Changing Behaviors to Scale Up Rural Sanitation Lessons from Learning Laboratories in the Philippines

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Key findings

• Understanding the drivers that motivate people to improve their sanitation situation is crucial to inform a behavior change communication (BCC) campaign. Although past campaigns focused on the health benefits of sanitation, research showed that Filipinos are more successfully motivated through social, emotional and physical drivers, such as safety, pride, convenience, and the idea of progress.

• Addressing barriers that discourage people to improve their sanitation situation is important. The campaign intended to dispel people's perceptions that a toilet is too expensive for them. It provided cost information on a range of low to high-end options and encouraged people to get a toilet they could afford now, with prospective upgrades to their ideal toilet in the future.

• Although BCC interventions create awareness and a desire for toilets, it is equally crucial that mechanisms are in place to meet demand. Marketing efforts should thus also strengthen supply chain actors and address financing options for households and need to be sufficiently started in advance.

• Sustaining BCC initiatives at scale requires working with both national and local governments. The former provides credibility and endorsement of the campaign to ensure sustainability and nationwide replication. The involvement of local government is essential for executive support, motivation of local leaders, and effective capacity building and use of local frontline workers to reach rural households.

INTRODUCTION AND PROBLEM

In the Philippines, only 71% of the rural population or approximately 72 million people have access to safe or improved sanitation. This leaves around 10 million people practicing open defecation (OD) (10%), while 1 million continue to use unimproved toilets (1%), and 18 million people rely on sharing facilities (18%). These practices pose a danger to people’s health and the environment and negatively affect people’s dignity, especially women and girls, and their economic prospects.

A solution that addresses the problem of open defecation and unimproved toilets involves changing the attitudes and behaviors of rural households and communities, as well as those of local government officials and leaders in communities where poor sanitation behaviors are practiced.

Since 2008, Water and Sanitation Program (WSP)—a multi-donor partnership that is part of the World Bank Group’s Water Global Practice—has supported the Government of the Philippines on rural sanitation. This engagement started with supporting the Community-Led Total Sanitation (CLTS) initiative of the Department of Health (DOH), which in 2010 was translated into the DOH’s Zero Open Defecation (ZOD) program that set ambitious targets to declare 60% of barangays as ZOD sites by 2016.3

2 Using a participatory facilitated process, Community-Led Total Sanitation (CLTS) aims to make rural communities aware of the negative impact of open defecation, leveraging strong emotional triggers such as shame and disgust. It empowers communities to work collectively towards stopping open defecation. Once communities reach Zero Open Defecation status, verification is organized, followed by declaration of ZOD status, and continued monitoring and follow-up to support the sustainability of ZOD. For more information, visit http://www.communityledtotalsanitation.org
3 In the Philippines, the tiers of administration are region, province, municipality (or city), and barangay or village.
Informed by global lessons on rural sanitation as well as the Philippine experience thus far, in 2011 WSP started a technical assistance program focusing on three critical areas:

- Developing an evidence-based BCC campaign complementary to CLTS to accelerate demand;
- Strengthening the value chain for affordable and aspirational sanitation products and services, and;
- Improving the enabling environment for rural sanitation, through capacity building of local implementers and through advocacy geared to develop institutional leadership and mobilize resources.

**ACTION**

Developing, implementing, and monitoring the BCC campaign was a lengthy process involving multiple stakeholders. Figure 1 illustrates the different steps and timeline of the process.

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**FIGURE 1. BCC IMPLEMENTATION PROCESS**

- **December 2011 to May 2012:** Consumer research and supply chain analysis study conducted by UNICEF and WSP in five provinces and 10 municipalities.
- **November 2013:** Communication conceptualization and planning through a SaniFOAM workshop to identify BCC target audiences and objectives.
- **December 2013 to January 2014:** Development of initial creative concepts in consultation with DOH and local partners; advocacy to local leaders through public policy workshops.
- **February 2014:** Development of pre-test BCC instruments and protocols; development of monitoring and evaluation (M&E) framework and roll-out of M&E tools in four provinces.
- **March 2014:** Pre-testing of BCC creative concepts in three sites.
- **April 2014:** Refinement of final creative concept, including development of new products and catalogs.
- **May to June 2014:** BCC training/capacity building and conduct of activation events in three sites.
- **June to September 2014:** Training of trainers on DSWD’s enhanced family development sessions incorporating CLTS and the UNLI Asenso BCC campaign materials in three provinces.
- **August 2014:** Roll-out of DSWD’s enhanced family development sessions to 4Ps beneficiaries in three provinces.
- **October 2014:** BCC training/capacity building and conduct of activation events participants in two sites.
- **December 2014 to January 2015:** Rapid assessment of DSWD’s enhanced family development sessions to 4Ps beneficiaries in three provinces.

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BEHAVIORAL OBJECTIVES AND TARGET AUDIENCE

The campaign’s primary target audience were rural households with no toilets practicing open defecation, as well as households with unimproved toilets. As part of the campaign, nine municipalities in four provinces—Quezon, Negros Occidental, Negros Oriental, and Sarangani—were selected for the pilot and 60,000 households identified as practicing OD or having an unhygienic latrine were targeted. A secondary, but crucial audience are key decision makers, such as municipal mayors, as well as senior administrators.

The campaign posed the following behavioral objectives by target audience:

a. households that do not own or use a latrine will stop defecating in the open and opt to buy or build a toilet; and
b. households currently using unimproved latrines will upgrade to improved sanitation options; and

c. elected officials will advocate for greater attention to sanitation and allocate funds from the budget.

BCC CAMPAIGN DEVELOPMENT

Key insights

The campaign was developed based on consultations with Department of Health senior staff, interviews with local government representatives and decision makers, and key insights from a consumer research and supply chain analysis conducted in 2011 by WSP and its partner UNICEF among 1,200 rural households across five provinces covering 10 municipalities in the Philippines. The study used the SaniFOAM® behavior change framework to help identify the opportunity, ability, and motivation factors that influence open defecation as well as the purchase of improved toilets. In particular, the research looked at access (how and where sanitary products and supporting services such as technical knowledge are available); product attributes (physical appearance, benefits, and durability); social norms (social acceptability of behaviors);

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knowledge of households on toilets, perceived costs, existing low-cost options and access to credit; affordability; and social, emotional, and physical drivers. Key insights from the research are summarized in Box 1. Social-emotional drivers have been used primarily to design the BCC campaign concept and messages, while other findings have underpinned the wider intervention mix for the sanitation marketing interventions.

**Physical, emotional, and social drivers**
The BCC campaign concept and messages used physical, emotional, and social drivers that focused on the benefits of owning a toilet:

1. **safety** from supernatural creatures (witches, monsters, etc.), thieves, voyeurs, and wild animals,
2. **pride** and enhanced **social status** (ability to invite guests home during social events),
3. **convenience** (proximity to house and unlimited use), and
4. **progress** (owning a toilet, like other status symbols, is a sign of the household’s progress).

Progress was also identified as an important driver for elected officials and senior administrators who would be leading sanitation campaigns within their areas.

**Pre-testing and refinement of campaign materials**
Pretesting of two initial creative concepts was conducted in three locations across the country among: 1) rural households groups and 2) decision-makers. Local frontline workers and health staff were also included in the pre-testing. The pre-test was intended to gauge the comprehensibility, relevance and acceptability, and noticeability and attractiveness of the two concepts; to determine which concept and corresponding materials would be more useful for the campaign; and to identify areas of improvement in the behavior change materials.

Based on the insights gathered from the pre-test, the final creative concept and a corresponding umbrella slogan was developed: “UNLI Asenso pag may Inidoro” (Unlimited Progress with a Toilet).

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6 Gumaca, Quezon Province; Calatrava, Negros Occidental Province; and Alabel, Sarangani Province

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The poster uses the four key drivers: safety (kaligtasan), pride (pagmamalaki), convenience (ginhawa), and progress (kaunlaran) to promote sanitation.
IMPLEMENTATION OF AN INTEGRATED INTERVENTION MIX

Although the primary target of the BCC campaign is rural households practicing OD or with unimproved toilets, interventions also involved other key players: decision makers within local government units and local health front-line workers. A third group of actors was identified to play a future role, to serve as potential sanitation marketing entrepreneurs and sales agents of sanitation facilities.

Public policy workshops

Local government units were engaged in public policy workshops to mainstream sanitation in their local executive and legislative agenda. This resulted in the formulation and passing of local ordinances on sanitation supporting the campaign for Zero Open Defecation. In some municipalities, these ordinances impose penalties such as mandatory community service or fines ranging from PHP200 to 2,500 for open defecation; offer rewards and incentives for barangays with good performance; provide for the creation of a local sanitation task force; and allocate funds for the implementation of the local sanitation program.

Province-wide sanitation summits were also organized in order to get provincial and municipal officials to publicly declare their commitment to ending open defecation in their respective areas, and support resource mobilization from provincial and municipal budgets to implement the campaign.

Capacity building of implementers

Local health workers at the municipal and barangay levels, as the direct link to community members, were provided with training to become advocates for sanitation through the campaign, and also to gain the facilitation skills required to conduct community and household sessions using the campaign materials.

Finally, in six municipalities’, local sanitation providers, such as masons, artisans, local nongovernment organizations (NGOs) or government-owned production centers, were provided with training and tools (such as a product catalog) to offer a range of sanitation products to households. Links to microfinance institutions (MFIs) were facilitated to assist poor households in paying for toilets on an installment basis. These MFIs also provide capital to support start-up or newly organized local sanitation enterprises and franchisees.

Following the 4P marketing mix—product, price, place and promotion—the campaign focused on the following:

PRODUCT

A range of toilet products that features basic models to high-end options has been developed. Each model comprises components such as the substructure (below-ground elements, i.e., septic tank); the shelter (latrine house made of nipa or woven leaves/plywood/concrete); and the user interface (different types of concrete or ceramic bowl/pans). These products were field tested to meet technical design and regulatory/hygiene standards of the Department of Health while a group of private sector actors and implementing NGO partners were asked to give feedback during the product development process. In this process, a human-centered design (HCD) approach8 was employed to design user-tested latrine product/service packages that meet target consumer needs, preferences, and usage patterns. Prototypes were introduced to gain pre- and post-installation feedback and insights, which helped improve physical attributes and affordability. Insights drawn from the process also helped refine related product catalog and sales materials.

Enhanced skills training of local masons and artisans to ensure that demand can be met with sufficient supply of toilets in a particular area.

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8 Malungon, Sarangani Province; Calatayud, Negros Occidental; Gumaca, Quezon; Kabangkalan, Negros Occidental; Dumaguete City, Negros Oriental; and Glan, Sarangani Province

8 For more information on human-centered design, please visit http://www.ideo.com/by-ideo/human-centered-design-toolkit.
PRICE
For households to prioritize the purchase or upgrade of a toilet, they needed to be informed of the true price of low-cost options available to them. To accomplish this, a sanitation marketing catalog was developed. The catalog illustrates various options and their price ranges, so as to help a family choose a toilet that fits their budget. The catalog has been designed to discuss the possibility of upgrading to better facilities in the future, informing and encouraging households opting for basic packages to improve their facilities over time with more disposable cash from savings, remittances, or earnings becoming available. Thus far, one microfinance institution has been engaged to provide sanitation loans to existing customers.9

PLACE
In order to simplify the purchase of toilets for the target audience, local service providers at the rural health units were trained not only in the use of the BCC tools (see promotion section below) and product catalogs, but also to refer the households to the sanitation suppliers and masons serving their community. Supporting the linkages between these actors leverages front-line workers’ frequent community visits, their credibility, and close ties with providers, increasing accessibility of products and services.

PROMOTION
As mentioned earlier, the BCC campaign centered around the creative concept, “UNLI Asenso pag may Inidoro” (Unlimited Progress with a Toilet). Local health workers were trained to use the BCC and marketing materials10 for the campaign as part of community meetings and interpersonal communications during household visits. These meetings and visits could be integrated as part of follow-up visits during CLTS implementation, or—in case no CLTS process was conducted—could also serve as stand-alone activities. Moreover, half-day activation events were also conducted by the municipalities, initially with the support of a professional event agency. These activation events were designed with activities to provide a mix of information and entertainment. The events highlighted the benefits of having toilets, included music and celebrity appearance, and featured documentary videos and interviews with key decision makers. Hand mnemonics to create a memory of the “UNLI Asenso pag may Inidoro” concept were repeatedly conducted and sanitation-related giveaways were distributed to the audience at the end of the event. Provincial and municipal workers have been trained on the job to organize and host such events in other municipalities in order to stimulate replication in a cost-effective manner.

Local chief executives such as governors and mayors and other key stakeholders such as provincial senior officials were present at the events, which at the same time served as an important advocacy channel towards lower level leaders and government staff.

KEY LESSONS
WSP technical assistance in developing and launching the implementation of an evidence-based BCC campaign for rural sanitation in the Philippines followed a staged approach (Figure 1), with several lessons learned along the way.

The first step was to understand and define specific target audiences. Understanding the context and the primary target audience (i.e., rural households) through a consumer research study was crucial to generating the initial creative concepts. This helped to define communication objectives and corresponding messages addressing barriers and drivers that motivate households. Although past campaigns focused on the health benefits of sanitation, the research showed that Filipinos, like consumers in many other countries11, are more successfully motivated by social, emotional and physical drivers such as safety, pride, convenience, and the identification with making progress.

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9 WSP and Water.Org have collaborated with NWTF (Negros Women Foundation for Tomorrow) in order to introduce a sanitation loan product in Negros Occidental province.
10 The mix of promotional materials developed for the UNLI Asenso campaign may be accessed at https://wsp.org/toolkit/philippines.
An important lesson of the development process of the campaign was the need to involve different rural communities as well as other stakeholders, such as front-line workers, and local and national decisions makers. The pre-testing and consultations thus ensured that i) households identify with the materials and languages used, ii) implementers comprehend and can easily relate to the campaign, and iii) government buy-in and endorsement of the campaign is secured.

Although rural households practicing OD or those with unimproved toilets are the primary audience of the campaign, complementary advocacy efforts were implemented to strengthen the campaign’s impact. Municipal officials, administrators, and technical teams were engaged in public policy workshops and province-wide sanitation summits so as to obtain public commitment to end OD in their respective areas and issue local ordinances on sanitation. These upstream efforts proved to be necessary to garner support for the implementation of the various BCC activities.

Local health workers were trained in the use of the interpersonal communication materials developed for the campaign. Local “activation events” were held for communities to introduce the campaign concept of “unlimited progress” and served as a way for municipal officials to launch the campaign and motivate local leaders. These events were piloted in four provinces as part of on-the-job learning for municipal staff. Program scripts and presentation decks to hold such sanitation activation events were also prepared for local governments to easily replicate these events, ideally coinciding with other community festivities to keep costs down.

The human-centered design approach, involving rural households in the testing and development of prototypes, helped to improve product attributes and reduce costs of latrine products. Placing these prototypes on display during activation events and other occasions was also found to be an effective mechanism for generating interest among the rural households who found it easier to visualize having a sanitary toilet in their homes.

WHAT ELSE DO WE NEED TO KNOW

At this stage, behavioral outcomes in terms of ZOD barangays in the pilot provinces have not yet been systematically monitored (this effort is ongoing at the time of issuance of this note). However, several interim outcomes can already be reported that relate to the development and piloting of the BCC campaign and its complementary interventions on the enabling environment.

In nine municipalities in four provinces, municipal ordinances have been adopted for rural sanitation, including the need to adopt BCC interventions and the National Sustainable Sanitation Plan in support of the government’s ZOD program.

Within the four pilot provinces, intensive capacity development activities have been undertaken to enhance the competencies of stakeholders. A total of 720 participants have undertaken various seminars, trainings, and mentoring/coaching sessions in relation to sanitation demand creation, policy development, and sanitation marketing. Of these, 385 facilitators have been trained on CLTS and BCC. There is still a need, however, to learn more about the effectiveness of these trainings and to identify strategies for scaling up capacity building efforts among implementers, including the possibility of setting up regional hubs for training.

Although the reach of the BCC campaign in the pilot provinces and nine municipalities has been estimated at around 24,000 households, other NGOs such as Samaritan’s Purse and OND Hesed Foundation Inc. have also adopted the BCC campaign and utilized the tools in the water and sanitation promotional activities they conduct in their own areas. Currently, however, there are no data on the reach and effectiveness of the campaigns conducted by these NGOs.
The use of the BCC tools has also been replicated and integrated as part of the Department of Social Welfare and Development’s Pantawid Pamilyang Pilipino Program or Pantawid. This is a national conditional cash transfer program that targets the poorest and most vulnerable households and where enrolled households are expected to participate in “family development sessions.” These sessions now include both CLTS interventions and BCC on sanitation and allow the campaign to potentially reach an estimated 570,000 households in 37 municipalities across the country.

A rapid assessment, conducted from December 2014 to January 2015 in several provinces on the effectiveness of the enhanced family development sessions (eFDS), showed that the adoption of sanitation facilities among Pantawid beneficiary families was 17-29% for Negros Occidental province and 10-12% for Quezon province among households in areas where either BCC or CLTS or both CLTS and BCC interventions were conducted. Households interviewed confirmed that protection/safety of children, pride, comfort and convenience are among the key drivers that motivated them to build their toilets, which resonate with the key sanitation messages of the BCC materials.

The BCC tools have also been formally endorsed by the Department of Health. DOH is expected to harmonize the BCC campaign with other existing WASH communication campaigns before it formally adopts this by the end of 2016.

Moving forward, WSP will continue to support the government in systematically monitoring outcomes such as ownership and usage of improved toilets and achievement of ZOD at the barangay level.

In addition to further supporting provincial and national governments with the roll-out of the BCC campaign, a mechanism will need to be developed to strengthen capacities of businesses and masons to deliver low-cost aspirational sanitation products, and to scale up access to sanitation loans through microfinance institutions.

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About the Program

Today, 2.5 billion people live without access to improved sanitation. Of these, 71% 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 andinstitutionalize 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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WSP is a multi-donor partnership created in 1978 and administered by the World Bank to support poor people in obtaining affordable, safe, and sustainable access to water and sanitation services. WSP’s donors include Australia, Austria, Canada, Denmark, Finland, France, the Bill & Melinda Gates Foundation, Ireland, Luxembourg, Netherlands, Norway, Sweden, Switzerland, United Kingdom, United States, and the World Bank.

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