

BCC Review: 2015 Terai BCC Action Plan Status & Total Sanitation BCC in the Hills

Final Report



Lene Gerwel-Jensen

4/12/2016

ACKNOWLEDGEMENTS

The author would like to extend her warmest thanks to the RWSSP-WN PSU staff, WASH Advisors, and SPs who took the time to assist her in this follow-on assignment. A note of special thanks goes to Chandra Bista, Kalpana Dishwa, and Bipin Poudel, who accompanied me for part or all of the field trip in the hills and Terai and from whom I learned a lot along the way. I am also very grateful to the colleagues in the WASH sector in Nepal, who provided feedback for my early findings and shared their own experiences. Finally, I would like to thank the many individuals and officials in the districts, VDCs, and communities, which we visited, for their warm welcome and for the many ideas and insights they shared with me.

TABLE OF CONTENTS

| | |
|--|----|
| Acknowledgements | 2 |
| Table of Contents | 3 |
| Acronyms and Abbreviations | 4 |
| 1. Background | 5 |
| 1.1 The Context | 5 |
| 1.2 Review of RWSSP-WN BCC in the Terai | 7 |
| 1.3 The Present Assessment | 7 |
| 2. Follow up on 2014 BCC review recommendations and action plan for Terai districts (Assessment Part One)..... | 8 |
| 2.1 Purpose and Specific Objectives..... | 8 |
| 2.2 Review Design and Methodology | 8 |
| 2.3 Study Limitations | 8 |
| 2.4 Recommendation-By-Recommendation Status Update and Way Forward | 9 |
| 3. Review of Total Sanitation BCC in the Hills (Assessment Part Two)..... | 19 |
| 3.1 Purpose and Objectives | 19 |
| 3.2 Assessment Framework, Design, and Methodology | 19 |
| 3.3 Key Findings..... | 24 |
| 3.4 Recommendations | 33 |
| Annexes | 46 |
| Annex A: Total Sanitation Review – District Summaries..... | 46 |
| Annex B: GALIDRAA Approach Summary..... | 51 |
| Annex C: Possible Actions to Mobilize Local Triggerers..... | 52 |
| Annex d: Political Turmoil Affecting Implementation in 2015 | 53 |

ACRONYMS AND ABBREVIATIONS

| | |
|-------------|--|
| BCC | Behavior change communication |
| DWASHCC | District Water Sanitation and Hygienic Coordination Committee |
| FGD | Focus group discussion |
| GOF | Government of Finland |
| GON | Government of Nepal |
| IDI | In-depth interview |
| OD | Open defecation |
| ODF | Open defecation free |
| RWSSP-WN II | Rural Water Supply and Sanitation Project in Western Nepal, Phase II |
| SDA | Small Do-able Actions |
| SP | Support Person |
| TS | Total Sanitation |
| VDC | Village Development Committee |
| VWASHCC | Village Development Committee Water Sanitation and Hygienic Coordination Committee |
| WASH | Water, sanitation, and hygiene |

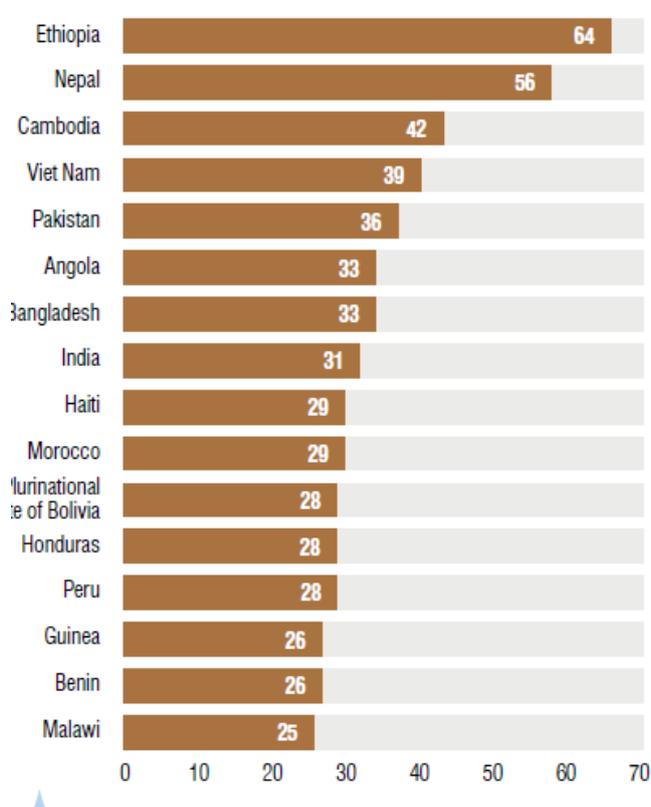
1. BACKGROUND

1.1 THE CONTEXT

RURAL SANITATION IN NEPAL

The Government of Nepal (GoN) aims to end open defecation and achieve universal access to sanitation facilities by 2017. Nepal has made impressive strides towards eliminating open defecation in the past 25 years. While 88 percent of Nepal’s population defecated in the open in 1990, just 33 percent did so by 2015. Indeed, the 2015 JMP update and MDG assessment identifies Nepal as a high-achiever in terms of reducing rates of open defecation.¹ As can be seen from figure 1, Nepal has seen one of the world’s most drastic reductions in rates of open defecation over the past 25 years.

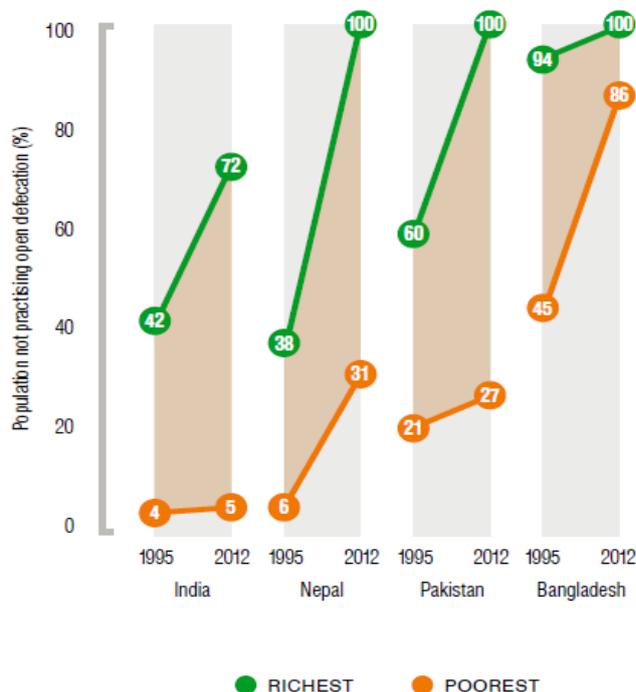
Figure 1 Percentage point reductions in open defecation, 1990-2015 (Source: WHO, 2015)



Despite this impressive progress, reaching the target of ending open defecation and universal access to basic sanitation by 2017 is likely to be a formidable challenge, in particular in the Terai region, where just 45.7 percent of households (rural and urban) used an improved latrine by 2010 and most of the remaining households defecated in the open. Across Nepal, many of those who remain without access to basic sanitation belong to the poorest segments of the population (see figure 2 below). Further, recent data collected by the RWSSP-WN itself shows that ODF declarations and the universal access to – even – improved sanitation does not necessarily mean that open defecation has ceased.

¹ World Health Organization. 2015. Progress on Sanitation and Drinking Water – 2015 update and MDG assessment.

Figure 2 Access to basic sanitation, rich and poor comparison in South Asia (Source: WHO, 2015)



MOVING BEYOND ODF: TOTAL SANITATION AS A GOAL

As of December 2015, 32 of Nepal’s 75 districts and 81 of its 130 municipalities had been declared open defecation free. Once ODF has been attained, the districts and municipalities move on to the next stage of water, sanitation, and hygiene improvement. This stage focuses on promoting what is called 5 + 1 hygiene and sanitation behaviors, including: 1) use of toilet, 2) hand washing with soap, 3) use safe water, 4) use safe food, 5) clean home, and 6) clean village (environment). Embedded within these behaviors are a number of sub-behaviors. Bringing about such extensive changes in hygiene and sanitation behavior across entire communities, VDCs, and districts is a bold proposition and likely to bring its own set of challenges. Bearing witness to these challenges is the fact that just six VDCs have been declared TS in Nepal.

THE RURAL WATER SUPPLY AND SANITATION PROJECT IN WESTERN NEPAL PHASE II

The Government of Finland (GoF) is supporting the GoN in its efforts to achieve universal access to sanitation facilities, among other things via its support to the GoF’s *Rural Water Supply and Sanitation Project in Western Nepal , Phase II (RWSSP-WN II)*. Currently in its second phase, the RWSSP-WN is working in 14 rural districts in the Western and Mid-Western Regions of Nepal. The districts supported by the project include both hill and mountain districts, as well as the Terai districts of Kapilvastu, Rupandehi, and Nawalparasi.

The type of hygiene and sanitation support provided by the RWSSP-WN to the project districts depends on the stage of change. For the ~~two~~ three project districts, where ODF is yet to be declared, RWSSP-WN’s efforts focus on supporting BCC to stop open defecation and motivate households to build toilets. In ODF declared districts, the RWSSP-WN’s support focuses on BCC to bring households and communities to adopt the 5 + 1 Total Sanitation behaviors.

1.2 REVIEW OF RWSSP-WN BCC IN THE TERAI

Changing sanitation behaviors and increasing household latrine construction has proved far more challenging in the Terai districts than in the hill and mountain districts. With a view to increasing the effectiveness of BCC in the Terai, the RWSSP-WN therefore hired a team of one international and one local consultant in 2014 to assess the RWSSP-WN II's sanitation BCC activities in the three Terai districts and to provide recommendations to strengthen its effectiveness. As an outcome of the assessment a detailed action plan for the enhancement of the RWSSP-WN's Terai BCC was prepared.

1.3 THE PRESENT ASSESSMENT

In early 2016, the RWSSP-WN once again hired an international consultant to review its BCC efforts. This time the focus of the review was two-fold:

1. To follow up on the recommendations and action plan made when the BCC strategies and related triggering tools were reviewed for sanitation in the Terai districts in 2014, and
2. To review BCC aimed at bringing about Total Sanitation in the hill districts and recommend how it may be improved

This report presents the findings from each review. In the following, the objectives, methodology, findings, and recommendations for each part of this assessment are presented.

2. FOLLOW UP ON 2014 BCC REVIEW RECOMMENDATIONS AND ACTION PLAN FOR TERAI DISTRICTS (ASSESSMENT PART ONE)

2.1 PURPOSE AND SPECIFIC OBJECTIVES

The purpose of this part of the assessment was to follow up on the recommendations and action plan made when the behaviour change communications (BCC) strategies and related triggering tools were reviewed for sanitation in the Terai districts in 2014. Specifically, the follow up assessment sought to answer the following questions:

- Which recommended actions in the Action Plan have worked out well? Which have not?
- What are some of the lessons learned so far? What are some of the evident changes?
- How specific items could be improved or adjusted/amended?

It should be noted that the purpose of the 2014 Behavior Change Communication (BCC) assessment was to assess and provide recommendations which can help strengthen the effectiveness of the RWSSP-WN's BCC activities aimed at improving sanitation practices and toilet access in three Western Terai districts (Kapilvastu, Nawalparasi, and Rupandehi districts).

2.2 REVIEW DESIGN AND METHODOLOGY

A qualitative design was used for the review. The main review activities consisted of:

- Review of the Action Plan for BCC Renewal against updates provided by each of the three Terai districts as well as the PSU
- Interviews with the WASH Advisor in each of the three Terai districts
- Focus group discussions with the Support Persons of each district

After visits to the three Terai districts, the preliminary findings from the review of activities were presented to staff at PSU level and discussed.

2.3 STUDY LIMITATIONS

Due to the political instability, which has characterized the Terai region in the past months, we were unable to travel beyond the district headquarters and thus did not visit the VDCs. As such, we did not get the opportunity to speak with VDC level stakeholders and local residents. Crucially, we also did not have the opportunity to make household observations, which would have allowed us to make observations about the veracity and potential sustainability of ODF.

2.4 RECOMMENDATION-BY-RECOMMENDATION STATUS UPDATE AND WAY FORWARD

In this section, each BCC renewal recommendation from the 2014 assessment is summarized and findings regarding the status of its implementation are presented. Finally, it is proposed how RWSSP-WN may take each recommendation forward at this point. These recommendations for the ‘way forward’ for each 2014 BCC renewal recommendation take into consideration existing progress and the time left for implementation.

The following is an update on the RWSSP-WN’s implementation of the BCC renewal recommendations. However, it is important to bear in mind that a major earthquake on April 25, 2015, and political turmoil in the Terai region during the second half in the year presented serious external challenges to implementation. The political turmoil brought on by the approval of a new Constitution severely limited access to construction materials and fuel situation and made movement in the Terai region difficult. (The RWSSP-WN annual report provides a detailed description of the challenges, please see annex C for this description).

RECOMMENDATION 1: ADVOCATE WITH VDC, DISTRICT, AND – IF NEEDED – NATIONAL LEVEL LEADERS FOR A NO-SUBSIDY POLICY

The 2014 BCC assessment identified subsidies as a key barrier to the effectiveness of BCC, concluding that “BCC activities “become far less effective, when subsidies are made available” because people in this context “not only postpone building a toilet until they receive a subsidy, but often come to see a toilet as ‘something you build for the government’ instead of a facility that can enable them to change sanitation behavior” (p. 34). To address this challenge, the below recommendations for action were made:

| No. | Recommended specific activity | Status |
|-----|--|--|
| 1.1 | Prepare no-subsidy advocacy strategy | <i>Not done</i> |
| 1.2 | Implement no-subsidy advocacy strategy | <i>Not done</i> Advocacy continues as done previously |

Action Status

To date, a ‘no-subsidy’ advocacy strategy has not been prepared and, as logically follows, has not been implemented. The main action taken by district WASH Advisors is to continue to bring the National Sanitation Master Plan ‘no-subsidy’ policy to the attention of the DDC and the VDC. In addition, the PSU has sent a letter to the districts which clarifies that no subsidies should be provided for toilet construction. Interviews with the WASH Advisors gave the impression that they find this strategy to be adequate to reduce the focus on subsidies, given that the ‘no-subsidy’ approach is already national policy.

According to WASH advisors and SPs in Kapilvastu and Rupandehi districts, there is now less use of subsidies than in the previous years.² Use of subsidies has, however, not stopped entirely. Reportedly subsidies are now targeted at the poorest of the poor. It is worth noting that subsidies were also said to be going to the poorest households during the last field visit (14 months ago), but the actual situation turned out to be quite different, with various forms of toilet subsidies being given to a large fraction of households in the VDCs targeted for ODF. We also found that many

² Nawalparasi is already ODF declared and thus the issue was not relevant.

better off households had received subsidies. Due to our inability to visit communities where ODF activities are being implemented, we were unable to verify that the approach indeed has shifted.

According to comments provided by RWSSP-WN staff, one of the primary barriers to getting rid of subsidies is the widespread perception among higher level decision makers that ODF cannot be achieved in the Terai with a no-subsidy approach.

Recommended Way Forward

With the target dates for district ODF declarations for Kapilvastu and Rupandehi fast approaching, there may be too little time available to prepare an actual no-subsidy advocacy strategy. However, it is important that district WASH Advisors and SPs keep abreast of the subsidy situation in the wards and VDCs being targeted with BCC. Ideally, they should continue to advocate for a no-subsidy approach at both district and VDC level.

To help them in this effort, the PSU could develop a 1-2 page brief with facts and arguments against the use of subsidies and/or suggestions for more effective use of subsidies. Recent findings from behavioral economics research about the effect of subsidies may – if translated into everyday language – could provide local leaders with food for thought. For inspiration, the RWSSP-WN may wish to visit the book “Predictably Irrational” by Dan Ariely. The book and other studies published by Ariely and his collaborators provide striking examples of how humans behave irrationally when offered something for free.

Since convincing higher level decision makers about the feasibility of a no-subsidy approach in the Terai is essential, another proposed strategy could be study visits to Terai districts or VDCs where ODF has been achieved without the use of subsidies. RWSSP-WN in Kapilvastu is reportedly already planning such study visit to Bardiya district.

RECOMMENDATION 2: DEVELOP A PRE-TRIGGERING STRATEGY

A key finding of the 2014 BCC assessment was that “triggering is yet to be done widely and systematically.” In particular, triggering events – intended to ‘ignite’ an entire community– were often attended by only a small fraction of community members. Inadequate preparation for the event and the lack of a thorough understanding of the context in which triggering was to take place were found to be the key reasons. To address this challenge, the below recommendations for action were made:

| No. | Recommended specific activity | Status |
|-----|--|--|
| 2.1 | Prepare enabling environment checklist for VDC and ward levels to a) identify and address potential barriers to BCC and its effectiveness and b) enable the VWASHCC and SPs to start with the easier to trigger / change | <i>Done</i> A pre-triggering (enabling environment) checklist has been prepared by a local consultant to assist VDCs and SPs/Social Mobilizers in selecting the wards or clusters where they will be most likely to get results from triggering. The checklist has been introduced to WASH advisors and SPs, but has not yet been in use. Non-use appears to be due to: a) no triggering events in the last 6 months due to blockade, b) VDC leaders may not be convinced of triggering |
| 2.2 | Develop step-by-step guidance for pre-triggering preparation in ward or cluster (including usage of enabling environment checklist) | <i>Done</i> Guidance for how to use the pre-triggering checklist has been prepared, but it is yet to be used. |

Action Status

The recommendations made in the report have been implemented; however, the tools are yet to be used and pre-triggering preparation is yet to become an integral part of SPs work.

The pre-triggering tool and guidance were developed by a local consultant shortly after the report on sanitation BCC in the Terai was finalized. The developed products include: a) pre-triggering (enabling environment) checklist to assist VDCs and SPs/Social Mobilizers in selecting the wards or clusters where they will be most likely to get results from triggering and b) a list of steps for how to prepare for triggering (for VDCs, social mobilizers (SM), SPs, and Female Community Health Volunteers (FCHV)). Notably, the pre-triggering checklist was pre-tested in one VDC and validated with WASH Advisors and SPs in Kapilvastu and Rupandehi districts. The pre-test and validation led to some changes being made. Further, the pre-test yielded insights will help to ensure that the tool is used effectively (listed in box A).

Box A: Important Insights from Pre-Triggering Checklist Pre-Test

- Enabling Environment analysis should be done for clusters, not for wards, because some wards have 2-3 or even more clusters. It is difficult to make average of 2-3 clusters.
- Doing the checklist with representatives of a ward can result in biased answers, as some believe that other wards may be trying to 'capture' the project. This can lead to disputes.
- It is better to fill in the check list with the help of Social Mobilizers, because they know every ward. If the Social Mobilizer is new, seek help from VDC secretary or few members of VWASHCC
- When going for a reconnaissance, do not take the social mobilizer, VDC secretary, or other distinguished person in the community, because this will attract many community members who will then try to guess the reason for the visit.
- SPs will need training to use the guideline and fill in the enabling environment checklist.

The materials produced are sufficiently brief that their use by VDCS, SPs, and SMs is realistic. Using the pre-triggering checklist may be challenging for SPs, however, as 15 factors need to be scored on a scale from 1 to 5 and the criteria for scoring each factor are different. The guidance for how to score each factor may also be confusing, because it is given in footnotes, requiring the user to jump back and forth between the checklist and the list of footnotes. As noted in Box A, SPs must be given a thorough, step-by-step, training on how to use the checklist, including hands-on practice. During such training, it is also important that the insights from the pre-testing are shared.

The tools were introduced to WASH advisors and SPs during trainings in the first half of 2015, but these groups are yet to receive a formal training on the use of the tools. Neither tool appears to have been used by SPs yet, and it is unclear if their use is planned in Kapilvastu and Rupandehi districts. This may, in great part, be owing to the fact that no triggering events have taken place in the past month and the fact that it has been some time since they were introduced to WASH advisors and SPs.

Recommended Way Forward

Given the calmer political situation and impending resumption of triggering activities, now may be an opportune time to re-introduce the pre-triggering checklist and pre-triggering guidance to WASH Advisors and SPs and provide training on their use. Prior to the training, the Kapilvastu WASH Advisor may wish to pre-test the pre-triggering checklist once again (with SPs) and make changes that can simplify its use. To help SPs use the pre-triggering checklist, the PSU should develop step-

by-step guidance detailing the *who, what, when, and how* of using the tool. This guidance should ideally be integrated into *one* guideline for BCC for ODF promotion which also includes guidance on triggering and post-triggering BCC. The WASH Advisors in Kapilvastu and Rupandehi should monitor – potentially in the SPs monthly or weekly reporting – that the tool is in use and provide support to SPs who face challenges.

RECOMMENDATION 3: ENHANCE AND EXPAND THE IMPLEMENTATION OF TRIGGERING

As noted above, the 2014 BCC assessment found that triggering was yet to be done widely and systematically. In addition to inadequate preparation for the event, the assessment found that weak mobilization of volunteer triggerers and other potential partners in the communities was to blame. To enhance and expand the implementation of triggering, the following actions were recommended:

| No. | Recommended specific activity | Status |
|-----|---|---|
| 3.1 | Strengthen triggerer retention rates: Carry out interviews / FGDs with current and former triggerers as well as Support Persons to identify the reasons for triggerer inactivity and how to improve retention rates | <i>Not done</i> However, WASH Advisors in Kapilvastu and Rupandehi are planning measures to improve retention. |
| 3.2 | Active community organization scan: Work with DWASHCCs and some VWASHCCs to collect information about the organizations and programs which are active in the core VDCs and could integrate sanitation messages/BCC into their work. | <i>Not done</i> However, this assessment is to a certain extent worked into the pre-triggering checklist |
| 3.3 | Strengthen trigger monitoring and supervision | <i>Not done</i> |

Action Status

Triggerer retention remains a serious problem and the six-month hiatus in trigger events has made it difficult to address the situation. In Rupandehi, SPs noted that triggerers had been trained before the border blockade and might now be hard to even mobilize. It has been too long ago since the training took place.

The recommended systematic assessment (recommendation 3.1) to identify the reasons for triggerer inactivity has not yet been carried out. The recent political unrest may further have made this an inopportune time to conduct such assessment. However, a series of interviews and FGDs done by RWSSP-WN staff with triggerers in Rupandehi district provides insights into their current level of activity and points to some of the reasons they may be inactive.³ Findings from these FGDs suggest that many triggerers are inactive and that they as a result of this inactivity have forgotten much of what they learned about CLTS. The triggerers themselves explained their inactivity with the recent strikes; however, some admitted that they would have been able to do their BCC despite the strike and their inactivity was due to other reasons. The report does not delve into these other reasons in detail, but other findings suggest possible reasons, including a lack of clear roles and responsibilities, an absence of specific instructions/guidance for what they need to do before, during, and after triggering, and limited monitoring (due to the strike). Further, the findings suggest that the triggerers face pushback from community members who do not wish to build toilets and see

³ Dishwa, K. 2015. Report on Interaction with Triggers on Behavior Change. Report prepared for RWSSP-WN

them as interfering unnecessarily. The absence of a post-triggering BCC strategy and tools likely leaves them without tools to deal with such situations.

A number of useful suggestions for how to improve triggerer mobilization and retention were provided by the local consultant in the BCC follow on assignment. Some of the suggestions provided will help address the challenges described in the triggerer FGD report. The list has been included in annex B.

With the improving political situation, it should be possible to continue the work started by RWSSP-WN and delve deeper into the reasons for triggerer inactivity. In terms of practical action to improve triggerer activity and retention, the WASH Advisors in Kapilvastu and Rupandehi both reported that they are planning various measures. Table 1 below lists the strategies each WASH Advisor mentioned in our interviews that they plan to use.⁴

Table 1 Planned strategies for triggerer mobilization and retention

| Planned Strategies to Improve Triggerer Mobilization and Retention | |
|---|---|
| Kapilvastu | Rupandehi |
| <ul style="list-style-type: none"> • Joint commitment signed by triggerers, posted in VDC office • Output based incentives (e.g. based on number of toilets built) • Monthly meetings between SPs and triggerers | <ul style="list-style-type: none"> • Focus on 3-5 most active triggerers • Monthly meetings between SPs and triggerers • Certificate after training • Rewards |

As regards triggerer monitoring (recommendation 3.3), no concrete steps have been taken to improve the situation. However, monitoring should improve if the planned monthly meetings with SPs are implemented in a systematic fashion (see table 1). The BCC follow on report, further, recommends collecting triggerer work-plans and reports on a monthly basis. If followed, this recommendation also has significant potential to improve monitoring and supervision.

As regards the “active community organization scan” (recommendation 3.2), no action has been taken to review the community organization and programs, which are active in the core VDCs and which could support the RWSSP-WN II and its SPs in the preparation and implementation of trigger events. However, it should be noted that the presence of active community organizations has been worked into the pre-triggering checklist. However, the checklist will not give a broader overview of the available organizations and their potential as partners in each core VDC.

Aside from above recommendations, specific strategies proposed by the WASH advisors may also work well to improve the quality of trigger events. Specifically, in Kapilvastu the WASH advisor shared that he intends to create a ‘trigger team’ consisting of the SPs who have the strongest trigger facilitation skills. It is likely that such a group would help to ensure better quality and consistency of triggering. However, it is important to remember that local volunteers and/or organizations must be involved to assist in mobilizing the community before, during, and after the event to strengthen local ownership of the process and extend the momentum of ODF BCC.

⁴ It should be noted that the WASH advisor in Kapilvastu also developed the list of suggestions for how to improve triggerer retention (in the capacity of local consultant before being hired as advisor). He may plan to follow more of these suggestions.

Recommended Way Forward

Given the importance of triggerer retention across the RWSSP-WN's activities, it is recommended that the RWSSP-WN proceeds with the analysis of the reasons for triggerer inactivity and attrition. RWSSP-WN may, additionally, wish to expand the assessment to the hills, since we found triggerer retention to be an issue here as well. The responsibility for implementing the study should be clearly allocated (one staff member should be responsible for getting the assessment implemented; however, he/she may work with a team or a consultant).

Additionally, the two WASH Advisors should be allowed to implement with their different models for triggerer retention and results should be compared after app. 4-6 months to obtain lessons learned. It is important that the WASH Advisors collaborate and share experiences during this effort.

Some form of monitoring mechanism should be built into the planned monthly triggerer meetings, for example via a reporting book. It is important that the reporting does not become too time consuming or challenging, since the triggerers are volunteers.

RECOMMENDATION 4: DEVELOP A POST-TRIGGERING BCC STRATEGY

In the 2014 BCC assessment, we found that the existing BCC strategy assumed that "a sanitation movement spontaneously will arise after triggering and propel everyone to become ODF and build a toilet. For this reason, there is no strategy, guidance, and tools for what to do between when triggering has been implemented and community ODF has been achieved." Contrary to what was assumed, nothing or very little often happened after a trigger event. To address this challenge, the below recommendations for action were made:

| No. | Recommended specific activity | Status |
|------------|---|---|
| 4.1 | Prepare Creative Brief to be used as a basis for the development of the integrated communication campaign (various sub-recommendations were made) | <i>Partially done</i> Communication objectives and a list to identify main communication exposures points have been developed. A Creative Brief has not been prepared and there appears to be no plans for its use |
| 4.2 | Develop integrated communication campaign (various sub-recommendations were made) | <i>Not done</i> WASH advisors have independently sought to copy or make BCC materials to use; however, there is no coordinated effort |
| 4.3 | Develop a strategy, approach, and tools for sanitation BCC at household and small group level (various sub-recommendations were made) | <i>Not done</i> No action taken |
| 4.4 | Develop a strategy, methods, and tools for community group involvement | <i>Not done</i> No action taken |

Action Status

Unfortunately, there appears to have been little systematic progress towards strengthening BCC post-triggering as was the aim of the above recommendations. This is very much a missed opportunity, since the past six months with low levels of triggering activities would have been a good moment to focus on the development of such activities. We noted that any actions to strengthen

post-triggering BCC have been taken at the district level and that the initiative from PSU level has been limited. Implementation of the four recommendations, however, very much required PSU level initiative and leadership, because they involved technically complex tasks and were aimed at developing ONE approach to post-triggering BCC.

From interviews with SPs, we found that they – and the community volunteers and organization with whom they collaborate – are still in need of a systematic approach and tools for their BCC work in wards and VDCs (beyond triggering). The district WASH Advisors in Kapilvastu and Rupandehi have introduced the use of additional BCC tools (posters), but how to implement BCC to bring households to invest in and use toilets is still very much left up to each individual SP and triggerer. Continued calls from SPs for more BCC materials suggest that they feel challenged in this effort.

The most useful instrument which has been developed since the 2014 BCC assessment is a two-page post-triggering. However, SPs and volunteers need more detailed guidance about what BCC activities to carry out (e.g. BCC during household visits or small group meetings), how to do them (step by step), and what tools to use.

In the absence of BCC that highlights the benefits of hygienic sanitation (to the target groups) and addresses the barriers, threats and sanctions appear to be the main methods by which households are ‘convinced’ to build a toilet.⁵

Recommended Way Forward

Too many staff members in too many places continue to work on their own to solve a common problem: how to use communication to enable and motivate households in the Terai to build and use a toilet. This effort urgently needs to become a common one and the PSU must take the lead. To begin, it is recommended that the PSU designates a staff member to lead the effort. (Bipin Poudel, WASH Advisor in Kapilvastu may be in a good position to do so).

Owing to time considerations, a less ambitious package of post-triggering BCC activities is recommended. This package could, for example, include:

- An overview of the activities which will take place after triggering
- Guidance on how to plan for and carry out each type of activity (e.g. household visits, messages in village meetings, etc.)
- A set of tools to use, such as:
 - A set of motivational messages to use with different target groups in the Terai (women, men, elderly, etc.). The messages should emphasize the benefits most likely to resonate with each group. (Please see 2014 BCC assessment and communication objectives for ideas)
 - A set of ‘objection-response’ cards, each of which present a common objection that households may have to building a toilet as well as responses to these objections. Where necessary drawings and pictures should be used to better explain responses (e.g. drawings may illustrate how to empty a pit and what to do with the sludge).
 - Motivational posters (These should be pre-tested with the target groups)
- A monitoring form or booklet

⁵ It should be noted that these methods are used by VDCs, not by the RWSSP-WN II staff.

RECOMMENDATION 5: CONSIDER TOILET FINANCING OPPORTUNITIES

Nepal's National Sanitation Master Plan calls for a non-subsidy approach. An observation made in the 2014 BCC assessment was that "little attention is currently being paid to households' capacity to finance a toilet structure, perhaps in great part owing to large scale provision of subsidies. However, a non-subsidy program must have a financing strategy, i.e. a strategy for how to enable households to pay for their toilets" (p. 42). To address this shortcoming, the following recommendations were made:

| No. | Recommended specific activity | Status |
|------------|---|-----------------|
| 5.1 | Carry out a scan of sanitation financing options (credit, revolving funds, etc.) | <i>Not done</i> |
| 5.2 | Prepare a strategy to guide and assist (via non-subsidy financing options) non-doers to finance their toilet facility | <i>Not done</i> |

Action Status

There has been little action against these recommendations. Though VDCs are now reported to be giving fewer or no subsidies, alternative financing sources are still given little systematic attention. In the past assessment, we learned that without subsidies toilets tended to be financed from remittances, sales of crop, and labor income. These sources of finance do not appear to be considered when households are targeted for toilet construction, just as alternative sources of financing (e.g. revolving fund credits) are also not considered.

Recommended Way Forward

As local authorities reportedly scale back their use of subsidies, it will become necessary to assist households in coming up with alternative plans for how to finance their toilet. Post-triggering BCC presents a good opportunity to have this conversation with households, not least because 'not having enough money' is one of the most common objections to building a toilet.

Our findings in the 2014 BCC assessment suggested that the money for building self-financed toilets typically come from sources remittances, sale of crops, and labor income. It is recommended that the RWSSP-WN works with the WASH Advisors in Kapilvastu and Rupandehi to confirm (via interviews or FGDs with community members) that these are typical sources of funds and to identify other ways in which people come up with the funds to build toilets or make similar sized investments.

The knowledge derived from the quick scan should be used to prepare easy to use and easy to understand BCC materials that can be used to introduce households to different strategies they can use to fund the construction of a toilet. Such 'funding/financing' strategies need not be confined simply to ways of coming up with the money, but could also deal with ways of reducing the cost of building the facility or how to build a less expensive toilet first and upgrade it over time.

RECOMMENDATION 6: ADDRESS BARRIERS TO CHANGE BY EMPOWERING NON-DOERS WITH KNOWLEDGE AND EXPERIENCE

The 2014 BCC assessment found that barriers to toilet construction are not limited to issues of habits or preferences, but that the complicated task of planning for and building a toilet can be a barrier in itself. Making this process easier by providing those without toilets with easy to understand

information will help to address these barriers. To address this challenge, the below recommendation for action was made:

| No. | Recommended specific activity | Status |
|-----|--------------------------------------|-------------------------------------|
| 6.1 | Develop toilet information materials | <i>Planned for by WASH Advisors</i> |

Action Status

Progress against this recommendation has, again, happened mostly at district level. The district WASH Advisors in both Kapilvastu and Rupandehi reported plans to develop such toilet information materials, including:

- Toilet model flash cards (Rupandehi)
- Toilet superstructures with price estimates (Kapilvastu)

In both districts, the toilet information materials were at the planning stage. The district WASH Advisors were not aware of each other’s effort and did not appear to have been coordinating the work.

Recommended Way Forward

The RWSSP-WN PSU should support the WASH Advisors in the development of the toilet information materials. It is, however, recommended that the efforts are better coordinated and that, eventually, one standard set of toilet information materials is developed and pre-tested.

RECOMMENDATION 7: INCREASE THE INDEPENDENCE AND RIGOR OF ODF VERIFICATION TO RETURN THE FOCUS TO BEHAVIOR

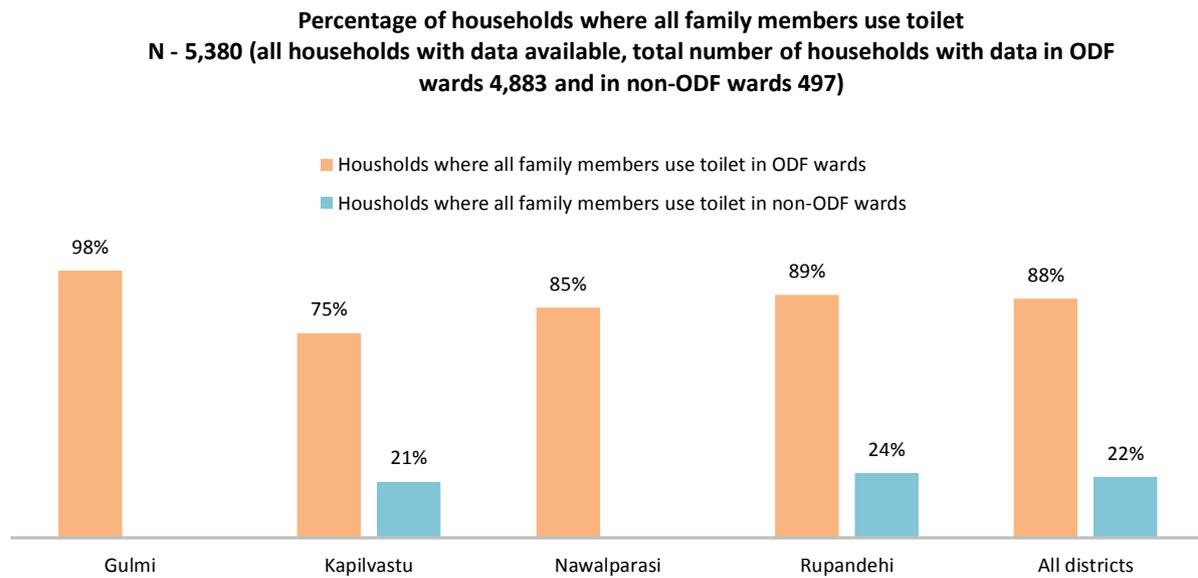
The 2014 BCC assessment found that local decision makers focused little on actual sanitation behaviors and largely on counting the number of toilets built, with the result that wards and VDCs were declared ODF despite open defecation evidently still taking place. To counter this challenge, the assessment recommended the following:

| No. | Recommended specific activity | Status |
|-----|---|--|
| 7.1 | Explore options for how to strengthen the independence and rigor of the ODF declaration process | <i>Not done</i> But Total Sanitation campaigning will present an opportunity to address the situation |

Action Status

Recent data collected by the RWSSP-WN II confirms that open defecation continues in ODF-declared wards in the three Terai districts (see figure 3). This situation is most serious in Kapilvastu, where 1 in 4 households (25 percent) in ODF-declared wards have members which still defecate in the open. This situation underscores the continued need for a stronger focus on behavior change.

Figure 3 Percentage of households where all family members use toilets (Source: RWSSP-WN Brief, 2016)



To date, there has been no action to strengthen the ODF verification process, so that real behavior change rather than toilets is measured. However, with the current momentum and pressure to declare VDCs and, eventually, districts ODF, it may be unrealistic to introduce such measures. We learned in Nawalparasi district, that the focus post-ODF rapidly shifts to achieving Total Sanitation status. Ensuring that usage of toilets becomes a focus for Total Sanitation efforts may therefore be a more viable strategy for the RWSSP-WN.

Recommended Way Forward

Rather than seek to strengthen the ODF verification, the RWSSP-WN’s resources may be better spent working to ensure that usage of toilets by all household members become a key focus of Total Sanitation efforts in the three Terai districts.

3. REVIEW OF TOTAL SANITATION BCC IN THE HILLS (ASSESSMENT PART TWO)

3.1 PURPOSE AND OBJECTIVES

This part of the assignment aimed to assess hygiene-related BCC in the hill region and provide recommendations for how to improve hygiene BCC and better integrate it into the current post-ODF strategy.

The specific objectives for part two of the assignment included answering to the following questions:

- **Focus:** Are BCC target behaviours clearly defined (i.e. is the focus clear)? Is the target audience for BCC clearly and effectively defined?
- **Opportunity:** Do the target groups have the opportunity to perform the expected behaviour(s)? To what extent do current BCC activities (and other project activities) take into consideration opportunity related barriers and drivers? What could be improved?
- **Ability:** Do the target groups have the ability to perform the expected behaviour(s)? To what extent do current BCC activities (and other project activities) take into consideration ability related barriers and drivers? What could be improved?
- **Motivation:** Do the target groups have the motivation to perform the expected behaviour(s)? To what extent do current BCC activities (and other project activities) take into consideration motivation related barriers and drivers? What could be improved?
- **Way forward:** How could *hygiene* BCC be better integrated into the present Post-ODF strategy?
- **M&E:** How to measure success and monitor also the cost-efficiency of hygiene promotion efforts? What kind of impact and results indicators could be added into the present monitoring and reporting tools?

The assessment was originally intended to focus specifically on the hygiene behaviours of handwashing with soap and safe disposal of the feces of children under five years of age. However, due to study limitations pursuing this line of inquiry proved to be challenging (see *Study Limitations*). The focus has instead become a broader – as originally intended – focus on how the current BCC takes into account focus, opportunity, ability, and motivation factors in general.

3.2 ASSESSMENT FRAMEWORK, DESIGN, AND METHODOLOGY

ASSESSMENT FRAMEWORK

The assessment included an institutional level and a household level component. The purpose of delving into hygiene BCC at these two spheres was to allow for an understanding of both the context of implementation (also called the ‘enabling environment’) and the household level context within which the hygiene BCC is supposed to have an impact.

Institutional Level Assessment

At the institutional level, the assessment sought to look at the extent to which the hygiene BCC activities are being implemented (as planned) as well as the extent to which key enabling environment factors are in place. This part of the assessment has been informed by the framework

for enabling environment analysis developed by WSP.⁶ The framework identifies dimensions of an enabling environment, which are critical to the success of large scale handwashing with soap programs. The assessment considered the state of the enabling environment for hygiene BCC in the hills along the following dimensions: institutional arrangements, program methodology, implementation capacity, and monitoring and evaluation.

Household Level Assessment

This assessment was informed by the FOAM and SaniFOAM frameworks⁷ for hygiene and sanitation behavior change. These are two conceptual frameworks for analyzing and understanding handwashing with soap and sanitation behavior change, respectively. The letters “FOAM” stand for: focus, oppportunity, ability, and motivation – factors which the frameworks emphasize must be in place for a given behavior to be performed.

Figure 4 FOAM framework for handwashing behavior change (Source: Devine and Coombes, 2009)



Figure 5 SaniFOAM behavior change framework (Source: Devine, 2009)



⁶ Cogswell, L., and Jensen, L. 2008. *Guidelines for Assessing the Enabling Conditions for Large Scale, Effective and Sustainable Handwashing with Soap Projects*. Water and Sanitation Program: Washington DC.

⁷ Both frameworks have been developed based on Population Services International’s PerFORM behavior change framework.

The household level assessment was also informed by the MINDSPACE framework for behavior change, also called a checklist for behavior change.⁸ MINDSPACE was conceptualized in 2010 by the UK government’s Behavioural Insights Team (Institute for Government UK, 2010). MINDSPACE springs out of work done within the field of social psychology and behavioral economics in the past four decades. This research has shown that we as humans are prone to making ‘mental shortcuts’ and that much of our behavior is automatic and determined by contextual factors, rather than by conscious deliberation and decision making. These insights stem from the research of Nobel Prize winning psychologist Daniel Kahneman and others, which has shown that two parallel systems are at work in our brains: system 1 which is automatic and system 2 which is reflective (Kahneman, 2011). The table below outlines the characteristics of each system and provides examples of its use. Kahneman and other schools within the field of behavioral economics have found – via empirical research – that we rely on system 1 in much of our daily and habitual behavior.

Table 2 Characteristics and examples of our automatic (system 1) and reflective (system 2) mental processes (source: Dolan et al, 2010)

| System | Reflective | Automatic |
|------------------------|---------------------------------------|---------------------------------------|
| Characteristics | Controlled | Uncontrolled |
| | Effortful | Effortless |
| | Deductive | Emotional |
| | Slow | Fast |
| | Self-aware | Unconscious |
| Examples of use | <i>Learning a foreign language</i> | <i>Speaking in your mother tongue</i> |
| | <i>Planning an unfamiliar journey</i> | <i>Taking the daily commute</i> |
| | <i>Counting calories</i> | <i>Desiring cake</i> |

The MINDSPACE framework for behavior change identifies nine ‘elements’ which have been shown by behavioral research to have a robust influence on behavior. The nine elements and brief explanations are listed in the table below:

Table 3 MINDSPACE Effects

| | |
|--------------------|---|
| Messenger | Who communicates has a strong influence |
| Incentives | Our responses to incentives are shaped by predictable mental shortcuts such as strongly avoiding losses |
| Norms | we are strongly influenced by what others do |
| Defaults | we „go with the flow“ of pre-set options |
| Salience | our attention is drawn to what is novel and seems relevant to us |
| Priming | our acts are often influenced by sub-conscious cues |
| Affect | our emotional associations can powerfully shape our actions |
| Commitments | we seek to be consistent with our public promises, and reciprocate acts |
| Ego | we act in ways that make us feel better about ourselves |
| Messenger | Who communicates has a strong influence |

⁸ Institute for Government UK. 2010. MINDSPACE: Influencing Behavior through Public Policy.

Rather than ‘change minds’ via informative messages, etc. MINDSPACE holds that behavior change often can be brought about by changing in subtle ways the context within which the behavior takes place. Rather than persuading people to change behavior, this approach advocates ‘nudging’ them/us towards adapting or maintaining a desired behavior via such subtle – and, sometimes, not so subtle – changes (also called ‘nudges’). Examples of ‘nudges’ (Thaler and Sunstein, 2008) that have worked effectively to change behavior, include:

- Placing the image of a small fly in the urinals in Amsterdam airport to improve the aim of its users.
- Placing silhouette boards of playing children by a busy road near a school to make cars slow down.
- Increasing the visibility of fruits and vegetables in a company cafeteria to encourage employees to make healthy food choices.
- Serving food on a smaller plate to reduce food intake.
- Making enrollment in a company pension plan the default option rather than something the employee must actively do.
- Including a comparison of each household’s energy consumption with that of other households in the neighborhood on the monthly energy bill.

Unlike FOAM, MINDSPACE is not meant to guide a systematic inquiry into specific behaviors. Rather, it is a set of ‘tools’ which practitioners can use. The target group and the behavioral context determine which of these tools/elements are suitable and how they should be adapted. It is thus necessary to learn as much as possible about the target group, current practices, and the behavioral context. Questions to help generate such insights were included in the research tools developed for the household level.

Assessment Sites and Participants

The assessment was carried out in three VDCs in the hill districts of Gulmi, Arghakanchi, and Pyuthan. Within each VDC, the study team visited two wards.⁹ Of the six wards where we carried out our field activities, three had been TS declared and three had not. However, it is important to note that the wards which had not yet been TS declared (non-TS wards) were according to VDC officials all close to this target.

To answer the key questions posed, the field research included two main categories of participants, including:

1. *Primary and secondary caregivers of children under age 5*

Mothers and other caregivers of children under age 5 years were targeted for interviews and behavior demonstration. Their households were also observed.

2. *Key Informants*

Individuals who due to their role in the program or community role may have special knowledge and insights regarding hygienic BCC. Key informants included:

- RWSSP-WN advisors

⁹ It should be noted that due to time limitations we only had very limited time to spend in the second ward in the VDC in Pyuthan.

- RWSSP-WN support persons
- DWASHCC members
- VWASHCC members
- Ground level implementers (typically Female Community Health Volunteers (CHV))

Study Design and Methods

The assessment used a qualitative design. The data collection methods used included focus group discussion, semi-structured interviews, handwashing demonstrations¹⁰, facility and household observations, and interview with day description.¹¹ The four last mentioned methods were used in a single household encounter with caregivers of children under the age of five. The table below provides an overview of what type of data collection method with each group of study participants.

Table 4 Study participants and data collection methods

| Group | Method |
|---|--------------------------------------|
| Ground level implementers | FGD, IDI ¹² |
| VWASHCC | FGD |
| DWASHCC | Semi-structured interview |
| RWSSP-WN advisors | Semi-structured interview |
| RWSSP-WN support persons | Semi-structured interview |
| Caregivers of children under five years | Behavior demonstration |
| | Day description with interview |
| | Household observation / Quick survey |

ASSESSMENT LIMITATIONS

The field work was characterized by a number of important limitations, which affected our ability to conduct the field research as planned and also led to change in focus along the way. These limitations included:

- *Fuel shortages and large distances:* Though we were not constrained by political instability as was the case in the Terai, fuel shortages owing to the political situation meant that more time than usual had to be spent waiting for fuel. Combined with substantial distances between the study sites and challenging road conditions, this meant that less time was available for field work than the international consultant had anticipated.

¹⁰ After our observations in the first 2-3 wards, we decided to abandon the handwashing with soap demonstrations, as study participants clearly knew how to wash their hands. As such, the method did not yield any useful insights.

¹¹ The day descriptions were only done in Gulmi and Arghakanchi. Due to very consistent findings across all of our interviews, we decided the time in the communities would be better spent focusing on other review activities.

¹² Where insufficient ground level implementers were present for a FGD, we instead did interviews.

- *Change of focus required:* During the field work, it quickly became apparent that the critical challenge for the program is less the *how* of the BCC strategy, but rather the situation that a no solid Total Sanitation BCC strategy, methods, and tools are missing at the moment. For this reason, it made more sense to look at the strategy as a whole rather than the strategy's effectiveness when it came to individual behaviors. To remedy this situation, we sought to shift the focus to a greater extent to FGDs with ground level implementers (in particular, support persons).
- *Best case communities:* A second – and related – limitation was that all the communities we visited were either one of the few Total Sanitation (TS) declared communities or close to TS declaration. As such the hygiene practices and knowledge were generally very good. While this gave a good idea of what Total Sanitation may be like, as well as some of the limitation of the approach, it was not a good setting for assessing barriers to change.

3.3 KEY FINDINGS

In the following, we present the main findings regarding the extent to which Total Sanitation BCC efforts currently are effectively focused and adequately consider the influence of opportunity, ability, and motivation factors on behavior change. Findings regarding the overall BCC strategy and implementation are also presented.

FOCUS – ARE TOTAL SANITATION EFFORTS SUFFICIENTLY FOCUSED TO ALLOW FOR RESULTS?

Focus on All TS Behaviors Reduces Potential Impact of BCC

In terms of target behaviors, the current focus of Total Sanitation behavior change communication is too broad to produce sustainable changes in behavior.

First, too many different behaviors are promoted within the program. When preparing a strategy for behavior change, programmers usually start by clearly identifying the desired behavior change. According to conventional BCC wisdom, a program is more likely to succeed in changing behavior if the behavior it seeks to change is clearly and narrowly defined. In the three hill districts and Nawalparasi, however, Total Sanitation BCC focuses on all the major behaviors (5 + 1 indicators) as well as the sub-behaviors each major behavior covers. In practice, this means that at least 27 distinct behaviors are promoted (*see table 4 below*).¹³

Second, there is focus on all behaviors at once. During visits to monitor household progress, SPs in both Pyuthan and Nawalparasi reported that they talk about every single TS behavior and that each visit as a consequence lasts 1-1.5 hours. No SP or triggerer reported focusing on a single or a few behaviors at a time; though some stated that they focus on the behaviors which – according to their monitoring – the household does not yet practice. After these visits, no materials are left behind to help household members recall what was said.

Third, where prioritization – and thus a narrower BCC focus – has happened, it has usually been to focus on behaviors for which some form of small technology may be required (such as a water filter

¹³ Some indicators, such as “manage households waste water” and “manage animal sheds,” are listed as just one behavior, but covers a number of behaviors each (e.g. build animal pen, consistently use pen for animals, clean animals pens, etc.)

or waste pit). Rather than actual behavior change, the focus of the BCC effort then appears to have been to make sure households acquire the small technology, since at the time of TS verification the presence of these small technologies count as proxies for practicing the behavior.

Table 5 Total sanitation behaviors

| BEHAVIORS | |
|--|---|
| 1. All HH members use a toilet for peeing and pooping | 14. Keep water jars clean and well covered |
| 2. Keep toilet clean | 15. Drink water from a safe water source |
| 3. Wash hands with soap after use of toilet | 16. Treat water prior to drinking |
| 4. Wash hands with soap before handling/touching food | 17. Clean house and yard regularly |
| 5. Wash hands with soap after touching garbage and poisonous things | 18. Manage household waste (waste pit) |
| 6. Wash hands with soap before taking care of sick people and children | 19. Segregate household waste |
| 7. Maintenance of personal hygiene and sanitation | 20. Manage household waste water (not clear) |
| 8. Cut nails regularly | 21. Manage animal sheds (not clear) |
| 9. Regular bathing | 22. Use an improved cooking stove for cooking |
| 10. Washing clothes regularly | 23. Keep utensils and kitchen clean |
| 11. Comb hair regularly | 24. Store and protect food properly |
| 12. Brush teeth regularly | 25. Eat only properly cooked food |
| 13. Maintain personal materials and items clean | 26. Do not mix raw and cooked food |
| | 27. Practice safe menstrual hygiene |

General Targeting Is Ineffective

General targeting makes BCC less effective than it could be. Districts have not identified any specific target groups, whose behaviors they aim to change and they thus see ‘everyone’ as the target group. However, targeting every person and every household to change all behaviors means that the program is able to spend less time and resources seeking to change the behaviors of the groups whose behavior would yield the greatest positive benefits (e.g. mothers and grandmothers when it comes to handwashing). Additional, a different type of behavior change may be the target for different groups.¹⁴ It should be noted that some VDCs have chosen to target TS efforts mostly at women, because women tend to be responsible for hygiene activities.

¹⁴ For example, mothers may be targeted to adopt certain hygiene behaviors, while fathers may be targeted to share the burden of housework to a greater extent with their wives, so that they can free up time for new hygiene tasks.

Focusing TS on a Few VDCs at a Time Seems to Bring Faster Results

While targeting is diffuse in terms of behaviors and groups, some of the districts do a better job of geographically targeting TS efforts. In Gulmi district, the DWASHCC has begun its TS campaign by targeting three VDCs, where they deem Total Sanitation relatively easy to attain. This geographic focus appears to have paid off, as VDCs and wards are progressing faster towards TS declaration here than in other districts. In Pyuthan district, where progress towards TS-declaration has been far slower than anticipated, the DWASHCC in 2013 chose to go the opposite route, i.e. to focus efforts on the VDCs deemed hardest to change. Some members of the VDC feel that this is a key reason for slow progress.

OPPORTUNITY – TO WHAT EXTENT DOES TS BCC FOCUS ON GIVING HOUSEHOLDS THE OPPORTUNITY TO CHANGE?

Within the OAM framework, opportunity refers to **institutional or structural factors that influence a person's ability to practice the behavior being promoted**. In the context of Total Sanitation, behavioral determinants of relevance to opportunity include:

Availability and access: The extent to which the tools required to practice the behavior – or the materials needed to make those tools (hardware) – are available and accessible locally.

Product attributes: The extent to which the tools being promoted are practical to use (based on the number of steps required to use each one) and/or are perceived to be practical, advantageous, and desirable to use.

Social norms: Objective or perceived rules which govern or influence behavior, including the behavior(s) being promoted.

Access and availability

In the TS declared wards, much effort has gone into making sure that the small technologies needed to perform the WASH behaviors is made or acquired by every household. As such, availability of the 'hardware' needed to perform – or make easier – the promoted behaviors is one of the strongest points of Total Sanitation efforts to date.

Technology attributes

Whether the technologies are practical or perceived to be practical to use by households currently does not get systematic attention in the TS efforts. Generally, VDCs tend to promote only one version of a technology – e.g. one type of waste pit – when seeking to achieve TS. We noted that households or communities had sometimes developed an improved version of the technology. For example, residents of one ward in Markaban VDC, Pyuthan, had improved the waste pit they had seen in another ward by adding a drainage opening. Such improvements or alternatives, however, do not seem to be systematically shared with other households.

Some of the technologies promoted do not appear to be practical from the perspective of the intended users. For example, we learned that households had concerns about the improved cook stoves. Such concerns included: a) the perception that the cook stove does not heat the home as well as an open fire¹⁵ and b) it takes much longer to boil large pots of liquids or food on the stove

¹⁵ Possibly because the cook stoves are placed against an outer wall and because they do not give off smoke, which is perceived to be warming.

than on an open fire.¹⁶ It is not clear if such feedback is currently taken into consideration – and TS promotion also does not appear to adequately address the concerns users have. Unless users concerns and preferences are taken into consideration in technology design, there is a risk that they continue their existing – harmful to health – practices. In the case of improved cook stoves, we observed at least one household which appeared to use both the improved cook stove and open fire (in an adjacent building) for cooking.



Total Sanitation Technology: Outdoor Drying Racks

An outdoor drying rack for kitchen utensils is one of the technologies promoted. We saw these drying racks beautifully displayed kitchen utensils in every village. From a public health perspective, the outdoor placement may not be desirable, since they will here be exposed to flying dust with human or animal fecal microbes. New research suggests that, for example, poultry droppings contain extremely high levels of e-coli, which can have a deleterious effect on child health (Ngure et al., 2013)

Social norms

In the hill districts visited, social norms have a critical influence on hygiene and sanitation behaviors. Specifically, social norms in these rural areas dictate that young daughters-in-law, the mothers of small children, are responsible for the vast majority of domestic and farm work. As noted by earlier formative research, this workload is now exacerbated by the frequent absence of their husbands (Suaahara BCC Design, 2013, p. 6). These young mothers – who are also seen as being responsible for sanitation and hygiene – are by far the busiest members of their households and have little time to allocate to additional tasks.

Because they are expected to do most domestic and farm related work, it is mostly this group (and older women), who is being asked to add new WASH behaviors or change their existing practices. Currently, none of the districts or VDCs had a strategy for how to address these social norms and

¹⁶ This was confirmed by RWSSP-WN II staff.

how to deal with the time scarcity among those who would most likely be expected to practice many of the TS behaviors.

ABILITY – TO WHAT EXTENT DOES TOTAL SANITATION BCC FOCUS ON GIVING PEOPLE THE ABILITY TO ADOPT THE DESIRED BEHAVIORS?

Within the OAM framework, ability refers to **the skills or proficiencies needed to practice the behavior**. In the context of Total Sanitation, behavioral determinants of relevance to ability include:

Knowledge: The extent to which TS efforts provide target group members with the knowledge (understood as true facts) they need to correctly practice the promoted behaviors.

Social Support: Emotional, instrumental, and/or informational support that people give to each other to help one another practice a specific behavior

Self-efficacy: An individual's subjective belief about whether he / she is able to effectively and successfully perform the behavior being promoted.

Knowledge

Our findings suggest that BCC related to the promotion of Total Sanitation tends to focus mostly on knowledge about the links between WASH and health. In interviews, both women and men displayed a high level of awareness and good knowledge on these links.

However, Total Sanitation related communication does not provide detailed knowledge on how to practice some of the behaviors being promoted. SPs and triggerers generally rely on the list of indicators when promoting TS – a list which does not provide a lot of detail. While some behaviors are relatively known to the target group and easy to understand (e.g. “regular use of toilet by all the members of household”, “handwashing with soap after use of toilet”), other ‘behaviors’ are more complex and/or in reality a composite of several behaviors. Examples include:

- separation and proper management of wastes
- management of waste-water
- management of animals and birds in sheds and cage outside home

In these (and other) cases, the precise action which should be taken by households is not clear and, furthermore, BCC does not provide this knowledge to the target groups in a systematic fashion. SPs do report using a considerable amount of time at each household to ‘explain’ the behaviors. However, SPs themselves lack a clear and consistent guideline about the behaviors. It is thus likely that every SP will provide somewhat different guidance and advice to households.

During our field visits, we faced a number of recurrent questions regarding to how to practice the target behaviors when faced with certain barriers. In particular, households often had questions about how to practice the sanitation and hygiene behaviors during times of water scarcity.¹⁷ Other examples included: how to clean a toilet connected to a biogas facility, how to build a pen for just a few chickens, and what to do with inorganic waste after it has been collected. SPs and triggerers

¹⁷ It should be noted that this issue was also frequently brought up by the VDCs in order to discuss the VDCs water supply issues with the project staff that participated in the study.

repeatedly face these questions, but they are uncertain about how to address these questions and lack guidance for how to do so.

Social Support

Social support – in particular instrumental and informational – can help individuals and households to practice the promoted behaviors. For example, neighbors can help one another keep kitchen utensils clean by sharing information on how to build a drying rack – or family members can help mothers free up time to adopt new WASH behaviors by taking over some of their daily chores.

It is noteworthy that helping one another within the family and community appears to be a strong social norm in the hill communities. In the word association exercises we conducted, respondents consistently associated the word “village” with “helping one another when in need.”

We found that some degree of social support is already built into the Total Sanitation efforts in some VDCs, where ward-to-ward study visits are used to enable households across wards to learn from each other. Following these study visits, community members who participated in the visit typically shared what they have learned with other members of their wards. When community members made improvements to the technologies they had seen in the other wards, they also shared their innovations with others in their community.

However, other forms of social support – which could be instrumental to enabling the adoption of the Total Sanitation behaviors – are not considered. In particular, Total Sanitation BCC does not promote any form of instrumental (practical) support to mothers of young children to help them free up time to adopt the promoted behaviors. We noted that task sharing was greater in some families than in others. Such greater task sharing – and placing the responsibility for some Total Sanitation behaviors with other household members – would seem necessary if Total Sanitation Behavior Change is truly to take place.

Self-Efficacy

Interviews with triggerers and community members suggest that study visits to other VDCs and wards work well to strengthen their both perceived and practical ability to achieve Total Sanitation. Community members thus reported that visiting other wards had been an inspiration to them and had given them the confidence that they can make similar changes in their households and communities to achieve Total Sanitation status. The visits had made what it means to achieve “Total Sanitation” tangible to them and had given them many concrete ideas for how to bring about WASH improvements.

MOTIVATION - TO WHAT EXTENT DOES TOTAL SANITATION BCC FOCUS ON MOTIVATING PEOPLE TO CHANGE?

Within the OAM framework, motivation refers to **an individual’s desire to perform a promoted behavior**. In the context of Total Sanitation, behavioral determinants of relevance to motivation include:

Beliefs and attitudes: Individual or shared perceptions about the promoted behaviors and associated products/services (beliefs) and subjective evaluations the promoted behavior and associated products/services (attitudes).

Emotional / physical / social drivers: Strong feelings and thoughts that motivate behavior; often feelings such as shame, disgust, nurture, a desire for comfort, and social status.

Intention: An individual's or household's plan to perform the promoted behaviors

Outcome expectation: An individual's belief that a given behavior will lead to the intended outcome

Beliefs and Attitudes

The scope of this review did not allow us to systematically investigate beliefs, which work to promote or prevent the many Total Sanitation behaviors. However, we did encounter a number of beliefs regarding various Total Sanitation practices during the field work, including:

- Improved cooking stove does not heat food as fast as open fire and is therefore not adequate when you have a big pot of water and food to heat
- One cannot practice good hygiene and sanitation when there is water scarcity
- Rainwater is not suitable for drinking and cooking purposes
- Lifebouy or Dettol soaps must be used for handwashing, because they make the hands cleaner
- Laundry soap is not suited for washing hands

Many other beliefs related to the Total Sanitation behaviors unquestionably exist; however, uncovering them was beyond the scope of the current review. Review of existing BCC tools and interviews with SPs and triggerers show that Total Sanitation BCC currently does not systematically identify beliefs that may prevent the target groups from adopting the desired behaviors and that it also does not provide guidance for how to counter such beliefs. This again means that it is up to each SP and triggerer to realize that such beliefs exist and figure out how to address each one.

Emotional, physical, and social drivers

Behavioral research suggests that many of our behaviors are driven by motives of which we may have limited awareness. Researchers Val Curtis and Robert Aunger have identified 15 'motives'¹⁸ that drive human behavior, including: lust, hunger, comfort, fear, disgust, attract, love, nurture, create, hoard, affiliate, status, justice, curiosity, and play.

Emotional, physical, and social drivers have been used by many programs globally as part of an effort to change WASH behaviors. Most notably, Community Led Total Sanitation programs use a number of activities, which aim to activate feelings such as disgust, fear, and status/shame in order to motivate communities to stop open defecation. Programs that have sought to encourage adoption of handwashing with soap by triggering feelings of disgust have also been effective.

In the Total Sanitation BCC, such motivational drivers are little used. When seeking to persuade households to adopt the Total Sanitation behaviors, SPs and triggerers focus mostly on trying to persuade people via information about the links between WASH and health. Currently, the only BCC activity which appeals to some form of emotional driver is the demonstration of handwashing using

¹⁸ 'Motives' are defined as "psychological mechanisms designed by evolution to cause animals to seek to meet a need through behavior" (Aunger & Curtis, 2013).

two glasses of water. This activity may elicit some degree of disgust in some community members; however, we were unable to confirm this specific reaction.

In terms of drivers of behavior, the word association exercise we did with mothers and grandmothers in the hills during our interviews suggested that ‘nurture’ also could be a strong motivator for change. The word ‘Mother’ was associated with the nurture of children via love, empathy, and food. ‘Child’ was associated love, being cute, and needing to be taken care of when small. Prior studies in Nepal have identified various motivational drivers could be used to promote WASH behaviors. Unfortunately, however, this formative research has been centered mostly on the Terai region. Relevant findings about drivers are summarized in the table below.

Table 6 Motivational drivers for WASH behaviors: What studies from Nepal suggest

| Behavior | Drivers | Supporting findings | Area | Author |
|--|---------|---|-------|-----------------------------|
| Hygienic use of, cleaning, and maintenance of toilets | Status | Household members believe that a dirty toilet brings shame to the family | Terai | Nguyen 2015 |
| Hygienic use of, cleaning, and maintenance of toilets | Comfort | Those cleaning the toilet wish for their family members to have a positive experience while using it | Terai | Nguyen 2015 |
| Build and use toilet | Status | Status and prestige are important considerations when households make purchase and investment decisions; prevention of gossip about one’s family is very important. It is especially important to protect the reputation of a new daughter-in-law | Terai | Gerwel-Jensen & Poudel 2015 |
| Build and use toilet | Comfort | For women: Not having to delay defecation until dusk (women cannot OD during the day) For men: Having a toilet and bathroom by the home, so they do not need to go far | Terai | Gerwel-Jensen & Poudel 2015 |
| Build and use toilet | Disgust | Triggering participants realized that they literally ‘eat shit’ – disgust prompted them to immediately build a toilet | Terai | Gerwel-Jensen & Poudel 2015 |
| Handwashing with soap | Disgust | Caretakers feel “dirty” ... if they did not maintain basic hygiene habits, which do not include HWWS | Terai | Nguyen 2015 |
| Handwashing with soap | Nurture | Wanting to keep children healthy | Terai | Nguyen 2015 |
| Handwashing with soap | Status | Caretakers feel “embarrassed” and “ashamed” and would be criticized by their family members if they did not maintain basic hygiene habits, which do not include HWWS | Terai | Nguyen 2015 |

In the Terai, we furthermore noted that posters tapping into feelings such as disgust and status are now being used to motivate people to stop open defecation and build toilets. Anecdotally, these posters have good effect; but they are yet to be pre-tested with the target groups.

Intention

Having an intention to practice a certain behavior increases the likelihood that the behavior will take place. A program can help strengthen a target group's intention to change by encouraging and supporting them to plan for change. This is, for example, one of the basic principles of the GALIDRAA¹⁹ approach, which has been used in WASH behavior change programs to support households to change behaviors via small do-able actions.²⁰ Currently, Total Sanitation BCC does encourage rural households to change behavior, but they are generally encouraged to change many behaviors at once and they are neither supported to plan for the change nor to commit to adopting the new behavior by a specific time.²¹

Outcome Expectation

Total Sanitation promotes the adoption of a wide range of behaviors and behavior-enabling technologies, but the associated BCC does not make it clear what the target group should expect to gain (expected outcome) from the adoption of each specific behavior. VDCs and communities themselves equate the attainment of Total Sanitation status with increased prestige. However, this outcome is often attained on the basis of mostly superficial, visible changes (i.e. presence of behavior enabling technology, absence of waste) rather than true behavioral change.

BCC STRATEGY AND IMPLEMENTATION

Behavior Change Communication Strategy Is Missing

Behavior change communication (BCC) is the strategic use of communication to bring about a desired change in behavior. At the center of any BCC effort must therefore be a BCC strategy. The BCC strategy should, among other things, identify what changes in behavior are desired, whose behavior the BCC will seek to change, and in what ways BCC is going to bring about the behavior change. The latter entails identifying the channels through BCC will be implemented and what activities, messages, and tools to use in each channel. The perhaps most significant finding from our review is that the RWSSP-WN does not yet have such a strategy in place for its Total Sanitation BCC.

The present program does identify Small Do-Able Actions (SDA) as the main BCC approach. While this approach seems very suited to a program targeting a change in multiple hygiene and sanitation behaviors,²² SDA is now understood simply as encouraging households to adopt the Total Sanitation behaviors. As such, key SDA approach characteristics are not integrated into the BCC, such as: a) a focus on incremental changes in behavior (from the baseline behavior towards to ideal behavior, often via several intermediate steps), b) household level counseling, and c) letting households decide which behavioral changes to pursue (do-able actions for the household) and trial them over a period of time.

¹⁹ GALIDRAA is an interpersonal counseling approach to behavior change. The letters in GALIDRAA stand for Greet, Ask, Listen, Identify, Discuss, Recommend, Agree to Action, Appointment

²⁰ According to the program BCC strategy, GALIDRAA is also being used in the Suaahara program.

²¹ Generally, it was our impression that all households are required to make all changes within a time frame that is dictated by the VDC leadership. That is, the target group does not 'own' the intention to change.

²² The approach is also used by the Suaahara program.

Absent a program level BCC strategy, it is unclear to districts, VDCs, and ground level implementers (SPs and triggerers) what they exactly need to do – on the BCC front – to achieve Total Sanitation. Therefore issues of who to target, what channels to use, which specific communication conduits to use (e.g. Mothers Groups), what messages to convey, what activities to carry out, how to carry out those activities and so on is left to each district, each VDC and, ultimately, each individual ground level implementer. In other words, each district and each VDC are now expected to develop their own BCC strategy. However, staff and volunteers at these levels do not have the knowledge and experience that will allow them to take on this task and end up with no actual BCC strategy as a result.

Human Resources May Be a Barrier to Effective BCC Implementation

Even with a BCC strategy in place, various human resource challenges are likely to be barriers to the effective implementation of communication activities. Among the most important human resources challenges is that SPs often end up doing the bulk communication activities, because social mobilizers or trained volunteers (triggerers) are difficult to mobilize.²³ Exacerbating this situation is another human resource challenge, namely the high rate of turnover among SPs themselves. In our group discussions with SPs, we noted that few have been with the program for more than 1-2 years. Our conversations with project staff confirmed that SPs tend to stay with the program for a relatively short period of time and then move on to better paying jobs. In effect, this means that SPs leave the program just when they have been fully trained and gained experience on the job. This level of turnover will make it a challenge for the program to have the requisite BCC skills in place.

3.4 RECOMMENDATIONS

3.4.1 PREPARE A MASTER TOTAL SANITATION BCC STRATEGY AT PSU LEVEL

At present, districts and VDCs are expected to prepare their own strategies for how to bring about Total Sanitation, a task for which they are ill prepared. The *de facto* strategy now is therefore to ask everyone to change a lot of behaviors at once, to try to convince them with knowledge about health, and to push for the presence of behavior enabling technologies in each home (which count as proxies for behavior when TS is verified). Though some communities have been declared TS, districts and VDCs appear not to know what to do about their lack of progress in many communities. Further, some TS behaviors appear little practiced, e.g. “manage animal sheds” (poultry, in particular, still roam freely in most places) and in some cases the putative behavior change does not seem to have taken deep roots.

Rather than ask districts and VDCs grapple with this challenging task – and duplicating efforts – the RWSSP-WN PSU should work to develop a master Total Sanitation BCC Strategy. (If necessary, an external consultant should be recruited to assist the project in this process). As a minimum, the master Total Sanitation BCC Strategy should include the following components:

- Target behaviors – clear identification of the behaviors which the program seeks to promote or modify
- Target groups – clear definition of who will be the primary and secondary groups targeted for change

²³ As was also found to be the case in the Terai.

- Situational analysis – an analysis of what current behaviors, barriers to behavior change, and potential drivers of change
- Goals and objectives – Statement of the overall goal of the BCC and the specific behavior change objectives
- Key messages – Overview of the key messages that will emphasize the most desirable (to the target audience) of practicing the behavior(s)
- Strategic approach and rationale – Description of how the main – and potentially secondary – strategic approach the program will used to bring about the desired change and an explanation for why this approach is being used
- Channels, activities, and tools – description of the communication channels through which BCC will take place, what activities will be implemented in each channel and with what tools.

Overall, the BCC strategy should:

- Provide the focus and strategic direction for the Total Sanitation BCC efforts
- Leave room for each district and VDC to customize the strategy
- Draw as much as possible upon existing resources and knowledge owing to the limited time available before RWSSP-WN Phase II comes to an end

In the following, a series of recommendations deal with the components of a Total Sanitation BCC Strategy and make suggestions for what the RWSSP-WN II does next to complete each part of the strategy.

Target Behaviors: Prioritize Behaviors Most Critical to Child Development

By focusing on a large number of behaviors, Total Sanitation efforts are less likely to lead to real and sustained behavioral change. Though it may not be possible to reduce the number of Total Sanitation indicators, efforts to bring about behavior change would be more effective if they were focused on a smaller number of behaviors and, possibly, focused on one or a few behaviors at a time.

The master Total Sanitation BCC Strategy should therefore identify high priority TS behaviors and be centered on these behaviors. Currently, some TS behaviors do receive more attention than other behaviors; however, it is up to each VDC which behaviors to prioritize.²⁴

It is recommended that the primary criterion for a TS behavior to be included among the high priority behavior is its importance to the health and development of children up to the age of two years,²⁵ because:

- This is the critical window to prevent stunting (and thus decreased growth and development), which is a pervasive problem in Nepal, where 41 percent of children under five years are stunted²⁶

²⁴ In particular behaviors requiring a technology appear to receive attention.

²⁵ Research points to the period from conception to the second birthday as being the most critical period for a persons development.

²⁶ UNICEF, 2014

- Research suggests that the “unhygienic environments in which infants and young children live and grow must contribute to, if not be the overriding cause of”²⁷ subclinical gut disease’ (called environmental enteric dysfunction) which is now thought to be the main underlying reason for stunting²⁸

Researchers have identified the following WASH behaviors as being *the* most critical:

1. Use of sanitary facilities (improved toilet) by all household members
2. Safe disposal of child feces
3. Handwashing with soap by all household members (including children) at key potential contamination events
4. Treatment of water at the point of use
5. Clean play and infant feeding environment (to prevent ingestion of dirt, chicken feces, etc. during play)
6. Safe handling and preparation of food (especially for children under two years)

In table 6 below, a more narrowly focused set of priority behaviors are proposed. The table also includes evidence from Nepal, which has formed the basis for the recommendations.

Table 7 Priority WASH behaviors

| Recommended WASH behavior | Suggested priority behaviors | Supporting evidence |
|---|---|---|
| Use of sanitary facilities (improved toilet) by all household members | <ul style="list-style-type: none"> • Use of toilet for defecation (<i>only focus for Terai</i>) | Non-use of toilet (post-ODF) among adults is an issue in the Terai, but appears to be minimal in the hills. ^a |
| Safe disposal of child feces | <ul style="list-style-type: none"> • No open child defecation • Throw child feces into the toilet | 43% of children under five OD ^b Just 30% of households throw children’s feces into the toilet. ^b |
| Handwashing with soap by all household members (including children) at key potential contamination events | <ul style="list-style-type: none"> • Handwashing with soap before food preparation • Handwashing with soap before feeding a child • Wash hands of children under two years with soap | Handwashing after defecation is critical, but reported behavior is already high (80% of mothers). ^b Handwashing before preparing food and cooking is the second most important moment, but reported practice is low (42% of mothers) ^b |
| Treatment of water at the point of use | <ul style="list-style-type: none"> • Boil water before use • Use a water filter | Boiling is now the most common method of water treatment, followed by using a water filter. Very few HHs use SODIS. ^b Households prefer to use a colloidal silver filter, but it is not financially feasible for many unless they can pay in installments. ^c |
| Clean play and infant feeding environment | <ul style="list-style-type: none"> • Keep chickens in a closed pen (prevent from roaming) • Always keep a barrier between your child and the floor (focus on before age two years) | Ingesting animal feces is detrimental to child development. ^d “The practice of living alongside cattle and poultry is pervasive and children are exposed to feces, germs, and dirty water on a daily |

²⁷ Mbuya, M. N. N. & Humphrey, J. H. 2016. Preventing environmental enteric dysfunction through improved water, sanitation and hygiene: an opportunity for stunting reduction in developing countries. *Maternal & Child Nutrition* (2016), 12 (Suppl. 1)

²⁸ Stunting is low height for age and a main indicator of malnutrition. Frequently, children never catch up on the growth lost.

| Recommended WASH behavior | Suggested priority behaviors | Supporting evidence |
|---------------------------------------|--|----------------------|
| | | basis.” ^b |
| Safe handling and preparation of food | <ul style="list-style-type: none"> • Feed children only fresh and fully cooked foods • Keep utensils clean | |

Notes: a) RWSSP-WN II toilet usage survey, 2015, b) Suaahara baseline, 2013, c) POU drinking water treatment – Pilot Project, 2007, d) Ngure, F. 2013

What to Do Next

RWSSP-WN II may wish to narrow the list of priority behaviors even further or identify ‘quick win’ behaviors to target first. ‘Quick win’ behaviors would be those with which RWSSP-WN II has experience and feels that it has the best preconditions for targeting.

Target Groups: Focus on Groups Whose Behavior It Is Most Critical to Change

The current approach of targeting everyone is neither an efficient use of resources nor an effective way to change behavior. Instead, Total Sanitation BCC should be targeted at a) those whose behavior is most critical to child health and/or b) those whose behavior is most in need of change.

Ideally, the RWSSP-WN should use existing studies and information as well as gather additional information to analyze who the target audience for each behavior should be. However, given time limitations, RWSSP-WN should consider in most cases directing its BCC towards the target groups which have already been defined by the Suaahara program for its hygiene and sanitation promotion activities. Table 7 (below) shows the proposed *primary* and *secondary* target groups for each of the priority behaviors. Primary target groups should be targeted to adopt the new sanitation and hygiene behaviors, while secondary target groups should be targeted to encourage and support primary target group to practice the target behaviors

Table 8 Proposed primary and secondary target groups

| General target behavior | Priority behaviors | Primary target groups | Secondary target groups |
|---|---|---|--|
| Use of sanitary facilities (improved toilet) by all household members | <ul style="list-style-type: none"> • Use of toilet for defecation | <ul style="list-style-type: none"> • Adult men (Terai) • Elderly (Terai) | <ul style="list-style-type: none"> • VWASHCC • Ward Citizens Forum |
| Safe disposal of child feces | <ul style="list-style-type: none"> • No open child defecation • Throw child feces into the toilet | | |
| Handwashing with soap by all household members (including children) at key potential contamination events | <ul style="list-style-type: none"> • Handwashing with soap before food preparation • Handwashing with soap before feeding a child • Wash hands of children under two years with soap | <ul style="list-style-type: none"> • Mothers • Caregivers for children under two years (incl. mothers-in-law) | <ul style="list-style-type: none"> • Fathers • Female Community Health Volunteers • Social mobilizers • Other caregivers |
| Treatment of water at the point of use | <ul style="list-style-type: none"> • Boil water before use • Use a water filter | | |
| Clean play and infant feeding environment | <ul style="list-style-type: none"> • Keep chickens in a closed pen (prevent from roaming) • Always keep a barrier between your child and the floor (focus on before age two years) | | |

Safe handling and preparation of food

- Feed children only fresh and fully cooked foods
- Keep utensils clean

What to Do Next

It is recommended that the management and staff of RWSSP-WN II discuss how appropriate these target groups are and if other groups should be targeted as well.

Situational Analysis: Learn about the Priority Behaviors

The more you know about a behavior, about those who do or do not practice it, and about their reasons for practicing the behavior or not (drivers of and barriers to change), the better a position you will be in to make your BCC effective. However, current Total Sanitation efforts are not informed by such insights in any systematic way. To put together an effective Total Sanitation BCC strategy, the RWSSP-WN II must learn about the priority behaviors (or other behaviors if these are prioritized). Questions which the program should seek to ask include:

- At what stage towards adoption of the behavior²⁹ is the target group currently (this will help you understand what behavioral barriers to focus on)
- What are the main barriers to change
- What are or could motivate the target group to adopt the behavior (drivers)

In table 8 on the following page, preliminary answers to these questions have been provided for each priority behavior. Findings from our field work and findings from WASH formative research in Nepal has been used to provide these preliminary answers. Where information – or the basis for an assessment is missing – fields have been left empty.

²⁹ Using the following stages of change: preknowledgeable, knowledgeable, approving, intending, practicing, and advocating (Source: O’Sullivan, G.A., Yonkler, J.A., Morgan, W., and Merritt, A.P. 2003. A Field Guide to Designing a Health Communication Strategy, Baltimore, MD: Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs.

Table 9 Priority behaviors, stage of change, barriers, and drivers - preliminary analysis

| Priority behavior | Stage of change ^a (primary target group) | Barriers ^b | Drivers / facilitators ^c | Universal drivers ^d |
|---|---|--|---|-----------------------------------|
| Use of toilet for defecation (Terai only) | Knowledge / approving | <ul style="list-style-type: none"> Concern that toilet tank will fill up too soon Too many users for one toilet Habit to go OD (esp. elderly) Disgust at using latrine Superstructure does not afford privacy | <ul style="list-style-type: none"> Most HHs have a toilet Using a toilet has become the observable social norm Social status – esp. prevention of gossip about family | Disgust |
| No open child defecation | Approving / Intending | <ul style="list-style-type: none"> When they can walk, children roam outside their caregivers' supervision | <ul style="list-style-type: none"> Social disapproval of children's OD Existing practice of potty training very small children Mothers/women teach one another to potty train Desire to reduce work load by not having to wash diapers | Nurture, affiliation ^e |
| Throw child feces into the toilet | Approving / Intending | <ul style="list-style-type: none"> When they can walk, children roam outside their caregivers' supervision | <ul style="list-style-type: none"> Most households by now have a toilet Caregivers know that child feces should be thrown in toilet | Affiliation ^e |
| Handwashing with soap before food preparation | Preknowledgeable | <ul style="list-style-type: none"> No concept of being dirty if hands look clean | <ul style="list-style-type: none"> People want their children to stay healthy and be smart | Disgust |
| Handwashing with soap before feeding a child | Preknowledgeable | <ul style="list-style-type: none"> Lack of or non-use of water during cold weather Perception that soap is expensive Perception that only a certain types of soap can be used for handwashing (Lifebouy) Mothers-in-law criticize daughters-in-law for using too much soap (Terai) Belief that handwashing with water is enough to be clean | <ul style="list-style-type: none"> Some form of soap is usually available in every household Water is available in most households Desire to feel clean, light, and at ease Caretakers "embarrassed" and "ashamed" if they did not maintain basic hygiene habits, which do not include HWWS | |
| Wash hands of children under two years with soap | Preknowledgeable | <ul style="list-style-type: none"> No concept of being dirty if hands look clean Social norm that small children play in the dirt and become dirty | <ul style="list-style-type: none"> People want their children to stay healthy and be smart | Nurture ^e |

| Priority behavior | Stage of change ^a (primary target group) | Barriers ^b | Drivers / facilitators ^c | Universal drivers ^d |
|---|---|--|--|-----------------------------------|
| Boil water before use | Preknowledgeable | <ul style="list-style-type: none"> No awareness that water can be contaminated even if it looks and smells ok Belief that water is clean if it looks clean and has no smell Dislike that water is warm | <ul style="list-style-type: none"> Existing practice of boiling water | |
| Use a water filter | Preknowledgeable | <ul style="list-style-type: none"> No awareness that water can be contaminated even if it looks and smells ok Belief that water is clean if it looks clean and has no smell Water filters are too expensive for many families | <ul style="list-style-type: none"> Prefer treatment method that does not make water warm | |
| Keep chickens in a closed pen (prevent from roaming) | Preknowledgeable | <ul style="list-style-type: none"> Chickens and dogs roam freely around the HH Mothers are busy and leave their children on the floor unattended | <ul style="list-style-type: none"> Some families already raise chickens in pens | Nurture, affiliation ^e |
| Always keep a barrier between child and floor (focus on less than 2 years) | Preknowledgeable | <ul style="list-style-type: none"> Living in less than sanitary conditions is a social norm | <ul style="list-style-type: none"> Straw mats (can be used as barrier) are locally made | |
| Feed children only fresh and fully cooked foods | | | | |
| Keep utensils clean | | | <ul style="list-style-type: none"> Inexpensive drying rack can be made from local materials | |

Notes: a) stage of change is an assessment based on our observations in the field and on existing research,
b) Sources include: Suaahara Baseline Study, 2013; Suaahara BCC Strategy, 2013; Nguyen & Gurung, 2015; Gerwel-Jensen & Poudel, 2015; observations from field work
c) ibid
d) Suggested by Mbuya and Humphrey (2016); the authors appear to use the motives describes by Aunger and Curtis (2013);
e) Proposed driver(s) based on our observations in the field, using Aunger and Curtis' terminology (2013).

What to do Next

It is important that RWSSP-WN II gets as good an understanding as possible of the priority behaviors and what drives the target group(s) to practice them and what prevents them from doing so. Knowing the drivers of each behavior will help RWSSP-WN II to determine what to convey to the target group as being the *key benefits* of practicing the behavior. Knowing the barriers will help the RWSSP-WN II formulate strategies for how to overcome the barriers.

To get a full understanding of the behaviors, it is suggested that RWSSP-WN II takes the following steps:

- Carry out an exhaustive review of formative or other research on the priority behaviors in the Nepalese context. Fill the additional information into the overview of stage of change, drivers, and barriers.
- Convene a workshop with experienced field staff to:
 - Complete the table with their assistance
 - Check the accuracy of the drivers and barriers with their experience – and, if possible, refine the understanding of the drivers and barriers further.
 - Identify the most significant drivers/facilitators and barriers for each behavior.

Key Messages: Clarify Benefits and Provide Guidance for Overcoming Barriers

Once RWSSP-WN II has gained an overview of the barriers to and drivers of each behavior, it is recommended that you develop a set of messages for each behavior. For each behavior, messages should include:

- a. Promise(s): These messages should be informed by the drivers of the behavior and should communicate to the target group what are the key benefits (i.e. the most persuasive benefit to the target group) of adopting the behavior.
- b. Supportive messages: These messages should address known barriers and bring attention to facilitators (e.g. that locally made straw mats can be used to place infants on).

It is important to formulate these messages in advance, because it will help to ensure consistency in communication. That is, the same key messages can be used across different types of communication about a particular priority behavior. It will also help to ensure that evidence based – and, thus, presumably – more effective messages are used.

While messages play can play a critical role in behavior change, it is important to note that messages alone are not enough to motivate people to change, neither are they sufficient to address barriers to change. Messages should be complemented by, for example, in-depth explanations/information, tangible examples (e.g. examples of how to make a waste pit), peer-to-peer sharing, etc.

What to do Next

To formulate the messages, it is once again recommended that RWSSP-WN II convenes a workshop with key staff and, possibly, partners. During the workshop:

- Present the stage of change, drivers, and barriers for each priority behavior
- As a group – or in smaller groups – prepare for each priority behavior: a) 1-3 promises for each behavior which present the most persuasive benefits to the target group(s) and b) at least one supportive message for every major barrier to practicing the behavior
- List the messages in a table similar to the table below

| Priority behavior | Promise | Supportive messages to overcome barriers / facilitate adoption |
|-------------------|---------|--|
| | | |
| | | |

Define the Strategic BCC Approach(es) RWSSP-WN Will Use to Achieve Behavior Change

The program needs to define what will be the strategic BCC approach(es) it will use to bring about the desired changes in behavior. Many different strategic approaches can be used in BCC. In table 9, we have listed a number of possible BCC strategies and provided an initial analysis of the advantages and disadvantages of each. The table provides a brief description of each strategic approach, its potential advantages and disadvantages in the context of the promoting the Total Sanitation priority behaviors.

When selecting the strategic approaches to use, it is worth keeping in mind the global lessons from Social and Behavior Change Communication outlined in the Suaahara Social and Behavior Change Communication Strategy (Figure 6).

Figure 6 Lessons from effective communication programs, Suaahara SBCC Strategy, 2013

- ▶ If we want to change people’s behaviors, we need to focus on their aspirations—things people want and hope for. People’s belief that they can practice new behaviors and get ahead in life (i.e., self-efficacy)—is critical to bringing about behavior change
- ▶ Messages alone don’t change behavior
- ▶ People adopt new behaviors when they can practice those behaviors over and over again
- ▶ It is difficult to change “big” behaviors. It is better to get families to try small, do-able actions
- ▶ If we want to change practices, we need to work at all levels.
 - ◆ Reach each person through as many channels as possible to maximize public health impact. Use cross-cutting, multi-channel communication approaches that integrate interpersonal communication, support groups and mass media.
 - ◆ Improving the quality of services, including interpersonal communication of service providers, can help families practice new behaviors.
 - ◆ Home visits help people **think** about how they can adopt the practice, strategize about how to overcome their barriers to change and give mobilizers an opportunity to demonstrate how to practice the new behavior. They are also the most important strategy for getting people to actually adopt the behavior.
 - ◆ Group meetings help people **support** each other as they try new behaviors and adopt them.
 - ◆ TV and radio can **raise awareness**, model improved interpersonal communication and influence social norms.
- ▶ People are more likely to change if they think that others around them are practicing the new behavior. Using ‘positive deviance’ – or having people who have overcome the same barriers to practicing the new behavior share their stories – is an effective method to influence individual and community actions.
- ▶ When people see benefits, they are more likely to continue with the new behavior.
- ▶ Counseling is not enough. Communities must **mobilize** to bring about lasting change.
- ▶ Solutions must be local.

Table 10 Strategic Approach Work Sheet: Possible BCC strategies, advantages, disadvantages, feasibility, tools, and ranking

| Strategic Approach | Description | Advantages | Disadvantages | Do we have what we need to do it? | Existing approaches/ tools to adapt | Ranking 1-5 (with 5 being highest) | |
|--|---|--|---|--|--|------------------------------------|-----------------|
| <i>Interpersonal communication focused</i> | | | | | | <i>Impact</i> | <i>Feasible</i> |
| Household level counseling | Priority TS behaviors are promoted via home visits by SPs and triggerers, where each HH is counseled about changes. | <ul style="list-style-type: none"> ● Tailored assessment ● Counseling tailored to barriers of HH ● Messages and solutions can be chosen to fit with HHs situation and resources ● Allows for follow up with each HH ● HH led change | <ul style="list-style-type: none"> ● Human resource intensive ● Takes a long time to reach all HHs ● Triggerers may not have enough time, be willing to set aside the time | <ul style="list-style-type: none"> ● Human resources not enough to reach all HHs unless triggerers well trained <u>and</u> active | RWSSP-WN I BCC training manuals (sections on SDA) ³⁰ GALIDRAA (see annex B), which is used by Suaahara | | |
| Small- group based counseling | Priority TS behaviors are promoted via meetings with 5-6 households, facilitated by an SP or a triggerer | <ul style="list-style-type: none"> ● Tailored assessment ● Counseling tailored to barriers of HH ● Positive influence from peers ● Peers can share solutions, learn from each ● Competition element | <ul style="list-style-type: none"> ● People may not wish to participate in small group meetings ● Risk of being too focused on technology | | Participatory Action Oriented Training (materials from Vietnam may be shared) Note: Too strong focus on technologies; would need more integration of motivational elements. | | |
| Community mobilization | Meetings to mobilize entire community to practice TS behaviors | <ul style="list-style-type: none"> ● Reaches entire community quickly ● Opportunity to influence social norms ● Creates community ownership of | <ul style="list-style-type: none"> ● Not enough to bring about behavior change ● Does not allow for tailored messages and counseling ● Does not allow for extensive peer | | Existing VDC Total Sanitation Planning Guide | | |

³⁰ Revisions to the SDA sections are recommended, however. In particular, the manuals do not appear to give much detail about the small steps households can take to improve their WASH behaviors, e.g. what are the steps a household can take to improve handwashing practices. It would be useful with specific examples. Further, it is recommended that the following is added: a) messages on the benefits of each behavior, b) typical barriers to practice each behavior, and c) strategies to deal with each barrier. Usage of MINDSPACE effects could also be considered. For example, could strategies to make a behavior more *salient* be used, could household members be made to *commit* to a specific change by a specific time, could *emotional* appeals be used, could anything be left in the household which could *prime* members to practice the behavior(s) they committed to?

| Strategic Approach | Description | Advantages | Disadvantages | Do we have what we need to do it? | Existing approaches/ tools to adapt | Ranking 1-5 (with 5 being highest) | |
|--|---|--|--|-----------------------------------|---|------------------------------------|--|
| | | process | learning | | | | |
| Community triggering meetings | Community events where a series of triggering tools / exercise are used to motivate participants to change behavior | <ul style="list-style-type: none"> • Motivational tool; may compliment more knowledge focused activities • Reaches entire community quickly • Opportunity to influence social norms | <ul style="list-style-type: none"> • Triggering event requires strong facilitation and group management skills • Does not allow for tailored messages and counseling • Does not allow for peer learning | | 3B1H Program, Cambodia | | |
| Integration into FCHV consultations with expectant and new mothers | FCHV encourages and counsels expectant and new mothers about WASH behaviors to protect their baby | <ul style="list-style-type: none"> • New mother strongly motivated to change | <ul style="list-style-type: none"> • Young mothers need support from their environment to make some of the changes | | Further research needed | | |
| Integration of BCC into Mother Group meetings | Promotion of TS behaviors via Mother Group meetings. | <ul style="list-style-type: none"> • Reaches primary target group • Existing group | <ul style="list-style-type: none"> • Limited time available for BCC • Young mothers may be too busy to participate • Tailored counseling may not be possible | | Further research needed | | |
| Integration of BCC into Citizen's Awareness Forum | Promotion of TS behaviors via Citizen's Awareness Forum meetings | <ul style="list-style-type: none"> • Reaches secondary target group (men) | <ul style="list-style-type: none"> • Limited time available for BCC • Tailored counseling not possible | | Further research needed | | |
| Other | | | | | | | |
| <i>Mass media focused</i> | | | | | | | |
| Radio messages | Radio messages and programs about priority behaviors | <ul style="list-style-type: none"> • May reach many households | <ul style="list-style-type: none"> • Unlikely to influence behavior as a stand-alone activity | | Suaahara program may have relevant messages | | |
| Posters | Posters with messages and | <ul style="list-style-type: none"> • Relatively inexpensive • Effective posters from other contexts can be adapted | <ul style="list-style-type: none"> • Unlikely to influence behavior as a stand-alone activity | | 3B1H program posters from Cambodia | | |
| Other | | | | | | | |

What to do next

- Review the strategic approach work sheet
- Use the sheet as the basis for the development of a similar work sheet in collaboration with project staff (best done as team work in person)
- As a group:
 - Identify a number of potential strategies
 - Brainstorm about and list the advantages and disadvantages of each
 - Assess whether the RWSSP-WN II and its partners have what it takes to use each of the strategies
 - List available resources for each strategy
 - Rank on a scale from 1 to 5 (with five being highest) the different strategies according to: a) their potential impact on behavior, and b) how feasible it would be to implement them for RWSSP-WN II and its partners. Select the 2-3 strategies with the highest total scores as the core strategies.
- A key consideration when selecting the strategy should be the availability of existing guidance materials and tools which can be adapted to the Nepal or RWSSP-WN II context.

Plan for How to Realize each Strategic BCC Approach and Put It in a Manual

Once RWSSP-WN II has identified the strategic BCC approaches to be used, the next step is to plan for how each approach will be brought to fruition. This entails:

- Outlining the main events/activities to be implemented under each strategic approach as well as their sequencing (e.g. a sequence of three household visits)
- Detailing what will take place during each activity
- Designing/preparing any tools required to support the activity
- Clearly identifying who will be responsible for implementing and who will be responsible for providing support to the activities

If existing approaches are used RWSSP-WN II may only need to adapt existing activities and tools to the context of Nepal and to the specific implementation context. To the extent appropriate, the contents of the RWSSP-WN Phase I BCC training manuals should be integrated into a new manual.

It is critical that the implementation sequence, activities, and tools are clearly documented in a step-by-step manual; otherwise it will exist only in the heads of the staff who designed the BCC. The manual or manuals will form the basis for training those who are supposed to implement the BCC strategy and should be a reference document they can use in their work.

Plan for How to Monitor and Evaluate BCC Activities

A final important component of the BCC strategy and manual(s) is monitoring and evaluation. Ideally, RWSSP-WN II should seek to monitor BCC along the entire results chain (activities, outputs, outcomes, and impact). The RWSSP-WN II should identify the key indicators to be measured and/or key questions to be asked at each stage of the results chain as well as the methods by which this relevant data will be collected.³¹ The BCC manual, in turn, should clarify what SPs and triggerers need to monitor in their work, when, how often, and to whom they should report. It should also provide them with the tools and guidance they need to do their monitoring. It is critical that SPs and triggerers report on their activities on a regular basis and that the accuracy of their reporting is confirmed via spot checks by WASH Advisors and PSU staff. Without reliable data about BCC

³¹ For example, the RWSSP-WN could prepare an M&E framework and plan for BCC

implementation, the RWSSP-WN II will have no way of knowing whether a lack of behavior change in a given area could be due to a lack of BCC activities rather than the effectiveness of the BCC approach itself. 3.4.2 Additional Recommendations

Bring Focus from Quantity to Quality and Sustainability of Behavior Change

Our field work showed that districts and VDCs are in a rush to achieve Total Sanitation (albeit they do not always achieve this target). This rush leads them to focus on creating a situation in communities and households where each Total Sanitation indicator can be checked off. However, having soap and water available for handwashing or having a water filter at the time of Total Sanitation verification does not equal behavior change. Several strategies may be employed to shift attention, including advocacy with district and VDC leaders and introducing a requirement that wards and VDCs' TS status is re-verified after, e.g., 6 months and 2 years.

GULMI DISTRICT

Total Sanitation Achievements and Sustainability

Gulmi started its Total Sanitation campaign in late 2015. At the time of our visit, five wards had been declared TS, two of which were located in the VDC we visited. Observations in the two TS-declared wards suggested that the sustainability of TS was likely to be higher in ward four – the visibly better off of the two – than in ward six. In the two HHs observed in ward six, the place for handwashing was not conveniently located for at least one of the critical moments and one household had only a very minimal piece of soap available at the place for handwashing.

The VDC leadership is keen to declare the entire VDC Total Sanitation and states that they expect to attain this status within four months, suggesting that TS declaration could be top driven [*rephrase, what you mean is that there is pressure from above to attain unrealistic goals; also risk that there is no focus on behavior*]. Seven wards are still non-TS declared and in various stages of progress towards this goal. The VDC has given them a deadline of four months to fulfill all the indicators. It is noteworthy that it reportedly took the first two wards two years to reach TS status. (Although this is hard to understand given that TS efforts only have been going on for a few months).

Total Sanitation Strategy

Target behaviors

All Total Sanitation behaviors are promoted and they appear to be promoted simultaneously. Some DWASHCC members reported that the many indicators for TS are confusing and that lower level staff does not know them all.

Target groups

The DWASHCC has not identified any specific target group for behavior change. However, the DWASHCC did focus TS efforts on three VDCs, which are meant to serve as model VDCs.

Main methods and activities to achieve TS

The district's TS efforts have until now mostly been focused on three VDCs, which they intend to turn into model TS VDCs. The targeted VDCs, in turn, focus on certain wards to make these into 'model wards'. In the VDC visited, two wards had been declared TS and did function as model wards. The district is also considered working to bring five schools to TS level and use these schools as model schools. However, this part of the strategy has not been implemented.

There is no specific methodology or steps triggerers (e.g. Female Community Health Volunteers) follow to promote changes in household behavior. When asked, triggerers shared that they mostly rely on household visits to change behavior. In these visits, they monitor changes in the household and focus on promoting the behaviors that the household does not practice. They try to convince the households to change, using whatever arguments they come up with. At least one implementer reported linking changes in behavior to social prestige.

The main tools used in connection with BCC are the monitoring poster and the home monitoring booklet. However, triggerers reported that they mostly just rely on talking when they visit the

households. It should be noted, however, among the VDCs visited Pallikot had the greatest amount of BCC materials displayed. In other locations, we generally did not see BCC materials displayed at household level.



ARGHAKANCHI

Total Sanitation Achievement and Sustainability

The district has only recently begun TS efforts and does not yet have a strategy. In the meantime, however, efforts to reach TS status have already started in some VDCs. As in Gulmi, the leadership of the VDC we visited (Asurkut VDC) is keen to reach TS status. They had planned to TS declare the district three months before, but did not achieve this target and now plan to make the declaration in the near future. No date has been set though.

Total Sanitation Strategy

Target behaviors

All TS behaviors are, in principle, targeted. There is no strategy to emphasize certain behaviors over others or to address behaviors in stages. Further, conversations with the VWASHCC revealed that they are not familiar some of the TS indicators. Asurkut VDC appears to place emphasis on the 'construction' of the small 'hardware' required to practice the TS behaviors and have, e.g., made the decision to construct drying racks and waste pits.

Target groups

The district does not target any particular group with its TS efforts and did not display awareness of the need to do so. It should be noted, however, that the district still does not have a TS strategy. The district WASH Focal person favors targeting households via their school age children. He believes that change may be more easily achieved via this group.

Main methods and activities to achieve TS

As noted, there is still no TS Strategy in place in Arghakanchi. As such, efforts to achieve TS are at this point not part of any planned effort.

Most behavior change activities are now done by the RWSSP-WN II Support Persons (SP). The SPs report that they visit households to monitor the hygiene and sanitation situation (using the Home Monitoring Booklet) and they during these visits "orient people about the behaviors." They generally rely on health messages when seeking to convince people to change behavior.

In terms of tools used, the SPs report using the indicator poster during their household visits. They do not leave any visual or other materials behind, which can remind the households of the behaviors promoted. Asurkut VWASHCC appears to feel that the amount of visual / BCC materials is inadequate and requested more posters.

In both VDCs³² reviewed in Arghakanchi TS efforts seem to emphasize the construction or purchase of small 'hardware', such as drying racks, waste pits, and handwashing stations, which can enable the behaviors promoted in the TS program. There appears to be an assumption that this hardware will be used if and once in place. Beyond informing households that they need to practice the TS behaviors and have the requisite hardware installed, it was not clear what – if anything – was done to motivate and enable households to practice the behaviors. For example, community members brought up challenges to practicing hygiene behaviors, such as water scarcity and ubiquitous dust. No strategy or information was in place to deal with these recurrent behavioral barriers.

PYUTHAN

Total Sanitation Achievement and Sustainability

The district was ODF declared in 2013 and has been working towards Total Sanitation since then. According to the district's plan, approximately 10 VDCs should have been declared TS in 2014 and 2015, respectively; however, only five wards have been declared TS so far. Among the reasons given for this delay are:

- Progress has been challenging because the district chose to focus on the hardest to change VDCs first.
- DWASHCC has not coordinated efforts and spoken with one voice
- Lack of local leadership buy-in (possibly because they were promised water after ODF by the district; a promise the district has not been able to make good on)
- VDCs did not receive sufficient support to prepare their Total Sanitation Plan
- Social Mobilizers have not been active despite receiving a Rs. 2000 monthly incentive. This incentive has now been removed and Health Promoters have been hired and, as a result, Social Mobilizers now refuse to lend support to the TS effort.

The review team visited two of the TS declared wards in Markaban VDC. During our visit, the VWASHCC reported that VDC is close to TS declaration.

During our visit to the VDC, we noted TS improvements, such as waste pits, drying racks, and handwash stations. Whether permanent and sustainable changes in behavior – and not just 'hardware' improvements – have taken place is a valid question. For example, we observed absence of soap in places for handwashing, non-usage of waste pits, and an absence of animal (waste) management.

Total Sanitation Strategy

Target behaviors

The district strategy does not give emphasis to any of the TS behaviors (indicators); however, in practice the VDC visited focuses on the promotion of the 'hardware' that enables the behaviors (e.g. water filter, waste pit) more than the behaviors themselves.

³² The review team stopped in Tolapokhara on the way to Asurkut VDC. Here we had the opportunity to visit a TS-declared Dalit community.

Target groups

There is no explicitly defined target group; however, women appear to be targeted to a greater extent.

Main methods and activities to achieve TS

Various methods and tools have been used to promote TS in the review VDC. The activities included:

- VDC level meeting
- Households visits
- Study visits to other VDC and wards

Household visits appear to be at the center of the TS promotion. During these visits, triggerers report that they “check if the household” has made the indicator and suggest that “they make it” in case they have not, suggesting that a lot of emphasis is placed on the behavior enabling hardware. Besides using the Home Monitoring Book, triggerers and SPs do not appear to use a specific methodology or follow specific steps during their household visit. They rely on their own intuition and ideas. When seeking to convince people to change behavior, both groups report that they mostly use health related arguments. Generally, they appear to rely on verbal communication during these visits and, as was the case in Arghakanchi, they do not leave any visual or other materials behind, which can remind the households of the behaviors promoted. In Arghkhanchi, SPs are just moving a month ago to support for behavior change.

The VWASHCC reported using a projector, stickers, and posters in BCC. However, neither SPs nor triggerers mentioned the use of these in their work to promote TS. SPs did request more BCC materials (presumably posters) to use in their work. One SP also suggested the use of projectors to show short movies, as he had seen this was very effective in the Suaahara project.

As noted above, efforts to achieve Total Sanitation focuses on hardware and health knowledge. While some triggerers did report using, for example, economic arguments to change behavior, the BCC does not systematically use motivational messages or address common barriers to change. SPs listed a number of such barriers, which they encounter in their work and are uncertain of how to address:

- Smokeless kitchen:
 - People think the stove takes up too much space
 - People think the stove promoted is too slow because the heating opening is small and it takes a long time to make the contents of larger pots boil.
- Drying racks:
 - People fear that someone will steal their dishes if placed outside
- Waste disposal:
 - Once gathered, people do not know what to do with the inorganic waste because there is no dumping ground nearby. Now people dump the waste in the river or burn it.
- Demands for subsidy: Some people ask a subsidy for a certain type of hardware (e.g. cook stove) because other HHs have received such subsidy.

Currently, each SP and triggerer has to use his or her own knowledge and skills to address such concerns.

Study visits appear to have been used successfully to build motivation among both triggerers / VWASH CC and households. Community members who had participated in the study visits reported that seeing a ward which had become TS declared inspired them and made them feel that they could also do it. In particular, it helped them to get practical ideas for how to make the home improvements (hardware) which will enable the behavior.

ANNEX B: GALIDRAA APPROACH SUMMARY

The below summarizes the GALIDRAA approach, which has been used by WASH programs as a household consultation approach.

- G-** **GREET** the household; ask about the family, its work, the farm, current events, etc. to put household members at ease. Tell the household where you come from and your intension. Ask permission to stay for a few minutes and discuss issues while they are working.
- A-** **ASK** about current hygiene and sanitation practices and other health issues. Show the pictures in the **MIKIKIR Card** or start from an actual happening in the house to start a conversation.
- L-** **LISTEN** to what the women/men in the house say.
- I-** **IDENTIFY** potential problems from what is said by the women/men. (Barriers for change include unavailability of products, shortage of supplies, money, or knowledge.)
- D-** **DISCUSS** and suggest with the women/men different options to overcome the barriers, using the **MIKIKIR card** to remind you and the household of safer options.
- R-** **RECOMMEND** and **NEGOTIATE** small doable actions. Using the card, present options and ask if they are willing to try a new practice to improve the situation and help them to select one, two, three, etc. that can be tried.
- A-** If the women/men **AGREE** to try one or more of the options, **ASK** them to repeat the agreed upon actions.
- A-** Make an **APPOINTMENT** for a follow-up visit.

| Behavior | Target group | Associated hardware | Opportunity | Ability | Motivation |
|----------|--------------|---------------------|-------------|---------|------------|
| | | | | | |
| | | | | | |
| | | | | | |

What can be done to mobilize Local Triggerers effectively:

- 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.
- Provide a certificate from V/D-WASH-CC after the completion of the Training. They should be the Triggerers of D/V-WASH-CC not of RWSSPWN.
- Provide an Identity Card from the VDC/V-WASH-CC as a Triggerers of the VDC
- Provide incentives or basic stipend that covers their communication, transportation 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.
- Provide T-shirts, Caps, Bags (with sanitation messages) and other useful IEC materials frequently
- Ensure materials and tools necessary for conducting Triggering event are in their reach.
- Organize refresher trainings frequently, ask them to present their efforts and results. Competitions will be there to do better.
- 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.
- 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.

Source: Poudel, 2015

ANNEX D: POLITICAL TURMOIL AFFECTING IMPLEMENTATION IN 2015

The below is an excerpt from the FY03 semi-annual report prepared by the RWSSP-WN.

The following summary of events shows how the various issues have spread out over the first half of FY03, influencing the availability of construction materials, transportation and fuel situation from early on. When major political parties agreed on draft of the constitution and proposal to Constituent Assembly (CA) submitted on 09/08/2015, proposing six federal states of Nepal, agitation in the mid and far western development regions started. Similarly, the southern part of the country started agitation against the demarcation of states/provinces. After killing of more than seven people in Terai, major political parties decided to add one more state to separate mid and far western regions. It calmed down the movement in mid and far western hills but the new movement started in Kailali and Terai in general. At the same time, one of the Terai based political parties (Nepal Sadbhavana Party) decided to resign from CA on 18/08/2015. On 24/08/2015, seven policeman including superintendent of Police were killed in Tikapur by Tharu agitators that fuelled the movement in rest of Terai which was stalled since couple of weeks.

On 26/08/2015 the government decided to displace 46 police posts from southern Terai due to the security reasons. Curfew in many districts and headquarter lasted for weeks and weeks. Scarcity of fuel, construction materials and daily consumable items started already from the last week of August. On 06/09/2015 all Terai based political parties boycotted the CA and concentrate themselves in agitation that includes general strike and attacking police posts and government offices in southern belt of Nepal. More than 30 people were already killed in the movement. By this time the physical construction and transportation of materials already halted in project working area. Once the draft constitution passed by CA on 16/09/2015, special envoy of the Indian Prime Minister (Foreign Secretary of India) visited Nepal and asked Nepali government to hold the constitution declaration process, but the proposal was disapproved by government of Nepal and major political parties. Constitution of Nepal declared by President on 20/09/2015.

The blockade to Nepalese border started on 24/09/2015, and at the same time protest in border area started by Madheshi agitating parties. The blockade continued till the reporting period, one of the major border Raxaul from where more than 70% fuel, construction materials and other commodities are imported is completely closed from 24/09/2015 whereas, other borders are partially opened. The blockade adversely affected the project progress all way through the first half of FY03 as is evident from the above result-related chapters.

The blockage has primarily affected construction of water supply and institutional/public toilet schemes, transportation of construction materials, and availability of materials in the market. The available material's cost is increased remarkably, exceeding the district rate (rate approved by the district rate committee), so WUSCs are not able to procure the materials from the market. A number of new water supply schemes planned for FY03 could not be started and the schemes planned to complete during the past six months could not be completed, see table 3 below (based on districts' reports 20-22.1.2016). Even if the project vehicles have been able to stay on the road fuelled by the various DDCs, the individual WUSCs have not been as lucky: their movement is compromised.