INTRODUCTION

In Nepal, despite repeated emphasis in improving Water, Sanitation and Hygiene (WASH) behaviours, Behavioural Change Communication (BCC) programs are yet to be well grounded, and the strategies on BCC interventions are still in infancy. Nepal’s Sanitation and Hygiene Mater Plan 2011 focuses on both the program governance and promotion of sanitation and hygiene. However, implementation of the concrete strategic steps on BCC is a most desired area of intervention to sustain sanitation and hygiene behaviours. UN-Habitat Nepal undertook a situation analysis on Information Education and Communication (IEC)/BCC programmes in two Global Sanitation Fund (GSF) program implemented districts (Bardiya from Terai region and Arghakanchi from Hill region). The process of preparing this BCC strategy involved formative research, review of policy documents and research reports including baseline, and a quick scanning of the available IEC/BCC materials at the central as well as district levels. In addition, district and national level experts and stakeholders were consulted during preparation of the strategy.

SITUATION ANALYSIS:

Review of policy documents, relevant IEC/BCC materials including media and messages and formative research suggest that in Bardiya district Madhesi, Muslim, Dalit and disadvantaged families are reported as the vulnerable groups in terms of sanitation and hygiene while in Arghakanchi district Dalit, Kumal, Magar and many other disadvantaged groups suffer due to lack of sanitation facilities.

This situation analysis also validated the baseline study conducted by UN-Habitat Nepal in 2011-2012, indicating limited access of toilets in the GSF program districts and poor hand washing behavior (with soap) during critical moments, particularly after defecation.

Analyses of the available IEC/BCC materials of the WASH sector indicate that these materials focus more on disseminating knowledge based information rather than on behavioral changes. In order to cater the needs of the people for change in behavior, IEC/BCC materials were produced and disseminated with little pretesting. In addition, the mechanism of standardization and quality assurance of different messages and materials were not well coordinated and it was done on ad hoc basis. While it is commendable to see the increased knowledge on sanitation and hygiene much remains to be seen in changes in sanitation and hygiene behaviours.

Access to media has been improved over the years in Nepal. Listenership of Radio and increased number of FM stations in both Terai and hills have provided the edu-entertainment messages on social issues including health, hygiene and sanitation. However, disseminating educative materials for the grass root health workers including Female Community Health Volunteers (FCHVs) and production and airing of different public health related radio programs are yet to be undertaken.

In recent years TV coverage has been increased and a number of Nepali TV channels are available in central, regional and local levels. In addition, Indian TV channels are also quite popular in border areas of Nepal. Some of the TV programs are using
celebrity in Nepal, which have been quite effective to disseminate information on different health issues, attract public attention and ultimately persuade target audiences.

The social media; facebook, twitters and SMS are getting increasingly popular among young generations in recent years. However, these media are still not very much exploited in social issues except in few cases of social marketing. Celebrating the sanitation and hand washing days can be further explored and tied up with some trusted social marketing ventures.

Cultural and traditional media are still very dear and popular means to target audience for rural communities. Street drama, folk media, poster, pamphlets and competition distributing key rings (given to the FCHVs for providing maternal health services) have become popular.

Inter Personal Communication (IPC) tends to be the most important media in Nepal to address the personal social issues like hand washing and personal hygiene and sanitation. FCHVs and women's group and child clubs should be provided with the IPC materials, flip charts and proper training that would empower them to discuss and disseminate the appropriate and quality BCC messages to the target audiences. Moreover, there are evidences that few emotionally charged posters, jingles and radio programs have been popular contributing to sustain behavior changes among the specific target audiences. For example, message for not marrying with a boy/girl having no toilet in his/her house has triggered the mind to think differently. The triggering tools being practiced in the sanitation sector have considerably aroused the feelings of disgust, shame, dignity, identity, pride and health consciousness. As a result, community people have possessed a good affinity to abandon malpractices of open defecation and adopt proper hygiene behaviours. Triggering is equally applicable in Bardiya and Arghakhanchi districts provided tools are chosen appropriately and triggering is done effectively by considering local level socio-cultural context.

APPROACH/MODEL OF BEHAVIOR CHANGE

There are a number of approaches and theories about behavior change ranging from P-Process (Analysis, Strategic Design, Development and Testing, Implementation and Monitoring and Evaluation and Re-planning) to different of behavior change models such as KIAPA (Knowledge, Intention, Attitude, Practice, Advocacy- John's Hopkins Model), trans-theoretical model (proposed by Prochaska and DiClemente, 1986), staged behavior change model - pre contemplation (Not ready to change); contemplation (Thinking of changing); preparation (Ready to change); action, and (Making change) and maintenance (Staying on track) and social cognitive theory. Although it was hard to ascertain the stages in which the majority of target audiences falls in two program districts, formative research findings and discussion with the key informant workshop participants suggest that despite increased knowledge on sanitation and hygiene, use of toilets and practice of hand washing with soap and water remains a big challenge. This information stands as a good opportunity for the program managers and policy makers to focus on the messages and sanitation campaigns through advocacy, social mobilization and BCC.

AUDIENCE SEGMENTS

The strategy has identified primary, secondary and tertiary audiences based on the demographic characteristics such as population size, sex, age, ecological regions, education status, cultural aspects, public health importance and likelihood of the responsiveness of the key population groups towards the communication message. The priority audiences were categorized as primary audience while the influential people in the primary audience’s social networks is considered as secondary audience. They included mothers with under-five children, students/children (5-17 years).

Categorization of primary audiences:

**Arghakanchi district:**
- Dalit, Magar and Kumal community
- Mothers with under five children
- Household heads (men)
- Children/students(5-17 years)

**Bardiya district:**
- Madhesi, Muslim, Dalit community and other disadvantaged groups
- Mothers with under five children (from Madhesi, Muslim and Dalit community)
- Household heads(men)
- Children/students(5-17 years)

ANALYSES OF KEY SANITATION AND HYGIENE BEHAVIORS

Which behaviors are to be promoted by a sanitation program is very crucial. Though there could be many sanitation behaviors of common interest, this BCC strategy considers following behaviors as intended priority behaviors for both districts under survey:

**Sanitation behaviors:**
- Building a sanitation facility
- Ceasing to defecate in the open
- Improving (or upgrading) one's sanitation facility
- Properly maintaining one's facility (including cleaning and emptying)
- Correctly disposing of children's excreta.

**Hygiene behaviors:**
- Hand washing with soap at six critical moments (in particular after defecation and before eating meal)
- Environmental, water, food and personal hygiene
THE MESSAGES:
The strategy has indicated key areas of sanitation and hygiene-related messages for BCC. The messages, channels and media proposed in the strategy are based on the formative research and situation analysis and particularly the key audience segments, potential barriers and the factors that motivate the audiences for taking a positive decision regarding sanitation and hygiene. The strategy has proposed a set of sample messages and the communication channel and media following a pre-test and validation. It is hoped that tested and target group specific messages will be developed at a later stage.

RECOMMENDATIONS:
The process of BCC is complex given the diverse and heterogeneous cultural and value system compounded with demographic, ecological, educational and income factors. There seems no one size fits all situations for BCC approaches and messages. A single BCC strategy cannot target so many audiences and address barriers with specific behaviors and messages. Thus the BCC strategy for sanitation and hygiene and IEC/BCC materials should offer a framework for creation of district level strategies that will target more specific barriers to behavior change in consonance with the local contexts. This strategy asserts that context specific strategy will be more effective in reaching deep into communities and households than a single national strategy though a general framework would be useful at sectoral level.

It is important to state that intended BCC strategy should apply media-mix approach combined with inter-personal communication that when practiced correctly and consistently, can bring about significant and compounding profound health impacts at the household and community level. Use of a branded approach with a logo and tagline that unites all the behaviors and messages as part of a coordinated approach is suggested. Building capacity of the district and national actors involved in the BCC programs and establishing a functional monitoring, evaluation, incentive and review system in place is important.

RECOMMENDED KEY STRATEGIES FOR BEHAVIORAL CHANGE COMMUNICATION

1. Create enabling policy environment:
   Conducive legal and policy environment, both appreciative and punitive measures will be necessary

2. Community persuasion and pressure:
   Enforcement of local level norms and ethics and local level declaration of open defecation as a social crime

3. Evidence based demonstrations:
   Publication of data and facts on death and drudgery and creation of evidence base on socio-economic and environmental benefits of improved sanitation

4. Media mix interventions:
   Media advocacy through multiple means and channels

5. Triggering:
   Inoculation of the feeling of disgust and shame while not having sanitation facilities and behaviors and having a sense of identity and pride while these are in place

6. Process documentation:
   Document the process of learning and motivation with regard to BCC

7. Reward and recognition:
   Need for creating feelings of positive competition and mobilization of model figures

8. Use of printed and audio-visual aids:
   Use of heart touching, emotionally charged and creative messages/materials

9. Incentivizing community sanitation:
   Provision of community fund and reward or incentives

10. Self-monitoring and follow up:
    Respect of local leadership through community' engagement in self-monitoring and follow up

RECOMMENDED STEPS, ACTIVITIES AND TOOLS OF BEHAVIORAL CHANGE COMMUNICATION

1. Assessment of prevailing hygiene and sanitation behaviors:
   Review of secondary information, interview, key informant interview, focused group discussion and spot observation

2. Social and behavioral analysis:
   Case study, participant observation and ethnographic study

3. Assessment and segmentation of target groups:
   Key informant survey and focused group discussion

4. Identification of behaviors that are intended to change:
   Interview, observation, key informant survey and focused group discussion

5. Assessment of factors hindering or facilitating behavioral changes:
   Key informant survey, focused group discussion, case study, participants observation and ethnographic study

6. Investigation of target audience’s preferred means/sources of information:
   Media analysis, interview, key informant survey and focused group discussion

7. Selection of messages and materials:
   Develop a creative concept, write a draft script/text, select images/storyboard, pretest storyboard/layouts/prototypes, revise materials based on the pretest, share with authority and produce final materials

8. Conduction of communication and training needs assessments:
   Identification of competencies of target groups to sustain facilities and behaviors, formulation of training courses and anticipated changes in behaviors, identification and assessment of training materials, identification of key task, competency and standard of key personnel and development of training modules

9. Introduction of evidence-based advocacy and community mobilization packages:
   Implementation of advocacy and implementation programs

10. Monitoring and evaluation regarding whether the intended behavior is carried out:
    Access to information, access to facilities, and demonstration of intended behavior
Three-pronged Strategic Communication Approach on Sanitation and Hygiene

National BCC Strategy on Sanitation and Hygiene

<table>
<thead>
<tr>
<th>Primary Audience</th>
<th>Motherson (with under five children)</th>
<th>Children/students/Child clubs</th>
<th>Household heads (men)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary Audience</td>
<td>Policy makers, D-WASH-CC, V/M-WASH-CC Government officials</td>
<td>Media</td>
<td>FCHVs and health care providers</td>
</tr>
<tr>
<td>Tertiary Audience</td>
<td>General population</td>
<td>Religious leaders and community workers</td>
<td>Financial institutions and private sector</td>
</tr>
</tbody>
</table>

Behavior Change Communication Strategy -- Mass media, outdoor media, IPC with the above audiences

In the immediate and long term, these actions and strategies will impact upon the lives of Nepali people, make a positive difference in their lifestyles and in their attitudes towards sanitation and hygiene in a sustainable manner.

At Technical level: Social Mobilization -- Building inter-sectoral alliances

- Develop capacity of program implementers to consider relevant approaches to promote hygiene and sanitation
- Support national, district, VDCs/Municipality and other partners in BCC Strategy planning, implementation and evaluation
- Assist line Ministry partners to develop cultural and local issues oriented BCC materials on sanitation and hygiene and effective way of utilizing them
- Provide technical assistance for capacity building, IEC/BCC and social mobilization for partners/sectors involved in programs.
- Support sectors, organizations and other initiatives in developing target specific BCC programs
- Strengthen media - utilization to increase the coverage on sanitation and hygiene
- Organize and conduct training/workshops as need arise as well as assist in need identification or need assessment
- Reinforce the on-going activities at national levels through strengthening the existing structures/capacity
- Use these ignition activities such as shit calculation, disa ko malami, disa ko dhup, flagging, whistling for triggering

At Policy level: ADVOCACY -- Sustain sanitation and hygiene behaviors

Give top policy and decision-makers the opportunity to take ownership of the strategy thereby making them key motivators of the process.
Provide continuity to the national sanitation efforts in translating Master Plan into action.
Create awareness on sanitation and hygiene and sensitize development agents, policy and decision - makers, local bodies and the public in order to mainstream sanitation into all policies, plans and programs.

For more information:
United Nations Human Settlement Programme (UN-Habitat)
Pulchowk, Lalitpur, Nepal
Tel: 00977-1-5542816
Fax: 00977-1-5539877
Email: unhabitat.nepal@unhabitat.org.np