Evaluated behaviour change interventions for WaSH & environmental improvements in the Rohingya refugee response, Bangladesh: findings of the mid-term survey.

The uptake of consequent hygienic behaviours, such as handwashing with soap or cleaning of shared latrines, are a must in highly dense settlements, including the Rohingya refugee camps in Cox's Bazar, Bangladesh. A pilot project in the refugee camps aimed to enhance behaviour change in Rohingya communities through systematic behaviour change interventions. The interventions were tailored to the assessed behavioural drivers of the Rohingya communities and proven to be more effective than standard approaches. As an example: 21% increase in regular cleaning of shared latrines, with a decrease in negative feelings and strengthened social norms connected with latrine cleaning, whereas no changes were observed for standard approaches.

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Context

In the context of the Rohingya refugee communities located in Cox's Bazar, Bangladesh, RANAS Ltd. realized a pilot project led by UNICEF, and partially funded by SDC, to improve hygiene promotion activities of nine different WASH sector partners. The partners selected a broad set of 11 different health and environmental protective behaviors. The pilot project was implemented during August 2019 until end of 2020, with the Corona pandemic interfering strongly with the intended timeline. Due to the restrictions related to Covid-19, only 4 out of 11 behaviors were assessed in the mid-term evaluation.

Objectives

The main goal of this project was to promote the following hygienic and environmental behaviors: child feces disposal, cleaning water utensils, drinking chlorinated water, handwashing with soap, cleaning shared latrines, menstrual hygiene management, not-littering, open defecation, safe water collection, waste segregation and water storage.
Specific objectives were

- To assess current practices and the behavioral factors determining these practices.
- To design, implement, and evaluate systematic behavior change strategies to promote safe behaviors.

Activities

According to the RANAS approach the following steps were conducted.
RANAS Steps 1 & 2: Identify, measure, and determine behavioral factors of handwashing:

- Qualitative research was conducted in 120 interviews to identify potential behavioral factors.

- A quantitative baseline survey on all mentioned practices and behavioral determinants was conducted in 5000 face-to-face interviews in June to August 2019.
- The behavioral factors influencing target behaviors were specified by comparing the answers of the doers and non-doers. Factors were identified for each target behavior that differ between doers (people who already show the "safe" behavior) and non-doers (people who do not yet show the "safe" behavior).
- Example for latrine cleaning: Health knowledge, Feelings, Social norms, Personal importance, Confidence in performance, Action and Barrier planning, Commitment.

RANAS Step 3: Select behavior change techniques (BCTs) and design behavior change strategies to promote handwashing:

- According to the key factors identified with the doer/non-doer analysis BCTs were selected from the RANAS BCT catalog.
- The BCTs were combined with communication channels in coherent behavior change interventions for each target behavior.
- Example for latrine cleaning: 'Present facts' and 'Prompt to talk to others' as well as 'Describe feelings about positive consequences' were delivered through user group meetings, where doers talked to non-doers. In the same meetings, health promoters let people demonstrate latrine cleaning ('Prompt behavioral practice') and helped the user group develop detailed cleaning action plans ('Prompt specific planning'), as well as discussed solutions to possible challenges ('Prompt coping with barriers'). The user group 'Agreed on a behavioral contract'. Through household visits, 'Inform about other's behavior' and 'others'

approval' and 'Prompt identification as a role model' was realized.

RANAS Step 4: Implement and evaluate behavior change strategies:

- The interventions' effectiveness was assessed through a before-after trial and compared to a control group with a standard approach.
- The behavior change interventions were implemented in the target blocks of the refugee camp by the local partners.
- The interventions were compared to other camp blocks were a standard intervention was implemented.
- A follow-up survey on four target behaviors, behavioral determinants and the interventions' evaluation was conducted in 900 households in July and August 2020.

Findings for cleaning of shared latrines

Increase of 21% of people cleaning their latrines on a regular basis.

- 65% of respondents report to have a detailed action plan for latrine cleaning
- Access to latrines increased significantly by 36%
- Compared to the standard intervention, the RANAS intervention group was more successful in achieving behavior change.
- This was because they successfully changed the key behavioral factors of latrine cleaning, especially negative feelings related to latrine cleaning, confidence in performance and active action and barrier plans.

Findings for other tested behaviors

Menstrual hygiene management: Increase in intention and habit to wash and dry menstrual cloths properly. Increase in access to private spaces for menstrual hygiene management. Achieved through positive changes on related behavioral factors, such as positive feelings and beliefs in benefits of clean and dry menstrual cloths.
Handwashing with soap: compared to baseline, 15% increase in regular handwashing and strong increase in frequency of handwashing with soap. Changes in behavioral factors, such as increase in

remembering of handwashing.
Drinking chlorinated water: 45% increase of participants using chlorinated water. Achieved through changes on behavioral factors, such as positive feelings and beliefs in costs and benefits, as well as others' behavior and confidence in performance.

Figure: A detailed action plan for the cleaning of shared latrines.

Limitations

Because of the current Covid-19 pandemic we had to

change the control group from baseline to follow-up, meaning the comparison was not done on individual level. Additionally, the sample size was reduced to 150 households instead of 400 interviewed in the baseline.

Conclusions

To increase effectiveness, behavior change interventions should be based on theory and driven by data, as well as tailored to the specific needs of the target population. Recommendations for further improvement for the RANAS interventions are provided within the follow-up report. Specifically for latrine cleaning, setting focus on the following activities is recommended: meetings with community leaders to increase social pressure, monitoring of latrine cleaning on user group level, signing of a contract to increase commitment and the public commitment (with provision of stickers).