

# 1 Demand Creation Approaches and Strategies

Handout

The most common demand creation strategies used in WASH programs can be split into 5 main categories.

- 1 Community-based**
- 2 Social Marketing**
- 3 Sanitation and hygiene messaging**
- 4 Behaviour change frameworks and models**
- 5 Incentive-based**

Many practitioners also use a combination of the approaches or elements of the approaches to create what is sometimes referred to as a multi-channel approach. The following sections will detail each of the categories, with examples of their communication channels, and examples of how the approach was used to achieve the overall goals of their initiatives.

# 1 Community-based approaches

## 1.1 Overview

Community-based approaches involve and engage whole communities through shared decision-making. A community-based approach commonly uses some form of community gathering to trigger collective behaviour change.

## 1.2 Communication channels

Some common communication channels used for community-based activities include community meetings, health fairs, meetings at school, work, or houses of worship, and local radio talk shows.

## 1.3 Examples

- Child Hygiene and Sanitation Training/Transformation (CHAST)
- Child-to-child approach (CtC)
- Community Action Planning (CAP)
- Community health clubs (CHC) also known as Community hygiene club/mother club
- Community-Led Total Sanitation (CLTS)
- Model village/model home approach
- Participatory Hygiene and Sanitation Transformation (PHAST)
- Participatory Rural Appraisal (PRA)
- Self-esteem, Associative Strengths, Resourcefulness, Action-Planning, and Responsibility (SARAR)

**Children's Hygiene and Sanitation Training (CHAST)** is an approach for promoting personal hygiene among children. CHAST is based on the well-established Participatory Hygiene And Sanitation Transformation (PHAST) approach and uses a range of exercises, educational games and discussion to help children aged between five and twelve explore the links between personal hygiene and health. The approach is based upon the premise that hygiene practices are largely acquired during childhood and therefore it is much easier and more effective to change children's habits than those of adults.

A practical guide to CHAST can be downloaded at:

[www.ircwash.org/sites/default/files/2012\\_caritas\\_chast\\_manual\\_0.pdf](http://www.ircwash.org/sites/default/files/2012_caritas_chast_manual_0.pdf)

**Child-to-Child (C2C)** is an approach which recognises that children in many countries may be responsible for looking after younger brothers and sisters and that in their role as caretakers they are in a position to educate and support their siblings to ensure better health. Children may also influence other members of their families and encourage them to take action to promote health in the home and village. It encourages children to participate actively in the process of learning and to put into practice what they learn.

Further information on the Child to Child approach can be found at:

[www.childtochild.org.uk/news/child-child-materials-now-available-website/child-to-child-a-resource-book/](http://www.childtochild.org.uk/news/child-child-materials-now-available-website/child-to-child-a-resource-book/)

**Community Action Planning (CAP)** is an approach that uses intense community-based workshops to identify desired changes, specifically **what** will be done, **who** will do it and **how** it will be done. The output of the workshop is a sanitation and water management development plan which contains a list of prioritised problems, strategies and options for dealing with the identified problems. In this approach, the community members create their own plans with minimal outside input and retain responsibility for ensuring that the planned actions are carried out.

Further information on Community Action Planning can be found at:

<https://sswm.info/sswm-solutions-bop-markets/improving-water-and-sanitation-services-provided-public-institutions-1/community-action-plan> and [www.communityplanning.net/](http://www.communityplanning.net/)

**Community Health Clubs (CHC)** is an approach developed by AfricaAHEAD in Zimbabwe. Community Health Clubs (CHC) are free voluntary, community-based groups which meet regularly to share information and good practise relating to improving family health. CHCs can address up to 30 topics over a six-month period and requires that members practice their new learning at home. Groups vary in size and composition from 40 to 200 people, men, women and children of all levels of education, and are facilitated by a health extension worker trained in participatory health promotion activities.

Further information on Community Health Clubs can be found at:

[www.africaahead.org/documentation/training-tools/](http://www.africaahead.org/documentation/training-tools/)

**Community-Led Total Sanitation (CLTS)** is another hygiene promotion approach that triggers the community into action by conjuring disgust and shame among those who practise open defecation (OD). Its ultimate objective is to achieve total sanitation marked by zero cases of open defecation, referred to as open defecation free (ODF) status. It primarily focuses on change at the community level and not at the individual household level. Furthermore, it uses a non-subsidy approach in which the target community are triggered and left to decide the actions they will take to address their sanitation problems. Adaptations to CLTS have been made in order to tailor it specifically to additional environments such as Schools (School Led Total Sanitation – SLTS) and Urban environments (Urban Community-Led Total Sanitation – UCLTS/ULTS).

Further information on CLTS including the CLTS Handbook (2008) can be found at:

[www.communityledtotalsanitation.org](http://www.communityledtotalsanitation.org)

**Model village or model home approach** is based on the premise that a model country is made up of model villages, and that a model village is made of model homes. In the approach, central villages are chosen in tandem with the local government based on their ability to act as a local hub and centre of influence. Selected villages receive intense support to create Village Development Plans using input from community members. Village development plans detail infrastructure improvements, operation and maintenance plans as well as behaviour change goals which meet locally agreed standards of a ‘model village’ and ‘model homes’. These villages then act as models for surrounding villages allowing them to also replicate the transformations made. A similar approach can be applied using individual homes rather than villages.

For further information on the model village approach see:

<https://wedc-knowledge.lboro.ac.uk/resources/conference/40/Keesiga-2778.pdf>

**Participatory Hygiene and Sanitation Transformation (PHAST)** is a systematic participatory approach consisting of seven sequential steps that culminate in the development of an action plan for addressing the prevailing WASH problems in a given community. It employs Participatory Rural Appraisal (PRA) and SARAR tools to elicit meaningful and equitable participation of all community members.

The Phast Initiative: Participatory Hygiene and Sanitation Transformation - A new approach to working with communities (2000) can be downloaded at:

[www.susana.org/en/knowledge-hub/resources-and-publications/library/details/416](http://www.susana.org/en/knowledge-hub/resources-and-publications/library/details/416)

**Participatory Rural Appraisal (PRA)**, also known as Participatory Learning for Action (PLA) is an approach that allows communities to analyse their own situation and develop a common perspective on how issues can be addressed. It is vested in the belief that people themselves are the best 'experts' of their own situation and reality, no matter how poor or uneducated they are perceived to be. PRA uses group activities to facilitate information sharing, analysis, and action among stakeholders.

Further information on PRA and PLA can be found at:

[www.crs.org/sites/default/files/tools-research/rapid-rural-appraisal-and-participatory-rural-appraisal.pdf](http://www.crs.org/sites/default/files/tools-research/rapid-rural-appraisal-and-participatory-rural-appraisal.pdf) and <https://pubs.iied.org/14618IIED/>

**Self-esteem, associate strengths, resourcefulness, action planning and responsibility (SARAR)** is a participatory approach to adult education that builds on local knowledge and strengthens local ability to assess, prioritise, plan, create, organise, and evaluate. The objective of the SARAR approach is not to teach a specific message or subject matter, but to stimulate the learners to think through problems for themselves and to help them to develop their own analytical, creative and planning abilities.

Tools for Community Participation – A Manual for Training Trainers in Participatory Techniques, which provides detailed information on using SARAR can be found at:

[www.chs.ubc.ca/archives/files/CHS0024.PDF](http://www.chs.ubc.ca/archives/files/CHS0024.PDF)

## 2 Social marketing approaches

### 1.4 Overview

Social marketing approaches aim at achieving “social good” by combining activities that move people to change or maintain certain behaviours combined with demand generation initiatives. The approach combines enterprise approaches with demand stimulation and assumes that people both want and are able to change their behaviour.

A marketing approach typically focuses on “the 4 P’s”: Product (e.g. handwashing facility), Price (e.g. price of soap), Place (the location where users can purchase products) and Promotion (what methods will be used to promote the product).

Social marketing may be applied to a single product, such as handwashing station or may be applied to a range of products.

### 1.5 Communication channels

Some communication channels used for social marketing activities are television, radio, newspapers, magazines, posters, online advertising, mailing information, door-to-door visits and large outdoor advertising.

### 1.6 Examples

Marketing of a single product

#### HWTS

- Creating and supporting social enterprises. Many social enterprises, businesses with a social mission have been created to make sell and distribute HWT products and services. Many organisations provide support to start and grow these businesses.

Examples of these businesses include:

**Spouts of Water** – Ceramic filters

**Aqua Clara** – BSF and membrane filters

**Ecofiltros** – Ceramic Filters

**Puyish** – Chlorine Solution

**Gadyen Dlo** – Chlorine Solution

**Lifestraw** – Membrane Filters

For more information on similar social enterprises see CAWST’s materials on HWTS Market-based Approaches visit

#### Sanitation

- **Saniya** approach, developed by the London School of Hygiene and Tropical Medicine (LHSTM), is founded on the idea that an effective hygiene promotion programme must be based on what people know, what they do and what they want. The approach focuses on safe disposal of children’s

excreta and washing hands with soap after contact with faecal matter. Formative research is used to develop messages for a hygiene communication campaign. The campaign uses radio, theatre groups, presentations to the community by health staff and teaching in schools as well as face-to-face domestic visits to communicate its messages.

For more information on Saniya visit:

<http://documents.worldbank.org/curated/en/330721468179071607/pdf/266250PAPER0English0Blue0Gold07.pdf> and [www.who.int/bulletin/archives/79\(6\)518.pdf](http://www.who.int/bulletin/archives/79(6)518.pdf)

## Hygiene

- **Public-Private Partnership for Handwashing with Soap (PPHWS)** promote handwashing with soap interventions at large scale. The approach combines the marketing expertise and consumer focus of the soap industry with the institutional strength and resources of governments to forge a partnership that will benefit the whole community. Together, country partners implement handwashing programmes in three stages: 1. Listening to both individual and community needs and desires through consumer research. 2. Applying research to state-of-the-art promotion programmes, making use of a variety of traditional, mass media, interpersonal, and existing communication channels. 3. Monitoring, measuring, and improving the handwashing campaign. The Global Public-Private Partnerships for Handwashing with Soap has been set up to coordinate handwashing initiatives; the Secretariat is coordinated by the Academy for Educational Development (AED) who work with a number of core partners including, among others, the Water and Sanitation Program, London School of Hygiene and Tropical Medicine, Centers for Disease Control and Prevention, Unilever, Colgate-Palmolive, USAID, UNICEF and WSSCC. More information can be found at <https://globalhandwashing.org/>
- **Support for Small Scale Independent Providers (SSIP).** SSIPs are involved in many aspects of Sanitation, they construct latrines, provide technical advice to homeowners, empty latrine pits and septic tanks, transport septage and operate small scale treatment plants and build and run public toilets. SSIPs face significant constraints in offering latrine construction and emptying services and business struggle to enhance or expand their services beyond providing a limited operation. In this approach, support is provided to small scale service providers to address these issues. Support may include; Formalising service provision in order to reduce costs to poor households, improving regulation of private providers that are not formally registered enterprises, providing training and support for private providers' marketing activities in order to generate an increase in demand for their services, providing business-scale microfinance support services.
- **SaniMarts** are shops where all materials required for constructing and maintaining a latrine can be purchased at affordable prices; SaniMarts showcase the health benefits of sanitation and hygiene. SaniMarts are shops pro-actively established where there is a perceived gap in the market for the provision of sanitation goods and services. Often a small group of masons trained in latrine construction are also available at the shop who for an agreed rate can help build the latrine or simply offer advice. In addition, a group of local promoters are trained to go and promote the Sanimart to local households.

Further information on Sanimarts can be found at <http://documents.worldbank.org/curated/en/330721468179071607/pdf/266250PAPER0English0Blue0Gold07.pdf>

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- **Total Sanitation and Sanitation Marketing (TSSM)** combined CLTS and Sanitation Marketing in several Asian countries in order to provide a holistic, sustainable, and scalable program.

More details of TSSM in East Java, Indonesia can be found at:

<https://www.susana.org/en/knowledge-hub/resources-and-publications/library/details/1447>

- **Water Quality Testing (WQT)** has been used as a trigger for behaviour change by governments or private sector organizations looking to encourage HWTS. WQT can be used to help governments understand the extent of contamination, or organizations to understand water conditions in order to select appropriate water filters and multibarrier approaches.

## 3 Sanitation and hygiene messaging approaches

### 1.7 Overview

Sanitation and hygiene messaging is a largely directive educational approach, consisting mainly of one-way communication about topics such as handwashing, diarrhoea and germ transmission. Sanitation and hygiene messaging generally assume that users do not practice improved behaviours because they lack knowledge and skills. This means messages typically focus on increasing knowledge and/or skills in order to have an impact on health.

### 1.8 Communication channels

The two main communication channels used for sanitation and hygiene activities can broadly be split into two main groups.

**Interpersonal communication channels** such as – house to house visits by health workers, religious sermons and training community focal points

**Mass communication channels** such as – billboards, posters, theatre, radio, newspaper ads

### 1.9 Example messages

“Using a latrine keeps your family healthy”

“To wash hands properly: use water, a little soap. Rub for 10 seconds, rinse & air-dry”

“Wash your hands BEFORE preparing food, eating or giving food to babies, AFTER pee or poo or cleaning baby”



## 4 Behaviour change frameworks and models approaches

### 1.10 Overview

Behaviour change theories are frameworks that have been developed from formal psychosocial theory and research. By using tools derived from these behaviours change theories it is possible to understand the behavioural factors (e.g. knowledge, feelings, social pressure) that are supporting current behaviours. Understanding these factors could help program designers to select interventions that are most likely to support positive change.

### 1.11 Communication channels

Some communication channels used in psychosocial theory include healthcare providers, CWP's, radio, sales representative, community chief, nudging through infrastructure, cues and reminders, traditional media, water quality testing.

### 1.12 Examples

- Behaviour Centred Design (BCD) using the Access, Build, Create, Deliver, Evaluate (ABCDE) steps.
- Focus, Opportunity, Ability, Motivation (FOAM)
- IBM-WASH
- RANAS
- Unilever's Five Levers for Change

**Behaviour Centred Design.** BCD combines a theory of change and practical steps for intervention design and evaluation. A basic idea of BCD is that human behaviour is influenced by the settings (physical, social, biological and temporal) they are in and that by using surprise and revaluation (modification to what they value), the behaviour can be changed. The other component is the five-step design process, Access, Build, Create, Deliver, Evaluate (ABCDE), that program planners use to design, implement and evaluate a relevant, effective and sustainable change.

Further information about BCD or how other organizations have incorporated BCD can be found at

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5214166/>

<https://www.lshtm.ac.uk/sites/default/files/2017-03/BCD%20Guide.pdf>

<https://washmatters.wateraid.org/blog/a-systems-strengthening-approach-to-improve-hygiene-behaviours>

**Focus, Opportunity, Ability, Motivation (FOAM)** is a behaviour change framework that recognizes opportunity, ability and motivation as the pivotal factors that influence an individual's behaviour. It was developed for handwashing but has since been used in sanitation (SaniFOAM), and other hygiene promotion projects. It is seen as useful for helping program design teams to identify the behaviour their project will focus on and for aligning the team's goals.

Further information about FOAM can be found at

[https://www.wsp.org/sites/wsp/files/publications/GSP\\_sanifoam.pdf](https://www.wsp.org/sites/wsp/files/publications/GSP_sanifoam.pdf)

[https://www.wsp.org/sites/wsp.org/files/publications/WSP\\_IntroducingFOAM\\_HWWS.pdf](https://www.wsp.org/sites/wsp.org/files/publications/WSP_IntroducingFOAM_HWWS.pdf)

**Integrated Behavioural Model for Water, Sanitation, and Hygiene (IBM-WASH)**, addresses behaviour change through appreciating individual-level behavioural determinants and recognizing the role of technology, the physical and natural environment (Contextual Factors, Psychosocial Factors, and Technology Factors). IBM-WASH assesses five contextual levels: structural, community, household, individual, and habitual and is meant to guide program designers to assess in acknowledging all the levels of influence that may shape behavioural outcomes “in order to ensure that the full set of determinants for a specific behavioural intervention have been considered prior to implement an intervention”

Further information about IBM-WASH can be found at

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-13-1015>

<http://orange.ngo/wp-content/uploads/2017/09/IBM-WASH.pdf>

**Risks, Attitudes, Norms, Abilities and Self-regulation (RANAS)**. RANAS is an approach to systematic behaviour change that enables program designers to select effective techniques for designing and evaluating behaviour change strategies that target and change the psychosocial factors influencing a specific behaviour in a specific population. The model has four components: behavioral factors that are grouped into five blocks (Risk, Attitude, Norms, Abilities and Self-regulation), behavior change techniques (BCTs) that correspond to the factor blocks, behavioral outcomes, and contextual factors.

Further information on RANAS can be found at: <https://www.ranasmosler.com/ranas>

**Unilever’s Five Levers for Change**. Based on Unilever’s long history of research and insights into consumer behavior it has developed and shared a behavior change model that it hopes others will find helpful and will use it to inspire people into positive actions. The model outlines five techniques, or Five Levers for Change, to apply when looking to encourage new behaviors. Unilever suggests that if applied consistently to behavior change interventions, these levers increase the likelihood of having an effective and lasting impact. The Five Levers are: make it understood, make it easy, make it desirable, make it rewarding and make it a habit.

Further information can be found at:

[https://www.unilever.com/Images/slp\\_5-levers-for-change\\_tcm244-414399\\_en.pdf](https://www.unilever.com/Images/slp_5-levers-for-change_tcm244-414399_en.pdf)

## 5 Incentive-based approaches

### 1.13 Overview

Incentive-based promotion uses the provision or anticipated provision of a reward to influence improved behaviours. Incentives can usually be split into 2 main categories; financial rewards or subsidies and non-financial reward. Generally, incentives are not used on their own but are a component of a wider promotional strategy.

### 1.14 Communication channels

Some communication channels used for incentives are posters/flyers, local health workers and local product distributors.

### 1.15 Examples

#### Financial incentives

- Provide vouchers that households can use towards the purchase of a WASH products (latrine, filter, cleaning supplies)
- Providing cash rewards to HWTS distributors, latrine masons, or handwashing station installers for every product they install/construct and/or monitor
- Providing cash rewards to households who construct and/or use a latrine

#### Non-financial incentives

- Providing a free safe water storage container to all households who maintain a clean HWTS product
- Providing free biosand filters when families prepare the sand and gravel for the filter
- Giving cleaning products to families adopting new HWTS solutions
- Providing a handwashing station to all households who construct a latrine
- Providing free latrine slabs when families dig a latrine pit
- Giving free soap and/or cleaning products to families installing new latrines

**Note:** When used well incentives can be very powerful. When poorly thought out and implemented, however, they can be very damaging.