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PUBLISHER

WEDC, Loughborough University

VERSION

VoR (Version of Record)

PUBLISHER STATEMENT

Presented at the 42nd WEDC International Conference.

LICENCE

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REPOSITORY RECORD

Khaitu, Ash Kumar, and Lena Bunzenmeyer. 2021. "Model Healthy Communities (mhcs): A New Behaviour Change Approach in Nepal". Loughborough University. <https://hdl.handle.net/2134/16832146.v1>.

Model Healthy Communities (MHCs): a new behaviour change approach in Nepal

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Introduction

Previous findings have shown that water supply and sanitation coverage in communities where local organizations implement Water, Sanitation and Hygiene (WASH) services were already high but the correct, consistent and continued use of household water treatment and safe storage (HWTS) technologies and sanitation facilities was decreasing. In response to these findings, ENPHO/CAWST shifted the NERF project focus to behaviour change interventions, including the development of these Model Healthy Communities (MHCs) in order to effect change.

A MHC is a cluster of 180-220 households where correct WASH behaviours, as defined by a 15 indicator criteria, are practiced regularly by all community members. It was implemented from April 2019 - March 2020 in five communities.

Objectives

- To introduce positive behavioural changes through enhanced knowledge and skills of implementers on WASH.
- Demonstrate a model community where all basic WASH behavior being applied.
- Encourage WASH implementer to replicate the approach in other communities.

Methods

- Building capacity of community mobilizers in all aspects of integrated WASH and multiple touchpoints to access community people
- Well-structured and sequential orientation sessions with demonstration in groups to influence positive WASH behaviour
- Multiple follow up visits at household level to enforce adopted behaviors
- Market linkage to access necessary WASH materials for new behaviour
- Continuous monitoring and encouragement sustain demonstrating positive behaviours.

Results

Out of 5 communities, 3 were formally declared "MHC" community and handed over to local government in a formal program. The impact of the MHC approach was measured through an annual household survey (412 households were visited and observed) and compared to baseline.



Household Water Treatment and Safe Storage (HWTS)

HWTS use increased from 18% to 100%

Correct use of HWTS increased from 7% to 88%

Correct, consistent, & continued use of HWTS increased 4% to 88%



Gender-Appropriate Latrines

Correct use increased from 21% to 92%

Consistent use increased from 67% to 98%

Continued use increased from 66% to 99%

Correct, consistent, & continued use increased from 21% to 91%

Discussion

This intervention focused on target communities and was designed to ensure the entire community had basic infrastructures in place for safe water, sanitation and hygiene and also to affirm that community members were practicing healthy behaviours. The percentage of increased correct, consistent and continued use of water and sanitation, shows a significant increase in how these communities and the implementing organizations are promoting and practicing the WASH target behaviours.

Conclusion

Long term follow-up is required to properly assess the outcomes of this approach but thus far, it has shown great promise towards improving WASH behaviours in targeted communities. On-going rapport building and follow-up with communities by community mobilizers has successfully encouraged the adoption of proper WASH behaviours. Households demonstrate pride in these achievements and spread awareness to their neighbours to encourage their participation.

Acknowledgements

The authors would like to acknowledge and thank our local partners and community mobilizers.

This program was undertaken with financial support of the Government of Canada provided through Global Affairs Canada.