Strengthening behaviour change communication in western Nepal: how can we do better?

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The Government of Nepal aims to achieve full water and sanitation coverage by 2017. The bilateral Rural Water Supply and Sanitation Project in Western Nepal (RWSSP-WN) works with local governments in 14 districts, aiming to declare them open defecation free. This behaviour change communications evaluation explored how to improve RWSSP-WN's present practices to reach the diverse target population in the Terai districts, where more than 1 million people still defecate in the open. The study reviewed RWSSP-WN's present behaviour change triggering tools and related communications strategies. Our findings suggest that availability of subsidies seems to change how people think about sanitation and tends to eliminate willingness to pay for a latrine. We recommended strong advocacy for a no-subsidy policy, and more attention paid to alternative financing options with targeted support to the poorest of the poor. The present behaviour change triggering tools do work as intended, but there is a need to develop pre-triggering and post-triggering strategies to increase the overall impact. The pre-triggering strategy would ensure that potential barriers to change are identified and addressed before the actual triggering event, and that the key stakeholders are prepared for the actual triggering event. The post-triggering strategy is needed to continue motivating households to change via messages that tap into the drivers of change, addressing also the barriers which may keep each household from changing behaviour. This paper provides a number of recommendations applicable for those working with local governments and communities to increase the scope and scale of behaviour change triggering.

Keywords: behaviour change communications, water, sanitation, hygiene, Nepal

THE GOVERNMENT OF NEPAL has envisioned achieving universal coverage of basic water supply and sanitation services for its citizens by 2017. This entails that open defecation should end in all districts. The Government of Finland is supporting Nepal in its efforts to achieve universal access to sanitation facilities via its support to the bilateral Rural Water Supply and Sanitation Project in Western Nepal

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http://dx.doi.org/10.3362/1756-3488.2015.030, ISSN: 0262-8104 (print) 1756-3488 (online)

(RWSSP-WN). RWSSP-WN works in 14 districts, of which 9 have been declared open defecation free (ODF) to date. The main challenge remains in the Terai districts where the RWSSP-WN works: Kapilvastu, Nawalparasi, and Rupandehi. Of these, Nawalparasi was declared ODF in July 2015. The target is for these three districts to be declared ODF in a sustainable manner and without subsidy by 2017.

The sheer number of people to be reached is the point of entry for this study. How does a behaviour change communications (BCC) programme reach 1 million people in a manner that also results in a tangible change, i.e. stops open defaecation? According to the 2011 Census (Central Bureau of Statistics, 2012), the number of households without toilets in Nawalparasi district was 38 per cent, in Rupandehi district 41 per cent, and in Kapilvastu district 68 per cent. In total this means that out of 383,859 households in these three districts (population 2,095,640), 179,353 households (population 980,153) did not have a toilet (Government of Nepal, 2011).

All water, sanitation, and hygiene (WASH) sector stakeholders in Nepal agree that the Terai (the southern plains of Nepal) is the greatest challenge. Changing sanitation behaviours and increasing household latrine construction have proven far more difficult in the Terai region than in the mountain regions of Nepal. BCC strategies and tools which have worked well in other parts of Nepal (regarding topics such as toilet use, improved menstrual hygiene, and hand washing) have been less successful in the Terai. The large, high density population and mixture of socio-economic, religious, and cultural identities are factors which may make behaviour change more challenging in this region. Moreover, the long border with India, with significant landless and transient populations, adds a layer of complexity to the Terai's human landscape. Other factors that influence behaviour change include limited space for sanitation facilities, toilet preferences, and the complexity of the toilet-building process in flood-prone flat lands.

To better understand the issues of use and maintenance, as well as to continue and improve programmatic efforts to scale coverage, RWSSP-WN studied its present behaviour change triggering tools and related communications strategies, to learn how to do better in the Terai context. The study was conducted in the above-mentioned Terai districts in December 2014. This article outlines the findings and recommendations, taking the consultant report by Gerwel-Jensen and Poudel (2014) as the basis for further discussion. These findings would be useful for any location, including both sites that have already been declared ODF and those that have not.

What did we study?

The objective of RWSSP-WN Phase II is for all its 14 working districts to be declared ODF. The project approach is fully in line with the Nepal Sanitation and Hygiene Master Plan (Government of Nepal, 2011). Given that RWSSP-WN is a local-government-led rural WASH project, it operates through the District Development Committees (DDCs) and Village Development Committees (VDCs). It also works closely with District WASH Coordination Committees (D-WASH-CCs) and VDC

WASH Coordination Committees (V-WASH-CCs), which have been established to coordinate and harmonize efforts of the multitude of agencies, programmes, and projects – governmental and non-governmental alike – working to reach the ODF goal. To achieve the aim of total sanitation and hygiene behaviour change in the target communities, the project applies a two-stage strategy as follows.

Stage 1: Community-led sanitation behaviour change

The target of this first stage is to bring about household sanitation behaviour change (i.e. stopping open defecation, and encouraging the construction and consistent use of toilets by all household members). Behaviour change is achieved via a so-called 'trigger-based' approach, which is applied at both community and individual levels. This replaces the more traditional top-down, lecturing approach regarding the dangers of open defecation and the importance of toilet use, which proved relatively ineffective in creating significant and sustainable change.

The RWSSP-WN trains V-WASH-CC members and local support persons to plan for and apply various 'triggering tools'. In turn, the VDC stakeholders and support persons train a group of volunteers from all wards in the VDC on the use of the tools. Ward-level volunteers are then expected to carry out community and individual level triggering activities in their local area with support from the V-WASH-CC and RWSSP-WN support persons. The triggering activities are intended to lead to sanitation behaviour change and the achievement of ODF communities via the process described in Figure 1.

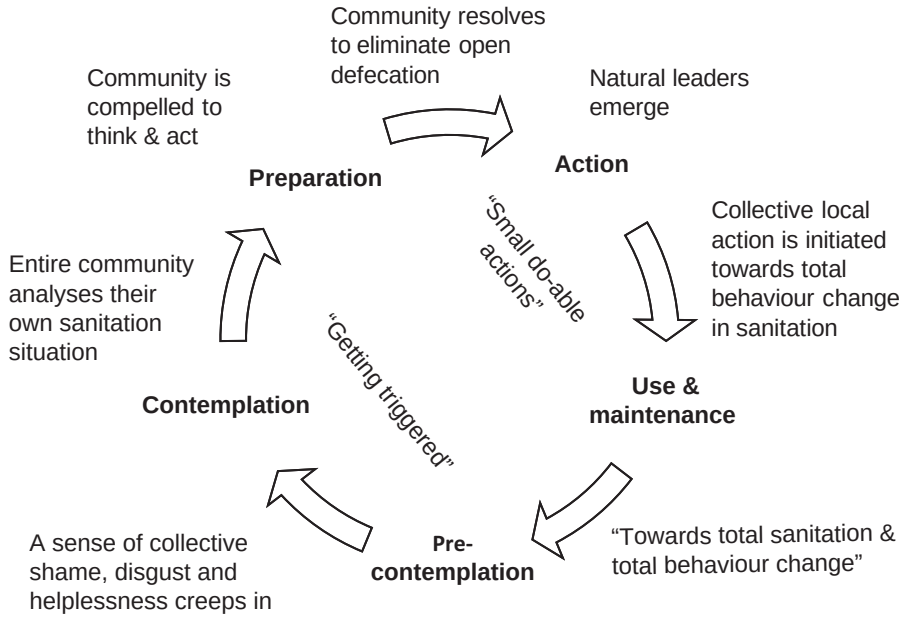

Figure 1 Behaviour change cycle
Source: modified by author from list of community-led total sanitation actions

Triggering activities are supplemented by behaviour change communication via other channels, including street drama, rallies, radio broadcasts, etc. The intended final outcome is the achievement of ODF wards and VDCs. Once a VDC has been declared ODF (after a verification process), the second stage of behaviour change starts.

Stage 2: Total sanitation and hygiene behaviour change

The second stage focuses on promoting five hygiene and sanitation behaviours:

- hand washing with soap or a cleaning agent at four critical times;
- safe disposal of faeces;
- safe handling and treatment of household drinking water;
- regular nail cutting, bathing, clothes washing, daily combing, proper tooth brushing; and
- proper waste management inside and outside of the home.

The main strategy used to achieve these targeted behaviour changes centres on consultations and negotiation at the household level with the Small Doable Actions (SDA) approach. The SDA approach seeks to bring about behaviour change via the following process:

1. Identify feasible incremental steps that move people from the current hygiene and sanitation practice toward the ideal practice.
2. Identify existing hygiene and sanitation good practices to be reinforced and congratulate the householder.
3. Identify practices to be improved and negotiate the options.
4. Visit families to find out how families are able to practise the new behaviours.

Selected natural leaders, lead mothers, teachers, health workers, and female community health volunteers play a key role in this process. They are trained on how to implement the SDA approach, after which they should proceed to visit each household. The intended final outcome of stage 2 is total sanitation and hygiene behaviour change. RWSSP-WN's model of behaviour change thus assumes that triggering will set in motion a mass movement in the Terai communities and that this movement – supplemented by radio messages, videos, etc. – will lead to ODF. Following ODF status, household visits as per SDA will be the main vehicle for behaviour change.

What did we ask?

The study aimed to assess and provide recommendations to strengthen the effectiveness of RWSSP-WN II's BCC activities to improve sanitation practices and toilet access in three western Terai districts (Kapilvastu, Nawalparasi, and Rupandehi districts). The study specifically sought to determine the following:

- Have RWSSP-WN's BCC strategy and activities been effectively implemented?
- Do RWSSP-WN's BCC strategy, messages, and activities adequately respond to the drivers of and barriers to improving household sanitation behaviours in the target population?

Due to limited time and resources, the study focused on the following behaviours:

- ending open defecation;
- toilet investment and construction;
- consistent toilet use.

The study was guided by the Water and Sanitation Program's (WSP) theory of sanitation behaviour change. It considered drivers/facilitators and barriers to sanitation behaviour change and BCC effectiveness related to the demand for improved sanitation behaviour. Acknowledging that sanitation behaviour change is not contingent on people's demand for sanitation exclusively, the study also sought to assess the enabling environment and supply chain for rural household sanitation. Table 1 lists the key questions which guided the design of qualitative research instruments.

The demand assessment of the study, specifically, was informed by SaniFOAM, a conceptual framework for analysing and understanding sanitation behaviour change. 'FOAM' stands for Focus, Opportunity, Ability, and Motivation. SaniFOAM is designed to assist programmers to identify the key factors (determinants) which influence the practise of a desired behaviour (e.g. usage of a toilet) in a target population (Devine, 2009).

In total, 17 focus group discussions (FGDs) and 31 individual interviews were conducted in seven study VDCs. Study participants included:

- adopters: men and women who own and use improved latrines;
- non-adopters: men and women who defecate in the open;
- masons;
- material retailers;
- field level BCC implementers; and
- V-WASH-CC members.

Study limitations included that subsidies for sanitation were or had recently been available on a large scale in all VDCs. This had several negative implications for the study. First, answers may have been biased by expectations that the assessment team was in a position to allocate such subsidies, although great care was taken to emphasize that we were not affiliated with any subsidy-providing programme. Second, few people

Table 1 Key questions

Demand	Do those who do not use improved sanitation have the opportunity to change? Do those who do not use improved sanitation have ability to change? Do those who do not use improved sanitation have the motivation to change?
Supply chain	Are toilet building service providers and suppliers able to provide affordable and desirable toilets? How complex does the existing sanitation supply chain make the sanitation shopping process?
Enabling environment	Do decision-makers and implementers understand the programme's approach? Do decision-makers prioritize sanitation? Do decision-makers buy into and prioritize RWSSP-WN's BCC approach?

Photo 1 Triggering can work. A proud woman shows us the toilet she built with a partial subsidy (Nawalparasi district, Nepal)

had built latrines with their own means, thus providing only a narrow foundation for learning about current drivers of household sanitation investment. Third, the large-scale provision of material subsidies meant that a 'true' sanitation market situation did not exist. Finally, we were able to interview only a small number of masons and suppliers; not enough to get a detailed view of the supply chain situation.

What did we find out about BCC strategy and its implementation?

Key findings with regard to the BCC strategy and its implementation are discussed below.

Smaller than anticipated scale

The assessment findings suggest that the challenges start early at the RWSSP-WN BCC strategy implementation. Contrary to what was intended, triggering is yet to be carried out in a systematic fashion and on a wide scale. The key reason for limited scale is many of the community volunteers become inactive shortly after triggering training (for instance, in one location only 1 of 18 trained volunteers remained active). Instead, most triggering activities are implemented by paid support persons. However, the number of paid support persons is insufficient to carry out triggering on the necessary scale. Additionally, many potential channels for BCC – such as community-based organizations and clubs – remain underutilized.

The result is that triggering has reached only a minority of community members (for instance, respondents commented that only one or two family members were invited to the triggering event, instead of the whole community). Though many

of those exposed to triggering report that it led them to change behaviour, limited triggering means that such behaviour change is not widespread. For instance, one respondent noted that within her concept of hygiene, the first priority was not the toilet: 'We need new saris. If we don't wear good quality saris, other people will say that our family is dirty' (female non-adopter, Rangapur VDC, Kapilvastu district).

VDCs rely on familiar methods, not the RWSSP-WN BCC strategy

At the moment, the bulk of sanitation promotion is done by local government stakeholders, such as V-WASH-CC members. To achieve the ODF target, they tend to fall back on messages and methods which are known to them rather than rely on the RWSSP-WN BCC strategy. ODF and toilet 'promotion' is thus mostly done via door-to-door visits – or interactions at the VDC office – and frequently centres on blaming and threats of sanctions if no toilet is built. Beyond triggering, activities in the community (and at a later stage, SDAs, methods, messages, tools, and guidance for what to do – in particular during household visits) are to a large extent missing.

Messages remain negative and 'educational', potential drivers of change are untapped

Contrary to what the BCC strategy recommends, the focus of VDC and ward level BCC efforts have been on traditional negative messages that 'educate' non-adopters about the need to change their ways and build a toilet. These messages appear to have no impact in terms of motivating change. Current BCC taps into the potential drivers of behaviour change in the target group – the value placed on women's modesty, shame, and the desire for status – to only a very limited extent. Our findings point to the following as the strongest potential drivers of sanitation access for women and men, respectively:

Women. Perceiving having and using a toilet as a social norm (being left behind); shame/embarrassment/protecting one's modesty; desire for status and prevention of gossip about the family.

> If your father-in-law or other important people pass and see you openly defecating, a woman's suffering is unimaginable. It is like being dead (female adopter, Muslim, Sisuwa VDC, Kapilvastu district).
>
> Open defecation was common before, but now many people use toilets. We feel ashamed that we are still defecating in the open (female non-adopter, Bhujuwa VDC, Nawalparasi).

Men. Convenience and comfort of having a toilet near or in the home; desire for status; protecting modesty of, in particular, young women in the family.

> I plan to build a second toilet inside my house; it is more comfortable (male adopter, Bhujuwa VDC, Nawalparasi).

Photo 2 Shop keeper showing his 'Toilet ID card' – this is needed to get services from the local government in this VDC (Rupandehi district, Nepal)

> My son got married to a lady from the town … so we built a toilet thinking that she may feel uncomfortable to go in the open (male adopter, Bhujuwa VDC, Nawalparasi).

BCC activities and messages leave potential barriers to sanitation behaviour change unaddressed

Barriers to behaviour change – such as questions about how to finance one's toilet investment – are not addressed in a systematic fashion. However, such barriers may leave households unable to build a toilet, even though they have the motivation to change. Our findings suggest that addressing the following key barriers could be critical in helping many households move up the sanitation ladder:

- complex sanitation shopping process (lack of local providers);
- lack of accurate knowledge about toilet costs;
- lack of knowledge about attractive low-cost toilets (especially superstructures);
- belief that only a brick/cement block superstructure will survive rainy season;
- not being able to imagine benefits of a toilet;
- no information about or availability of toilet financing options (other than subsidy).

Missing strategy for when triggering does not happen or does not work

The current BCC strategy assumes that a sanitation movement spontaneously will arise after triggering and propel everyone to build a toilet and stop open defecation.

Box 1 Key findings with regard to the implementation of BCC strategy

Some local-government level leaders have been intensely involved in sanitation/ODF promotion from the beginning. Local governments have allocated substantial resources to household sanitation.

Triggering activities have been well implemented when done and can make a strong impact, but triggering could be more systematically and widely implemented.

Many volunteer triggerers have become inactive soon after their training. The number of paid triggerers is just not enough.

Those who do most of the sanitation promotion tend still to 'educate' and blame/threaten those without toilets. The approach becomes negative.

A variety of communication channels to promote sanitation are used; yet, community resources could be better mobilized to integrate sanitation promotion into their activities/work.

Door-to-door visiting, rather than public triggering, is the main approach used. While such an approach often brings results in terms of toilet construction, it does not necessarily lead to behaviour change.

The current process monitoring and supervision mechanisms need attention. Is triggering having an impact or not?

A strategy, guidance, and tools are missing for what to do between triggering and the community becoming ODF. However, triggering is not always implemented as planned, or does not always work as intended, and behaviour change does not always materialize. In the absence of a strategy, guidance, and tools from RWSSP-WN, what happens after – or instead of – triggering is now up to each VDC (with a focus on sanctions and negative messages as a result).

Key findings regarding the enabling context for the implementation and effectiveness of the BCC strategy included the following (see also Box 1).

A continued subsidy focus is to the detriment of BCC

Subsidies continue to play a central role in Terai sanitation. Large budgets have been allocated to household sanitation in the VDCs studied, but most is spent on subsidies. For example, in one VDC just NPR60,000 (US$560) out of a total 2013 budget of NPR1.2 m ($11,300) for sanitation had been used for communication activities; the remainder was used for subsidies. This is in contradiction of national policy, as well as the no-subsidy RWSSP-WN approach. Other researchers and practitioners have noted this problem. For instance, Adhikari (2015) writes 'variations in the financial mechanisms have spoilt the entire game of sanitation promotion. Failure of hygiene and sanitation intervention has resulted because diverse financial supports are applied without proper consideration of the local needs and requirements' (p. 220). VDC leaders provided various reasons for the use of subsidies, such as strong pressure to achieve ODF targets and demands for subsidies from villagers because households in neighbouring VDCs received them. (The proximity of India does not help, as toilets are subsidized on the other side of the border, where many households have family members living.) In all the VDCs, subsidies are provided in the form of materials; typically a set of 3–4 cement rings, a pan set, and pipes. Though some VDC leaders originally intended the subsidies to

Photo 3 Subsidies remove the incentive for households to invest their own funds in a toilet and appear to change the way people think about toilets. Above, a subsidized double toilet with a half-completed superstructure. The household was waiting for an additional subsidy to finish the toilet.

be targeted only at the poor, such targeting has invariably failed and the subsidies have been made available to all households regardless of income and – in some cases – sanitation status. Regardless of the reasons to give subsidies, our findings suggest that BCC became less effective when the subsidies were introduced. In this context, households not only postpone building a toilet until they receive a subsidy, but often appear to have come to see a toilet as 'something you build for the government' (extrinsic motivation) instead of a facility that you build for the sake of your community, family, etc. (intrinsic motivation).

Pressure to achieve ODF targets makes changing course challenging

The local governments are under immense political and time pressures to reach the ODF target. Getting them to truly change course is likely to be a big challenge. Rupandehi district has led the way showing that VDCs can be brought to agreement on a no-subsidy policy. However, in the VDCs visited in Rupandehi, sanctions now appear to have replaced subsidies as the main 'promotion' strategy. A lot of advocacy and technical/capacity-building support may be needed to steer VDCs onto the path of BCC.

The focus on behaviour change is slipping

In most VDCs, the rush to achieve ODF has become more of a rush to reach 100 per cent toilet coverage and actual behaviour change appears to be less of a consideration. VDCs primarily focus their efforts – via subsidies and sanctions – on making households build toilets, not on making them use the facilities. Some VDCs appear to have been declared ODF even where toilets lack a superstructure or have superstructures that cannot guarantee a modicum of privacy (i.e. they are likely unused).

Lack of true ODF and the absence of plans for how to reinforce ODF in the VDCs which had already been ODF declared, points to a danger that open defecation could remain a widespread reality even after the three Terai districts are declared ODF. Interviews conducted by project field staff indicate that in some VDCs, as many as 35 per cent of households had returned to open defecation after ODF status had been declared (RWSSP-WN Field Reports).

What do we recommend?

The study was made specifically to provide recommendations to RWSSP-WN and its core stakeholders on how to better support BCC. Yet, for the purposes of this article we have generalized the following recommendations to be applicable wherever BCC for sanitation and hygiene is applied in the local government and community context.

Recommendation 1: Advocate with the local governments and national level leaders for a no-subsidy policy

Our findings suggest that subsidies currently are a critical obstacle to sanitation behaviour change in the Terai context. Though recent research from Bangladesh has shown that subsidies when provided to a majority of the poorest in a village have a substantial positive effect on latrine ownership among both subsidy and non-subsidy recipients, we did not observe a similar dynamic in the study VDCs (Guitaras et al., 2015). It is possible that a well-targeted subsidy programme could have the same impact in the Terai; however, our findings lead us to be less than optimistic about how feasible such targeting would be on a larger scale. Stopnitzky's (2012b) recent analysis of the subsidy component of India's Total Sanitation Campaign bears out this concern: only a 1.2 percentage point increase in latrine access was attributable to subsidies between 2005 and 2008.

For triggering activities to become effective in the Terai, all stakeholders must abandon subsidies and do so simultaneously, since communities often demand toilet subsidies because 'those next door receive subsidies'. As local-government-level leaders reported pressure from higher levels to adopt a subsidy approach, it may also be necessary to take advocacy for a non-subsidy approach to a higher level. We also note that community-level actors cannot influence ('trigger') the higher level actors who may not be even present in the community.

Recommendation 2: Develop a pre-triggering strategy

Triggering works best the first time it is carried out in a community; the responses of shame and disgust will not be so effectively engendered if repeated. It is therefore important that triggering is done well. A pre-triggering strategy should be developed to help ensure: 1) that potential challenges to the implementation of the triggering and BCC activities are identified and addressed; and 2) that key stakeholders prepare and plan efficiently for the actual triggering event as well as follow-up

Photo 4 Superstructure of the toilet could be better but at least toilet is used. Post-triggering phase needs to make sure that it will continue to be used (Rupandehi district, Nepal)

communication activities at VDC, ward, and cluster levels. In an early stage, a quick enabling environment assessment for each target area should be made. Such an assessment will allow programmers to identify locations where they can get quick results, and in this manner put pressure on the locations that are lagging behind. The analysis allows programmers to identify potential *location-specific* challenges so that these can be appropriately addressed early on.

Recommendation 3: Enhance and expand the implementation of triggering

To increase the scope and scale of triggering, three recommendations are made. First, to better understand the challenge of inactive volunteer triggerers, RWSSP-WN should carry out additional research to establish the level and timing of drop out among the trained triggerers. Such research could also seek to identify shared characteristics of triggerers who continue to carry out activities (to guide volunteer selection going forward). Second, to avoid relying solely on trained volunteers, RWSSP-WN should identify and mobilize the most active community organizations/clubs prior to triggering and seek to involve them in the sanitation promotion effort. Third, trigger monitoring and supervision should be strengthened to ensure that RWSSP-WN has a good sense of where triggering is being implemented and at what scale and, hence, address problems of inactivity earlier.

Recommendation 4: Develop a post-triggering BCC strategy

RWSSP-WN should develop a strategy for BCC after triggering has taken place (i.e. a *post*-triggering strategy). The strategy should specifically focus on motivating households to change via messages that tap into the drivers of change and identifying and addressing barriers which may keep each household from changing behaviour.

While some households may change behaviour instantaneously after being exposed to triggering, others may not do so for a variety of reasons.

The focus of sanitation BCC should be appropriate to where in the behaviour change process non-adopters find themselves. Jenkins and Scott (2007) have developed a simplified model of the sanitation change decision process, which identifies three progressive stages in the decision to change: preference (motivation), intention, and choice. At the first stage, a 'preference' for sanitation improvement over one's existing defecation practice is developed, based on dissatisfaction with one's existing practice and sufficient awareness of the advantages of new options. At the intention stage people start to plan a sanitation change and are typically in need of specialized knowledge and skills (for example, what materials to use and how to use them). At the third stage, the choice is made and the change can take place very rapidly. For this study, we have also included a fourth stage for use and maintenance that does count for long-term sustainability.

The study proposed that the post-triggering BCC strategy should comprise two main components: 1) an integrated communication campaign; and 2) households and small group level consultation. The focus of communication to promote toilet acquisition will differ according to which of the above-described stages of sanitation decision-making non-adopters find themselves. Figure 2 shows the stages and the proposed sanitation BCC focus for each stage.

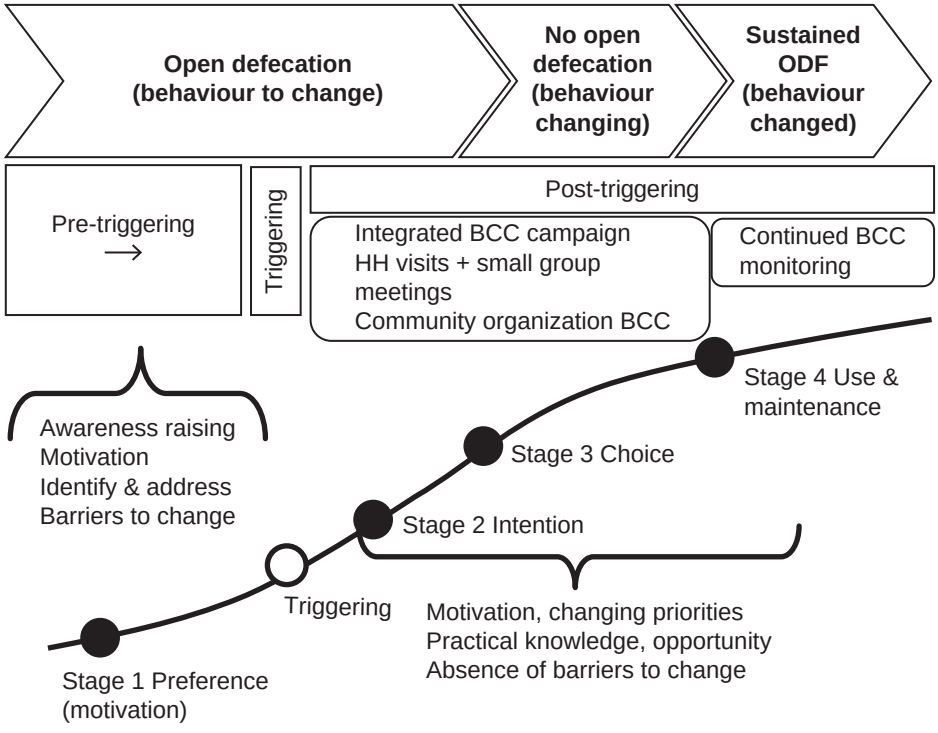

Figure 2 Stages of sanitation change decision-making and the focus of sanitation BCC
Source: Adapted from Jenkins and Scott (2007)

Recommendation 4a: Collaborate with a creative agency or other organization with relevant experience to develop an integrated communication campaign. An integrated communication campaign is essentially a series of coordinated communication activities which revolve around one concept and convey a shared set of messages. An integrated campaign can work to ensure that the target group is repeatedly exposed to a set of tested and effective motivational messages (via multiple channels). The study emphasized that the communication concept and all communication materials and activities developed must be pre-tested with the target audience before they are finalized, produced, and used. Key concepts, based on the findings of the study, could be 'loss of status in the eyes of neighbours/city relatives' and 'loss of a daughter/daughter in law's dignity/honour'.

Recommendation 4b: Remember to target men in BCC too. Men are the primary decision-makers regarding household expenditures, but clearly feel a lesser need for a toilet (though some commented on the advantage of not having to go out in the rain). BCC must seek to make men feel they too need and want a toilet. This could be done by tapping into drivers of sanitation behaviour change among men, for example, by emphasizing the convenience and comfort of having a toilet in or near the home or by seeking to associate having a toilet with high status (and vice versa). Finally, demands for a toilet from prospective brides have been found to be a highly effective strategy to increase male investment in toilets in India, in particular in marriage markets where women are scarce (Stopnitzky, 2012a). Such a strategy could also be effective in the Terai, where sex ratios are similarly skewed (Frost et al., 2013).

Recommendation 4c: Develop a strategy, approach, and tools for sanitation BCC at household and small-group level. Develop a post-triggering strategy which includes small group meetings and/or household visits. A method to conduct the household visits should be in place, to be modelled on the SDA approach. The primary aim of household visits should be to identify and address the specific barriers to sanitation access experienced by each household, while group meetings should seek to address shared barriers and generate a change in social norms associated with sanitation. Peer networks – whether existing or 'engineered' via, for example, health clubs – have been found to have a strong influence on the adoption of improved sanitation (Shakya et al., 2015; Waterkeyn and Cairncross, 2005; Whaley and Webster, 2011). The main messages of the communication campaign should also be integrated into these activities.

Recommendation 4d: Develop a strategy, methods, and tools for community group involvement. A specific strategy to effectively involve community clubs and organizations in the sanitation promotion effort must be developed. This strategy should note when to involve them, to what purpose and with what objectives, and with what target group(s). These clubs need methods and tools to guide and implement their work. It is preferable that they are trained in their use.

Recommendation 5: Consider toilet financing opportunities

Little attention is currently paid to households' capacity to finance a toilet structure, perhaps in great part owing to the large-scale provision of subsidies.

However, a non-subsidy programme must have a strategy for how to enable households to pay for their toilets. Today, money for self-financed toilets comes from the following sources: remittances, sales of crops, and labour income. Households could be targeted more intensively for behaviour change and toilet building immediately before and when they have income from these sources. For instance, a commitment to build a toilet could be sought shortly before the harvest season and/or immediately before and after a family member returns from having worked abroad. To develop a financing strategy that takes into consideration the very different financial circumstances of households in the Terai communities, a more thorough scan of other potential sources of financing – such as microloans – is recommended. Experience from Vietnam has shown that the availability of such microloans can play a critical role in the expansion of sanitation access (Tremolet et al., 2010).

Recommendation 6: Address barriers to change by empowering non-adopters with knowledge and experience

Our findings suggest that a complex sanitation shopping process, a lack of accurate information about designs and costs, and an inability to imagine the benefits of toilets, are barriers to sanitation behaviour change. To address these barriers, the following steps could be considered:

Toilet information materials. Develop a set of toilet information materials with pictures of different toilet options and bills of quantity. Because too many options complicates the sanitation shopping and decision-making process, a limited number of options should be promoted (Water and Sanitation Program, 2012). Posters showing toilets and their bills of quantity can be hung, for example, at the VDC office, health post, school, and other high-traffic buildings. If suppliers are willing, they may also be displayed at their store. Those who promote sanitation behaviour change in household visits and small group meetings should also be provided with a set of toilet information materials (e.g. a flip chart with options). To ease the conversation about the toilet models and to give them a strong profile, consider branding them under a set of (related) names. Use brand names that connote status. Those disseminating these materials could include project staff and local stakeholders such as youth clubs, mothers' groups, V-WASH-CCs, and social mobilizers, as well as the private sector.

In-village or in-VDC demonstration models. Consider training local masons on how to build the specific toilet models promoted. As part of the training, the masons could build a set of the toilets in each VDC or a number of toilets in each village. Doing so will help villagers to imagine their benefits. It is best if the toilets can be built, for example, for volunteer triggerers that do not currently have a toilet. (Because the toilets are test models and villagers need to have access to see and use them for a while, the triggerers could be offered a discount on the price, but they should not receive the toilet for free.) It is not recommended that the toilets are built as public facilities unless an excellent O&M arrangement can be put in place. Without such an O&M arrangement, the toilets are likely to become a disgusting, negative advert for sanitation.

Recommendation 7: Increase the independence and rigour of ODF verification to return the focus to behaviour

The focus on sanitation behaviour appears to be slipping and decision-makers appear more concerned about counting the number of toilets built rather than monitoring and promoting their use. At the moment, Terai VDCs appear able to declare themselves ODF even though open defecation is evidently still taking place. It is proposed that RWSSP-WN explores options for increasing the rigour and independence of the ODF verification procedure, as more rigorous demands for ODF declaration could go a long way to restoring the focus on toilet use. VDCs should not be able to declare themselves ODF solely based on the number of toilets built up to the plinth level.

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