



Collaborative Behaviour Change Communications strategy: Development and implementation

Sanitation and hygiene Behaviour Change Communications (BCC) should be sustained and responsive to changing priorities, and to evolving sectoral and emerging health issues. Anchoring BCC in local structures and working with key partners are the essence of SNV's approach to sustain an initiative beyond the programme period. It is our aim to strengthen partners' capacity and collaborate with them to design and implement BCC activities at scale, leading to improved performance.

Why apply Behaviour Change Communications?

Greater attention to BCC is needed in urban sanitation development. BCC builds line agencies' capacities for effective communication and outreach to increase community awareness and practice of sanitation and hygiene behaviours.

In 2023, gaps remained between household's access to sanitation and the nationally determined target on basic and safely managed sanitation in the cities of Bandar Lampung, Metro, and Tasikmalaya. Accelerated effort is required to bridge these gaps in line with the 2030 SDG target 6. Development towards safely managed sanitation goes beyond the construction of infrastructure. Social behavioural change is a key component to drive this acceleration, and to ensure the sustainability of its outcomes.

Key lessons

- The development of a citywide BCC strategy in Bandar Lampung, Metro, and Tasikmalaya highlights that demand creation is an integral part of collaborative efforts towards safely managed sanitation.
- The success of the BCC taskforce in Bandar Lampung and Metro cities demonstrates that BCC is a collective responsibility, requiring consensus-building and synchronised planning, implementation, and monitoring across stakeholders.
- Strong political leadership, and the presence of supporting policy and regulation, strengthens the implementation of BCC.
- Mobilisation of the right stakeholders, community engagement at sub-district level, and learning exchanges between communities initiates community-based solutions.
- Active participation from the community, including vulnerable groups, is essential to identify relevant behavioural motivators and to develop tools that are accessible, understandable, and acceptable from a sociocultural perspective.
- Behaviour change approaches must be accompanied by alternative financing solutions such as rotary saving mechanisms, instalment schemes, savings through waste banks, or other financing solutions.

SANITATION ACCESS	2024 target	2023 status	GAP
Bandar Lampung City			
Basic	95%	57%	38 %
Safely managed	12%	37.8%	N/A
Metro City			
Basic	95%	47.4%	47.3%
Safely managed	12%	38.7%	N/A
Tasikmalaya City			
Basic	90%	70.8%	19.2%
Safely managed	25%	15%	10%

Table 1. Sanitation access gap per city

The challenges

When implementing BCC in the three cities, it was a significant challenge to ensure the strategy was being adhered to.

1. The lack of a structured and evidence-based strategy meant that key BCC messages may not have reached the right target audience.
2. Weak multi-stakeholder involvement and mobilisation compromised demand creation. For success, city governments need to lead the community mapping of vulnerable areas and provide guidance on the BCC implementation strategy.
3. Behavioural change communication activities often focused on short-term outputs over long-lasting outcomes.
4. Inconsistencies in BCC monitoring practice sometimes led to the long-term outcome - changing the community's behaviour towards safe sanitation - being overlooked.

Our approach

Focused behaviours

This sub-programme identified the intended behaviour change required for all the cities' households to value safely managed sanitation and hygiene (see figure 1 on next page)..

This change was targeted to all households, including people who had been marginalised, excluded or under-represented, such as older people, people with disabilities, those living in low-quality housing, and low-income households.



Utilisation and maintenance
of improved toilets



Toilets connect to standardised septic
tank or sewerage system



Regular desludging practice



Personal hygiene, handwashing
with soap, and menstrual health management

Figure 1. BCC focus

Participatory strategy

- **Identification of target groups, practices, and demand for sanitation and hygiene.** Formative research was conducted to determine the key behaviours and relevant target groups.
- **Engagement and collaboration with multi-stakeholders.** Formative research was conducted to map the key agencies.
- **Establishment of a BCC city taskforce.** A taskforce was set up to mobilise multi-stakeholders at a citywide level, and to increase the political support and commitment of its leaders.
- **Development of a BCC city strategy.** An evidence-based strategy was developed with the participation of all stakeholders in the taskforce.
- **Capacity building of all relevant actors.** Capacity was built among the local government, healthcare sector and communities to ensure all actors were equipped with the skills required to implement the BCC activities effectively, including at a grassroots level.
- **Implementation and monitoring at city and community levels.** Implementation of the BCC strategy and its progress was monitored. It included a pilot project at village level.

Key results

1. A multi-stakeholder BCC taskforce has been established in the cities of Bandar Lampung and Metro. In Bandar Lampung, it has been legalised through a letter of assignment by the city's Mayor.
2. A BCC campaign has been developed in three cities as a basis for BCC planning and implementation. Its implementation will be enforced through local regulations.

3. In all three cities, the Health Office, wastewater operators, women's groups, WASH promoters, and the healthcare sector have initiated a community-based financing scheme to fulfil an increase in demand for sanitation services. This has resulted in the establishment of a collaborative scheme between the healthcare community, sanitation entrepreneurs, and a micro-finance institution in Tasikmalaya. It has also led to the establishment of 118 rotary saving mechanisms for desludging in Metro City, organised by a women's group.
4. In Bandar Lampung, the BCC campaign has inspired a youth movement to become actively involved in creating demand on safely managed sanitation, with collaborative activities such as the establishment of eight waste banks to generate funds for desludging services.
5. In Tasikmalaya, the Health Office has managed to secure a commitment by the local government to roll out a BCC campaign to achieve an Open Defecation Free (ODF) status, as a first step towards safely managed sanitation.
6. In all three cities, accessible Information, Education and Communication (IEC) materials have been produced that are relevant to the local context and acceptable from a socio-cultural perspective. People who have been marginalised, excluded or under-represented were involved in the planning and review process of these materials.

About SNV: SNV is a global development partner, rooted in the African and Asian countries where we operate. With 60 years of experience and a team of approximately 1,600 people, it is our mission to strengthen capacities and catalyse partnerships that transform the agri-food, energy, and water systems to enable sustainable and more equitable lives for all.

About WASH SDG: WASH SDG was a consortium programme whose members – SNV, WAI, and Plan – aimed to sustainably improve access to, and use of safe drinking water for at least 450,000 people, sanitation for at least 2 million people, and improve the hygiene behaviours of 1.6 million people. Supported by the Directorate-General for International Cooperation (DGIS) of the Government of the Netherlands, the programme was coordinated by Simavi.

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Cover photo: Members of the ARSETI group in Rejomulyo Village, Metro City, Lampung Province withdraw money once a month from a rotating savings mechanism to pay for desludging services. Photo credit: SNV/OTMI Indonesia.

Suggested citation: SNV, 'Collaborative Behaviour Change Communications strategy: development and implementation,' *SNV Learning Brief*, Jakarta, SNV, 2024.

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