



# Behaviour Change Communications – Are we making difference? RWSSP-WN BRIEF 2-2016

## WHAT DID WE STUDY?

The Government of Nepal has envisioned achieving universal coverage of basic water supply and sanitation services for its citizens by 2017. This means that open defaecation should end in all districts; a target which is shared by the RWSSP-WN II.

This study addressed the issue of how to bring about and sustain sanitation behaviour change in the Terai region, where the challenge of ending open defecation is particularly acute. Close to a million people lived in households without toilets (179,353 households in total) in the three Terai districts where RWSSP-WN II works (Nawalparasi, Rupandehi and Kapilvastu districts) in 2011 (Government of Nepal, 2012).

How to have a **behaviour change communications (BCC)** program that reaches one million people in a manner that also results in a tangible change?



Photo: Participatory video in making in Rupandehi districts. Communication campaigns benefit from creative local approaches and out-of-box thinking. Are we clear what the target group should know, believe & feel after the campaign?

Have our BCC strategy and activities been effectively implemented?

To what extent our BCC strategy, messages, and activities respond to the drivers of and barriers to improving household sanitation behaviours?

3 key behaviours of interest for this study were:

- ➔ Ending open defaecation
- ➔ Toilet investment and construction
- ➔ Consistent toilet use

This In Brief is based on the consultant report by Gerwel-Jensen, L. & Poudel, B. (2015) and a peer reviewed article by Gerwel-Jensen, L., Rautanen, S.-L., & White, P. (2015). Strengthening Behaviour Change Communication in Western Nepal - how can we do better? *Waterlines*, 34(4), 330-346. doi:10.3362/1756-3488.2015.030

## WHAT DID WE FIND OUT?

The study was guided by the Water and Sanitation Program's (WSP) theory of sanitation behaviour change. It considered drivers and facilitators and barriers to sanitation behaviour change and BCC effectiveness related to the demand for improved sanitation behaviour.

Some local government level leaders have been intensely involved in sanitation and ODF promotion from the beginning. They have allocated substantial resources to household sanitation over the past years. Behaviour change triggering activities have been well implemented when done and can make a strong impact. Yet, the study found that triggering could be more systematically planned and more widely implemented. A variety of communication channels to promote sanitation are used; yet, community resources could be better mobilised to integrate sanitation promotion into other activities. Door-to-door visits, rather than public triggering, is the main approach used. Results are evident in terms of toilet construction, but it does not necessarily lead to behaviour change.

### *The key findings were:*

***The Focus on Behaviour Change Is Slipping:*** Decision makers and WASH sector stakeholders can be counting the number of toilets built rather than monitoring and promoting their use. VDCs appear to declare themselves ODF even though open defaecation is still taking place. Using subsidies and sanctions, the primary focus remains on making households build toilets, not on making them use them. Some VDCs declared ODF even where toilets lack a superstructure or have superstructures that cannot guarantee privacy (i.e. they are likely unused). Lack of true ODF and the absence of plans for how to reinforce ODF in the ODF-declared VDCs indicate that open defaecation could remain a widespread reality even after the ODF declaration.

***Pressure to Achieve ODF Targets Make Changing Course Challenging:*** The pressure to achieve ODF targets makes many stakeholders eager to rely on subsidies and keep counting toilets. Changing the thinking is likely to be a big challenge, even if over the past year there has been an increasing agreement that subsidies are not the way to go.

***A Continued Subsidy Focus Is to the Detriment of BCC:*** Subsidies continue to play a central role in Terai sanitation. Large budgets have been allocated to household sanitation in the VDCs studied, but most is spent on subsidies. For example, in one VDC just NPR 60,000 out of a total 2013 budget of NPR 1.2 million for sanitation had been used for communication activities; the remainder was used for subsidies. This is in contradiction of national policy, as well as the no-subsidy RWSSP-WN approach.



Photo: Local language posters, keeping children safe (left) and use less mob, use money for toilet (right), at Abhirawa, Kapilvastu district

## WHAT DID WE FIND OUT?

**Smaller Than Anticipated Scale:** Contrary to what was intended, triggering is yet to be carried out in systematic fashion and on a wide scale. The key reason for limited scale is many of the community volunteers become inactive shortly after triggering training. For instance, in one location only one out of 18 trained volunteers remained active. The result is that triggering has reached only a fraction of community members. The number of paid triggerers is just not enough.

**VDCs Rely on Familiar Methods, not the RWSSP-WN BCC Strategy:** sanitation promotion continued to be done by the local government stakeholders, such as V-WASH-CC members. To achieve the ODF target, they tend to fall back on messages and methods which are known to them rather than rely on something new. Blaming and threats of sanctions if no toilet is built are often used.

**Messages Remain Negative and 'Educational', Potential Drivers of Change Are Untapped:** Contrary to what the BCC strategy recommends, the focus of VDC and ward level BCC efforts have been traditional negative messages that 'educate' about the need to change their ways and build a toilet. These messages appear to have no impact in terms of motivating change.

**BCC Activities and Messages Leave Potential Barriers to Sanitation Behaviour Change Unaddressed:** Barriers to behaviour change – such as questions about how to finance one's toilet investment – are not addressed in a systematic fashion.

**Missing Strategy for When Triggering Does Not Happen or Does Not Work:** The current thinking assumes that a sanitation movement spontaneously will arise after triggering and propel everyone to build a toilet and stop open defaecation. A strategy, guidance, and tools are missing for what to do in between triggering and the community becoming ODF.

### What can be done to mobilize Local Triggerers effectively?

- ① After the training, let the triggerers sign a Joint COMMITMENT. Print it in the flex and put it in the VDC office that acts as a reminder to them that they had made commitments to be part of the campaign in a voluntary basis.
- ① Provide a certificate from W/ V/D-WASH-CC after the completion of the Training. They should be the Triggerers of D/V/W-WASH-CC not of RWSSPWN.
- ① Provide an Identity Card from the VDC/V-WASH-CC as a Triggerers of the VDC/Ward.
- ① Provide incentives or basic stipend that covers their communication, transportation, field materials and Tiffin expenditures. Output based incentive (providing support based on the outcome i.e. no. of toilets build or no. of communities declared ODF) or event based support (support based on the triggering events conducted) can be 2 modalities for the support.
- ① Provide T-shirts, Caps, Bags (with sanitation messages) and other useful IEC materials frequently
- ① Ensure materials and tools necessary for conducting Triggering event are in their reach.
- ① Organize refresher trainings frequently, ask them to present their challenge, efforts and results. Competitions will be there to do better.
- ① Collect their work-plans and reports monthly that keeps them engaged and we can analyze who are active and who are not. Every SPs should submit activity of the local triggerers (who is doing what, who is active and who is not?) and the report card of each cluster.
- ① They should be capacitated in such a way that after some time or in another phase of the program, they can be taken as the staff of the project. Upgrading some of the local triggerers as a regular staff will motivate others to perform better.

## WHAT ARE WE RECOMMENDING?

**Recommendation 1. Advocate with the local governments and national level leaders for a no-subsidy policy:** Subsidies are a critical obstacle to sanitation behaviour change. All stakeholders must abandon subsidies and do so simultaneously. Too many people demand toilet subsidies because ‘those next door receive subsidies’. It is necessary to advocate a non-subsidy approach at a higher level. Community level actors cannot often influence (‘trigger’) the higher level actors who may not be even present in the community.

**Recommendation 2. Develop a pre-triggering strategy:** Triggering works best the first time it is carried out in a community; the responses of shame and disgust will not be so effectively engendered if repeated. It is therefore important that triggering is done well. **A pre-triggering strategy** should be developed to help ensure a) that potential challenges to the implementation of the triggering and BCC activities are identified and addressed and b) that key stakeholders prepare and plan efficiently for the actual triggering event as well as follow up communication activities at VDC, ward, and cluster level.

**Recommendation 3. Enhance and expand the implementation of triggering:** To increase the scope and scale of triggering, three recommendations are made for RWSSP-WN: 1) study the level and timing of drop out among the trained triggerers; 2) identify and mobilise the most active community organisations /clubs prior to triggering and seek involve them in the sanitation promotion effort; and 3) trigger monitoring and supervision should be strengthened to ensure that RWSSP-WN has a good sense of where triggering is being implemented and at what scale – and, hence, address problems of inactivity earlier.

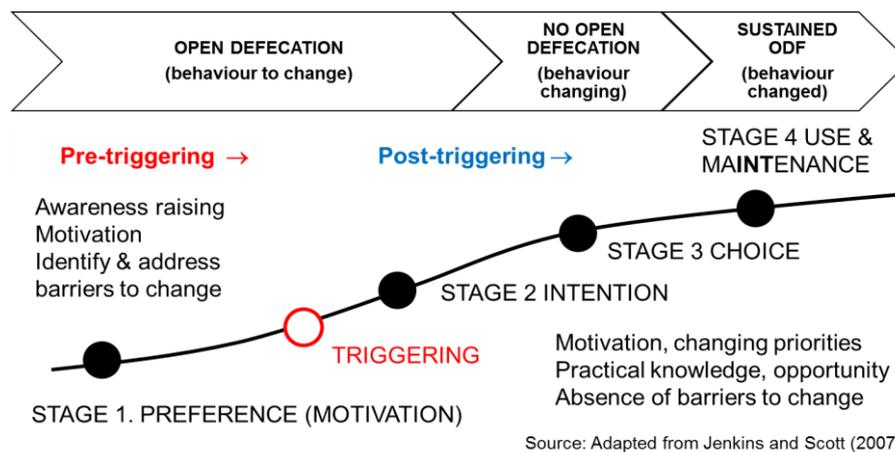


Figure 1 Stages of change and the focus of sanitation BCC

**Recommendation 4. Develop a post-triggering BCC strategy:** RWSSP-WN should develop a strategy for BCC after triggering has taken place (i.e. **a post-triggering strategy**). Its focus is on motivating households to change via messages that tap into the drivers of change and identifying and addressing barriers which may keep each household from changing behaviour. While some households may change behaviour instantaneously after being exposed to triggering, others may not do so for a variety of reasons. It should comprise of two main components: a) *an integrated communication campaign* and b) *households and small group level consultation*.

- Recommendation 4a: Collaborate with a creative agency or other organisation with relevant experience to develop an integrated communication campaign
- Recommendation 4b: Target men in BCC too. Men are the primary decision-makers regarding household expenditures, but clearly feel a lesser need for a toilet. BCC must seek to make men feel they too need and want a toilet.
- Recommendation 4c: Develop a strategy, approach, and tools for sanitation BCC at household and small group level.
- Recommendation 4d: Develop a strategy, methods and tools for community group involvement.

## WHAT ARE WE RECOMMENDING?

**Recommendation 5. Consider toilet financing opportunities:** More attention is needed to households' capacity to finance a toilet structure. A non-subsidy program must have a strategy for how to enable households to pay for their toilets. Today, money for self-financed toilets comes from the following sources: remittances, sales of crops and labour income. Households could be targeted more intensively for behaviour change and toilet building immediately before and when they have income from these sources. For instance, a commitment to build a toilet could be sought shortly before the harvest season and/or immediately before and after a family member returns from having worked abroad. What are the other potential sources of financing?

**Recommendation 6. Address barriers to change by empowering non-Adopters with knowledge and experience:** Our findings suggest that a complex sanitation shopping process, a lack of accurate information about designs and costs, and an inability to imagine the benefits of toilets, are barriers to sanitation behaviour change. To address these barriers, the following steps could be considered:

- **Toilet information materials:** Develop a set of toilet information materials with pictures of different toilet options and bills of quantity. Use brand names that connote status. Focus on selected number of options; too many options complicates the sanitation shopping and decision making process.
- **In-village or in-VDC demonstration models:** Consider training local masons on how to build the specific toilet models. As part of the training, the masons could build these toilets to help villagers to visualize their benefits. It is not recommended that the toilets are built as public facilities unless an excellent O&M is in place. Otherwise, the toilets are likely to become a disgusting, negative advertising for sanitation.

**Recommendation 7. Increase the independence and rigor of ODF verification to return the focus to behaviour:** It is proposed that RWSSP-WN explores options for *increasing the rigour and independence of the ODF verification procedure*, as more rigorous demands for ODF declaration could go a long way in restoring the focus on toilet use. VDCs should not be able to declare themselves ODF solely based on the number of toilets built up to the plinth level.

### As a result of the communication campaign, target group member will...

- ① Know the actual cost of 2-3 different toilet options and what materials are needed to build them
- ① Know how to make a solid and attractive super structure at a low cost (preferably they should have been exposed to examples of such)
- ① Know how they can save up to build a toilet (or "how they can finance a toilet")
- ① Know that subsidies are a thing of the past
- ① Believe that open defecation is becoming less and less common and that they will be "left behind" unless they build and use a toilet (change in social norms).
- ① Believe that others will think less of (gossip about) them and their family if any family member defecates in the open.
- ① Believe that their life would be far more comfortable and convenient with a toilet (esp. men).
- ① Feel that having and using a toilet will protect their family from embarrassment and loss of social status.
- ① Feel that a toilet is a priority investment.

## DEFINITIONS

To achieve the aim of total sanitation and hygiene behaviour change, the project applies a two-stage strategy:

Stage 1: Community-led sanitation behaviour change, aiming to stop open defaecation

Stage 2: Total sanitation and hygiene behaviour change, focusing on five behaviours, including hand washing.



## REFERENCES & SUPPORTING DOCUMENTS

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## RESULTS INDICATORS FOR RWSSP-WN II

### RWSSP-WN II purpose level indicators:

- No one practices open defecation (all districts declared ODF)

### RWSSP-WN II Result indicators 1:

- 1.1 # of VDCs declared ODF. Note: ultimate target district ODF
- 1.3 # of Wards declared for having achieved total sanitation (wards within which each household complies with at least four out of five main TBC criteria as listed in the National Sanitation and Hygiene Master Plan)



Rural Water Supply and Sanitation Project in Western Nepal Phase II is a bilateral development cooperation project funded by the governments of Nepal and Finland, and implemented through local governments and users' groups under Department of Local Infrastructure Development and Agricultural Roads (DoLIDAR), Ministry of Federal Affairs and Local Development. RWSSP-WN II works in 14 districts in Western and Mid-Western development regions in Nepal.