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**LOCAL ACTION WITH INTERNATIONAL COOPERATION TO IMPROVE AND
SUSTAIN WATER, SANITATION AND HYGIENE SERVICES**

**Getting the message right: step by step behaviour change
communication to guide change in Sanitation in Nepal**

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Nepal has been using the Community-Led Total Sanitation (CLTS) approach since 2003/04. However, success has been varied. In some cases, the emphasis has slipped back to hardware (constructing toilets) rather than behaviour change (using toilets). Where behaviour change has occurred, it has not always been sustained. The Rural Water Supply and Sanitation Project in Western Nepal Phase II, a bilateral project of the Governments of Nepal and Finland, has developed a Step-By-Step approach to behaviour change to guide local staff, local governments and community to implement CLTS approaches sustainably. The framework strengthens pre-triggering and triggering through identifying barriers and supporting factors, and stimulates site-specific thinking on priorities to achieve true behaviour change at scale. Mobile phones are used to ensure accurate up-to-date data for the purpose.

Introduction

In 2011, the Government of Nepal announced a national campaign to make the country open defecation free (ODF), and issued the Nepal Sanitation and Hygiene Master Plan (Government of Nepal, 2011) which outlines the strategy for achieving this by the end of 2017. The goal of the Master Plan is to attain nationwide access to improved sanitation by 2017 for better hygiene, health and environment. It comprises two phases: 1) becoming open defecation free (ODF) and 2) achieving the Total Sanitation (TS). Becoming ODF means constructing and using a permanent toilet. TS concept includes five key sanitation and hygiene behaviours: use of toilet, hand washing with soap at critical times, safe handling and treatment of drinking water, maintenance of personal hygiene and proper solid and liquid waste management at household level and at institutional level – toilets and premises should be user friendly, clean and hygienic with hand washing facilities.

The Master Plan's strategies are operationalised through local bodies which lead participatory planning, implementation and monitoring of hygiene and sanitation programmes. Local government, NGOs and community organisations play an active role in the campaign which comprises a range of approaches, ranging from simple hygiene awareness-raising and sanctions to triggering as part of Community-led Total sanitation (CLTS) or School-led Total Sanitation. Local government-led total sanitation in Nepal refers to the approach where the lowest tiers of local governance declare ODF status with the leadership from the Village Development Committee (VDC) and its VDC WASH Coordination Committee (V-WASH-CC), supported and supervised by the District WASH Coordination Committee (D-WASH-CC) at the District Development Committee (DDC) level.

Nepal witnessed excellent progress in terms of increasing improved sanitation coverage in rural areas from 1 percent in 1990 to 43 percent in 2015, hence achieving its Millennium Development Goal target. Open defecation was reduced from 93% to 37% (UNICEF and WHO, 2015). The Government of Nepal National Planning Commission recognizes that "the challenge is to maintain the momentum and generate a post-ODF movement that will help households climb the sanitation ladder and improve their facilities in time" (Government of Nepal, 2015, 42). They also note that "there are differences in sanitation facilities by geographical region, and by income level of households. Targeted programmes are needed to address the sanitation gaps in general and by social and economic group in particular" (Government of Nepal, 2015, 45).

The Rural Water Supply and Sanitation Project in Western Nepal (RWSSP-WN) is a rural WASH project supported by the governments of Nepal and Finland. It is well positioned to work in the spirit of the National Sanitation and Hygiene Master Plan given that it is anchored in the Ministry of Federal Affairs and Local Development, and its planning, implementation and funding channels are embedded into local government structures. RWSSP-WN Phase I introduced the concept of Community Led Total Behaviour Change (CLTBC) in hygiene and sanitation in 2010. As a direct result of RWSSP-WN Phase I, a total of 376 Village Development Committees (VDCs) were declared ODF, and six out of ten working districts declared the entire district ODF within three years of action (RWSSP-WN, 2013). RWSSP-WN, now in Phase II, realized that it faced three types of challenges: 1) ODF declared locations were not truly ODF, either because there were no toilets in the first place or because people did not use their toilets; 2) the remaining non-ODF locations appeared to need “something different” because the usual CLTS process practiced in Nepal did not seem to result in ODF; and 3) to ensure sustainability of all achievements, Total Sanitation (post-ODF phase) was a must but it lacked structure and focus as too many different behaviours were addressed at the same time.

Step-by-step to behaviour change communications

The project commissioned a study in 2015 to recommend how to improve the existing behaviour change communications and overall approach to sanitation and hygiene. The study explored the effectiveness of the BCC strategy and activities focusing on ending open defecation, investment in toilet, and use and maintenance of a toilet in RWSSP-WN. The challenge was to create sustainable behaviour change at scale. The study recommended to pay more attention to pre-triggering and post-triggering strategies to increase overall impact (Gerwel-Jensen et al., 2015). The project took these recommendations forward by developing a step-by-step approach for sanitation and hygiene behaviour change (SBS).

Over the last 20 years, the bi-lateral rural WASH projects supported by the governments of Nepal and Finland in Nepal have been using a step-by-step approach to water supply scheme planning, implementation and monitoring. This is based on the premise that there is a logical sequence in which actions need to be taken, and then monitored, before moving ahead to the next phase. In this system, monitoring visits in between different phases are also used as direct capacity development events whereby Water Users and Sanitation Committee bookkeeping and planning practices can be further improved and public audits be held. Hence, the step-by-step process for water supply schemes serves as a practical tool for translating the principles of transparency, accountability and overall good governance into practice. A SBS approach to sanitation and hygiene behaviour change is based on similar principles. It provides those involved with a structure and detailed road map on what to do and what to ask at each step in the given locality, and how to identify steps that build on each other in logical order without losing the focus on the expected end result. Especially in the post-ODF phase this is a challenge because there are many behaviours to consider even if the most critical behaviour is use of toilets. This paper describes the SBS approach in theory and practice.

SBS has three phases: 1) planning and preparation phase, 2) implementation phase and 3) post-implementation phase (shown in Figure 1). SBS merges together elements from both the SaniFOAM framework (Devine, 2009) and RANAS (Mosler & Contzen, 2016). Learning on mobile phone based monitoring systems from India (Nayak & Luckose, 2015) has also been incorporated. ‘FOAM’ stands for Focus, Opportunity, Ability and Motivation. ‘RANAS’, in turn, stands for Risks, Attitude, Norms, Abilities and Self-regulation. It was important to add structured monitoring to detect whether any barriers were preventing people from building and using toilets, or what influenced a return to open defecation. Use of mobile phones for having site-specific accurate and real-time data aims to stimulate thinking and provide accurate data for those involved about what exactly should be taken into account at pre-triggering and post-triggering stages. The mobile phone based monitoring tool makes the findings immediately and directly available for those who both collect and use the data for their own planning and implementation.

SBS is based on continuous self-analysis and self-adjustment by those directly involved in the process, if the identified behaviour change is not happening. At Phase I, SBS is used to verify the entry point, the ground realities and priorities, and to set the exact targets. At Phase II, a mid-line data collection is carried out to verify whether the right decisions were made at the beginning, or whether the plans should be changed. At Phase III the end-line supports declaration of true ODF or TS while it can also serve as a motivational driver for all those involved with a positive change.

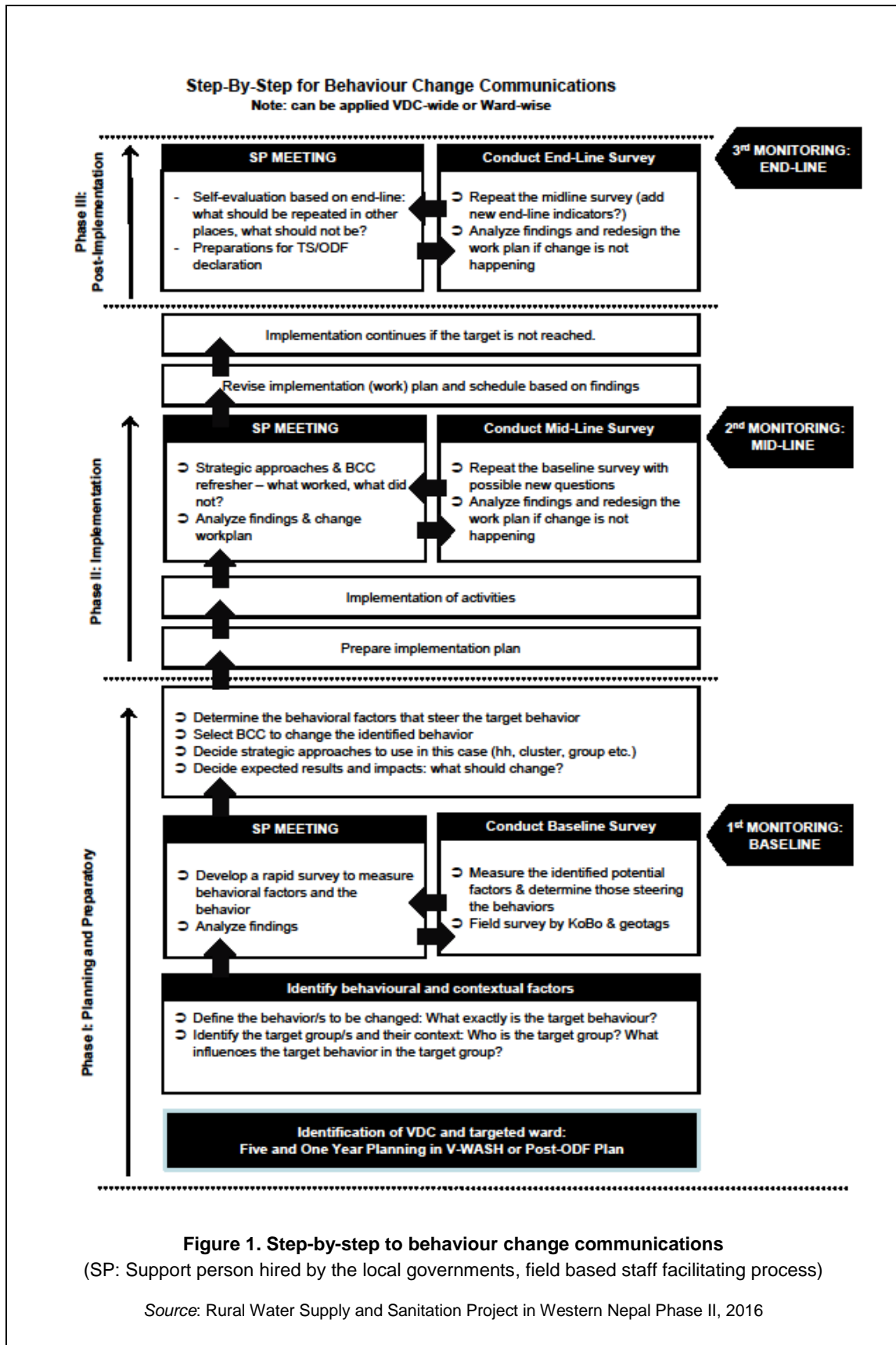


Figure 1. Step-by-step to behaviour change communications
 (SP: Support person hired by the local governments, field based staff facilitating process)

Source: Rural Water Supply and Sanitation Project in Western Nepal Phase II, 2016

Case study: Syangja District implementation of SBS

Syangja district is located in Western Nepal. The entire district was declared 'ODF' in 2016. This case study focuses on Daraun VDC which was declared ODF in 2011. It describes how the Support Person (field staff hired by the local government) team was trained, how questions were developed through an interactive participatory process, what the findings were and how the team used these for their own work planning. The VDC was new to RWSSP-WN Phase II in the sense that the project had not worked with the team during ODF triggering, nor started the Total Sanitation programme at the time when this SBS trial was introduced. The team consisted of seven District WASH Unit staff (Support Persons, hired by the district local government), supported by the RWSSP-WN Office Assistant and the lead author of this paper who conducted all mobile data collection related training and facilitation. Five team members were female and three were male, and all were the first time users of a mobile phone based application for data collection. These are the local authority-hired staff that are responsible for the field level action supported by RWSSP-WN, and as such, the ones to work closely together with the different community-level stakeholders at the VDC level. For the first time they took the role of both data collector and analyser, using the insights for their own work planning, rather than someone else doing the analysis and telling them what to do.

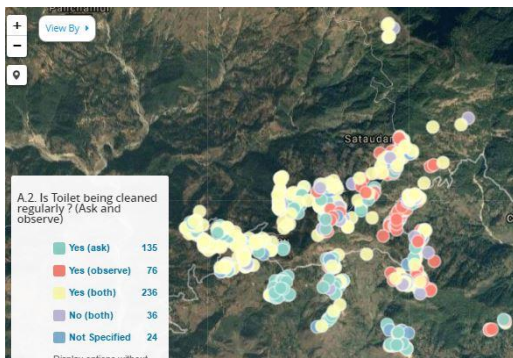
The team was trained during a one-day interaction programme, during which all the questions were thoroughly discussed, some questions added, some changed, some cut out, and their translation to local language agreed. All involved were keen to use the new tool, and appreciated the fact that the data was going to be immediately at hand. They commented that they had been involved with a number of surveys (on paper) earlier, but these results were often under-utilised (if utilised at all). The participants were eager to use the results themselves, and also to share it with the V-WASH-CC and the close local stakeholders who were working for total sanitation in this VDC. Community members were enthusiastic about using what was perceived to be a modern technology. Some households were also motivated for sanitation efforts as they wanted to be shown on the map as a successful adopter of TS behaviours. The new tool acted as a trigger.

Since the VDC had already declared ODF, the behaviours to be targeted related to Total Sanitation (TS). However, first it was also necessary to verify that the VDC was truly ODF - hence those questions were also included. It turned out that out of 507 households, 27 did not have a toilet, 18 were using temporary toilets, and the rest had a toilet. A total of 79 households stated that they share their toilet with others, another aspect that may need attention. This was the immediate first strong message for the field team: true ODF status is needed before moving ahead with other behaviours. In other words, more needs to be done to ensure that toilets exist, are being used and maintained (photograph 1) before moving ahead with all (or any) of the Total Sanitation related behaviours (photographs 2 to 4). It was also evident that what is observed does not necessarily correspond with what the respondent says, for instance photograph 1 shows how in 135 cases the answer 'yes' from the respondent did not match with what the enumerator observed (photograph 1). The households without toilets can now be seen on the map, and as such, are easy to target by household-specific actions. The findings in Syangja inspired immediate action within the VDC itself during the trial. The survey helped to identify those households that are truly ultra-poor and in need of support, and those that can be triggered to change their attitudes by direct interaction (for which the participants had some immediate ideas). Even if there is a strong no-subsidy policy, some support can be provided from the local governments for latrine construction for the ultra-poor.

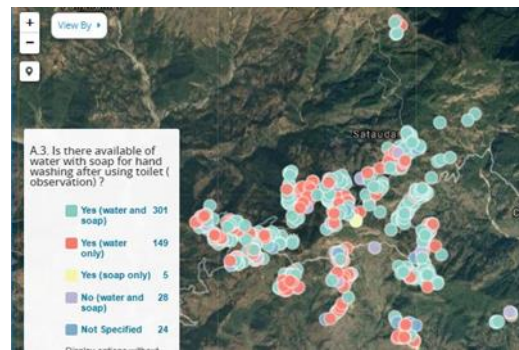
Next, the Support Persons identified wards that were ready to move ahead to declare Total Sanitation. The reflection helped both them and the community-level activists to identify the priorities, the actions people can take themselves, and the issues that needed attention from staff. They also identified which wards were lagging behind, and came up with practical ideas on what kind of training, triggering or awareness programmes should be conducted in each ward and cluster.

The behavioural differences between age groups prompted discussion, the earlier finding having been that the programme is not really reaching the elderly who continue to practice open defaecation, and such specific groups as 'boys' and 'children under five'. Reaching out to mothers has reached the small babies, but not necessarily those who should be able to visit the toilet and wash hands on their own. Using the mobile tool, these specific target groups can be easily visualised on the maps, for easier follow-up.

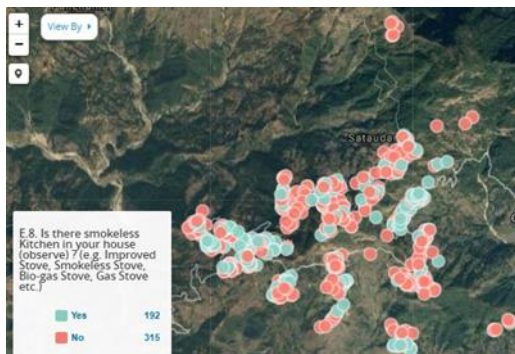
Those involved with the first round of using mobile phones for data collection all agreed that it was excellent to have the real primary data, rather than several years' old census data and facts rather than anecdotal evidence. For instance, the total number of households in this VDC was not 629 as reported in other documents, it was 507.



Photograph 1. Finding about sanitation: is the toilet cleaned?
(Ask and observe – do these match?)



Photograph 2. Findings about hygiene practices: is water and soap available near the toilet? (Observe)



Photograph 3. Finding what exists: does this household have a smokeless stove? (Observe)



Photograph 4. Finding what is needed in the awareness programme: Does this community need menstrual hygiene management awareness programme? (Ask)

Conclusions, recommendations and the way forward

The Nepal Sanitation and Hygiene Master Plan (2011) brings the local bodies (Village, Municipality and Ward-level water, sanitation and hygiene coordination committees) to the frontline. These bodies need information on what the different barriers to progress are in different parts of their locality to make the right decisions at the start and to see, mid-way, whether the decisions made were the right ones and the change is really taking place. Having the end-line data allows verification of whether the area is truly ready to declare ODF or Total Sanitation, and gives real life figures for any impact studies.

One-size-fits-all thinking does not work in behaviour change programmes. SBS gives an opportunity for site-specific reflection and as such, improves the effectiveness of triggering by understanding the site-specific priorities, drivers and barriers. Use of mobile phone application serves itself as a triggering tool for those involved with behaviour change triggering, and improves monitoring. Local government staff involved with work in the Syangja trial saw this as an opportunity to motivate neighbouring communities by showing how things are changing in the next community over time. Those involved with the Syangja trial suggested that some of the community members could be trained on the use of the tool, as there were people with smart phones who were interested in doing this.

Good practices can be used in other related areas, for instance when moving ahead towards Total Sanitation where the entry point in different communities can be very different. Nepal’s sanitation campaign needs to be better targeted, informed and monitored. Stimulating this type of thinking at the community level underlines the fact that sanitation and hygiene related practices are the responsibility of the people themselves – not of the government or some external programme. Individuals need to take the responsibility to change their behaviours themselves. To do this, local thinking needs to be inspired, and those working for the change should be able to see the change taking place.

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