains achieved so far, as well as the different roles involved in realising these, (iii) develop strategies to contribute to ongoing quality improvement processes in Covid-19 response from a WASH perspective.

The common, emerging **theme for sustainability** was the integration of approaches with government strategy at the local, district and national level. Also training to build capacities of key people involved in implementation such as health care workers, teachers, community leaders, cleaners, managers etc. was highlighted as essential. This, in combination with the creation of facilities that make behaviour change easy while including people living with disabilities was successful. Communication to beneficiaries directly through mass, digital and interpersonal communication while engaging all types of stakeholders - Government, Private sector, Civil society organisations and Media proved effective.

While the above were the common approaches, some initiatives were **specific to countries** such as involving different government departments in messaging (UGA), a 5 Star approach to rate markets (IND and MOZ), social media usages (MOZ and RW) and systematic door to door visits (KEN and RW).

Going forward, the continuous integration with government systems and the efforts to build local leadership (e.g. village leaders) was found critical for sustainability. Training in its diverse forms and in close collaboration with local partners remains an important element and should continue to increase outreach. Also, the expansion of target groups to include more stakeholders for instance in crowded public places could be a strategy to boost results especially if combined with the provision of facilities. It cannot go unmentioned that there is a fatigue with messaging, a level of tiredness (esp. for people in the first line of defence). The learning event provided an

opportunity to think creatively how to overcome fatigue and keep behaviours change communication up-to-date and appealing and include rewards and rating systems.

A focus of the event was to reflect on **groups who are left behind**. Who are these groups? How can they be characterised? What are the prevailing beliefs and motives for behaviours change? How can effective behaviour communication be designed, and the right networks and channels be created?

The participants identified security staff (police officers, prison wards etc.), people within or using transport hubs and informal marketplaces (transient population) as well as people living with disabilities as **key groups that need more attention** henceforward while maintaining a focus on Gender and Social Inclusion (GESI). The participants were in agreement that this is the time to understand groups of people who were left behind to be better prepared next time and adjust the approaches to become integrated and more effective henceforth. In efforts to reaching all groups translations or the usage of sign language are the basics. The choice of relevant networks (e.g. umbrella groups of people with disabilities, NGOs, local partner organisations) and means to amplify the messages and increase adoption of new behaviour is equally key.

The **lessons drawn from engaging markets** (especially in Indonesia and Mozambique) were promising. The smart and effective ways in delivering key messages and involve sellers, people working in transport and market cadre as agents of change to share their knowledge to the community was impressive. Also, the concept of developing checklists and a rating system were drivers of change ("5 star rating"). The **evaluation results** showed that the event was successful with the only obvious lacking area of social interaction and networking opportunities. Participants working in both programmes were able to get ideas for their respective exit-strategy towards the end of the projects and inspiration for business development beyond that.

Finally the participants acknowledged that they benefited not only content wise but also regarding the facilitation of **hybrid online events** and how to adopt the tools tested during the event in their working environment to adjust to changed circumstances where personal contact and travelling is constrained.

As **SNV's CEO** expressed in his opening remarks, adaption is key since nobody knows where the pandemic is heading. Out of lack of certainty constant adaption became necessary and events like this and innovations steaming from WASH First and HBCC programs contribute a lot to learning. Through the creation of replicable and scalable models, changes can be sustained. Behaviour Change Communication forms the basis for transformational level of systems change that SNV stands for.

With a diverse SNV workforce and a team approach including individuals from civil society, government and private sector the hopes are high to leave no one behind and attain sustainability to end the pandemic some time soon!

Contents

Tables

Figures

Abbreviations

BCC	Behaviour Change Communication
KAP	Knowledge, Attitude, Practice
CESP	Community Engagement Strategic Plan
CHW	Community Health Worker
COVID-19	Corona Virus Disease (name of disease, "Covid-19" or Covid" in report)
CSO	Civil Society Organization
DGIS	Directorate-General for International Cooperation
EICV	*Enquête Intégrale sur les Conditions de Vie des ménages* or Integrated Household Living Conditions Survey (English acronym IHLCS)
FCDO	Foreign, Commonwealth and Development Office
HBCC	Hygiene Behaviour Change Coalition
HCF	Health Care Facility
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HWF	Hand Washing Facility
HWWS	Hand Washing with Soap
IDN	Indonesia
IGA	Income Generating Activity
IPC	Infection Prevention and Control
KEN	Kenia
MCPL	Multi-Country Programme Leader
M&E	Monitoring and Evaluation
MOZ	Mozambique
NGO	Non-Government Organisation
NLD	The Netherlands
NUDIPU	National Union of Disabled persons of Uganda
ODF	Open Defecation Free
PCR	Polymerase Chain Reaction
PM	Project Manager
PPE	Personal Protection Equipment
PWD	People with Disability
RDT	Rapid Diagnostic Test
RWA	Rwanda
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2 (name of virus)
SBCC	Social Behaviour Change Communication
SL	Sector Leader
SOP	Standard Operating Procedures
ToT	Training of Trainers
UGA	Uganda
UK	United Kingdom
VHT	Village Health Team
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

1 Introduction

SNV held a learning event focusing on "Sustaining Behavioural Change in a Pandemic" running from the 6th to 8th July 2021. SNV WASH holds regular knowledge and learning events which provide an opportunity for teams and partners from national governments, Civil Society Organizations (CSOs) and local partner Non-Government Organisation (NGOs) to engage in depth on specific topics. Given that the world is still in the midst of the pandemic, this particular event was a hybrid of virtual sessions and face to face at country level where it was possible. It is understood that Covid-19 infection rates vary across the different countries and therefore the restrictions vary in line with the infection rates. The learning event for teams from Indonesia, Rwanda, Uganda, Mozambique and Kenya was therefore flexible to accommodate all these different scenarios.

2 Background: WASH Covid-19 response

With the outbreak of the global Covid-19 pandemic, several WASH projects adjusted their activities to respond to the emerging needs given that WASH is a first line of defence against the virus. In addition, two multi-country projects covering 5 countries were also initiated at the height of the pandemic in August 2020. These 2 projects are:

- Hygiene and Behaviour Change Coalition (HBCC) funded by the United Kingdom (UK) Foreign, Commonwealth and Development Office (FCDO) and Unilever (covering Indonesia and Mozambique), and
- WASH First funded by DGIS (covering Kenya, Rwanda and Uganda).

Both projects are focused on minimizing the impact of the pandemic considering that most of the people in these countries are not able to work from home and their living conditions make it impossible to practice social distancing as well as hand hygiene due to limited access to WASH.

3 About the learning event

3.1 Objectives

The learning event's objectives were to:

- Learn from different country response strategies and approaches, and ongoing initiatives in improving hygiene behaviour
- Exchange ideas and deepen understanding of the opportunities and priorities to sustain the gains achieved so far, as well as the different roles involved in realising these
- Develop strategies to contribute to ongoing quality improvement processes in Covid-19 response from a WASH perspective.

The learning event incorporated a preparatory e-group discussion, a workshop as well as in-country follow-up (depending on country priorities). These three elements were combined to form the learning activity. The learning activity is not limited to the SNV programme, but intended to promote discussion about best practices in WASH Covid response among partners. The specific intention of the learning activity is to exchange ideas and deepen the understanding of sustained behavioural change and equity.

3.2 Methodology

In this event, part of the sessions were conducted virtually at the same time for all countries, and part of the sessions were conducted separately in the respective countries due to the time difference. The in-country activities were coordinated by the SNV office. Depending on the Covid-19 restrictions, countries

organised face-to-face sessions (i.e. bringing all their participants together in one place) or held sessions on-line with the country participants.

For the global activities, a platform called WHOVA was used as the entry point for all event activities such as meetings, presentations and debate. The platform allows the organisers to guide people through the programme where to find and upload documents and pictures. For presentations and break-out rooms, WHOVA links to Zoom.

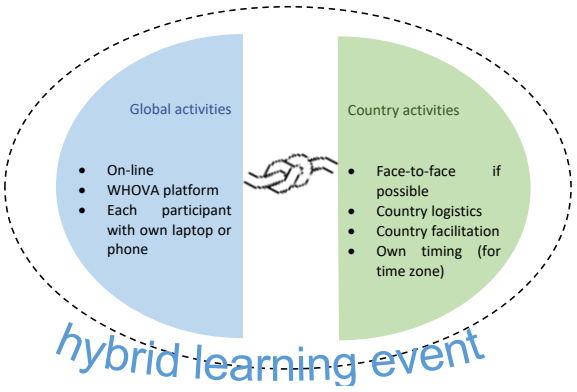


Figure 1: Concept hybrid learning event

The WHOVA platform went live ahead of the event and participants could log-in and familiarise themselves with the platform, the agenda and meet other participants virtually.

For group work a platform called Miro was used that allowed team to work together as if in front of a real board equipped with cards and pens.

For the **country activities**, each country organised a venue taking into account proximity to duty stations as well as internet access. If Covid-19 restrictions prohibited gathering of all participants in one place, the country team took the lead in organising country activities virtually. Countries made sure that participants were able to participate in all global activities. This meant in detail:

- **Making** sure all participants have their individual **device** (laptop or phone) to attend the global activities.
- **Supporting** participants to test the WHOVA **platform** before the event (details were provided and country IT experts could support).
- **Guiding** participants – including SNV staff- to treat this as an event and **create time** for it. This could be done by setting out-of-office replies, ensuring colleagues aren't expected to deliver other things or attend other meetings, engaging the respective supervisors.
- **Engaging translators** and setting up translation.

The event programme took into consideration a mix of sessions as outlined in the sections below.

3.3 Global and country activities during and before the event

Before the event: To prepare for the upcoming event, a facilitated global e-group discussion was held that involved a broader spectrum of participants than the event itself. Contributions could be made in different languages. All inputs were translated to English and summarised in an e-mail. The summary results were used during the event to introduce issues and trigger reflection. They also supported the drafting of the programme and focus of the various group assignments.

The **global activities during the event** were held in blocks of half days, to allow both Asian and Africa to participate during their day and have lunch/dinner at reasonable times. For the global activities WHOVA was used, with live and pre-recorded sessions and videos. Countries prepared inputs in advance. All plenary sessions, presentations, and mixed group work took place in English. Also, all guidance papers were provided in English. For countries where participants were unable to speak/understand English simultaneous translation during the plenary sessions was available.

Country activities were facilitated by the country itself lead by the Sector Leader (SL), Project Manager (PM) or someone in the team. Also, organisation and logistics of the country activities were under the responsibility of the country. The event relied heavily on the country activities and the teams capacity to give it the feel and ambience of a "real" learning event. Important elements in this were general logistics and the field assignment, as sketched below.

There were two logistical options:

Option 1 "Covid Safe"

All participants were able to meet for the duration of the event face-to-face in a workshop setting (6th-8th July). This improved the quality of participation, made it an "event" and facilitated the exchange with partners which were part of our learning events. Country teams were in charge to arrange the necessary logistics (projection, translations, refreshments) and communication with their participants well in advance.

Option 2 "Covid Restricted"

If a meeting was not possible, a zoom meeting with all participants was organised in advance to talk them through the agenda, have a practice run with the platform and reach an agreement on what is expected and their participation.An email discussion was held on SNVs Rural Water, Sanitation and Hygiene (WASH) Egroup platform from 20 May 2021 to 10 June 2021 on the topic of "Equity, Climate Change and Rural WASH".

3.4 Field assignment

The field assignment was held in a hybrid way. Participants were mixed in groups and virtually visited a country through a pre-recorded video. Background information on the place visited in form of a brief document was provided by the country programme. The group watched this video together and agreed on roles that each group member will take from the group assignment given. Due to time differences between Africa and Asia, it was an important step so that team members could work separately at their convenient time. The group met together again to review what has been prepared and then had a joint session with the stakeholders of the country programme visited. After this the group consolidated their findings before making a presentation to the plenary.

Country programmes invited stakeholders to the session on Wednesday 7th July. The stakeholders were encouraged to stay on for the feedback session.

3.5 Programme overview and documentation

The detailed programme is presented in the annex. It was available on the Whova platform. For ease of reference to the sessions the East African time has been used. The Whova platform has the option to convert the programmes initially in East African Time into ones time zone once logged in.

The event was structured in the two blocks of "WASH Covid-19 response experience" and "Towards sustainable and inclusive behavioural change" (see figure on the right). The summary programme per day is presented below.

Figure 2: Blocks of the event

All handouts, presentations and pictures were availed on the Whova platform and will remain accessible for 3 months after the end of the event.

Table 1: Summary programme per day

	Asian morning	Asian afternoon/ African morning	African afternoon
Tuesday		• Opening, introductions and expectations • Block 1: The WASH COVID response experiences • Country COVID response • Preparation field assignment	• Preparation field assignment
Wednesday	• Preparation field assignment	• Presentations field assignments	• Country assignments
Thursday	• Country assignments	• Sharing group work • Debating game • Country shopping bags • Closure	

A summary of each Egroup discussion is presented in Annex 2.

4 Opening (session 1)

4.1 Official opening

Simon O'Connell, SNV CEO, joined the event to deliver opening remarks. He welcomed participants from all 5 countries in their language. He embarked on his journey with SNV as its new Chief Executive Officer on 1st of December 2020. Having 25 years humanitarian work experience, he used to travel a lot. He went on to explain how the pandemic affects all of us in many ways and gave an example from his family. Before travelling he would advise his children on certain issues and assume that they act accordingly while he was away. A positive change that the pandemic brought for Simon was, that he gets to spend more time with his family. In terms of behaviour change he provided participants with three framing remarks:

1. It is not just about telling the kids to do things, its equally important to model behaviour for instance by reducing screen time oneself as a role model.
2. Adaption is key since nobody knows where the pandemic is heading. Out of lack of certainty we needed to learn to adapt constantly and events like this and innovations like HBCC digital messaging contribute a lot to that learning.
3. Scaling through Relevance is possible if we realise opportunities for partnerships with CSOs, government and private sector. Through replicable and scalable models, changes can be sustained. Behaviour Change Communication forms the basis for transformational level of systems change.

At SNV we place importance in attaining systemic change!

Simon went ahead to thank Antoinette and her team for the great work and wished everybody a great event!

4.2 Expectations

To capture expectations country groups and one global group were formed. Groups were requested to present three main expectations and introduce their team members. The Miro platform was used to put together and present the results.

Figure 3: Country pages with expectations - overview in Miro platform

Table 2: Expectations, Indonesia

	Indonesia	Team members
1	Learning from experiences in other countries on hygiene behaviour change and how to sustain it (any experience in delivering the messages to communities)	1. Saniya Niska 2. Putri Sortaria 3. Ibad 4. Rifqi 5. dr. Budi Satrio 6. Zakaria 7. Andri Gunawan 8. Rahadian Sukmajaya 9. Nukhan 10. Nurul Huda
2	Learning from other countries on their government's concerns & commitment in WASH during Covid-19 pandemic	
3	Learning on Covid-19 health protocol implementation in public facilities, especially traditional market; challenges, best practices on enforcing health protocol	

Table 3: Expectations, Rwanda

	Rwanda	Team members
1	Learn and share how to sustain behaviour practices among countries	Vincent Kanyamibwa, BCC Advisor Clement Ndunguste, Water Engineer Getachew Belaineh, WASH SI
2	Government engagement and ownership in sustaining behaviour interventions	
3	Outreach number calculations through radio airing, print media	
4	Behaviour change messaging to vulnerable population e.g., people living with disabilities	

Table 4: Expectations, Uganda

	Uganda	Team members
1	Learning from other countries on how they have handled messaging on Covid-19	Team Members 1. Tom obel - Plan 2. Dennis Lakwo SNV 3. Eyadu Bernard SNV 4.Cate Namyalo MOH 5. Kumbulani Ndlovu 6. Martin Akonya 7. Brendah Nakanywaji
2	How to sustain BCC in communities	
3	The motivator and drivers for behaviour change in other countries	
4	Contribution of different actors / patterner's in fighting Covid-19	
5	Learn innovation and adaptation mechanism from other countries	

Table 5: Expectations, Mozambique

	Mozambique	Team members
1	Learn from other countries successes on sustaining behavioural changes in a pandemic	Abilio Cuamba -SNV Advisor Zainabo Salvador -SNV Advisor Terencio Duarte - AIAS Director Nampula Pedro Timba - SNV Advisor Alex Grumbley - SNV WASH Sector Leader
2	Better understand effective approaches for behaviour change led by local government that can be sustained by local government	
3	How other countries have used social media or similar online/SMS approaches to reach more rural/less connected populations and measure impact	

Table 6: Expectations, Kenya

	Kenya	Team members
1	• Get to learn various strategies put in place by different countries in sustaining behaviour change amidst the pandemic • Strategies to sustain Behaviour Change in the Pandemic • How to address challenges faced in addressing behaviour change among various target groups such as the elderly • Share experiences on development of BCC Materials	Kenya Team: Roselyne Okwiri Kericho: Wycliff Owour Judy Murii David Ruto Nakuru: Bendy Kipchoge, Peter Rono, Reinilde Eppinga Homa Bay: John Otieno, Obonyo Wycliffe Elgeyo Marakwet: Kenneth Kimaiyo, Joan Chemeitoi
2	• Learn from other countries about different innovations e.g. handwashing facilities, strategies, partnerships • Innovative ways of Behaviour change sustainability • Learn how other countries have used social media to influence behaviour • Enhancing knowledge management and information sharing	
3	• How to engage Governments in sustaining behaviour change initiatives in the respective countries • sustaining the CSO efforts towards combating the spread of Covid-19 considering the seemingly unending pandemic	

Table 7: Expectations, Global team

	Global	Team members
1	Learn from experiences in different contexts about what has worked well (and how do we know) and challenges in Covid-19 messaging	Fanuel Nyaboro Rajeev Munankami Gabrielle Halcrow Jackson Wandera Sonja Hofbauer Balaji Gopalan Sharon Roose
2	Reflecting on sustaining behaviours during and between waves and adjustments as we go	
3	Learning about learning online!	

5 Block 1: The WASH Covid response experience

5.1 Introductory presentation for Block 1 (session 2)

The introductory session framed the overall background of the pandemic, provided a summary on the e-group discussions and gave an outlook on the learning intention of the event.

We are in a global pandemic that took much longer than initially assumed. The effect in the various countries is quite different (e.g. number of death) and varies over time. Further the waves come in at different times and in a different way. Interestingly, in Africa the wave does not appear to be big but reoccurs several times.

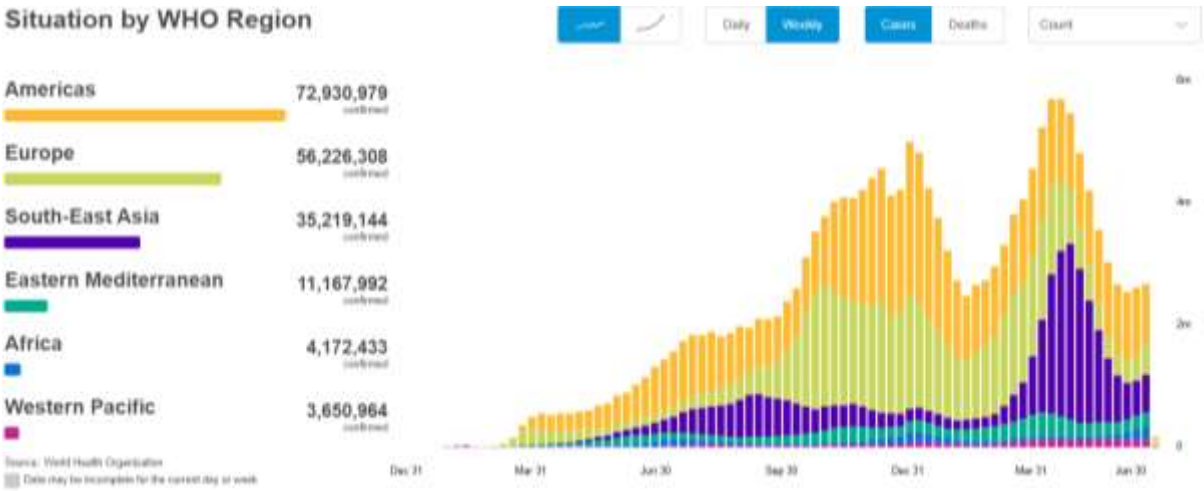


Figure 4: Pandemic situation by WHO regions (*source: WHO*)

Every country started a response – at different levels of strictness. Some countries said that it did not exist and did nothing. Some countries went immediately into a strict lock-down or everything in between. "Best response countries" could become "worst response countries" over time. Governments had to find a balance between economy and health protection, between information and combating misinformation.

An e-group discussion was organized to take stock of how the WASH sector had responded to the Covid-19 pandemic. The discussion was open to all people interested in WASH and behavioural change and/or Covid programming from Africa, Asia and Latin America, with special interest to the programmes that have been working on Covid response in WASH.

There were 3 topics covered in the e-group discussion and each topic run for a week in the period between 11th June and 1st July 2021.

1. How to come to relevant messaging in a pandemic?
2. Strategies for sustainability of behavioural change
3. Strategies for leaving no-one behind

For each topic, a short introduction and key questions for consideration was provided. Participants shared their ideas, comments and examples, in response to these topics. The contributions were summarised for each topic and used as input at the learning event. The e-group discussion yielded the following communication objectives and targeted behaviour changes:

1. By far the objective is around providing KNOWLEDGE:
   - "provide simple, but accurate information on Covid-19

- "ensure that people know how Covid-19 is transmitted"
- "inform people about the behaviours that prevent Covid-19: masks, distancing, hand hygiene"

2. Additional behaviours were: touching surfaces, use of latrine, safe water, household water treatment, rational use of water.

The overall question is whether it is our role to inform or to persuade?

The broader hygiene behaviours and target audiences are summarised in the figure below.

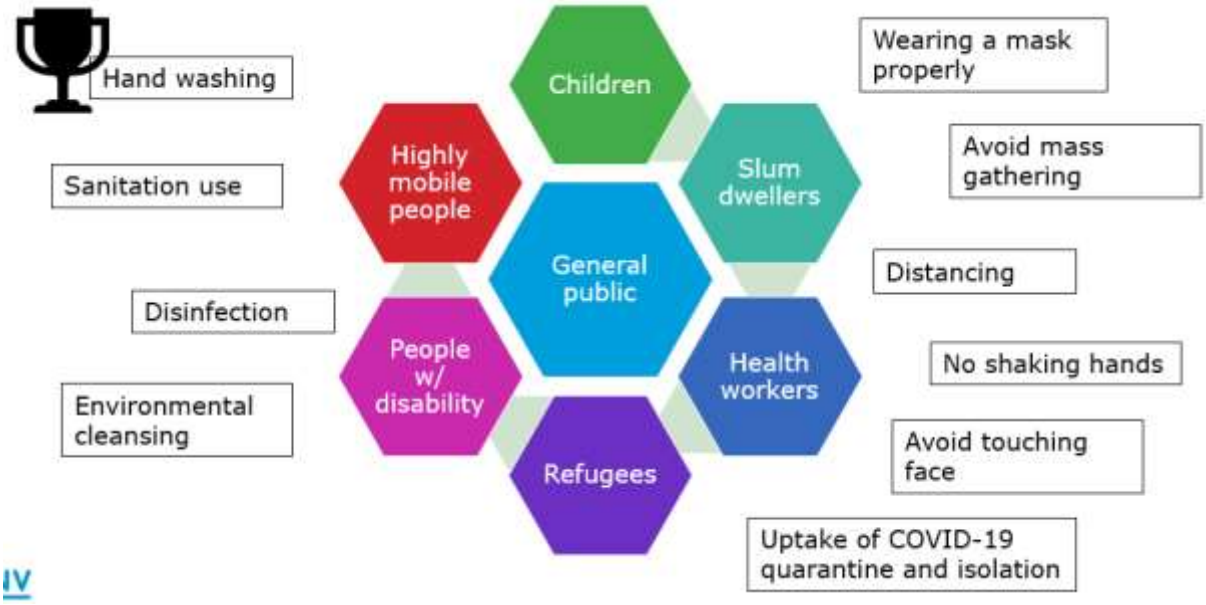


Figure 5: Broader hygiene behaviours and target audiences

Ideally, formative research stands at the beginning of any Social Behaviour Change Communication (SBCC) initiative. However, only 3 out of 15 countries did some formative research for the following reasons:

- No time / emergency need
- Lock down / restriction of movement
- Alignment with government response
- Use of data from alternative sources (previous research, multi-stakeholder engagement, adapting existing campaigns, rapid assessment based on earlier KAP

Other types of studies conducted included identification of (i) gaps in support/ immediate needs, (ii) where to provide hand washing stations, (iii) infrastructure.

Indonesia, Mozambique and Kenya did formative research focused on:

- Indonesia: review of workplace needs for workers who cannot work from home
- Mozambique: formative research in markets to understand behaviours, knowledge and drivers - research is important in a pandemic because the situation is different and evolving and research design can be adopted to be faster and applied by other people
- Kenya: knowledge, motivations and beliefs, as well as solutions and coping mechanisms, understand stigma and discrimination related to Covid-19

For similar reasons than above, limited measurement of results was carried out so far. The chain of effects of BCC can be depicted as follows (see figure on next page).

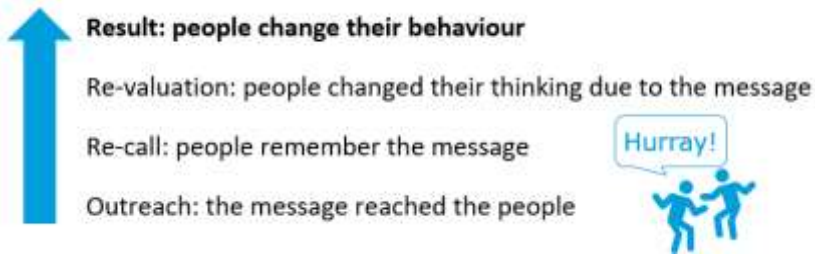


Figure 6: BCC chain of effects

The following performance monitoring activities were carried out nonetheless:

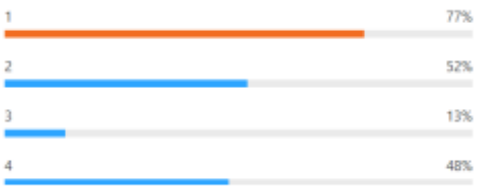
1. Routine self-assessments by markets verified by local authorities and managers (5 star rating)
2. Schools: live-testing
3. Mid-term surveys
4. Other: Field visits

The ultimate target of sustaining behavioural change is challenging to attain due to the following reasons:

- Behaviours based on fear are difficult to sustain
- Fear follows the Covid-19 curve (always too late)
- Fatigue with protocols
- Also difficulty to sustain facilities (and soap) and coordinate properly among stakeholders
- Information overload
- Confusing information: misinformation and disinformation
- Remote places don't get the same access
- Over-reliance on partner support
- Local authorities and/or health workers not adopting behaviours themselves

Despite the challenges, sustaining behaviour change is key and it is thus one of the key areas for learning during the event.

Table 8: Possible sustainability strategies and group voting results

Possible sustainability strategies include: 1) Person sustains the behaviour herself / himself 2) Social control 3) Health worker keeps on repeating the message 4) District monitors information and responds if needed	The group voted 1 to be the best strategy followed by 2 and 4. 

The following principles and approaches have proven to be successful in the various countries:

- Consistency and simple messaging
- Avoid excessive social pressure (risks!)
- Multi-sectoral coordination, including involving target audiences
- Build capacity of key people in institutions
- Alignment
- School children as an agent for sustainability and outreach…
- Integration of Covid-19 into other activities
- Local production of facilities and equipment
- Rating system for markets
- Regular monitoring to remind people of health protocols

5.2 Country Covid journey (session 3)

The Miro platform was used to consolidate the discussion results for each country. The country teams were requested to reflect on how national Covid-19 messages and audience attitudes evolved over time as well as what was learnt about sustaining behavioural change.

5.2.1 Indonesia

The presentation from the Indonesian team was simultaneously translated to English. Generally there is strong national message. In the beginning the country felt it was strong and people were relaxed thinking it would never enter the country. Hoaxes and misinformation were communicated such as "masks are only for sick people" (partly to cover issue of mask unavailability).

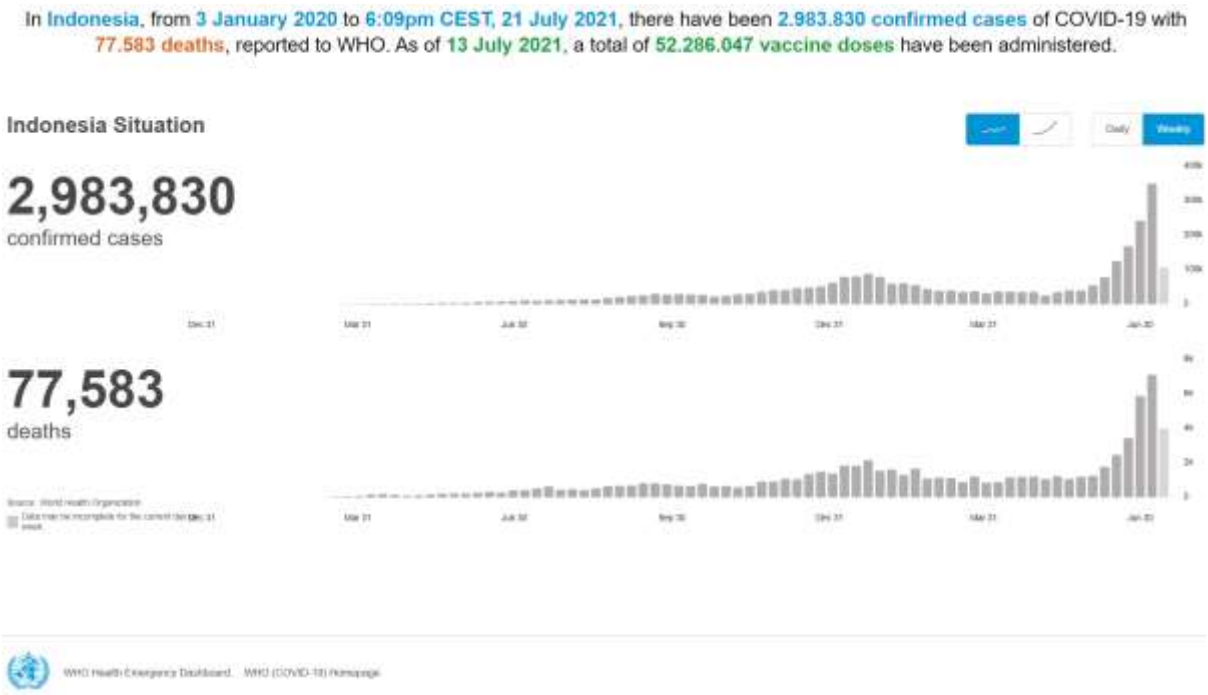


Figure 7: Covid-19 situation, Indonesia (*source: WHO as of 21st of July 2021*)

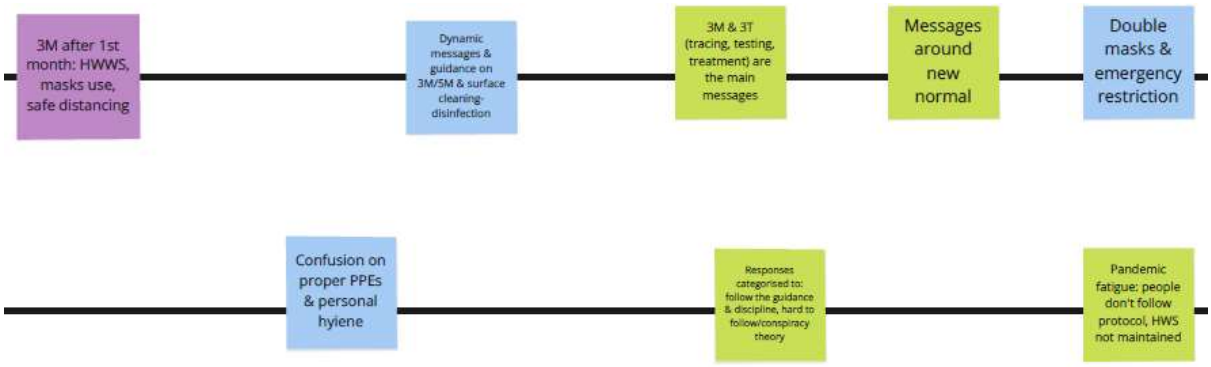


Figure 8: Indonesia country Covid journey timeline
NB: National message on top and audience responses below

The response in the population was initially relaxed ("we won't get infected") and the focus was on maintaining personal health/immunity. There was panic buying (e.g. hand sanitizer) after first cases leading to increased commodity prices.

When cases started to increase in March 2020, government made an announcement to adhere to the following rules: mask, social distancing and handwashing with soap (3M). In the beginning the situation was very dynamic. This led to the image that government was not consistent in messaging and "straining" from the initial 3M message to 5M (including disinfection and surface clearing) to adding 3T (tracing, testing, treatment).

Then, the communities started to prepare better because the level of information was higher, still many people were confused. Some didn't believe in the information and data. Government was still adjusting messages for national campaigns.

The responses vary: some communities didn't want to comply, some thought it was a conspiracy. Many people find it hard to believe the nature of the crisis until today. Covid-19 has become the "new normal" but Indonesian people relaxed measures when government relaxed and even celebrations in public places happened but in reality the threat is not over.

Recently, emergency restrictions were released: double mask to reduce transmission in the country. Many people still don't comply with the health protocol applied in Indonesia, up to today. We need to change ourselves first before addressing others!

Over time, social restrictions were changed & adjusted so the community needs to keep themselves updated. To sustain the results key stakeholders need to be role models (local leaders, LGs) and continuous commitment from LGs for WASH facilities provision is required.

5.2.2 Rwanda

Rwanda had three waves so far. At the onset government moved in to restrict movements etc. During the second wave a complete lockdown was imposed including a halt of imports apart from items related to health.

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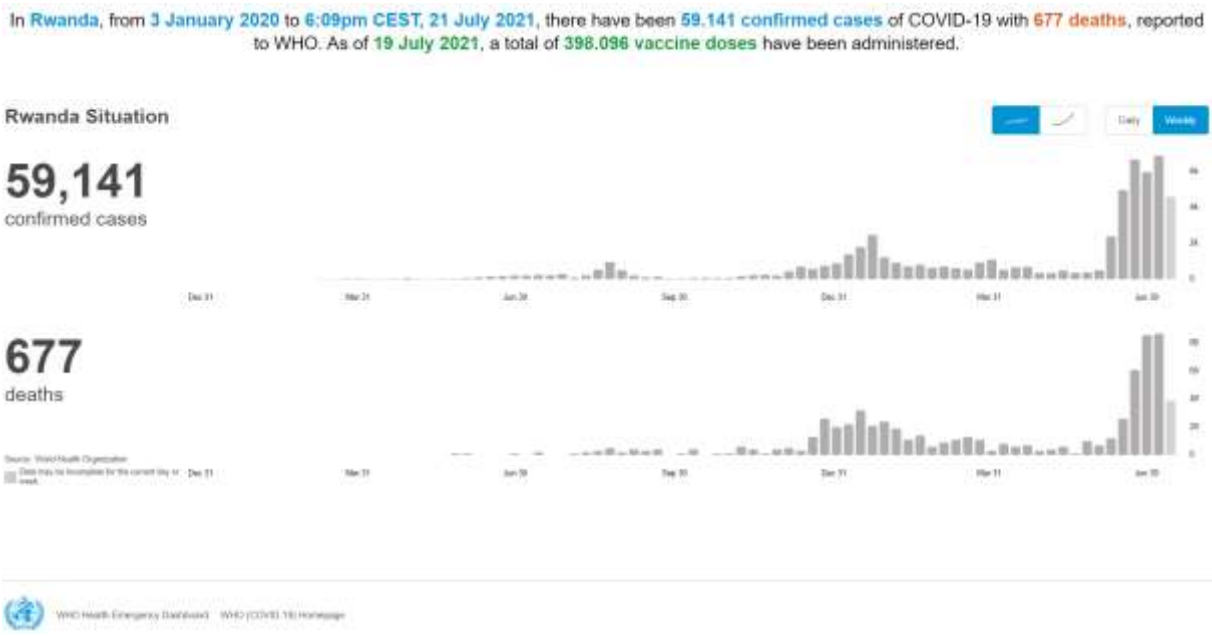


Figure 9: Covid-19 situation, Rwanda (*source: WHO as of 21st of July 2021*)

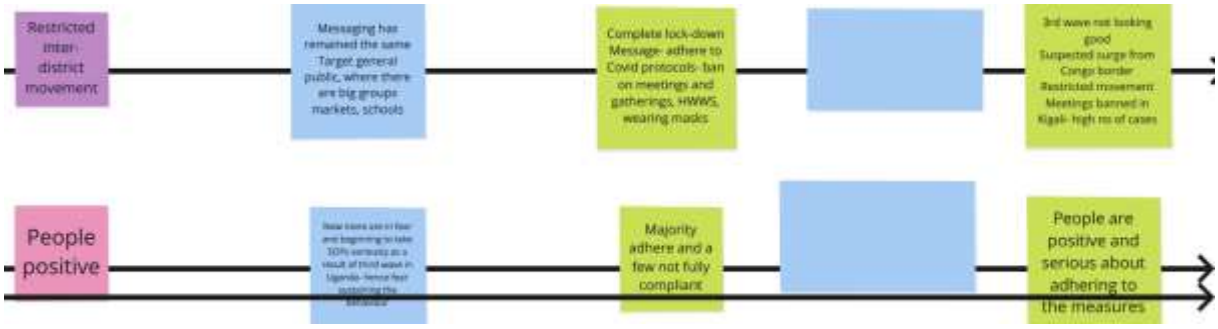


Figure 10: Rwanda country Covid journey timeline
NB: National message on top and audience responses below

The population is taking Covid-19 serious now. Initially the confusion was around it not being serious and a political measure. Later the population witnessed the impact (death cases and sick). All health and hygiene materials are widely available. The target audience is now mostly where people come together in markets schools, health centres.

Sustain behaviours change based on three pillars:

1. Community health workers: trained how to sustain and continue to stay in touch with communities, this can go on beyond the duration and the specific issues during the pandemic
2. Community hygiene clubs – ensure that messages reach even after end of interventions by partners
3. Commitment by government leadership from up to bottom to sustain messages and being exemplary

5.2.3 Uganda

Introduction: The first Covid-19 case was reported on 21st March 2020. A lockdown was imposed from 30 March to 26 May 2020. Ministry of Health developed guideline (Standard Operating Procedures, SOPs). In October 2020 the country reached "level 4" of the pandemic and the health facilities were overwhelmed. The introduction of a Community Engagement Strategy followed. In April 2021 cases were on the rise again and in June 2021 Uganda is into wave two of the disease with a lockdown in place since June 2021.

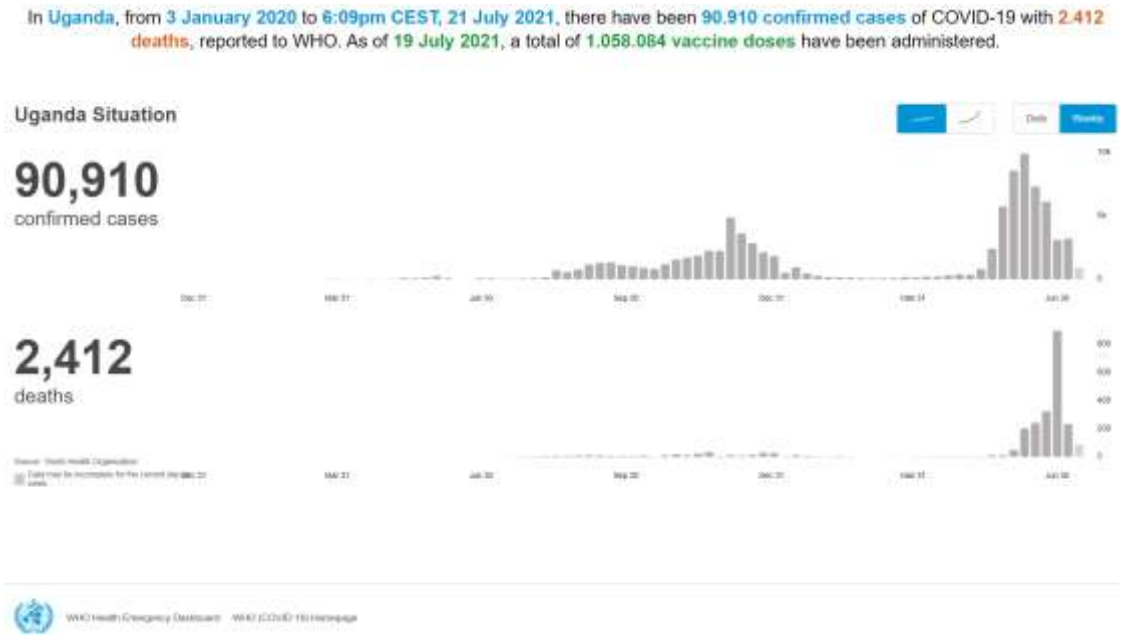


Figure 11: Covid-19 situation in Uganda (source: WHO as of 21st of July 2021)

In response plan to the pandemic a "COVID-19 Response Plan June 2021 to June2022" with as outlined below was developed:

1. Governance and stewardship
2. Case management: clinical management of cases, Infection Prevention and Control (IPC), emergency medical services, nutritional support, mental and psychosocial support
3. Surveillance: contact tracing and situational reports
4. Laboratory: Polymerase Chain Reaction PCR and Rapid Diagnostic Test (RDT)
5. Logistics: forecasting, tracking, commodities, supply and distribution, monitoring
6. Strategic innovation and research
7. Essential services continuity
8. Risk communication: guides development of messages and Standard Operating Procedures (SOP), KAP surveys
9. Community Engagement Strategic Plan (CESP): involvement of community, introduce home based care, using the existing structures

Action plan has been phased out but a resurgence plan with same intervention areas but slightly changed approaches came into place. It aims at reducing impact and mortality but also reduce impact. Response in Uganda is decentralised to districts and down to sub-counties (health centre three) and parishes (LG II) and community.

The support by partners is key: HWF, availing material such as sanitisers and masks, emphasising social distancing. All facilities screen at the entrance not to mix infected with non-infected. There are SOPs for all levels of operation.

5.2.4 Mozambique

In March 2020 Government messaging started with a focus on: what is coronavirus, prevention, behaviours promoted, including the message to "stay home"! The harder "stay at home measures" introduced later were hard to comply to due to need to generate an income.

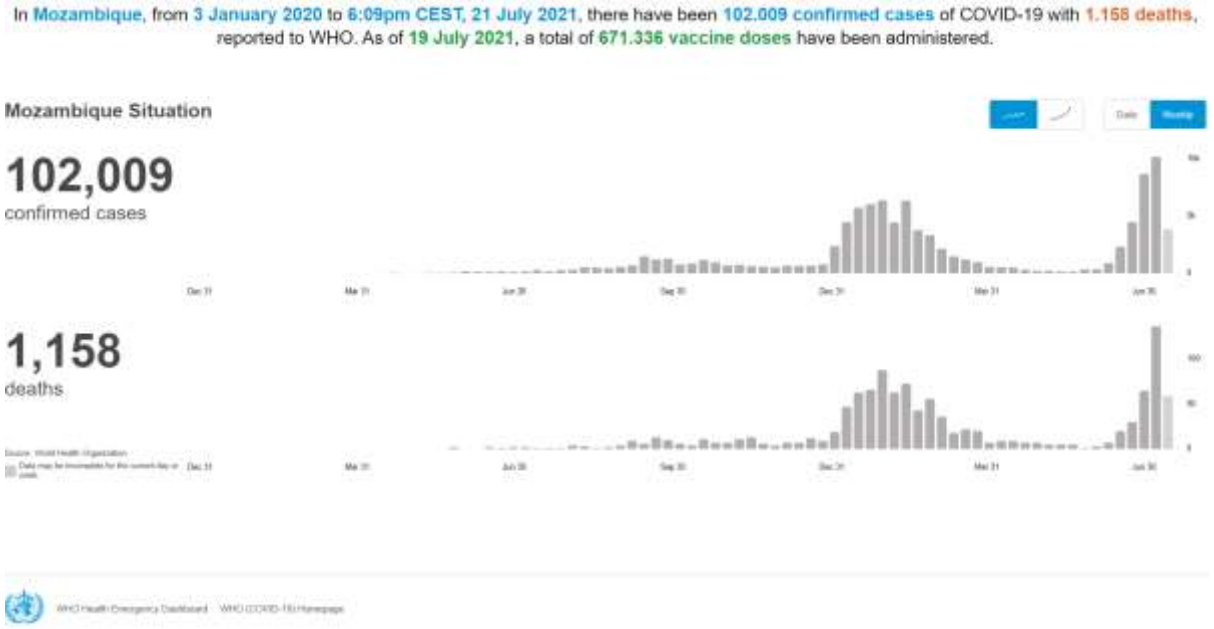


Figure 12: Covid-19 situation in Mozambique (*source: WHO as of 21st of July 2021*)

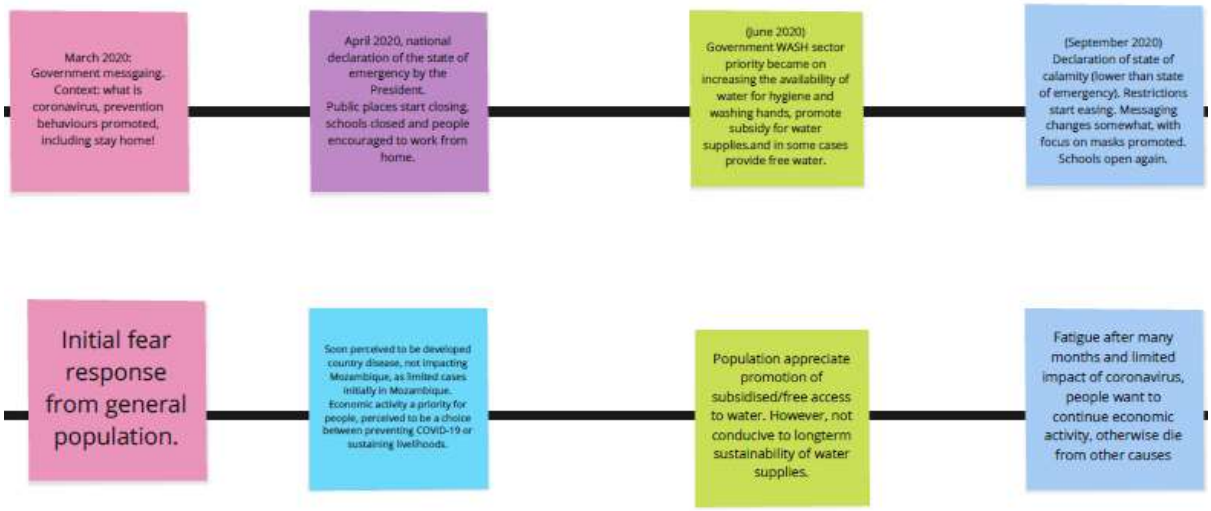


Figure 13: Mozambique country Covid journey timeline
NB: National message on top and audience responses below

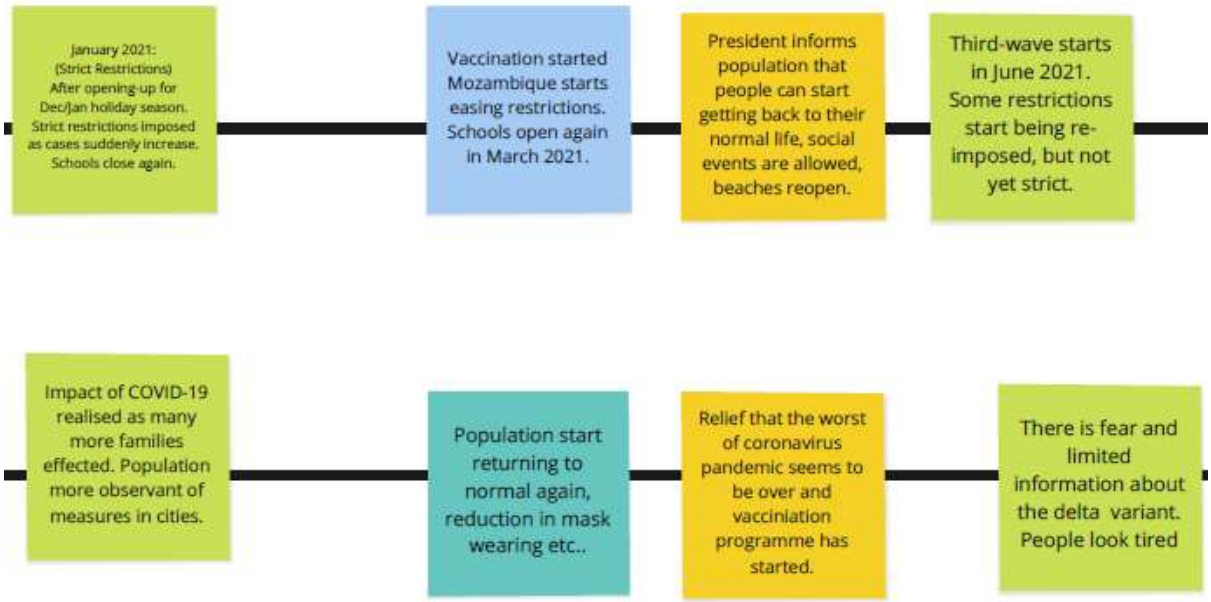


Figure 14: Mozambique country Covid journey timeline (continued)
NB: National message on top and audience responses below

Towards the end of 2020, people thought it was the end of the pandemic and returned to business as usual, often without observing measures. Between December 2020 and January 2021 the number of cases rose again and new restrictions had to be imposed to control the impact. When the vaccination introduced by March, the cases went down again and the population started to go back to life as usual and schools reopened.

In March – June 2021, a third wave came, and restrictions were reimposed but not too strictly. There is fear and little information about mutations. There is fatigue of measures amongst the population.

5.2.5 Kenya

The first case was confirmed on 12th of March and the public started to look for masks and sanitisers, people stayed home. Some however denied that it is in Kenya and that it exists at all.

Additional messages by government came in and strong measures were imposed such as closing schools, curfew and many other restrictions. There was an overall movement of families from urban to rural areas.

The key messages were and are: handwashing, mask, distance combined with information about symptoms, Initially the uptake was high despite some confusion e,g. who should wear which type of mask. Enforcement was high at certain point but varied during the different waves and in different parts of the country.

As the pandemic went on, the guidelines were followed less and less. Only where there was enforcement compliance was higher. For example a police officer stationed at the market made people wear masks and reluctance increased again when the officer left. In summary, first it was fear but later it was police presence that made people wear masks. At some point there was confusion about quarantine and fear of stigmatisation and "abduction" if infected. Undignified burials were hard to accept for the population. Home based care was recommended because not all patients could be taken care of in hospitals. However the guidelines are difficult to follow for practical or perception reasons. Funds for the response were committed but the perception of mismanagement persisted. At the same time vulnerable households benefitted from food and non-food items provided to them.

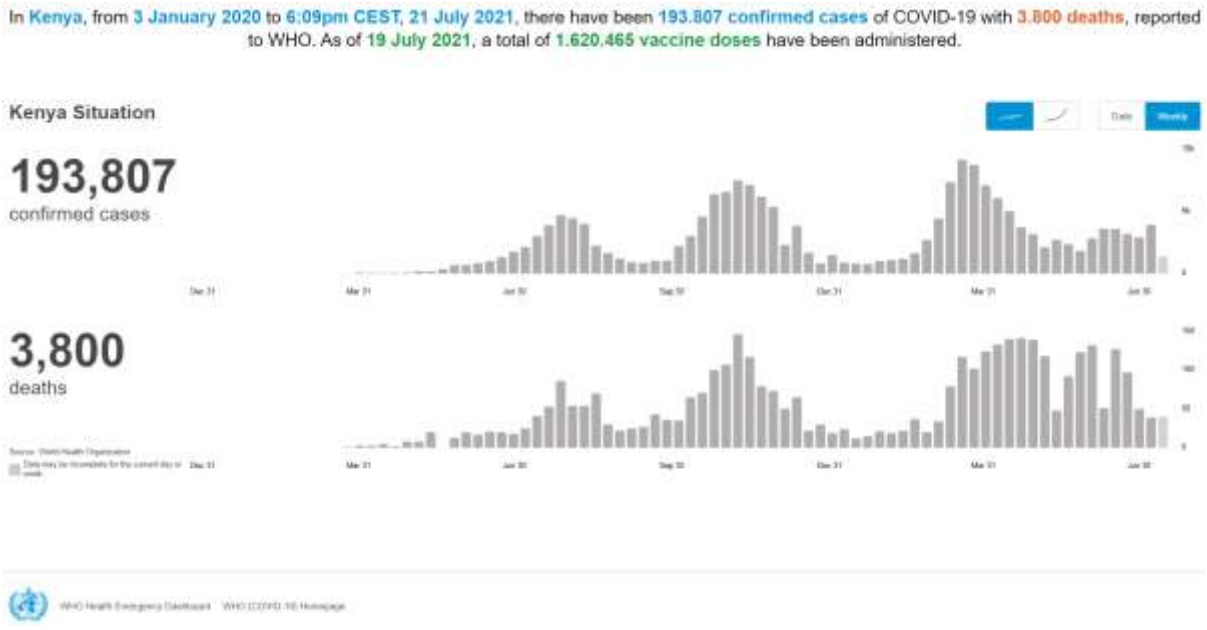


Figure 15: Covid-19 situation in Kenya (*source: WHO as of 21st of July 2021*)

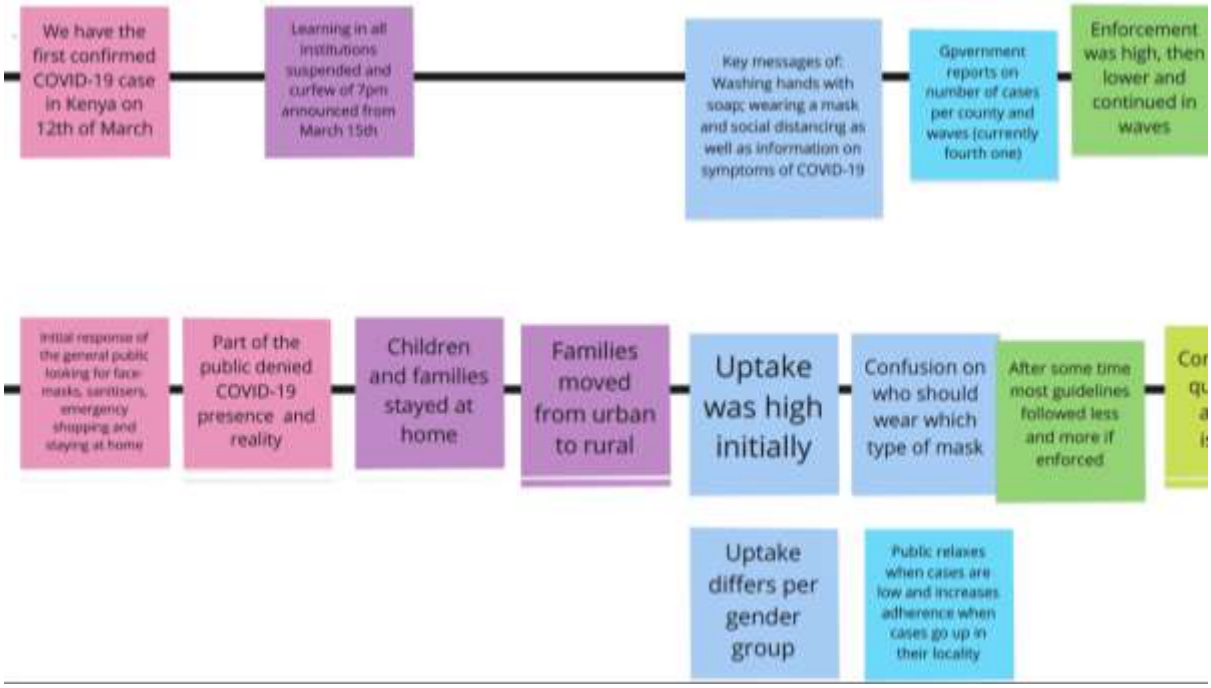


Figure 16: Kenya country Covid journey timeline
NB: National message on top and audience responses below

Question by Antoinette: How can behaviour change be sustained? There are lots of different strategies used to sustain – from fear to more positive messaging. Enforcement plays a big role. During this fourth wave and generally case numbers are rising – people improve behaviour due to perception and increased enforcement.

To date, the emphasis is on the vaccination. Misinformation and myths lead to fear and low acceptance of the vaccine among priority groups. However, acceptance gradually increased and demand is now beyond availability.

5.3 Explanation of field assignment (session 4)

The field learning experience was recreated through a virtual visit to five countries. The objective of the field assignment was (i) to learn from a different experience and reflect on the strategies for sustainability of behavioural change and (ii) to provide feedback and recommendations to further strengthen sustainability of behavioural change. The guiding questions to be addressed were:

1. Please describe the overall Covid response activities of the project (behaviours, audiences, messages, channels, other activities)
2. What were the explicit and implicit strategies for sustained behaviour?
3. What information did the team have about sustaining of the behaviours?
4. In your view, what more could be done to ensure sustained behaviour?

5.4 Field video & group preparations (session 5) | Group preparations & discussion with stakeholders (session 6)

In groups of 11-12 people mixed across countries, participants were requested to:

1. Read the guidance (separate handout)
2. Watch the video
3. Develop questions & assign roles
4. Interview stakeholders
5. Prepare conclusions & recommendation

6. Make a presentation & testimony to be shared in plenary

Before the start of presentations, stakeholders from Kenya, Uganda, Rwanda and Indonesia are introduced to the group. Some stakeholders were "regular" participants of the entire event and others only joined for the day.

In the following the results of the country visits are presented. Examples for testimonies produced are in the annex. Importance was given to reflect comments and additions that were made in plenary and in the chat.

5.4.1 Group presentations: Uganda (session 7)

Team: Led by: Reinilde Eppinga, Membetrs: Bendy Kipchoge and Peter Rono (Kenya) | Zainabo Salvador, Pedro Timba and Terêncio Duarte (Mozambique) | Muhammad Nukhan and Andri Gunawan (Indonesia)

Figure 17: Example message from Uganda

Table 9: Summary results, Uganda field visit

1	Please describe the overall Covid response activities of the project (behaviours, audiences, messages, channels, other activities)	**Behaviours:** hand washing at critical times, social distance, proper use of masks, menstrual Hygiene for girls **Audiences:** individuals, families, communities, people with disabilities, teachers, children **Messages:** hand washing, social distance, use of masks, menstrual hygiene Channels: radio, trainings
2	What were the explicit and implicit strategies for sustained behaviour?	Explicit: 1. Roll out the Community Engagement Strategy (CES) - Goal is to provide Community Engagement framework for coordination and control of Covid-19 by establishing "health & social safety net" around individuals, families and communities in the context of Covid 19. 2. Training of Trainer of trainers (ToTs) - extension workers i.e. health assistants, community development officers and health facility in-charges 3. Trained 2 village health team members and 2 Village Local Council members per village - to do house-to-house Covid-19 Awareness Raising, establishment of model homes for homes-based-care (including handwashing campaign), supporting HBC, surveillance (contact listing, tracing and submission of data) and making referrals to their respective communities. 4. Orientation programme for District Education officers and selected teachers from schools to be ToTs.

		Implicit: 1. A jingle on Covid-19 was developed and is being aired in 4 radio stations. 2. Radio talk shows in partnership with the Resident District Commissioners and the District Covid -19 task Forces. 3. Distribution of reusable masks, liquid soap, reusable MHM pads to VHTs, teachers identified as ToTs. 4. Distribution of hand washing stations and liquid soap i.e. both foot and elbow propelled to public offices, schools, health care facilities and public places such as markets. 5. Support health care facilities with disposable masks, gloves and liquid soap. 6. Desludging of toilets in schools.
3	What information did the team have about sustaining of the behaviours?	1. Reaching out to communities through use of local structures i.e. PWD network- NUDIPU, village task force, Village Health Teams (VHTs), Local Counsel 2. Training of teachers and extension workers. 3. Working with the local government i.e. Office of the Lira City Mayor, Lira City Commission. 4. Linkage to key line ministries and strategy documents i.e. Ministries of Health, Water & Environment, Education and partners. 5. Roll out of the CES which ensures minor and asymptomatic cases are handled at local level
4	In your view, what more could be done to ensure sustained behaviour?	1. Reaching out to influencers like religious leaders who are able to carry the process through after the project exit. 2. Targeting highly populated areas like markets, transport hubs through different or combination of activities like caravan sensitisation, HWFs and training of committees. 3. Integrate activities with action planning within and beyond to involve other stakeholders e.g. Education and will expect it to have a longer impact.

Table 10: Reactions / questions / comments to Uganda field visit results

No.	Reactions / questions / comments	Answers
1	Cate Namyalo Thanks the group for coming to Uganda virtually and confirms results of work and adds that as many stakeholder as possible are involved for example Unilever and media. The engagement of media helps to shed light on activities!	
2	Anette Arimo Adds that VHTs and LCs have really been trained under programme. To sustain a continuous effort is needed. Home care is under responsibility of VHTs – they monitor at HH level and refer if needed.	
3	Brenda Nakanwa Adds that that through CES, structures were put in place that will live beyond Covid and the programme. Village Covid task forces have been stimulated in all villages and they become VH committees later. They support contact tracing, surveillance and monitoring. Intersectionality: interventions have to involve stakeholders at different levels from national to village. For instance, villages can come up with tailored measures that can	Patrick Mwanzia Brenda, that is very proactive - integrating Covid-19 responses with other ongoing programme and use of existing structures!

	be taken up. 90% cases manged in communities – infection prevention is housed under WASH. Infection levels are low due to efforts in WASH. Use existing structures – it's important to anchor all activities there for sustainability!	
5	Moses Ray Addition for Uganda: Sustaining behaviours is also hinged on the use of locally available materials. For example, locally made face mask is readily available and affordable. People also use sanitizers, which is expensive for the local people. However, some community members are using highly concentrated alcohol (liquor) filled in sanitizer bottles/containers for use	Question from Patrick to Moses What is the take of Ministry of Health when locals use alcohol (liquor) as a sanitizer!? *No response provided / discussion held*

Table 11: List of stakeholders participating in virtual field visit to Uganda

Country	**Stakeholder**
Uganda[1]	Annet Aringo, Community Development Officer
	Cate Namyalo, Senior Environmental Health Officer, Ministry of Water and Environment,
	Martin Akonya, Senior Environmental Health Officer Uganda, Stakeholder, Ministry of Water and Environment
	Brenda Nakanwagi, Program Officer - Community Health Department Uganda, Ministry of Health
	Dr. Jane Nabakooza, Senior Paediatrician, Ministry of Health
	Mr Edaru Rayan, HWF Fabricator, Lira City (invited for the day only)

5.4.2 Group presentations: Indonesia (session 7)

Team: Led by Kumbulani Ndlovu (UGA, Team Leader); Members: Kanyamibwa Vincent (RWA), Wycliff Owuor (KE), David Ruto (KEN), Judy Muriu (KEN), Cate Namyalo (UGA), Amandi Simon (UGA), Zakaria (IND) and Nashoihul Ibad (IDN).

The Covid-19 response approach is anchored on formative research with 4 main areas of focus namely: traditional markets, bus stops, health facilities and schools.

As part of HBCC, a 5 star approach is used in public places, especially markets. The 5-star market rating system appears to have successfully rallied the support of traders for improved hygiene behaviours. The 5-star market rating is an adapted version of the star-rating system applied in hotels and resorts. The rating system offers an easy-to-follow checklist, which has made it possible for market volunteers to carry out the rating and monitoring system themselves. Market volunteers were supported by HBCC programme facilitators who used loudspeakers to draw the attention of market goers to hand hygiene practice, and the location of posters and handwashing stations in a market.[2]

The approach focuses on making the public places safe by transforming them using set criteria aligned with protocols for preventing the spread of COVID-19 (ranked with a 5-star rating). The key elements of this approach are:

[1] Mr. Atul Sam, the Mayor of Lira City was unfortunately unable to attend the day.
[2] https://snv.org/update/market-traders-mocuba-stand-firm-against-covid-19

- Entrance ritual: ensure compliance with health protocols of wearing mask, safe distancing, and hand washing with soap
- Surface cleaning and disinfection: Cleaner's training and technical assistance on how to do proper surface cleaning and disinfection.,
- Health promotion; using IEC material and nudges: distributed and place IEC materials at strategic location to promote and remind the compliance of health protocols and creative media such as audio-visual video
- Inclusive facilities including accessibility; of hand washing station, colourful nudges, sign language and subtitle in every audio-video production

The activities performed included:

1. Training of cleaners on Covid-19 prevention and control, and decontamination techniques
2. Decontamination of surfaces and most frequently touched surfaces
3. Training of managers on Covid-19 prevention measures and their roles
4. Regular hand sanitizing of sellers
5. Dissemination of Covid-19 messages in mosques
6. Inspection of WASH infrastructures to ensure the availability of water and soap by sanitary officer
7. Joint regular supervision (SNV team, police and local authorities) in market to ensure that people comply with health protocol
8. Temperature taking of patients and people visiting the market
9. Support installation of inclusive handwashing facilities
10. Printing and distribution of Covid-19 BCC materials on Covid-19 (pull up banners, posters) including nudges
11. Sanitation promotion in 10 villages surrounding Aikmel Public Health Centre, 4 declared ODF
12. Supporting the enabling Environment (putting in place health protocols)

Table 12: Summary results Indonesia field visit

1	Please describe the overall Covid response activities of the project (behaviours, audiences, messages, channels, other activities)	**Audience:** school; pupils/students, market; traders and other users, general population, out-patients and visitors at the health facility **Channels:** Interpersonal communication channel, mosque, schools, health centres. Using materials like posters. **Messages:** handwashing with soap, hand sanitizing, disinfection of surfaces, wearing mask, safe distancing **Key attributes:** • Entrance ritual has been used to ensure compliance. • Inclusive design of handwashing facilities. • Working with influential personalities like head of Covid-19 taskforce to reinforce intervention
2	What were the explicit and implicit strategies for sustained behaviour?	Explicit: Inclusion of People living with disabilities in the project Training cadres to promote 5 - star approach with clear protocol Working with market carder Health and Safety Unit in Market Health cadre/sanitarian in HCF Capacity building through training Dissemination of Covid-19 messages through local mosques 99.9% are Muslims
3	What information did the team have about sustaining of the behaviours?	Local authority involvement is presumed to continue even after the project phaseout Trained staff/ cadres will continue to implement activities related to Covid-19 19 prevention on observance of health protocol

		Health cadre/sanitarian in HCF: assigned staff who promotes sanitation & hygiene practice to monitor 5-star approach at community, schools, and public facilities in their district/supervision area.
4	In your view, what more could be done to ensure sustained behaviour?	Consider working with authorities to incorporate monitoring and promotion of sanitation and hygiene practices in schools, community, and public facilities as a deliverable for staff and develop mechanisms to evaluate performance periodically Consider exploring ways of empowering beneficiaries to take lead role in learning and sustaining new behaviour Consider Being deliberate in all COVID-19 measures Consider being deliberate on the roles of other stakeholders in schools e.g. school headteachers management committee Train school cadres to promote hygiene and sanitation to increase school children involvement

Table 13: Reactions / questions / comments to Indonesia field visit results

No.	Reactions / questions / comments	Answers
1	Stakeholder from Indonesia Appreciated presentation and what they had done for the market to jointly fight. Efforts are needed to educate community and merchants in the market to apply 5star approach. She thanks the group for positive responses and recommendations. Only proper collaboration with government can make the programme successful. One way is to supervise and monitor together the programme. How to evaluate the performance sustainably and regularly – all the work that has been done by SNV. Seek new ways! We need to look for more strategies and ways to maintain the behaviour change. For instance, to engage priority groups that are respected by community as well as religious leaders. They play significant roles. Outreach to neighbouring villages is possible. All this is done taking into account the local customs and ethics. When the first wave went down (and they became yellow instead of red) health posters were taken down. There needs to be continuous education. SNV was able to reach out to many stakeholders.	
2	Office of environmental health responsible for sanitary situation stakeholder Attests on benefits of SNV support to build awareness of the community on the issue of health. They work in cross-sectoral manner. Collaboration is done through sharing data and emphasise activities such as wearing masks. Village officers are engaged to monitor activities such as social distancing. As health workers, they conduct disinfection activities, and they train local health centre staff to do this. Personally, he will check whether HWF are properly working.	

Table 14: List of stakeholders participating in virtual field visit to Indonesia

Country	Stakeholder
Indonesia	Ms. Masnan – Head of Trade Office, Lombok Timur District
	Mr. Lalu Maryono – Sanitation worker in Aikmel Health Centre, Lombok Timur District
	Mr. Bakti Karyani – Head of Masbagik Baru Market, Lombok Timur District
	Mr. Nawai Amirulloh – Market Cadre, Lombok Timur District

Group presentations: Mozambique (session 7)

Team: Led by Getachew Belaineh (Rwanda), Members: Putri Tarigan (Indonesia), Nurul Huda (Indonesia), Rahadian Sukmajaya (Indonesia), Obonyo Wycliffe (Kenya), John Otieno (Kenya), Ogwang Moses (Uganda), Cucu Saida (Indonesia), Tom Obel and Jackson Wandera (HQ based in Kenya).

Table 15: Summary results Mozambique field visit

1	Please describe the overall COVID response activities of the project (behaviours, audiences, messages, channels, other activities)	**Objective:** Promotion of covid 19 prevention measures in 24 villages covering 118 markets and 40 schools. **Target behaviours:** Hand washing with soap, wearing masks, social distancing, regular disinfection of surfaces including toilets **Target groups/audiences:** • Market leaders and vendors • Chiefs • Customers in markets • Teachers in schools • School children • People in public transport places **Activities done:** • Training of market vendors • Awareness creation campaigns to market customers • Installation of hand washing facilities • Training teachers • Teachers training of school children • Introduction of the concept of the 5 star rating of markets[3] • Social and media campaigns • Distribution of buckets and soaps water to markets and schools • Distribution of posters to markets and schools **Messages:** • No wearing of a mask or hand washing no service in markets • Proper and regular wearing masks • Regular handwashing with soap/hand sanitizing • Maintaining social distancing

[3] As part of HBCC, SNV's introduced a 5-star market rating system, which appears to have successfully rallied the support of traders for improved hygiene behaviours. The 5-star market rating is an adapted version of the star-rating system applied in hotels and resorts. The rating system offers an easy-to-follow checklist, which has made it possible for market volunteers to carry out the rating and monitoring system themselves. https://snv.org/update/market-traders-mocuba-stand-firm-against-covid-19.

		Channels used: Regular /common media, Social media, Print media-posters, Markets and schools meetings/training
2	What were the explicit and implicit strategies for sustained behaviour?	1. Use of common media and social media 2. Five star in the workplace and markets 3. Provide the facilities (ex. Hand washing facilities). Simple facilities but well-utilized 4. Community engagement, including engage with young people. Seller can also share the knowledge to their customers 5. Teaching hygiene behaviour to students at school so they can spread the message to family and community (snowballing effect)
3	What information did the team have about sustaining of the behaviours?	• Influence people to comply with health protocols with continuously doing health promotion • Focus on certain community, for example students at school, sellers at public market, passengers at bus terminals • The importance of engaging with role models, leaders, teachers
4	In your view, what more could be done to ensure sustained behaviour?	1. Engagement of local authorities such as municipal heads, village leaders or health agents in 24 villages 2. Encourage school teachers to regularly promote Covid-19 messages to students even after project phase out. 3. Establish and strength school health/hygiene clubs in 40 schools to disseminate messages to their family and hosting community 4. Use mix of channels radio messaging and SMS to reach all segments of the population in the project areas. 5. Law enforcement is needed for everyone to obey Covid-19 procedures 6. Reward for visitors/ community/ people that comply with health protocols, so it will encourage others 7. Establish regular cleaning and disinfection at public area including toilets, the most-touched surfaces. 8. Needs a solid collaboration and commitment from all stakeholders, for example government, non-government organization, CSOs, all community elements to end pandemic. 9. Inclusive approach needs to be considered. 10. Private sector engagement to sustain the facilities

Table 16: Reactions / questions / comments to Mozambique field visit results

No.	Reactions / questions / comments	Answers
1	Terenzio Pedro Timba Thanks God and prays for protection and guidance in the crisis. The project was a challenge due to the big number of villages. The aim is to sustain the approach beyond the end of the project.	
2	Patrick Mwanzia (to Putri and Obonyo) That was quite good feedback. I would appreciate if you shed light about how hygiene facilities at open spaces (esp. markets) are sustained - functionality, safety against theft etc.	
3	Elijah (to all) Thank you everyone on the wonderful reflections on sustaining the behaviours among beneficiaries. Learning more and more. How can all ensure the learned behaviours among school children trickle to their communities which seem to drop the guard so quickly.	Putri Sortaria In my experience in Indonesia, we encourage managers from market to have a written SOP on operational and

		maintenance of hand washing facilities, including the availability of water and soap at all time. Engage with local government will also greatly contribute in sustaining wash facilities at field level.

Table 17: List of stakeholders participating in virtual field visit to Mozambique

Country	Stakeholder
Mozambique	Terêncio Duarte, AIAS 3, Government

5.4.4 Group presentations: Rwanda (session 8)

Team: Led by Saniya; Members: Rifqi, Dr. Budi, Kenneth, Joan, Roselyne, Dennis, Rajeev, Aluro, Nabakooza, Samuel, Patrick visited Rwanda virtually.

The team identified the following three main findings:

1. Improved hygiene awareness: trainings of health workers, media activities, house visits to promote Covid-19 preventive measures
2. Increased access to commodities & consumable supplies: HWS, soaps, and cleaning supplies provision
3. Increased access to WASH services: HWS & menstrual hygiene kits provision, managers & cleaners training

Table 18: Summary results Rwanda field visit

1	Please describe the overall COVID response activities of the project (behaviours, audiences, messages, channels, other activities)	**Behaviour:** Proper handwashing with clean water and soap, latrine ownership & sanitation practice, Covid 19 preventions Audiences: CHWs health centre and district staff, managers of market and taxi, passengers, pedestrians Households, school administration, headmasters, school children & girls, general public **Messages:** Covid 19 prevention, infection prevention & control, latrine ownership, HWWS, proper mask wearing Channels: trainings, live talk shows, radio airing, house to house visits, use of school health club to reactivate change in the community **Other activities**: Reactivation of school health club, construction of accessible handwashing stations, construction of WASH infrastructure, construction of menstrual hygiene room, distribution of handwashing facilities to schools
2	What were the explicit and implicit strategies for sustained behaviour?	**Explicit** strategies for sustained behaviour change: managers training & responsibility on O&M, local accountability mechanism, construction of safe menstrual hygiene room for girls, installation of handwashing facilities, construction of latrines for households **Implicit** strategies for sustained behaviour change: the CHWs trained will continue to disseminate the Covid-19 and WASH messages including house to house visits even after the phase out WASH First project, school health club reactivations and influencing change among community members

3	What information did the team have about sustaining of the behaviours?	Involvement & collaboration of multi-stakeholders besides health workers to promote health/hygiene awareness and to be role models. Activities can cover trainings, behaviour change strategy development & implementation and can involve facility managers & staff, local leaders Involvement & collaboration with OPDs & other representative groups to ensure accessibility of the campaign and facilities WASH First work with key stakeholders e.g. Rwandan ministry of health to develop a reporting strategy to ensure continued house to house visits by CHWs as well as rolling the strategy to other areas where the project did not focus
4	In your view, what more could be done to ensure sustained behaviour?	Develop learning briefs & policy briefs which could be used as advocacy strategies for replication of the ideas like the construction of safe menstrual hygiene rooms in other schools, and installation of handwashing in bus stops that then, could be used to advocate for allocation of funding

Table 19: Reactions / questions / comments to Rwanda field visit results

No.	Reactions / questions / comments	Answers
1	Venuste Covid boosted the idea of having WASH infrastructure – illness is caused by poor hygiene! With the construction activities done in the districts, the committees need to continuously sustain and maintain the infrastructure. Community BCC – efforts will be continuous Balance to increase coverage and maintain! How did Covid contribute to contain other diseases?	
2	Clement Among the measures were school health clubs to keep and guard the Covid measures. Health clubs reached out to other students to keep measures and help to transfer messages to local communities.	

Table 20: List of stakeholders participating in virtual field visit to Rwanda

Country	**Stakeholder**
Rwanda[4]	Father Jean Claude Nshimiyimana,School Head Teacher, Cyanika Secondary School Pastor Uzabakiriho Edourd, Head Teacher, Group Scholaire Kibyagira
	Niyirora Venant, Manager, Kaduha market
	Sibomana Sylvestre, Head Teacher, Munombe Primary School
	Pastor Nshimiyimana Celestin, Manager, Gasarenda transport hub
	Venuste Genty Twagiramugu, Health Promotion and Diseases Prevention Officer, Nyamagabe District

[4] Mr. Uwamahoro Bonavature, District Mayor Nyamagabe District was unfortunately unable to attend the day.

Mukamunana Alphonsine, Environmental Health Specialist, Ministry of Health	
Zacharie Rugaravu programme coordinator	Community Based Environmental Health Promotion Ministry of Health

5.4.5 Group presentations: Kenya (session 8)

Team: Led by Alex Grumbley (Mozambique); Members: Tom Obel, Clemen Ndungutse, Eyadu Bernard, Martin Akonya (Uganda) | Abilio Cuamba (Mozambique), Balaji (India)

The following table summarized the results along the 4 guiding questions.

Table 21: Summary results Kenya field visit

1	Please describe the overall Covid response activities of the project (behaviours, audiences, messages, channels, other activities)	Awareness raising using mass media and interpersonal communication by engaging the community health volunteers to carry out door to door campaigns Provision of WASH commodities and handwashing facilities to vulnerable families Increase access to safe water, sanitation and hygiene services through construction/rehabilitation of WASH facilities for at risk population Training of trainers including CSOs, Healthcare workers, curriculum support officers from teacher service commission and community health volunteers Distribution of sanitary pads to girls and women in communities Dialogue meetings within stakeholders from districts up to grass routes Distribution of IC materials on different languages health facilities, schools
2	What were the explicit and implicit strategies for sustained behaviour?	Engagement of county Authorities, sub-county coordinators and Civil Society Organizations to increase ownership and willingness to combat the spread of corona virus Community engagement through training of community health volunteers Training of schoolteachers to ensure compliance with preventive measures in the schools
3	What information did the team have about sustaining of the behaviours?	Commitment of partners implementers and targeted communities
4	In your view, what more could be done to ensure sustained behaviour?	Establishing the community hygiene clubs as channels to deliver WASH and Covid-19 related messages to the community Establishing the school hygiene clubs as the drivers for change in applying the Covid preventive measures in their households as well as in the school surrounding communities Identifying the appropriate measures for motivating the community health volunteers for examples through creating the saving groups/cooperatives Train the managers and cleaners on operation, maintenance and appropriate management of handwashing facilities

		Create and train villages Covid task forces at community level in the villages anchored to existing villages systems to enforce WASH interventions Integrations of WASH activities into existing communities activities

Final findings and recommendations

Kenya WASH First project has in general planned good activities and if well implemented, it will enormously contribute to the Government's effort to fight the Covid-19 pandemic. The below recommendations could improve it further:

- It would be better to consider other public places such as markets, transport hubs, healthcare facilities where people gather.
- Effort can be made in sensitizing the vulnerable populations to manufacture their own handwashing facilities/ tippy-taps using low-cost and locally available materials rather than providing them with handwashing facilities.
- The project can explore the possibility to provide the community health volunteers with the megaphones to facilitate easy delivery of WASH and Covid-19 related message.
- To consider establishing the community hygiene clubs and school hygiene clubs to facilitate in delivering the messages about Covid in the communities

Table 22: Reactions / questions / comments to Kenya field visit results

No.	Reactions / questions / comments	Answers
1	Bernard Koech There is need for change in curriculum for support officer - training of teaching and non-teaching staff for more than 1000 took place. Its key to identify victims and control spread. There is a role for all personnel at school, also matrons, security guards etc. All trainings were well received – participants were receptive and realised challenges that need to be addressed. Ministry of Health protocols state that every classroom has a HWF and hands are washed at critical times. The challenge is that HWFs are inadequate and water storage is insufficient. With the trainings feasible ways in dealing with the pandemic were explored. Also, reusable types of masks were promoted.	
2	Patrick I'm well versed with School hygiene clubs … but I would really love to get more details about setting up, operationalizing and sustaining a 'Community based hygiene club" which was recommended for Kenya	By design, WASH First Programme is purely a Covid-19 emergency response intervention … short term (15 months) and hence the focus on commodities and facilities provision that help communities to protect themselves against pandemic …
3	Judy Muriu (*line was not clear*) Reaching out: school clubs – model that can be replicated	

	HWF were constructed at markets and transport parks, ownership of facilities was emphasised so that they would be maintained beyond the project.	
4	Bernard Rono In the partnership with local government departments and WASH First, health workers were trained. Amongst transport teams SACCO members (vehicle and motorcycle "boda boda") they were trained. Market committee members were assembled and trained to cover highly frequented areas. The team visited high volume premises – eating houses, restaurants and supermarkets and trained the managers of these premises and the success was visible. Also caravan sensitisation in high volume residential areas was used.	
5	Jackson Do we feel that we sufficiently scrutinize and understand the vulnerabilities of the measures we recommend in terms of being able to absorb and cope with the pandemics that come in waves/surges?	

Table 23: List of stakeholders participating in virtual field visit to Kenya

Country	**Stakeholder**
Kenya	Benard Rono, Community strategy focal Person – Ainamoi
	Benard Koech, Curriculum support Officers Chairperson – Kericho County

5.4.6 Group presentations: reactions Balaji Gopalan from Upward Spiral (session 8)

Balaji appreciated the work of the group and expressed how fascinating it was to hear from these different countries! He is closely involved in activities in Indonesia and Mozambique.

The common, emerging themes for sustainability were:

1. Training to build capacities of key people involved in implementation such as health care workers, teachers, community leaders, cleaners, managers etc.
2. Integrating with government strategy at the local, district and national level.
3. Create facilities that make behaviour change easy, including for people living with disabilities.
4. Communicate to beneficiaries directly through mass, digital and interpersonal communication
5. Engage all types of stakeholders - Government, Private sector, Civil society organisations and Media

While the above were the common themes, there were some interesting initiatives specific to countries:

1. Involve different Govt. departments in messaging (UGA)
2. 5 Star markets (IND and MOZ)
3. Social media usage (MOZ and RWA)
4. Door to door visits (KEN and RWA)

Going forward, the following ideas were expressed as critical for sustainability:

1. Integrate with government systems
2. Continue with training e.g. refresher training
3. Expand targets to include more stakeholders such as crowded public places
4. Build local leadership e.g., village leaders

These ideas such as training, putting facilities in place, integrate with government, collaboration with local partners and providing information to the public, gives hope that results will be sustained!

Balaji's reflection on sustaining behaviour change in pandemic are:

- There is a level of tiredness, esp. for people in the first line of defence. Could we think of a reward system?
- There is also fatigue with messaging – how to keep it alive and fresh?

Could we create systems that help sustain these processes? E.g. periodic rating system from Indonesia and Mozambique. A toolbox to help local governments to respond could help to address some of the issues.

6 Block II: Towards sustainable and inclusive behavioural change

6.1 Introductory presentation (session 9)

Block II looked into the pathway towards sustainable and inclusive behavioural change.

First, the results of the e-group discussion were summarised to introduce the issues before an assignment was given to the country teams. In the e-group discussion it became clear that some groups were not or not well reached in the previous behaviour change communication efforts. The common barriers are:

- Communication did not reach these audiences
- Communication reached but was not understood due to inaccessible formats or technical language
- Messages not relatable for people's context
- Behaviours not practically doable in people's context
- Lack of trust / credibility

The figure on the right gives an overview on groups that were not adequately reached.

Figure 18: Audiences left behind in BCC communication

Among the challenges to reach all groups are:

1. No investment in understanding of "motives"
2. Limited research or consultation with these groups
3. Limited investment in contextualisation and localisation
4. Time lag in providing information
5. Poor planning of resources/ prioritisation of resources
6. Too much focus on the adult population
7. No monitoring
8. Overreliance on certain channels which did not reach all

Potential solutions to address these challenges include:

- Translation into different languages is important and really the minimum thing that should be done.

- Use of sign language to reach people with disability has to be verified: in some contexts few people know sign language
- Use of multiple communication channels, including more social media
- Spend time to understand "beliefs" such as:
    - "Covid-19 is a disease of rich who live in air conditioned rooms/houses"
    - "Covid prevalence is a disease of urban"
    - "It is God's will whether one will be infected or not"
- Reach people through their trusted networks

With some ideas at hand from the e-group discussion how to address challenges, the question remains: Is the system for public health messaging equipped to reach all? The following table summarises the strength and weaknesses identified in the e-group discussion.

Table 24: Strengths and weaknesses assessment of public health system

Strengths	Weaknesses
A system with staff at all levels	Dependency on external agencies•
Translation in all national languages	Limited staff, capacity and training
Broad collaboration among agencies (BA) and with civil organisations such as DPOs (ID)	Unequal resourcing of rural/urban services
Collaboration with mobile phone operators and comm radio stations	Decentralised service not receiving enough and timely budgets.
Engagement of political leaders at the highest level	Covid budget remain nationally
Ministry as info hub and testing materials	Patronizing tone to rural audiences and the elderly
	Covid restrictions stopped/ limited personal outreach methods
	No strength in social media

Reflections and initial suggestions for improvement include:

1. Perhaps in a pandemic a public health system can never be set up to reach all: include provisions to make parallel/ separate efforts for groups left behind
2. In decentralised context, the awareness of political leadership and executive teams is essential: invest in that!
3. Collaboration at all levels: ministries, with CSOs, locally with other sectors etc
4. Engage different leaderships and raise priority: religious, political, traditional
5. Keep information updated and monitor to timely adjust the messaging/ audiences/ behaviours
6. Messages should address contradictory guidance against religious background (e.g. "It is God's will whether one will be infected or not.")
7. Invest in expanding and maintaining outreach
8. Find ways to include formative research and understanding of target audiences

6.2 Country assignment (session 10)

The assignment is explained below and built on the initial results presented above. It specifically looked into sustainability and inclusion.

Within the country teams, participants were requested to select one (01) of the **audiences** that were left behind in the respective country and focus on key Covid behaviours. The teams were guided by a detailed handout and were to answer the following questions:

- What knowledge/ data do you have on this group's trusted communication networks, beliefs, motives, practical and social barriers?
- Which examples do you know from other countries or areas, where people from this group were successfully engaged to adopt key Covid behaviours?
- How could this be included in Covid programming?

6.3 Country report back & discussion (session 11)

Groups reported back to the plenary and made a 7 min presentation in the order as presented in this document.

6.3.1 Indonesia

Table 25: Country assignment results Indonesia

		**Results** presented by Rifqi from Lambong independent disability organisation, then Saniya
1	**Audience**	**Sellers:** can only communicate in local language and cannot operate social media or other instant messages
2	**Knowledge / data**	
	Communication networks	They trust in market manager and trade vendor association that usually convey information using a megaphone They also use attractive jingles and billboard
	Beliefs	Changed over time 2020 and 2021 and are geographically diverse
	Motives	Earn livelihood and fear of death
	Practical and social barriers	Wear masks all the time Practical solutions: • WFM Work from Market / WFH Work from Home • Online transaction via WhatsApp • Support on hygiene
3	**Examples**	Examples from Mozambique: Engage sellers to influence changes in markets
4	**Inclusion in programming**	
	Key stakeholders	Staff shortage due to vaccination programme (other focus)
	Partnerships	Important partnerships & required resources / skills ○ CSRs to provide facilities & supplements ○ CSOs/volunteer organisation
	Sustain behavioural change	Promotion of sustained behavioural change Effect of new variants, evidence / news around deaths, delivered via audio-visual channels / materials
	Monitor success	Success indicators ▪ Number of sellers ▪ 0 cases in markets ▪ Assigned staff / association to be the market cadres

6.3.2 Mozambique

Table 26: Country assignment results Mozambique

		**Results presented by Abillio**
1	**Audience**	Transient populations: people within or using transport hubs and transients along informal marketplaces. The key prevention measures promoted are wearing masks, handwashing and social distancing

2	**Knowledge / data**	
	Communication networks	• Interpersonal communication (local leaders, activists, health workers) • Radio/TV; Social media (Facebook, Instagram, twitter) • Posters / outdoors
	Beliefs	People feel suffocated when wearing masks Covid is disease for the peri(urban) areas
	Motives	Fear for the presence of the authorities (police) and nature of the family Behaviours: Inadequate use of masks or not worn People usually are rushing and then not washing hands regularly Due the crowds and scarce of transport, practicing social distancing is critical
	Practical and social barriers	Water for handwashing in surrounding market places and transport hubs is not widely accessible for all Public places with large number of people moving around, lead to not practicing social distancing Insufficient space to accommodate the users of transport hubs **Relevant knowledge** Awareness that Covid is for all population segments and areas Wearing masks, handwashing and social distancing are crucial preventive measures Markets and bus stations are highly risky for spreading Covid **Non-knowledge motivations and/or practical solutions** Use of hand sanitizer as an alternative for water and soap Use of megaphones to sensitize target population
3	**Examples**	None
4	**Inclusion in programming**	
	Key stakeholders	Health care workers on promoting preventions measures Health care centres or hospitals Leadership of the transport associations Local based DPOs
	Partnerships	Supporting ToT trainings Supporting on developing and dissemination of specific IEC materials Partnership with local authorities to ensure regular access to water Engaging DPOs and private sector on developing accessible handwashing stations for all
	Sustain behavioural change	Undertake some FR mainly for the transient population (motives and barriers) Engaging political and religious leaders on promoting prevention measures Testimonials of local infected people Sharing on mass media how Covid destroys the organism (lungs) Clarifying the transmission and prevention measures

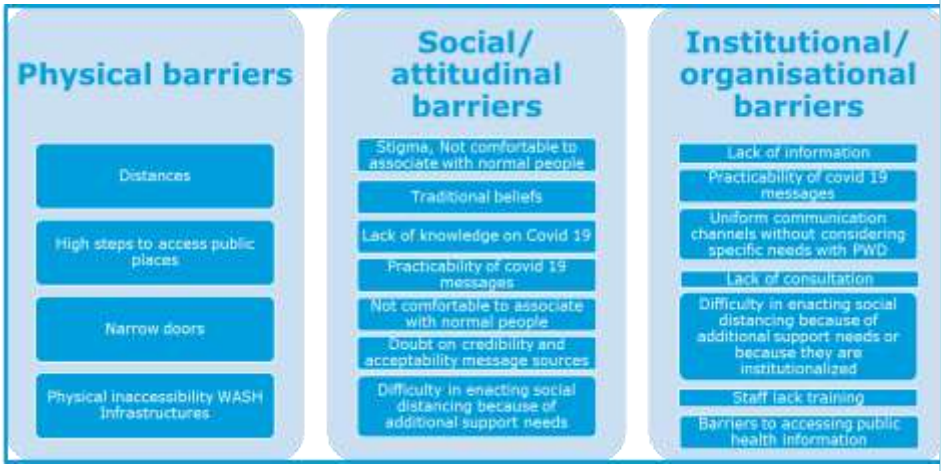
	Monitor success	Designing and implementing a simple M&E system Involving local leaders and public places managers on the M&E

6.3.3 Rwanda

The team introduced the rationale for inclusiveness as follows:

1. Globally, it is estimated that 1 billion people (15% of the world's population) have a disability World report on disability (WHO and World Bank; 2011)
2. According to EICV 5, around 4% of the Rwandan population aged 5 years and above reported having a disability
3. Disability among people aged 65 and above has decreased from 37% in EICV4 to 30% in EICV5.
4. Vision disability (6.6%), deaf (6.4%), disability in arm (7.7%), Disability in legs (20.4%) among 65+ years
5. Disability due to ageing populations, trauma, accidents and the increase in chronic health conditions, including HIV

Table 27: Country assignment results Rwanda

		Results presented by Vincent
1	**Audience**	People with disabilities
2	**Knowledge / data**	
	Communication networks	**Unable to walk or hear:** audio message, house to house, visual messages, nudges, sign language Unable to see: house to house visits, audio messages, braille
	Beliefs	As marginalised people, people living with disability assume that and their voice is not heard as compared to "normal" people. Their decisions are not taken up. Others make the decisions for them. The individuals are DISEMPOWERED. Limited financial status and driven largely by emotive appeals of charity
	Motives	Moveable tippy taps and provision of sanitisers
	Practical and social barriers	 **Knowledge would be relevant to PWD** **Unable to see:** practicability to social distancing, handwashing with soap steps, avoid shaking hands, avoid overcrowded places **Unable to hear:** social distancing, handwashing, wearing face masks through visual Covid-19 messages, social distancing, handwashing, wearing face masks

		through nudges as well as through Covid-19 messages on Posters, pull up banners, banners **Unable to walk:** all required knowledge on Covid-19 **Non knowledge motivation and/ or practical solution** **Unable to see and walk:** supply sanitizers and masks, protocols on sign language, design inclusive facilities (rails on latrines) **Unable hear:** printed materials such brochures, leaflets and protocols
3	**Examples**	Uganda and Indonesia had good examples around inclusive HWF
4	**Inclusion in programming**	
	Key stakeholders	Ministry of Health, Umbrella of people with disability, Ministry of local government, International Non-Governmental organisation
	Partnerships	Ministry of Health and Ministry of infrastructure Rwanda Biomedical Centre/ Rwanda Health Communication Centres Water and Sanitation Corporation (entity setup to manage the water and sanitation services in Rwanda) The Umbrella of Organisation of Persons with Disabilities in the fight against HIV/AIDS and for health promotion (7 organisation under this umbrella) Private sector
	Sustain behavioural change	1. Data collected on the coronavirus should also be disaggregated by age, gender, and disability 2. Engage PWD into National and District level networks so that their voice will be heard and decisions accepted 3. Design and use specific disability message channel and tools 4. Provide training to PWDs to disseminate Covid-19 prevention measures 5. Mainstream PWD interventions into District plans 6. Include captioning and sign language for all live and recorded events and communications. This includes national addresses, press briefings, and live social media 7. Include captioning and sign language for all live and recorded events and communications. This includes national addresses, press briefings, and live social media e.g. through training of selected CHWs on how to deliver sign language 8. Include captions for images used within documents or on social media. Use images that are inclusive and do not stigmatize disability.
	Monitor success	Establish monitoring mechanisms and undertake impact evaluations such as KAP surveys Check in regularly with a person with disability to provide emotional and practical support, respecting social isolation restrictions that may be in place

6.3.4 Uganda

Table 28: Country assignment results Uganda

		**Results** presented by Moses
1	**Audience**	People with Disabilities (PWDS) being a very diverse group

S/N	Type of disability	Key Covid-19 behaviour
1.	Visual Impairment	Social distancing, wearing of face masks and hand washing

		2.	Hearing Impairment	Social distancing
		3.	Mobility and Physical disabilities	Hand washing
		4.	Sensory / cognitive disabilities (down syndrome, autism etc.)	Wearing mask and handwashing
		5.	Psychological disorders	Social distancing, wearing of face masks and hand washing
2	**Knowledge / data**			
	Communication networks	Have national group (NUDIPU)- more functional at National and District levels but less in communities At community level: Disabled people have elected leaders on the LC executives Within communities- mostly community leaders take on the mantle Information available but inadequately tickles down to the community members		
	Beliefs Motives	They feel left out regarding messaging on prevention Covid-19 Some Covid-19 Infection prevention and control intervention are PWD insensitive There's a lot of stigma around PWDs- thus accessibility to services is minimal (focus is on physical disability and neglect the rest) *Key behaviours are highlighted in the table above They should be involved in programming to enable PWD customized intervention (Nothing for them without them)		
	Practical and social barriers	Inadequate facilitators to reach out with proper communication skills to PWDs – Health and extension workers have less knowledge on how to deal with PWDs Limited accessibility to information to practice the behaviours Limited accessibility to the facilities and essential services- e.g. HWFs Most PH programmes rarely addresses the needs of the PWDs		
	Relevant knowledge	How to properly wear masks when in public places Frequent hand washing with soap to prevent spread of C19 Avoiding crowded places- social distancing How to continue accessing essential services amidst Covid prevention restrictions		
3	**Examples**	Indonesia - They provided inclusive hand washing facilities to the audience. Uganda has done this too. But other categories of disabilities were left out/not catered for. Uganda has good guideline for disability inclusive planning guidelines (2017) that need to be operationalises. Activities are often limited to translations.		
4	**Inclusion in programming**			
	Key stakeholders	MOH and MGLSD disability divisions, Butabika NRRH, Policy makers at National level to involve more NUDIPU, MOE Local leaders both DLG and community levels- Local council/VCTF		

		Recruit and train cadres within the public health system to handle issues of PWD Association for PWD
	Partnerships	Government Organizations for PWDs across the country CSO/NGOS/CBOs and FBOs Rehabilitation health professionals
	Sustain behavioural change	Training of PH staff to be able to provide information to PWDs with expertise Empowerment of PWDs and their association (CBRS) - to be able to take responsibility in development of interventions Formative research on the available messages and Covid response to this group Customized communication material e.g. brail for blind, sign language etc and consumables e.g. PPE, sanitisers Improve referral of PWD for health and social services
	Monitor success	Success can be measured by monitoring and evaluation of the interventions carried will we based on rehabilitation health indicators, user surveys

6.3.5 Kenya

The Kenya team was composed of:

1. Reinilde Eppinga – Project manager - SNV Nakuru County
2. Bendy Kipchoge - WASH Officer – SNV Nakuru County
3. Peter Rono - CSO (Co Coordinator) - SNV Nakuru County
4. Wycliff Omondi – Project Advisor - SNV Kericho County
5. Judy Muriu - WASH consultant - SNV Kericho County
6. David Rutto – CSO coordinator- CSO Homa Bay County
7. Joan Chemeitoi – WASH Officer - SNV Elgeyo Marakwet County
8. Kenneth Kimaiyo – CSO coordinator- Cso Elgeyo Marakwet county
9. Wycliffe Obonyo – WASH Officer – SNV Homa Bay County
10. Samuel Odhiambo – CSO coordinator – Homabay county
11. Roselyn Okwiri - Project Manager (KIWASH) – SNV Kisumu County
12. Elijah – Plan International
13. In addition: Martha and Martin, both from Plan International

The team identified these groups that were left behind:

1. Religious institutions
2. Security –police, prison Wardens and inmates
3. Transport sector -Boda-boda riders
4. People in hard-to-reach geographical locations i.e. fishermen
5. Politicians and top government officials
6. People living with disability, i.e., deaf, blind and people with mental illness

Table 29: Country assignment results Kenya

		**Results** presented by Joan
1	**Audience**	From the various groups mentioned above security including police, prison wards was identified as the group to focus on through a transparent decision making process
2	**Knowledge / data**	
	Communication networks	Use of posters Social media engagement Sensitisation through health care workers i.e. Public Health Officers trained on Infection Prevention and Control Use of one-on-one meetings Recognition of their superiors Involvement of security teams in coordination meetings
	Beliefs	Belief that they are law enforces thus no repercussion if they don't adhere to the guidelines Perceptions in different aspects by the community; Communities view them as corrupt Many do not believe that Covid-19 is real
	Motives	*None identified*
	Practical and social barriers	They contravene on laid Covid-19 protocols i.e during arrests offenders are crowded in one vehicle limiting on social distance, and sometimes the offenders do not have masks on. Size of the police cells -limit the compliance of social distancing. No availability of mask, Hand washing stations for inmates and those awaiting judgement. **Relevant knowledge** ▪ They are not an exception to the disease; anyone can get Covid -19 ▪ Knowledge on importance of **wearing masks;** they should act as role models ▪ knowledge on the importance of the Covid-19 -**vaccine** as they are a population at high risk being a frontline worker ▪ Knowledge on **proper handwashing** with running water and soap/ use of hand sanitizers and **importance of disinfection** ▪ To focus on sensitization of Covid-19 protocols more than the enforcement **Non-knowledge and /practical solutions** Recognize officers doing a good job on Covid-19 – share their stories this will influence others to emulate Awarding/rating police stations that are implementing Covid-19 guidelines Effective interagency coordination and support for Covid-19 prevention and mitigation measures
3	**Examples**	Not noted in countries visited KIWASH-Project -Kodiaga Prison (Kisumu County) were Involved in the Covid-19 response activities. The prison has a public health officer/inspector

		stationed at the prison and is responsible for public health interventions. There is also a link health facility serving the prison and the community. Staff are trained on IPC with a focus on WASH.
4	**Inclusion in programming**	
	Key stakeholders	County department of health services Leaderships within National police service(NPS). Local Media. Ministry of Interior through County commissioners and existing structures at the county and sub counties.
	Partnerships	Partnering with CSOs implementing projects in security sector Reviewing existing partnerships in the public health Sector Covid-19 steering committees at County &sub-county level Sub county health management committees under the guidance of sub county medical officer of health Involve the private sector as part of their corporate social responsibility they can work with prisons and support in provision of PPE's etc.
	Sustain behavioural change	1. Disseminate information through the Covid-19 stakeholder meetings where they are represented 2. Leverage on the existing structures by identifying gaps and find a focal point where the intervention can support 3. Carry out needs assessment within security sector to identify the real issues that need to be intervened 4. Hold meetings to share concerns identify gaps and give information 5. Map out partners in security sector to review progress among the security and public health teams and address emerging gaps 6. Involve prisoners / inmates in soap making as income generating activity (IGA) 7. Adopt strategy like school health clubs/societies among the prisoners 8. Inclusion of more security staff in the Covid-19 response meetings 9. Apply strategy like door- to- door campaigns by visiting police stations to disseminate on Covid-19 messages
	Monitor success	Review meetings to evaluate implementation effectiveness Monitor relationships between community and police Monitor the frequency of disinfections conducted at the police stations Conduct key informant interviews, rapid assessments or social audits after the interventions Track the number of security officers engaged as change agents Emerging champions from police service

6.4 Reflection

Fanuel hinted that it remains a complex undertaking to reach everybody in the midst of a pandemic. How to be more effective? Do we understand who is left and how to impact them? How to prioritise because we can't target everybody. Being able to monitor and getting more information needs a lot of coordination and collaboration. We need partnerships with stakeholder groups to increase outreach.

Sonja realised that many trainings of professionals such as health care workers and teachers were carried out. She suggested – in a mid-term perspective – to look into curricula and how professionals are educated to increase know-how and ability to manage health and safety on their professional context.

Balaji found that getting the communication to different target groups is key. Resources are however always limited. So how to prioritise is a critical question. As long as learning is consolidated, we to have a base to start with.

Antoinette hinted that more resources become available and it was critical to disseminate them.

7 Consolidation and closing of the event

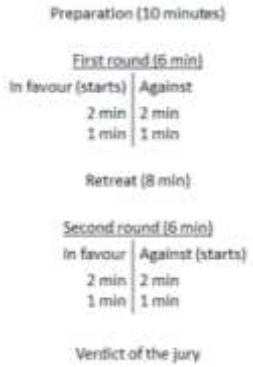
7.1 Debating game

In this session, a debating game was facilitated around the statement "*Public health messaging should focus on informing people (providing knowledge) so they can make their own decisions*." The participants were divided into two groups with one team "*in favour*" of the statement, and the other group "*against*". The exercise is useful to train putting oneself into different shoes since we often need to work with people that have a different view.

The rules of the debating game were:

- Objective: convince the jury of group position
- Role of jury: decide which group has won based on consistency and coherence of the arguments as well as in how far the group responds to the arguments of the other group (decision will not be discussed further)
- Responsibility of the group: ensure the jury hears what group says and respect time and develop common understanding of the statement.

After a trial to form teams in breakout rooms the jury composed of Gabrielle, Balaji and Jackson was introduced. The debating game followed the procedure indicated on the left. A coin was flipped virtually to descried which team was in favour or against.



Public health messaging should focus on informing people (providing knowledge) so they can make their own decisions!?!

Arguments "in favour" - team B

1	In the pandemic information should be given about Covid and how people should response Responsibility of public health section – their role is to disseminate knowledge It is the audience to make decisions Public health departments have the profile to share information and design it in persuasive manner Knowledge is power! We are in a knowledge age and people are empowered to make informed choices based on the information
2	Public messaging is based on research to best motivate people with that they can be persuaded Local knowledge – since it's a new pandemic it might not be that relevant but public messaging is based on research
3	We are in the information age – adequate knowledge should be provided to counter myths and misinformation due to absence of knowledge Public health should therefore intensify measures of informing People don't have knowledge about Spanish flue anymore We talk about knowledge from research not local knowledge In bill of rights its stated that they cannot be forced but need to be guided only

4	Message should be persuasive! By making them simple Aim is to improve health of communities which cannot be done without knowledge Knowledge changes behaviour that such issues like lockdown cannot be ignored
Arguments "against" - team A	
1	Public health is the science of protecting health Some have local knowledge Its not just about informing but about persuading Targeted people have knowledge but are not practising We need to make people comply not just inform Focus on informing also reaching everybody Messaging is just developing a form of communication
2	Pandemics reoccur (e.g. Spanish fever) There is a role for public health to inform but it should not stop at that Research is showing that people do not follow the guidelines if they are shared only There is need to look at motivators not just information
3	Messaging is not only about informing There is no time to make decisions they need to be guided to change fast Even lock down is a measure of public health Public health as per definition is to protect and gives authority to act as well so its mandate is not just about informing People living with disability especially and elderly cannot receive information only providing knowledge
4	Focus is on behaviour change not just knowhow Myths occur when people are given information but without proper explanation

The jury had a hard task voting but finally decided that the team **"in favour"** was the winner! In the end participants personal opinion was brought out through a poll: 30 people voted - 59% agreeing and 45% disagreeing with the statement.

7.2 Final session and closure (session 13)

The reflection and formulation of take-home learnings were done in the five country plus one global group using the Miro platform to put together and present the results.

7.2.1 Country reflection and shopping bag

Table 30: Country shopping bags

Country	Shopping bag content
Indonesia 	1. Reflection: understanding the groups who are left behind (who, how to reach, beliefs & motives, overall comms strategy), collaborate with stakeholders to further reach out to these groups after HBCC phases out 2. Smart effective way in delivering key messages such as trained seller/ market cadre can share their knowledge to community 3. Reaching all groups - translations & sign language interpretation are basics - do more than this!

4. Importance during long period of Covid-19 & increased level of tiredness: to have institutions such as government to continue the work via the Reward system for cleaners and managers to sustain behaviour changes
5. Kenya's example in ensuring to focus on what matters most (HCWs, markets) (efficiency)
6. Leaving no one behind disabled groups - importance of GESI
7. Sustaining hygiene behaviour need collaborative actions from all stakeholders
8. Socialization to public transportation drivers & riders, to buyers in markets - work with Transportation & Trade Office

Kenya

1. Have a clear sustainability strategy and exit-strategy for the project
2. Use Miro and breakout sessions in our upcoming project team and partner meetings
3. Explore focus on security sector - policy stations and prisons
4. With every activity it's important to keep sustainability at the core
5. Focus on working as a team among individuals from civil society, government and private sector
6. The value of working as a team without leaving anyone behind
7. Everyone is important in the face of the pandemic and inclusion of all sectors and groups in society is crucial
8. Explore more targeted messaging for different groups of people living with disability

Mozambique

Uganda

1. Focus more to support all forms of disability
2. Improve on messaging on Covid-19 – consider literacy level among others
3. Messaging should be based on research and should be persuasive
4. Strengthen / improve on advocacy - policy dissemination, implementation and monitoring
5. Interventions should be inclusive enough

Rwanda

Global

1. Go back and look at the data – for people who were left behind to be better prepared next time
2. The quality and diversity of communication was impressive!
3. How will such learning events be used in business development?
4. How to ensure that learnings are retained and applied to help countries to do things differently (e.g. reactivate regular sector leader meetings)?
5. Planning for multiple scenarios – this skill and knowledge needs to be given to the frontline
6. Are the new scientific insights impacting our work (e.g. less importance of hand hygiene and more to air transmission)? This is not reflected on ground (Kenya). There needs to be emphasis on ventilation.
7. Do we know what causes the surge? What's next?

7.2.2 Evaluation and closure

Participants were encouraged to fill the **evaluation** form accessible though the Whova platform to provide input for future learning events of similar nature. 21 out of 59 participants or 36 % made use of this opportunity and the results are presented below. All respondents comments are reflected with slight editorial changes only.

71% of respondents were SNV staff members. 95 % of respondents found the e-group discussion useful. The average rating for all evaluation questions was high, between 4 and the highest ranking 5. The exemption is the question whether participants were able to build relationships with professionals from other countries with an average rating of 3. This is most likely due to the fact that direct interaction and socialising between participants from different countries during the breaks was not possible due to the nature of the event. The challenges was expressed by one participant "*It was a bit difficult to build relationship with other team members virtually*". On the other hand, it was recognised that at least contacts were established "*Those were very productive days and I learned a lot. I think we have a lot of interesting content and in the future we can get in touch with representatives from other countries to be able to better explore each of the experiences*".

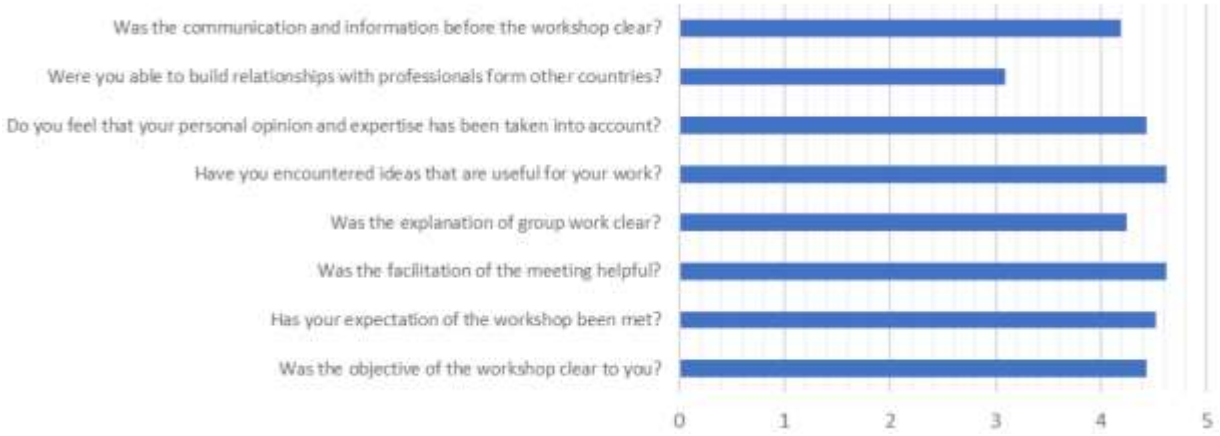


Figure 19: Participant's evaluation results (rating between 1 "not at all" and 5 "yes")

The respondents made the following suggestions for improvement and described their challenges as follows:

- **Communication** for the event would ideally start earlier
- **Group work** with colleagues from different countries was a great idea but was also a challenge considering different time zones
- Hats off for the organizing committee to make this online international workshop happened. **Group work** sessions were difficult to handle, but at the end everyone can enjoy the event and learn something from other countries. Thank you all.
- As the platform is new to us, it would have been good to provide **briefing on Whova and Miro applications**

Many participants experienced a steep learning curve regarding approaches (incl. virtual field visits) and tools for online events used and had this to say:

- Using Whova was interesting, virtual learning event was quite incredible and acknowledge the organising team to make this learning event happen
- Was amazed by the better methodology never seen (Whova)
- The facilitation was very good. I learned a lot The approach of traveling to the field work through a video also worked well. Whova is a good platform for virtual events.
- The learning event was well planned and executed. The virtual trips to other countries was an awesome idea, very well thought out.
- It was great virtual learning event. Personally I learnt a lot especially on how to organize and manage virtual interactive meeting

There was a feeling that learning events should happen more regularly at various levels:

- We could have this kind of meeting regularly
- Such learning events could be organised once in 3 months for countries working on the same project/behaviour. I think this would help in borrowing ideas and developing them within the project time frame

A lot of appreciation was expressed by participants for the facilitator, the organisers and fellow participants and it was felt that the event was inspiring and motivating:

- The event has been useful from day one to the last. I have really enjoyed the session and I now raise my head high to help ensure that the Covid-19 curve is flattened
- First, I would like to thank Antoinette for an excellent facilitation of the learning event. Second, the organizing team for a wonderful preparations and arrangements and last but not least the participants from different countries who shared very good experiences.
- Nothing to add. In general, the event was so useful and interactive, as well as the organization was top. Congratulations for the organizers and facilitator. Well done
- The Learning event was a good experience being my first time to interact with people from other countries, it gave me an insight of how response activities were conducted in other counties as well as new strategies to take home. I feel more of these will go a long way in achieving a sustained behaviour change maybe we need one more before projects close
- Well done job to everyone and hoping that through our work the spread of Covid-19 will reduce, and situations come back to normally
- The learning and interaction was exceptional
- Thank you for making it work, even during this time of Covid-19, the learning event proved that everything is possible when you put your heart to it

Also the organisers drew a lot of lessons regarding conduct of such hybrid events (e.g. how to arrange for group work, necessity of a co-moderator managing the online tools) and will use these to further improve learning events. In some countries teams partially sat together. The novel setting should be reflected after the event with the country leads. How did they experience the event given the differences between Indonesia where they all sat together and other countries where they sat together partially or not at all? What worked well and what should be arranged differently for future events under similar circumstances?

7.2.3 Closing

The organising team thanked all participants for their time and active participation. Special thanks were extended to Fanuel who spearheaded the organisation of the event. Fanuel expressed his appreciation to Antoinette who facilitated the event in her unique and very engaging way. Before the meeting was closed a group picture was taken to remember the colleagues who met virtually in this unique setting!

Annex 1: Detailed agenda

Day 1, Tuesday, 6th of July 2021

Date	Start NLD time	End NLD time	Start KEN time	End KEN time	Session Title	Description
Tuesday	9:00	10:00	10:00 AM	11:00 AM	1. Official opening, introductions	Simon- country teams in Miro making expectations - introductions back to plenary by country
	10:00	10.15	11:00 AM	11:15 AM	Coffee Break	
	10.15	11.15	11:15 AM	12:15 PM	Block 1: The WASH Covid response experiences	
	10.15	10.30	11:15 AM	11:30 AM	2. Introductory presentation for Block I	Presentation
	10.30	11.15	11:30 AM	12:15 PM	3. Country Covid journey	Country groups reflect on **national** messaging over the course of the pandemic, and audience attitude... (what does it take to sustain)
	11.15	11.30	12:15 PM	12:30 PM	Coffee Break	
	11.30	11.40	12:30 PM	12:40 PM	4. Explanation of Field Assignment	
	11.40	12.30	12:40 PM	01:30 PM	5. Field Video & group preparations	Mixed groups (11-12 people): 1) Read the guidance, 2) Look at the video 3) Develop questions & assign roles 4) Interview stakeholders 5) Prepare conclusions & recommendation 6) Make a presentation & testimony
	11.40	12.30	12:40 PM	01:30 PM	Group 1	1) Describe the Covid response activity (messaging, other activities) 2) What were the explicit and implicit strategies for sustained behaviour. 3) Any information on effectiveness (slippage?) 4) What more could be done to ensure sustained behaviour?
	11.40	12.30	12:40 PM	01:30 PM	Group 2	
	11.40	12.30	12:40 PM	01:30 PM	Group 3	
	11.40	12.30	12:40 PM	01:30 PM	Group 4	
	11.40	12.30	12:40 PM	01:30 PM	Group 5	
	12.30	13.30	01:30 PM	02:30 PM	End of the day (Asia)	
	13.30	14.30	01:30 PM	02:30 PM	Lunch Break (Africa)	

Day 2, Wednesday, 7th of July 2021

Date	Start NLD time	End NLD time	Start KEN time	End KEN time	Session Title	Description
Wednesday	8.00	10.15	09:00 AM	11:15 AM	6. Group Preparations & Discussion with Stakeholders	
	8.00	10.15	09:00 AM	11:15 AM	Group 1	
	8.00	10.15	09:00 AM	11:15 AM	Group 2	
	8.00	10.15	09:00 AM	11:15 AM	Group 3	
	8.00	10.15	09:00 AM	11:15 AM	Group 4	
	8.00	10.15	09:00 AM	11:15 AM	Group 5	
	10.15	11.00	11:15 AM	12:00 PM	7. Group Presentations (3 Groups)	10+ 5 min for each group
	11.00	11.15	12:00 PM	12:15 PM	Coffee Break	
	11.15	11.45	12:15 PM	12:45 PM	8. Group Presentations (2 Groups)	Include time for stakeholder reactions
	11.45	12.00	12:45 PM	01:00 PM	BREAK	
	12.00	12.30	01:00 PM	01:30 PM	9. Block II: Towards sustainable and inclusive behavioural change	
	12.30	13.30	01:30 PM	02:30 PM	Lunch Break (Africa)/End of the day (Asia)	
	13.30	15.30	02:30 PM	04:30 PM	10. Country assignment	Looking into sustainability & inclusion
	13.30	15.30	02:30 PM	04:30 PM	Kenya	
	13.30	15.30	02:30 PM	04:30 PM	Mozambique	
	13.30	15.30	02:30 PM	04:30 PM	Rwanda	
	13.30	15.30	02:30 PM	04:30 PM	Uganda	

Day 3, Thursday, 8th of July 2021

Figure 20: Detailed agenda of day 3, Thursday, 8th of July 2021

Date	Start NLD time	End NLD time	Start KEN time	End KEN time	Session Title	Description
Thursday	6.00	8.00	07:00 AM	09:00 AM	Indonesia	
	9.00	10.15	10:00 AM	11:15 AM	11. Country Report Back & Discussion	
	10.15	10.30	11:15 AM	11:30 AM	Coffee Break	
	10.30	11.30	11:30 AM	12:30 PM	12. Debating Game	
	11.30	11.45	12:30 PM	12:45 PM	BREAK	
	11.45	13.30	12:45 PM	01:30 PM	13. Final Session & Closure	

Annex 2: Testimonials

Indonesia

The testimony, Nashoihul Ibad from East Lombok District Local Facilitator highlighted the following key points:

- Facility managers are committed and consistent in reminding markets' users to practice preventive measures (3M in Indonesia).
- Market cadres have an important role to monitor and reinforce health protocol implementation in the markets – they are also part of the sustainability strategy after HBCC ends.
- Enabling environment to sustain behaviour change: accessible handwashing facilities and education materials provision, as well as local government's critical role to educate facility users and monitor the compliance.

Mozambique

A testimony of Water Officer/staff:

- HBCC project has been very instrumental to us and the community and therefore we welcome it with great interest . This is because the programme has responded to the pandemic being experience in the world.
- The programme has been implemented in our municipal council targeting the open markets, transport terminals, schools which is very essential to the local people.
- Through the activists, they have really helped to disseminate the information on hygiene practices to the people through involving influencers such as market leaders, teachers and pupils.

Programme coverage:

- The programme has supported a total of 7 toilets in the open market/transport terminals and 7 schools.
- In the market, the programmes has supported with 7 toilets which are located in semi-collective transport terminals.
- This project has been essential in sharing information that make people aware of the need of hygiene as away of preventing Corona virus.
- The strategy of implementing the project in schools, market was important since in markets, markets sellers are influencers of their families and when trained means they are also going to sensitise their families. In schools pupils are taught by trained teachers and they are expected to influence people at home.

Rwanda

Questions prepared by the group were:

- What are the systems that established to sustain or to replicate the results (more than infrastructure) post project?
- Is there a concrete plan for sustainability of the infrastructure constructed in public places?
- What is the coordination mechanism on Covid-19 response in Rwanda?
- How is the re-infection at public hand washing facility addressed?
- How was the messages developed, was there consultation with the community? What were the triggers used (fear, nurture, etc.) to sustain the behaviour?
- How did you develop the accessible HWS, were OPDs involved in the design, testing, and placement identification? How did you ensure that HWS is used?
- How are facility managers involved to ensure sustained behaviour (not only HWS O&M)?
- How have been schools implementing learning session? What kind of messages shared? Who are the targets of HWS?

Venuste Gentil had this to say: "*Behaviour change campaign is a long process; we couldn't finish it in 1 day and we need to continue and adapt to the situation. This pandemic limits us to do face to face activities, but we found alternative channels like radio, megaphone, WhatsApp to reach out to communities and continue promoting health messages…*"

Uganda

Questions prepared by the group and discussed with Beatrice were:

1. According to the beneficiaries' feedback, what is the advantage of using elbow hand wash stations over the hand or foot stations?
2. Tell us about the Lira´s situation regarding hygiene before the project implementation and the current situation.
3. How to sustain the results reached so far and after the end of the project?
4. What is the government strategy?

Aluro Beatrice is a senior inspector of schools in Alaki District Eastern Uganda. She inspects schools for compliance with the set government guidelines.