

Expanding Reach into Sanitation Market through Behavior Change Communications

Lessons from Rural Cambodia

September 2015



INTRODUCTION

In Cambodia, only one in three people has access to improved sanitation facilities, reflecting one of the lowest sanitation coverage rates of any country in the Southeast Asian and Pacific region.¹ To accelerate access to rural sanitation, the Water and Sanitation Program (WSP) of the World Bank's Water Global Practice has supported Cambodia's Ministry of Rural Development (MRD) in its

efforts to introduce and test innovative sanitation marketing initiatives. In 2009, in collaboration with iDE, a non-profit organization, MRD together with WSP launched a sanitation marketing initiative in Kandal and Svay Rieng provinces. This resulted in the development of a low-cost, aspirational latrine product that included a hygienic substructure but no shelter or installation costs. In addition, capacity

Key findings

- Expanding latrine sales requires understanding consumer motivations for change. For rural Cambodians, the desire for status, fear of “losing face” and convenience were key reasons to invest in a latrine.
- Integrating a referral mechanism within the behavior change communications (BCC) sessions provides interested households with just-in-time product information and links to local businesses offering sanitation services.
- Engaging members of the Commune Committee for Women and Children² as frontline workers provides an additional channel to reach households that may otherwise not have been reached by the private sector sales activities.
- Findings from an evaluation suggest that an increase in latrine uptake and improved sanitation coverage after additional BCC interventions may have occurred, although the results were not statistically significant.
- Time series data from 2012 and 2013 show an increase in latrine sales around the time of the BCC intervention suggesting that the intervention may have triggered sales that otherwise would not have happened.

¹ UNICEF and WHO, Progress on Sanitation and Drinking Water - 2015 update and MDG assessment, 2015

² Commune Committee for Women and Children exists in every commune in Cambodia; its mission, among other aims, is to raise awareness of laws and rights for women and children and to promote health, education, and children development, including registration of newborn babies and children.

of latrine producers to manufacture and install the latrines was built, and sales and promotional strategies were introduced to stimulate consumer demand.³ Within two years, more than 10,000 latrines had been sold in the two provinces.⁴ Further details can be found in the WSP field note titled, “Sanitation Marketing Lessons from Cambodia”.

PROBLEM STATEMENT

An analysis of the geographic distribution of sales from the early sanitation marketing initiative indicated that sales agents in Cambodia were successful at marketing latrines to households already interested in sanitation improvements. However, the private sector did not have sufficient incentive to expand sales activities to households not yet ready to purchase toilets at the initial sales event.⁴ A strategy to generate demand for sanitation improvements was needed to complement the private sector’s existing efforts to reach greater numbers of households.

In 2011, WSP partnered with iDE and 17 Triggers, a creative agency that specializes in behavior change communication (BCC), to revamp the social marketing and sales strategy before expanding sanitation marketing activities to all communes in the Kandal and Svay Rieng provinces. One of the major improvements to the strategy included the development of an evidence-based BCC campaign that could be used by the Commune Committee for Women and Children (CCWC) to complement the marketing activities. CCWCs exist in every commune in Cambodia with a mission to, among others, raise awareness of laws and rights for women and children, and to mobilize communities in health, education and children’s development, including registration of newborn babies and children.

This Learning Note documents the process and lessons learned while designing and implementing the BCC activities and engaging local government, as well as the top-line findings from an evaluation that was conducted to measure its additional impact.⁶



ACTION

To develop an evidence-based BCC campaign, the team has conducted consumer research; developed campaign communication objectives, messages and activities; trained and monitored frontline workers; and evaluated the impact of BCC activities on latrine uptake through a quasi-experimental design.

Consumer research: In early 2011, research was conducted to understand the motivational differences between adopters and non-adopters of latrines, map the decision-making process for households, and identify key influences at each step of the purchasing process.⁷ Findings were analyzed using the SaniFOAM⁸ framework to understand what factors may influence households’ opportunity, ability, and motivation to invest in a pour-flush latrine, the predominant toilet preference of rural households in Cambodia. Additional studies conducted by WaterSHED Asia were also used to inform the development of the BCC campaign.^{9,10,11} The findings from the studies are summarized in Table 1 below according to behavioral determinants based on the SaniFOAM framework.

³ Danielle Pedi, Phyrum Kov, and Susanna Smets, “Sanitation Marketing Lessons from Cambodia: A Market-Based Approach to Delivering Sanitation,” Water and Sanitation Program, World Bank, 2012.

⁴ Ibid.

⁵ Ibid.

⁶ Claire Chase, Virginia Ziulu, Priya Lall, Phyrum Kov, Susanna Smets, Virak Chan, Yeng Lun, “Addressing the behavioral constraints to latrine uptake: Effectiveness of a behavior change campaign in rural Cambodia,” Paper accepted for publication in *Waterlines Journal*, (forthcoming).

⁷ PowerPoint available upon request.

⁸ Jacqueline Devine and Yolande Coombs, “Introducing SaniFOAM: A Framework to Analyze Sanitation Behaviors to Design Effective Sanitation Programs,” Water and Sanitation Program, World Bank, October 2009.

⁹ “Understanding Household Consumers in the Emerging Sanitation Market in Cambodia,” WaterSHED Asia, 2010.

¹⁰ Mimi Jenkins, “Cambodia Sanitation Consumer Demand Behavior Qualitative Study: Highlights of Key Findings,” WaterSHED Asia, 2010.

¹¹ Danielle Pedi, Sophana Mel, Sophea Pouv and Marion Jenkins, “Rural Consumer Sanitation Adoption Study,” WaterSHED, October 2014

Table 1: Key research findings according to behavioral determinants

Focus	<i>Target population</i>	<ul style="list-style-type: none"> Rural households without improved latrines
	<i>Desired behavior</i>	<ul style="list-style-type: none"> Buy or build a latrine
Opportunity	<i>Access to water</i>	<ul style="list-style-type: none"> As most rural Cambodians desire a pour-flush latrine, access to water is important. Generally, water access is not considered a problem, even in the dry season for most households.
	<i>Product attributes</i>	<ul style="list-style-type: none"> Rural Cambodians want toilets that look good, are odor free, are easy to clean, durable and do not require frequent emptying, if at all. The overwhelming majority prefer a pour-flush model over dry pit. They also prefer a toilet that allows for anal cleansing and bathing.
Ability	<i>Knowledge</i>	<ul style="list-style-type: none"> 60% of rural households without a latrine do not have accurate information of how much a low cost latrine can cost, including the true market price for sanitation materials. Many households cite that the cost of latrines would range from US\$100 - 300. Most households are unaware of the financing options available to them.
Motivation	<i>Social drivers</i>	<ul style="list-style-type: none"> Status among peers and neighbors is an important driver for rural Cambodians to build toilets. They would like to have what their neighbors have and a latrine is a way to gain status for families. Households that practice open defecation are looked down upon by neighbors, and the lack of a toilet for visitors is shameful. Families with adolescent daughters are also motivated to invest in latrine to avoid having their daughter be seen defecating in public, which brings shame to the family.
	<i>Physical drivers</i>	<ul style="list-style-type: none"> Having to walk a far distance through fields littered with feces are described as inconvenient and disgusting. Many households avoided open defecation at night for fear of animal bites, evil spirits and rape.
	<i>Attitude</i>	<ul style="list-style-type: none"> Individuals feel that open defecation is acceptable as long as they are hidden.
	<i>Competing priorities</i>	<ul style="list-style-type: none"> Households cite needing money for school, medical bills and purchasing farm animals over purchasing a latrine.
	<i>Willingness to pay</i>	<ul style="list-style-type: none"> Some households, already in debt, are reluctant to borrow money for fear of not being able to pay it back.

Communication objectives and messages: Based on analysis of the research findings, knowledge and social/physical drivers—in particular convenience—were chosen as the key behavioral determinants to address in the campaign, translating into the following communication objectives:

- Provide knowledge of the true price of low-cost latrine options (knowledge)
- Highlight the shame and loss of face associated with not having a toilet (social driver)
- Stress the inconvenience of having to defecate in the open (physical driver)

The campaign’s call to action of “Buy or Build a Toilet” included two key messages:

- “Having a latrine helps you save face”
- “Life without a latrine is full of inconvenience and shame”

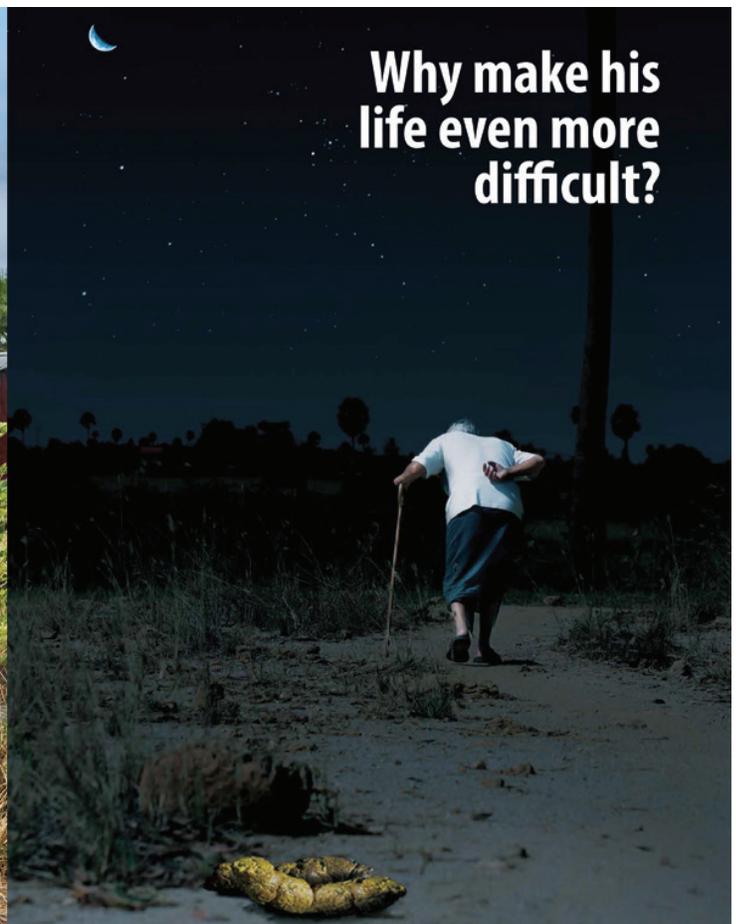
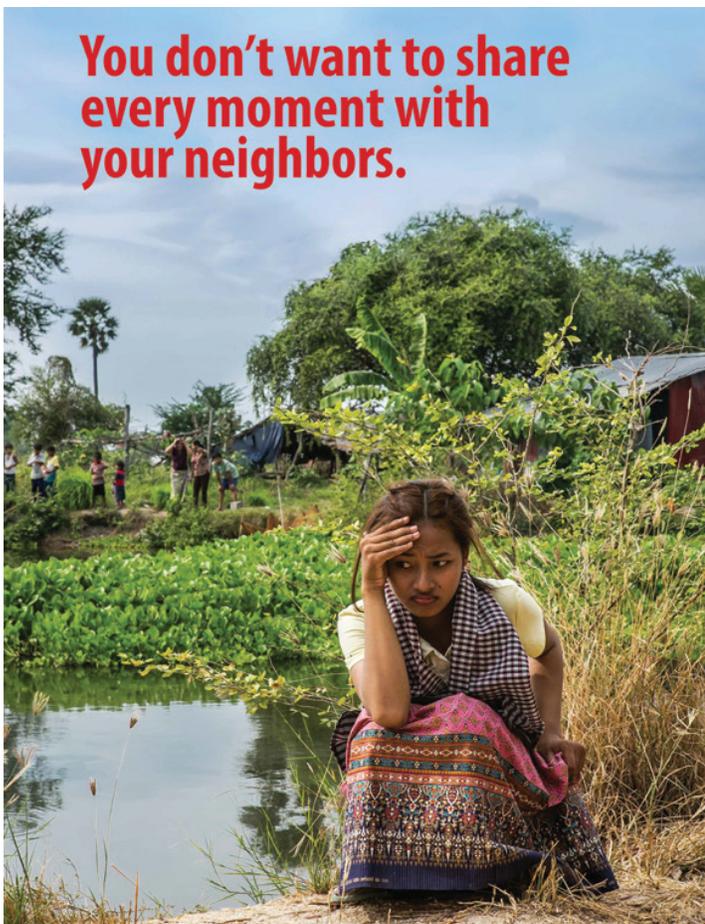
Channels and activities: While behavior change communications campaigns can deploy a suite of instruments, inter-personal communication (IPC) was chosen as the sole channel for reaching households for multiple reasons: 1) results from the initial pilot revealed limited audience recall of messages delivered via mass-media channels;

2) airing of mass media would be too expensive for local government budget to sustain; and 3) the BCC activities aim to influence household intentions to buy or build a latrine, a process that required multiple messages that would be too complicated to cover in conventional television commercials. Thus, IPC activities were developed for implementation in two phases, each consisting of an hour-long group meeting led by CCWC to be conducted around lunchtime when most household members were most likely to be at home. Sessions were targeted at those households that did not yet have a latrine, while on purpose several latrine owners would also be invited to provide testimony as needed. The group meeting gave space for participants to interact with one another and to get involved with the whole learning process.

During the first meeting, CCWCs encouraged participants to discuss the shame of being unable to provide a toilet for out-of-town guests and embarrassment of having their adolescent daughters be seen defecating in the open. CCWCs then invited participants to play a pricing game to help them

understand the actual cost of dry-pit and pour-flush latrine models and position low-cost, natural shelters as better options than defecating in the open.

In the second meeting, targeted households were exposed through a Gallery Walk to posters depicting situations where it is inconvenient or shameful to defecate in the open. Participants were also asked why they had yet to build or buy a latrine—the facilitators being equipped with visuals to respond to the most common objections and rebuttals such as “not having enough money, saving for a toilet with a concrete shelter, waiting for an NGO to provide one for free,” etc. The second session concluded with the same call to action as the first: households interested in pit latrines were provided with simple instructions on how to build one; and those interested in pour-flush latrines were given referral cards with contact information of local sales agents or latrine business owners. BCC materials used in first and second meetings can be found in the Sanitation Marketing Toolkit Cambodia section at www.wsp.org/toolkit/cambodia.





Training and monitoring: Tools developed included a facilitator guide and training curriculum, a banner, puzzles, fans and posters, for use by CCWCs (or other facilitators of IPC sessions in the community). Training focused on both technical and attitudinal aspects of conducting IPC activities. During implementation, CCWCs were shadowed by District Committee for Women and Children for an average of five sessions and were provided with feedback on their application of IPC methods and tools, using a checklist that would score their “mind-set”, “skill-set” and use of the “tool-set”. Reflection workshops were held after each phase to discuss areas for improvement, and materials were adjusted accordingly.

Engagement of local government: A challenge for local government during this process was to allocate funds from their local budget to implement the BCC activities. To address this, a number of workshops were held with district and commune officials to i) support the prioritization of commune-level BCC activities, and ii) help them develop an adequate work plan and budget. Further support was provided to both the district and communes to monitor progress of performance. Within the context of the government’s planned decentralization of rural sanitation functions to district level, these activities have been instrumental to demonstrate how communes-level actors can take on a mandate for sanitation service delivery.

Evaluation: In 2013, an evaluation of the BCC activities was conducted. The study compared communes in which only sales activities took place—so called “non BCC communes”—with those in which sales activities were implemented and combined with BCC activities—so called “BCC communes”—to understand, primarily, the effectiveness of an added BCC component on latrine uptake.¹²

RESULTS

- In total, more than 20,000 people (70% were women) in 174 villages were reached through the BCC campaign and an average of 25 people attended each IPC session.
- The evaluation of the BCC intervention produced mixed results. As the sample size was very small—only 20 communes were selected for the intervention—it was difficult to generate statistically significant findings. Available data seem to suggest an increase in latrine purchase and improved sanitation coverage after BCC interventions.
- Time series data from 2012 and 2013 indicate that while the non-BCC communes have purchased more latrines around the agricultural harvest period, the BCC intervention seems to have been able to also generate latrine purchase outside of that period.

¹² The detailed methodology and results can be found in Claire Chase, Virginia Ziulu, Priya Lall, Phyrum Kov, Susanna Smets, Virak Chan, Yeng Lun, “Addressing the behavioral constraints to latrine uptake: Effectiveness of a behavior change campaign in rural Cambodia,” Paper accepted for publication in *Waterlines Journal*, (forthcoming).

- In 2014, following the completion of the BCC activities in the 20 communes, five districts in Kandal and Svay Rieng provinces agreed to scale up the IPC activities to more communes within these provinces. WSP provides training and materials, following which the communes carry out all IPC activities with their own funds. These efforts are now further replicated as part of a government initiative supported by WSP to test the transfer of rural sanitation function in 10 districts in two provinces.

KEY LESSONS

Lessons from designing and implementing the BCC activities include the following:

- **Focus on motivations:** Several consumer research studies revealed status and convenience to be the key drivers for latrine adoption among rural Cambodians. Based on this, BCC materials focused on triggering these emotional and physical drivers rather than discussing more rational benefits to improved sanitation such as health.
- **Latrine adoption becomes easier when solutions are provided in terms of supplier contacts, products and**

prices: The objective of the BCC activities was to motivate households towards buying or building a latrine. At the conclusion of the IPC sessions, CCWCs provided households with contact information to relevant enterprises, serving as a bridge between the households and the sanitation provider and eliminating consumer hurdles to seek out purchasing options. Providing an immediate solution may partly explain why latrine adoption rates were significantly higher throughout the duration of the campaign.

- **Addressing affordability requires more than communication:** According to a 2010 National Sanitation and Hygiene Knowledge, Attitudes, and Practices Survey, 53% of Cambodian households believed, mistakenly, that it would cost US\$100 or more to build an acceptable latrine for their family. This misperception was confirmed by the rural consumer sanitation adoption study.¹³ To address this knowledge gap, BCC activities focused on revealing that the actual price of a pour-flush latrine built with a low-cost shelter could be as little as half of the perceived price. It also positioned this price level “as achievable”, in comparison with other aspirational consumer goods, such as motorbikes and TV sets. Addressing affordability, however,



¹³ Ibid.

cannot be resolved through communications alone. Lower income households are often unable to pay the up-front costs of a latrine and need assistance in the form of small loans or payment plans to finance the purchase.¹⁴

- **Mentoring and supervision are critical to quality delivery of BCC activities:** CCWCs are often selected as frontline workers because of their mandate to carry out outreach activities and their extensive grass roots network, indispensable for going to scale nationally. As part of this initiative, they were provided with a three-day training on communication skills at the start of the program. However, results from monitoring activities revealed that mentoring and close supervision of the CCWCs were still necessary to deliver quality BCC activities.
- **Commune leadership and implementation is feasible, with the right support structures:** Other than testing the implementation and effectiveness of using an evidence-based BCC toolkit, this pilot also demonstrated the capacity and feasibility of commune-led sanitation promotion activities. Adequate support structures from district and external mentors are critical in such a start-up period.

WHAT ELSE DO WE NEED TO KNOW?

Many valuable lessons have been learned throughout the process. There are still, however, outstanding questions:

- **Sustaining momentum for IPC activities:** Following completion of IPC activities in the current 20 communes, some CCWCs have been able to continue the IPC activities using their own resources. However, the extent to which CCWCs will be able to sustain activities and what is required to keep them motivated to continue needs further learning, which will be a part of the WSP-supported decentralization pilot of sanitation functions in 10 districts.
- **Targeting men in BCC activities:** IPC activities were designed to take place during lunchtime when at least one household member would be home. Monitoring data indicate that the majority of participants at the IPC sessions were women¹⁵—but the national KAP survey indicates 46%

of households reported that husband and wife jointly decide on a latrine.¹⁶ Thus, it would be worthwhile to understand whether purchase intent and sales increase, should IPC sessions reach more men.

- **Addressing social norms:** Formative research and implementation of BCC activities have revealed numerous insights regarding behavioral determinants for household adoption of latrines. In addition, Community-Led Total Sanitation (CLTS) activities in Cambodia have shown that building collective peer pressure for latrine adoption can be very effective. A remaining challenge is how to develop the next generation of BCC materials to sustain collective pressure created by CLTS and whereby having a latrine is the new norm in rural Cambodia.

RELATED READING

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About the program

Today, 2.5 billion people live without access to improved sanitation. Of these, 71 percent live in rural communities. To address this challenge, WSP is working with governments and local private sectors to build capacity and strengthen performance monitoring, policy, financing, and other components needed to develop and institutionalize large scale, sustainable rural sanitation programs. With a focus on building a rigorous evidence base to support replication, WSP combines Community-Led Total Sanitation, behavior change communication, and sanitation marketing to generate sanitation demand and strengthen the supply of sanitation products and services, leading to improved health for people in rural areas.

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