

Creative Brief Template

1

Health Area and Intervention(s)

Sanitation—specifically to increase access to toilet, toilet ownership and use.

2

Shared Vision/Campaign objectives

To design a 4-year creative campaign with multi-channel executions to end open defecation in 5 counties in Liberia.

Objectives of the campaign.

To contribute to ending open defecation in Liberia, the campaign will:

- Grow demand for and promote new toilet products and services in the market;
- Increase sales of new toilets to key audience segments;
- Improve consistent use of Quee toilets among all household members (including properly disposing child feces in the toilet)

3

Background

Liberia has one of the highest rates of mortality in the world among children under the age of five, with a rate of 93 deaths/1,000 live births^[1]. As of 2018, UNICEF listed Liberia as the country with the 14th-highest level of under-five child mortality in the world. Only 17% of Liberians have access to basic sanitation^[2]; 63% of rural households have no toilet facility, while 16% of urban households have no toilet facility; and 47% of households in Liberia use an improved toilet facility. Access to an improved facility is higher in urban households (66%), than rural households (21%)^[3]. From 2007 to 2019-2020, access to improved sanitation increased from 28% to 47%.^[4] However, the WASHPaLS Market Assessment (2021) shows that gains in reducing OD are backsliding when compared to the Liberia DHS (2019) results. The 2021 assessment showed a 13% increase in OD across the five counties. Increases in OD were seen in all counties with the greatest increase in prevalence in Nimba and Lofa, and the smallest increase in Montserrado. Fifty-seven percent (57%) of households that reverted to OD previously used a shared or community toilet^[5]. Among these, less than half (45%) stopped using the toilet because of structural damage or full pit in the shared toilet. As such, a substantial need exists to expand the market for affordable, desirable products for households and address other market barriers.

^[1] Liberia DHS. <https://dhsprogram.com/pubs/pdf/FR362/FR362.pdf>

^[2] USAID/Liberia Sanitation Market Assessment, 2021

^[3] 2019-2020 Liberia Demographic and Health Surveys (LDHS) Report.

^[4] LDHS, 2018/2020

^[5] USAID/Liberia WASHpals Market Assessment

The USAID Liberia Countrywide Sanitation Activity (CWSA), implemented by Population Services International (PSI) and its partners (Concern Worldwide, Athena Infonomics, and Gusceman Inc.), is a five-year project (2022–2027) that aims to achieve universal adoption of improved sanitation and a permanent end to open defecation (OD) in Liberia. This goal to eliminate OD in Liberia is intended to be supported by a coordinated and adequately funded ecosystem of public, private, and community actors. This will enable and inspire action among households and SMEs to construct improved latrines. The geographical focus of this USAID Liberia Countrywide Sanitation Activity includes Bong, Grand Bassa, Lofa, Rural Montserrado, and Nimba.

I.

What is the behavioral challenge?

An estimated 34.8% of the population practices open defecation, including 15.6% of urban residents and 60.7% of rural residents. Prevalence of open defecation in Liberia is extremely high over twice the regional average. Although open defecation is most prevalent in rural areas, about 25% of the total number of people who practice open defecation in Liberia live in urban or peri-urban areas. Almost no one in Liberia receives what would qualify as a “safely managed” service, in which wastewater is safely treated on-site or through a wastewater treatment facility. As such, as population density continues to increase in both urban and rural settings, the health impact of open defecation or unimproved sanitation facilities will continue to worsen

The key behaviors to address will be the following:

Behavior Category	Key Behaviors
Toilet Ownership	All homeowners build improved toilets for themselves and tenants
Toilet Maintenance	HH head/town chief/principal/business owner upgrade latrine from basic to improve with durable materials HH head/public latrine owner maintain latrine structure regularly
Toilet Use	People consistently use improved toilet facility at all levels (HH, public, school) **Supporters (family, caregivers) assist people with special needs to use an improved toilet that is user friendly **Users always keep toilet clean and properly use them
Child Faeces Disposal	**Children who are old enough to use toilets, use improved facilities (HH, public, school) to safely dispose of faeces Caregivers (parents, household support) immediately safely dispose of child faeces
**These are sub-behaviors and will not be measured as behavior outcomes. They are included because households that include people with disabilities require unique products and support for use. The behavior to always keep toilet clean is related to the Breakthrough Action and WASHpals Market Assessment finding that dirty or spoiled toilets is a primary barrier for continued use of toilets (and leads to OD backsliding).	

The goal of the program is to achieve 100% sustained adoption of improved sanitation in 5 counties. Structural factors, particularly 1) availability of affordable, durable products close to a community, and 2) household ability to pay for an improved toilet are critical to the initiation and maintenance of sanitation behaviors. Without a market for sanitation, people cannot buy or upgrade their existing toilets. Without household funds to maintain toilets over time, people will backslide to OD. Segments are identified at the household, rather than individual level. We have used existing rigorous market-based segmentation, conducted by WASHPaLS to inform the audience segments for CWSA. These segments are framed around the ability to buy an improved toilet, which is the primary (though not exclusive) factor required to ensure 100% sustained adoption of improved sanitation in 5 counties. Factors that drive toilet maintenance and use, as well as safe disposal of child feces apply across broader segments of the population, and messaging for these will be tailored by county to ensure resonance and relevance to the segments that reside in those counties.

The CWSA program takes a market-strengthening approach to sanitation and will not directly provide subsidies. This was reiterated at the strategy design workshop and county validation meetings and all stakeholders are clear about this. Strategies for collaboration, government support or connecting people to financing, subsidies or subsidized products are required in order to ensure that several segments can purchase and build toilets.

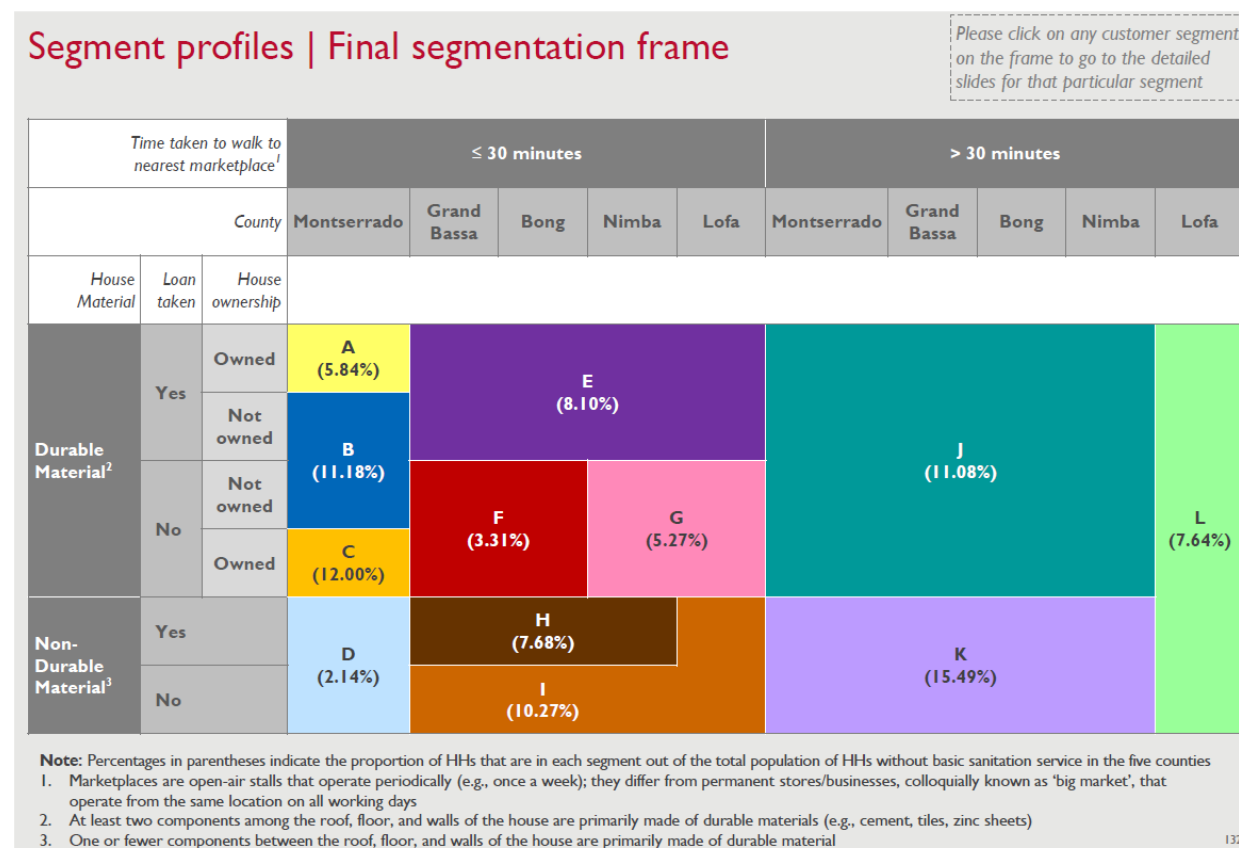
Segment Group 1: HH that need a full subsidy in order to buy a simple improved toilet. Segments D, K, and L comprise 25% of HH without access to basic sanitation.

Segment Group 2: HH that may need a soft loan and a partial subsidy to purchase a simple improved toilet. This includes segments H and I and comprise 18% of the population of those without access to basic sanitation.

Segment Group 3: HH that may need a soft loan to purchase an improved toilet. This includes segments E and G, and comprise 14% of the population of those without access to basic sanitation.

Segment Group 4: HH that can afford simple, improved toilet. This includes segments A, B, C, F, J and comprise 43% of the population of HH without access to basic sanitation.

Figure 2: Segment Profiles



Key behaviours	Key audience	Influencing Audience	Determinants
All homeowners build improved toilets for themselves and tenants	<ul style="list-style-type: none"> Homeowners 	<i>At community level:</i> Town/General town/clan chiefs, Inspectors, mayors Town.	See table in Annex 1 for specific drivers and barriers for each segment selected.
HH head/town chief/principal/business owner upgrade latrine from basic to improve with durable materials	<ul style="list-style-type: none"> HH head/town chief/principal/business owner 	Community Health Workers, religious leaders, community leaders. local authorities	
HH head/public latrine owner maintain latrine structure regularly	<ul style="list-style-type: none"> HH head/public latrine owner 	Local artisans, financial service providers (FSP) VSLA, banks, and SUSU management	
People consistently use improved toilet facility at all levels (HH, public, school)	<ul style="list-style-type: none"> Population of the 5 targeted counties 	Trusted friends, neighbours,	
Supporters (family, caregivers) assist people with special needs to use an improved toilet that is user friendly	<ul style="list-style-type: none"> Family caregivers of people with special needs (Person living with disability, elders, etc.) 	<i>At HH level:</i> Husbands/wife, family members, guests of family/household, other household members.	
Users always keep toilet clean and properly use them	<ul style="list-style-type: none"> HHs that have access to a toilet 		
Children who are old enough to use toilets, use improved facilities (HH, public, school) to safely dispose of faeces	<ul style="list-style-type: none"> Children who are old enough to use toilets 		
Caregivers (parents, household support) immediately safely dispose of child faeces	<ul style="list-style-type: none"> Caregivers of children who are not old enough to use toilets. 		

See audience segments by county in annex 1

6 Competitive Behaviors/ Barriers

The determinants or factors that serve as barriers or facilitators to the practice of key behaviors are summarized in the table below.

Determinants were identified through the desk review of available published literature related to the sanitation programming in Liberia. The structural and market-based factors that drive toilet ownership behaviors are summarized in the Sanitation Context section above. The table below maps market, community and household/individual factors by key behavior to guide the SBC activities that will deliver against the strategy.

The determinants and findings below were examined and validated during the Sanitation Strategy Workshop, conducted by CWSA with key government, civil society, and implementing partner representatives in March 2023. Refer to the accompanying literature review for findings and sources of information.

Key Determinants of Behavior				
Level	Factor category	Determinants specific to CWSA counties		Relevance for particular county or audience
		Drivers	Barriers	
Behavior: Build/ buy or upgrade toilet Current Practice of behavior: 63% of rural households have no toilet facility, 16% of urban households have no toilet facility				
Market	Products	<ul style="list-style-type: none"> • Most hardware store owners are aware of plastic sanitation products • Durable, affordable product options such as plastic pans and cement commodes do exist in certain markets 	<ul style="list-style-type: none"> • Product availability: <ul style="list-style-type: none"> ○ Lack of market with diverse, desirable, affordable sanitation products and services. ○ Cement commodes not made by most cement pre-fabricators due to a lack of demand ○ Limited availability of plastic/cement products in rural areas ○ Cement pre-fabricators not available to household customers in all rural areas • Consumer preference: strong preference for pour/flush not available, affordable or sustainable because of limited water access. • Limited marketing of products/services • Toilets made of non-durable products are not sustainable and drive reversion to OD 	
	Complexity for consumers	<ul style="list-style-type: none"> • knowledge within communities on how to build toilets (relatively high currently) 	<ul style="list-style-type: none"> • Most consumers take multiple trips to buy materials <ul style="list-style-type: none"> ○ Insufficient funds to buy all materials at once ○ Difficulty transporting all materials at once ○ distance between rural households and key material providers is significantly greater than access for urban HH • Cost to transport materials increases substantially in proportion to distance from Monrovia • Suppliers located far distances from each other • HH must travel far distances to source materials (or affordable materials) 	

			<ul style="list-style-type: none"> • Underestimate quantity of materials needed for construction • Time to save funds for toilet purchase and build can be 2-3 years ○ Limited knowledge among rural HH about where they can procure materials for building and maintaining toilets (40.8%). ○ Knowledge of sources of sanitation materials was mismatched with actual availability 	
	Affordability and financing availability	<ul style="list-style-type: none"> • High prevalence of savings and loans group • High access to financing through village savings and loan (Susu clubs) 	<ul style="list-style-type: none"> • Affordability <ul style="list-style-type: none"> ○ high product cost ○ lack of available need based subsidies or grants ○ insufficient money to purchase all materials at once ○ Toilet with features that most households consider ideal (e.g., ceramic commode, cement walls) costs LRD 120,000, and may only be affordable with a soft loan for 29% of households. • Perceptions of affordability: inaccurate understanding of cost for sanitation products and services • Complexity/time: some must save for 2-3 years 	
Community and social			<ul style="list-style-type: none"> • Prior experience w CLTS and community toilets: Communities with community toilets that were poorly maintained, not durable, or full 	Communities previously exposed to CLTS
HH and Individual	Financing	<ul style="list-style-type: none"> • Prior experience taking loans from village savings/loans groups ○ rural: for agriculture, school fees, and house construction or maintenance Urban: medical costs, business loans 	<ul style="list-style-type: none"> • Liquidity <ul style="list-style-type: none"> ○ rural or agrarian HH have irregular or unpredictable incomes throughout the year ○ liquidity challenges during the process of construction ○ Inability to purchase all materials at once • Competing financial priorities • No collateral • Low/no prioritization of savings for sanitation (~2%) • Belief: fear inability to repay loans • Belief: cannot take loan for toilet construction • Attitude: should not take loan for toilet construction 	

		<ul style="list-style-type: none"> Attitude: Loans should be used for more important expenses 	
HH decision making	<ul style="list-style-type: none"> Decision to buy and build their own household toilet is a decision made by entire family. Likely because it is a large financial decision, and there is widely understood value of using a toilet. Couple communication related to sanitation is high among current bush users 	<ul style="list-style-type: none"> Limited Couple communication about sanitation among current toilet owners: Usually household heads (51%) initiated discussions on sanitation with their partners. 	
Prior experience with community toilets and CLTS	<ul style="list-style-type: none"> Positive experience with toilet installation and use Current practice of OD motivates some to desire to build Belief: Private toilets help reduce lack of privacy experienced while using communal toilets. 	<ul style="list-style-type: none"> Prior experience with toilet: spoiled community toilet- full, dirty, broken Prior experience with toilet: HH toilet not durable and unusable Current practice of OD is more convenient and preferred (no smell, privacy, time to talk to friends, etc) Previous history of subsidized latrine construction renders communities less receptive to CLTS triggering, and may similarly influence decisions to purchase through market 	
Land ownership		<ul style="list-style-type: none"> Limited incentive to build on landlord-owned property Limited incentive for landlords to provide approval for tenants to build on their property Urban renters may not have space required to construct a toilet 	Urban renters and landlords (~25% of grand bass, bong and Montserrado)
Beliefs	Belief: owning toilet would reduce travel time	<ul style="list-style-type: none"> Taboo to live near a toilet or have a toilet inside house 	Rural audiences?
Knowledge	<ul style="list-style-type: none"> High levels (90%) of knowledge of health and hygiene benefits from toilets. High level of awareness of benefits of toilets: privacy, safety, and convenience 		

Behavior: Consistent toilet Use

Current Practice of behavior: varies by county, yet high proportions of OD behavior across counties, particularly in rural areas. Fifty-seven (57%) of households that reverted to OD previously used a shared or community toilet. Toilets constructed of non-durable materials are not sustainable and threaten the behavior of sustained, consistent toilet use over time.

Key factors: education, religion, and having income greater than 20,000 LRD are positively associated with the likelihood that an individual will use a toilet. Stated benefit of toilet use, knowledge of CLTS, comfort in talking with one's partner about sanitation, and high perceived norms around toilet ownership and toilet use are significantly correlated with increased likelihood that an individual will use a toilet.

Community/ social norms	Community Influencers	<ul style="list-style-type: none"> • traditional leaders (50.3%) and community role models such as health workers and teachers (48.2%) play the largest roles in affecting individual behavior • Faith leaders--Pastors (35%) and Imams (12.9%) somewhat influence decisions to participate in sanitation practices • Leaders: the influence of leaders and community role models should not be undervalued. Strong leaders can push communities into action and promote sustained behaviors by organizing and supporting communities in their efforts to practice healthy behaviors related to sanitation and hygiene 	<ul style="list-style-type: none"> • Politicians seem to have virtually no influence on individual decision-making. This may be tied to noted perceptions that the government has not supported communities to maintain sanitation facilities 	
	Perceived social norm	<ul style="list-style-type: none"> • Knowledge of community's ODF status is a driver of toilet use 	<ul style="list-style-type: none"> • Low perceived norm of toilet use: Many people believe others do not use toilets consistently, particularly among rural audiences (both ODF and never ODF) 	
HH/individual	**Knowledge of perceived benefits of toilet use is high for many audiences. This means that this <u>should not</u> be the primary focus of SBC activities. Consistent use is dependent on quality products, distance, and knowledge of community ODF status, self-efficacy to use toilets, and cleaning, upkeep, upgrade, and maintenance of the toilet over time.			
	Prior experience with community toilets and CLTS	Belief: owning toilet would reduce travel time (compared to OD)	<ul style="list-style-type: none"> • Shared toilet use contributes to unpleasant toilet experience (and reversion to OD) <ul style="list-style-type: none"> ○ Lines waiting outside to use the toilet (lack of privacy) ○ Unavailable HH private toilet ○ Spoiled toilets • Knowledge and awareness of the benefits of using a toilet is high but people prefer OD due to above reasons • Structural factors largely impede sustained toilet use over time. Community members reluctant to use toilets for sustained periods of time due to poor build quality and maintenance. 	Rural audiences

	Self-efficacy	<ul style="list-style-type: none"> • Self-efficacy to continue to use toilets <ul style="list-style-type: none"> ○ Highest among previous ODF ○ Low in never ODF • Self-efficacy to place a handwashing station near toilet (low—should be addressed) • Self-efficacy to wash hands with soap after defecation (low—should be addressed) 	<ul style="list-style-type: none"> • 	
	Perceived Benefits	<ul style="list-style-type: none"> • Characteristics of the toilets that individuals use, such as accessibility, quality, condition, and privacy (doors) can influence not only an individual’s initial decision to use a toilet, but further their choice to continue toilet use. • Key benefits cited among rural audience: <ul style="list-style-type: none"> ○ Health (78.5%) ○ Safety (67.8%), ○ Privacy (48.8%), ○ Convenience (42.1%), ○ Cleanliness (53.7%). ○ When toilets are filled and unclean due to lack of proper maintenance and cleaning, individuals express concern for their own health and safety. ○ Ensuring belief that toilets are safe, clean, private, and easily accessible is necessary for community demand for toilets to be met 	<ul style="list-style-type: none"> • Disadvantages to toilet use among rural audiences: <ul style="list-style-type: none"> ○ Cost (29.5%), ○ Smell (57.9%), • Distance (8.9%) 	
	Current OD practice	<ul style="list-style-type: none"> • When individuals use the bush, they are most concerned about personal (51.1%) and environmental (37.5%) health, safety from animals (73.8%) and other individuals (35.1%), and lack of privacy (42.9%). 	<ul style="list-style-type: none"> ○ Perceived disadvantages of toilet use: cost (29.5%), smell (57.9%), and distance (8.9%) 	Rural Audiences

		<ul style="list-style-type: none"> Features of desirable toilet: privacy (47.6%) and safety (46.0%) show up again as important characteristics that individuals consider when naming features of a desirable toilet. 	
--	--	---	--

Behavior: HH head/public latrine owner empty and maintain latrine structure regularly
Current Practice of Behavior: No services are available for emptying so very few HH practice any fecal sludge management. Many revert to OD because toilets are broken down or require repair.

Structural	Market	<ul style="list-style-type: none"> No access in 5 counties. Solid waste management services are only available in Monrovia lack of accountability within communities has led to a high number of toilets being unclean and filled 	
Community/Social	Accountability		

Behavior: Child feces are properly disposed immediately after defecation

- Current Practice: Current practice: Norms and social practices influence inconsistent or not immediate disposal of child feces.

DHS Behavior Indicator	2019 DHS (%)	2013 (%)	2007 (%)
Child Uses Toilet**	.4	.6	1.8
Throw in toilet/latrine	18.4	22.6	19.7
Bury in yard	5.1	2.6	8
Rinse Away	21.1	31.2	20.5
Throw in Garbage	35.2	20.7	22.4
Left in the open	18.8	21.7	14.1
Other	1.1	.2	5.5
Safe disposal of stool	23.9	25.7	29.5

**all data represent children up to 6 months, 6-11 months, 12-23 months

Community/social	Norms		<ul style="list-style-type: none"> The social norm around washing hands with soap after cleaning a young child's feces is also low. About 56% of the respondents say that only 0–3 persons out of 10 wash their hands with soap after cleaning their child's feces. Belief: HH believe that child feces are clean/not dangerous 	
Individual/HH	Access		<ul style="list-style-type: none"> Many households have no toilet facility for safe disposal 	

8 Call to Action

b *(One specific action the audience can take after being exposed to the message and/or materials)*

The following sequencing will be applied:

Year 1 Main focus on the behaviors related to the buying, the construction/rehabilitation of latrines.

Year 2 to 3 Main focus on the behaviors related to the use and maintenance of the toilets.

Year 3 to 4 Focus on populations that have not yet been reached.

From year 2, the program will be adapted based on the lessons learned from previous years.

9 Creative Considerations

Media Approach:

(which channels will be used and why)

- Community-level activities
 - Community engagement
 - Interpersonal communication
 - Advocacy
 - Door-to-door engagement
 - Training

- Mass media
 - Radio and mobile media
 - Print
 - marketing

Materials to be Developed:

(what materials, quantities, duration, other qualities, and distribution points)

Materials	Quantity	Duration
<i>Audio messages</i>	<i>10 (different messages)</i>	<i>1 yr.</i>
<i>Visual materials</i>	<i>8 (different designs)</i>	<i>1 yr.</i>
<i>Videos</i>	<i>6</i>	<i>1 year</i>
<i>Facilitation guides</i>	<i>2 (focus group discussion and community meeting)</i>	<i>2yrs</i>
<i>Door-to-door sales and visits tool</i>	<i>1</i>	<i>2 years</i>

Creative Concept Outlines:

Sustained social inclusion is required to achieve project goals. If 100% of households adopt and continue to use improved sanitation, CWSA must ensure that people from historically marginalized populations have equitable access to improved sanitation.

Sustainably ending open defecation requires multiple, complex composite behaviors that each require several steps and decisions. These behaviors are affected by experience with toilet use and OD, household gender and power dynamics, physical ability/mobility, financing, products, and other factors beyond attitudes and beliefs.

General Guidelines:

(on the tone, feel, issues to be sensitive about):

- A. Moderate
- B. Persuasive
- C. Aspiring

10 Logos

Donor:



Key Partners:



Other:



11 Technical/Program Specifications

Geographic Placement:

Rural Montserrado, Bong, Lofa, Nimba, and Grand Bassa Counties

Language:

English and Liberian colloquial, vernacular of the five counties (Lorma, Kpelle, Bassa, Mano, Gi Kissi)

Annexe 1 : Audience segments by county

The table below summarizes the audience segments by county in order to support design and operationalization of the strategy. The information summarized here includes characteristics for each segment, influencing audiences, key determinants of toilet purchase/building (by barriers and drivers), as well as channels that may be used to reach this audience. Complete profiles for each audience can be found in Annex V: Audience Segments.

County	Segment	Characteristics	Influencing Audiences	Barriers	Drivers	Potential channels
Montserrado	A	<ul style="list-style-type: none"> • Live less than 30 minutes from market, own their homes made of permanent materials, have taken a loan before • Use unimproved toilets or limited sanitation, likely shared with neighbors • Have regular (not seasonal) income as traders, shop owners, skilled/unskilled laborers • Have high monthly expenditure (>LRD 40K) • Has made home improvements before • Is a member of a loan group • Highly educated and literate 	<p>Loan group members</p> <p>Trusted friends/family</p>	<ul style="list-style-type: none"> • Perception: Preferred toilet option is perceived to be too expensive (incorrect perception of cost) • Belief: it is taboo to live near a toilet 	<ul style="list-style-type: none"> • Attitude: community cleanliness is important • Attitude: being seen practicing OD is embarrassing • Belief: it is unhygienic to share a toilet • Willing to pay for products that bring prestige • Prior experience with toilets: inconvenient to wait for toilet when getting ready in morning 	<p>Interpersonal: marketing/sales agents</p> <p>Digital: Mobile phone</p> <p>Mass media: TV, urban radio</p>
Montserrado	B	<ul style="list-style-type: none"> • Lives in renter house made with durable materials • Use public toilet with offset pit, ceramic commode, concrete floor, walls plaster with cement, zinc roof and a lockable wooden door • Educated and literate • Monthly expenditure of 42,000 Liberian Dollars (LD) 	<p>Partners and family members</p> <p>Landlord</p> <p>Loan clubs</p> <p>Local leaders</p> <p>Community health workers</p>	<ul style="list-style-type: none"> • Belief: It's a taboo to live near a toilet 	<ul style="list-style-type: none"> • Prior experience with toilets: do not like public or unhygienic toilets • Attitude: Prefer landlord construct toilet • Attitude: Willing to spend up to 80.000 to 	<p>Interpersonal: Marketing/sales agents</p> <p>Community: loan group</p> <p>Digital: Mobile phone, Social media</p> <p>Mass media: TV, Radio</p>

		<ul style="list-style-type: none"> • Own assets such as television and mobile phones • Petty traders • Loan group member 			<p>100,000 LD for a toilet</p> <ul style="list-style-type: none"> • Belief that community cleanliness is important • Belief: it is embarrassing to be seen practicing OD 	
Montserratado	C	<ul style="list-style-type: none"> • Petty traders • Skilled laborer • Completed senior high-level education • Own mobile phone • Spend up to 40,000 for monthly expenditure • Walk distance (30mins and above) to market • Asset up to 120,000 LD • Loan group member • Mobile money users 	<p>Sister, trusted family</p> <p>Peers (business colleagues)</p> <p>Religious and community leaders</p> <p>Neighbors Community Health Workers</p>	<p>Belief: Taboo to live near a toilet</p> <p>Belief: toilet is expensive</p>	<p>Attitude: Willing to pay for product that brings prestige</p> <p>Belief: Community cleanliness is important</p> <p>Belief: embarrassing to seen practicing OD</p>	<p>Interpersonal: Marketing/sales agents, Peers (business colleagues)</p> <p>Community: Loan clubs, Religious & community leaders</p> <p>Digital mobile SMS and GSM</p> <p>Mass media: Radio, TV</p>
Montserratado	D	<ul style="list-style-type: none"> • No formal education • Unskilled laborer • Live in mud bricks and mud floor house • Regular and seasonal nature of income • Owns mobile phone • Use nearby river water for bathing and cleaning • Median income of 20,000-40,000 LD monthly expenditure • Loan group member • Mobile money users 	<p>Peers, work colleagues</p> <p>Partner</p> <p>Trusted family members</p>	<p>Belief: Taboo to live near a toilet</p>	<p>Attitude: willing to pay for products that bring prestige</p> <p>Belief: Community cleanliness is important</p> <p>Belief: embarrassing to seen practicing OD</p>	<p>Interpersonal: Community Health Workers</p> <p>Digital: mobile phone</p>
Montserratado, Grand Bassa,	J	<ul style="list-style-type: none"> • Farmer • Petty trader 	<p>Peers, work colleagues</p>	<p>Belief: Taboo to live near a toilet</p>	<p>Attitude: 43% willing to pay for</p>	<p>Interpersonal: Community health</p>

Bong and Nimba		<ul style="list-style-type: none"> • Regular nature of income • Medium monthly expenditure of 20,000-40,000 LD • Limited sanitation service • Senior high education • Medium asset value of 75,000-120, 000 • Collect water from surface water • Not walking distance to nearest market area • Loan group member 	Partner Trusted family members Community leaders Community Health Workers		products that bring prestige Belief: Community cleanliness is important Belief: embarrassing to seen practicing OD	workers Digital: mobile phone marketing/sales agents, artisans, health worker/CHA Community: community meetings Digital: mobile phone—text, IVR Mass media: community and national radio
Montserrado, Grand Bassa, Bong, Nimba	K	<ul style="list-style-type: none"> • Farmer • No toilet • No education • Regular income • Low monthly expenditure of less than 20, 000 LD • Asset value less than 35, 000 • Agriculture land • Not walking distance to nearest market • Drinks from surface water • Has a mobile phone • Mobile money user • Loan group member 	Peers, work colleagues Partner Trusted family members Community leaders Community Health Workers	Belief: Taboo to live near a toilet	Belief: Community cleanliness is important Belief: embarrassing to seen practicing OD Willing to pay for products that bring prestige	Interpersonal: Community health workers Digital: mobile phone Radio

Grand Bassa, Lofa, Bong and Nimba	E	<ul style="list-style-type: none"> Farmer Unskilled laborer Senior high education Regular nature of income Low expenditure below 20, 000 Total asset value is low, below 35, 000 LD Not walking distance to market Has a mobile phone and agriculture land Source of water is from a hand pump Loan group member Mobile money users 	Partner, family members Children Peers/local farmers	Belief: Taboo to live near a toilet	Belief: Community cleanliness is important Belief: embarrassing to seen practicing OD Willing to pay for products that bring prestige	Interpersonal: marketing agent, market day) Community: community meetings Digital: mobile, SMS Mass media: local/community radio,
Grand Bassa and Bong	F	<ul style="list-style-type: none"> Petty trader Agriculture Unskilled laborer Own no toilet Senior high education Monthly expenditure is medium, between 20, 000-40, 000 Owens mobile phone and chairs Mobile money users Total asset value of above 120, 000 Loan group user 	Partner Trusted friends Children Loan club members	Belief: Taboo to live near a toilet	Belief: Community cleanliness is important Belief: embarrassing to seen practicing OD Willing to pay for products that bring prestige	Interpersonal: Community: Digital: mobile Mass media: local radio
Nimba and Lofa	G	<ul style="list-style-type: none"> Farmer Petty traders Unskilled laborer Senior high education No toilet Low monthly expenditure, less than 20, 000 	Family members Neighbors Community leaders: town chief, farmer	Belief: Taboo to live near toilet	Belief: Community cleanliness is important Belief: embarrassing to seen practicing OD	Interpersonal: Community: community leaders, farming group, loan group

		<ul style="list-style-type: none"> • Not walking distance to market • Consume surface water • Has mobile phone • Mobile money users • Agriculture land • Total asset value of above 35, 000 LD • Loan group users 	chair person, SUSU chairperson		Willing to pay for products that bring prestige	
Bong, Nimba, and Grand Bassa	H	<ul style="list-style-type: none"> • Farmer • Unskilled laborer • No education • Regular nature of income • Own agriculture land • Drink from surface water • Low monthly expenditure • Not walking distance to nearest market • Total asset low, about 35, 000 • Mobile user • Loan group member 	Elders Peers/other farmers Community leaders: town chief, farmer leaders	Belief: Taboo to live near toilet	Belief: Community cleanliness is important Belief: embarrassing to seen practicing OD Willing to pay for products that bring prestige	Interpersonal: sales agents Community: Community meetings, loan club Digital: interactive voice response (non-text based digital)
Grand Bassa, Lofa and Nimba	I	<ul style="list-style-type: none"> • Farmer • Unskilled laborers • Regular nature of income • House owner with wife and children • No education • Own no toilet • Agriculture land owner • Own mobile phone • Mobile money user • Loan group member • Low monthly expenditure less than 20, 000 LD • Total asset value less than 35, 000 LD • Not walking distance to market 	Family members Community leaders Neighbors and friends	Belief: Taboo to live near a toilet	Belief: Community cleanliness is important Belief: embarrassing to seen practicing OD Willing to pay for products that bring prestige	Interpersonal: CHAs, health workers, sales agents Community: community meetings, farmer associations, Digital: mobile phone Mass media: community radio

		<ul style="list-style-type: none"> • Drink from surface water 				
Lofa	L	<ul style="list-style-type: none"> • Wife and children • Regular income • No education • Farmer and unskilled laborers • No toilet • Family size of eight • Low monthly expenditure of 20, 000 LD • Asset value very low, less than 35, 000 • Agriculture land owner • Not walking distance to nearest market • Drink from surface water 	<p>Trusted family</p> <p>Town chiefs</p> <p>Peers, friends, workmates</p> <p>NGO workers</p>	<p>Belief: Taboo to live near a toilet</p>	<p>Belief: Community cleanliness is important</p> <p>Belief: embarrassing to seen practicing OD</p> <p>Aspiration: Willing to pay for products that bring prestige</p>	<p>Community: community meetings</p> <p>Digital: phone</p> <p>Mass media: radio</p>

