

Nudge Impact Report- Part I

Hygiene and Behaviour Change Coalition-2

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Glimpse of the Camp

INTRODUCTION

The Hygiene Behaviour Change Coalition 2 (HBCC-2), led by the BRAC WASH Programme and funded by Unilever, embarked on a mission to promote good hygiene behaviour across camps in Cox's Bazar to encourage the uptake of healthier hygiene and environmental practices through behaviour nudges. The primary goal was to improve the sustainability of handwashing stations and sanitation facilities while gaining insights into effective strategies for encouraging vaccine uptake across the camps in Cox's Bazar. This report outlines the context, objectives, barrier analysis, nudge implementation, perception analysis, and the impact of the HBCC-2 project

This is the first part of the nudge impact report, which reflects the initial design phase of the nudges, the finalisation of the nudges, and the implementation of the nudges, as well as the collection of data. The second part of the report will discuss the outcomes and research output, including a comparison of the conditions before and after the implementation of the nudges.

CONTEXT

Project Overview

HBCC2 aimed to share information on post-pandemic management with a particular focus on sustaining recommended hygiene practices in densely populated environments such as camps in Cox's Bazar. The project's core objectives were to promote sustainable hygiene habits, improve the feasibility of handwashing stations and sanitation facilities, and gain insights into effective strategies that encourage healthier hygiene practices.

Objectives

- Spread awareness and share insights on recommended hygiene behaviour through mass media outreach and reinforce nudges that encourage healthier hygiene and environmental practices.
- Improve the sustainability of handwashing stations and sanitation facilities in existing infrastructures by working with local government partners and through community capacity building.
- Promote healthier hygiene practices across communities including people living closer to the poverty line, people living in the camps in Cox's Bazar, people with disabilities and people living in urban and peri-urban areas.

BARRIER ANALYSIS

Behavioural Barriers

Behavioural barriers play a significant role in hindering behaviour change. These barriers can stem from preconceived teachings and social influences, which can impact one's willingness to adopt desired behaviours. Understanding these barriers is essential for developing effective strategies for sustainable behaviour change.

Barrier Analysis Methodology

- Identification of Potential Barriers: Recognising potential obstacles that hinder behaviour change, including physical, technical, social, economic, environmental or organisational barriers.
- **Causal Elements:** Understanding the root causes behind these barriers, which may result from systemic processes and practices, external factors, policies, or a combination of these.
- **Barrier Map:** Mapping out elements within the system to visualise the barriers and how they're interconnected.



Students of a School in the Camp

POTENTIAL BARRIERS IDENTIFIED WITHIN THE SCOPE OF HBCC2

Capability

- Lack of Awareness: By increasing awareness about the importance of hand washing behaviour and hygiene practices.
- **Inaccessibility for Specific Groups:** Modifying HWS to be accessible for all, including children, women, and people with disabilities, improved their capability to use these facilities.
- **Perception of Handwashing Unnecessity:** Focused on altering this perception, thereby increasing the community's understanding and capability for proper hygiene practices.
- Non-Functioning HWS: The non-functionality of handwashing stations (HWS) significantly reduced community people's interest in using them. Repair and maintenance of HWS to ensure the HWS were functional and accessible to the community.

Opportunity

- **Non-functioning HWS:** Repairing and maintaining handwashing stations created the opportunity for more people to access functional handwashing facilities.
- **Unavailability of Water/Soap:** Ensuring a regular supply of clean water and soap or liquid soap essentials provided the opportunity for consistent hand hygiene.

- Lack of Family/Community Prompts: Encouraging these prompts created a supportive environment, thereby providing opportunities for regular handwashing and hygiene practice.
- Limited Awareness of Consequences: Raising awareness of the health risks associated with poor hygiene provided essential knowledge about the consequences of neglecting hygiene practices and the importance of regular handwashing.

Motivation

- Perceived Absence of Consequences: Highlighting the health benefits and risks associated with handwashing was aimed at increasing overall motivation for this practice.
- **Unwelcoming Handwashing Stations:** Making the handwashing stations nicer to use helped to get more people interested in using them.
- **Changes During Ramadan:** Introducing our methods to fit with the special routines of Ramadan helped keep handwashing a regular habit even during this time.
- Absence of Social Norms: Initiating handwashing as a widespread social norm became a fundamental approach to heighten motivation across the community.
- Use of Soapy Water: The introduction of easy and quick handwashing solutions to motivate and encourage the community people.



Caption: Workshop on Identifying Potential Nudges

NUDGE IMPLEMENTATION

Nudges were designed through the collaboration between the BRAC Social Innovation Lab (SIL) and the Behavioural Insights Team (BIT) as part of the HBCC2 project. This strategic partnership aimed to capitalise on SIL's HCD-based approach to innovation and the behavioural expertise of BIT to design and implement a series of subtle nudges, leveraging behavioural science principles. Anchoring, availability, representativeness, loss aversion, status quo bias, and framing were some of the principles applied to address the multifaceted barriers to enhancing hygiene practices among the people living in the camps.

Categories of Nudges

Nudges are powerful tools to influence behaviour positively by leveraging behavioural science principles. The Thaler-Sunstein 'Nudge' Theory highlights various heuristics that impact decision-making. In HBCC2, these heuristics were used as the basis for designing nudges to encourage healthier hygiene practices.

Nudge Implementation Period

The nudge implementation period coincided with Ramadan, a significant time for the Rohingya community. During Ramadan, individuals tend to engage more in religious practices, including the washing and cleansing ritual of "wudu" before prayers and the practice of Wudu becomes more frequent. This increased frequency of Wudu during Ramadan presented a unique opportunity to influence and improve hygiene behaviours. The strategy involved integrating hygiene education and resources into religious practice. This approach not only made the hygiene message more relevant and culturally sensitive but also utilised the regularity of the ritual to help form lasting hygiene habits among the community.

Finalised Nudges and Objectives

The following nudges were implemented:

1. Development and Repair of Handwashing Stations: The repair and maintenance work of 300 handwashing stations was done to ensure functionality and accessibility of the stations for the camp residents.

- Restore functionality and access to handwashing, while encouraging an uptake of recommended hand-washing practices.
- Design visually attractive and user-friendly handwashing stations to ensure public attraction in using the stations.
- Encourage the consistent use of these handwashing stations



Functional Handwashing Station

2. Distribution of Khutba Leaflets: Distributing translated pamphlets based on the Sermon (Khutba Guide) by BRAC WASH to Imams¹, Teachers and Majhis².

- Utilise the authority and respect commanded by Imams, Teachers, and Majhis to advocate for improved hygiene practices within their communities.
- Integrate hygiene practices within the cultural and religious practices of the community.



Focus Group Discussions with Imams (Religious Leaders)

¹ Imams are the Religious Leaders in the Camps

² Majhis are the leaders of a block within the Rohingya refugee camps

3. Focus Group Discussions (FGDs): Targeted FGDs with influential community members, including Imams, Majhis, operators of Women's Entrepreneurship Centers, volunteers, and teachers.

Objectives:

- Engage community leaders for increased engagement.
- Mobilise influential community members.
- Create awareness among households led by women on recommended hygiene practices.



Focus Group Discussions with Volunteers and Teachers

4. Stickers: Placing pictorial stickers on handwashing stations and near latrines to educate the Rohingya community on proper handwashing.

- Design hygiene promotion materials and culturally resonant stickers that encourage improved hygiene practices.
- Raise awareness among children and encourage them to practice good hygiene behaviour from school to be carried forward to their homes and throughout their childhood.
- Establish a lasting visual reminder about the importance of hygiene



Stickers

5. Use of Liquid Soap/Soapy Water: The use of handwashing soap from traditional bars to liquid soap or soapy water solutions in the community to improve handwashing practices, supported by enhanced hygiene promotion and monitoring to observe changes in behaviour.

- Liquid soap or soapy water solutions are more convenient and accessible, encouraging the community to frequent handwashing.
- Enhance hygiene promotion materials and monitor soap usage to study the change in handwashing behaviour, if any.
- Monitor handwashing behaviour among the community.



Washing Hands Using Liquid Soap

PERCEPTION ANALYSIS

Target Population

HBCC2 targeted the Rohingya community residing across camps in Cox's Bazar, Bangladesh. The camps, with limited access to clean water, sanitation, and healthcare facilities posed significant challenges in spreading messages encouraging the uptake of recommended hygiene practices.

Rohingya Community Perception of Handwashing:

The practice of handwashing within the Rohingya community is complex, stemming from a myriad of factors:

Availability & Accessibility: The immediate availability of handwashing stations and their strategic positioning within the camps greatly influences hand washing frequency. A recurring concern was the distance of some of these stations from communal areas or household clusters, which sometimes acted as a deterrent.

In addition, lack of clean water and soap played a crucial role in the existing handwashing practices. Due to the limited functionality of handwashing stations and the scarcity of soap and clean water, people in the camp wash their hands less often, leading to a higher risk of hygiene-related diseases.

Awareness & Knowledge: While many understood the basic premise of recommended hygiene practices, the depth of knowledge varied. Many remained unaware of the detailed benefits of regular handwashing and the risks associated with the negligence of doing so, like contact with life-threatening diseases.

Social Norms and Practices: Cultural and traditional norms often have a pronounced influence on people's behaviour and practice at large. In spaces where community leaders or influencers promoted good hygiene, adherence seemed to be higher.

Trust in Interventions: The source of information and the medium of delivery mattered. Trusted community leaders or familiar faces championing the cause were more effective in influencing behaviour than external entities.

Language & Communication Barriers: Some hygiene-related messages, especially those delivered in non-native languages or through unfamiliar mediums, were more challenging to use in influencing behaviour. Misinterpretations and misunderstandings occasionally arose, leading to misconceptions or scepticism.



Caption: Non Functional Hand Washing Station

HCMP WASH'S PERCEPTION & CONTRIBUTION:

BRAC's HCMP and on-field staff in the Rohingya refugee camps provided valuable feedback, highlighting issues such as limited access to water, equipment theft, and a non-participating mentality. Despite challenges, improvements were noted, with hygiene campaigns playing a crucial role in enhancing practices. In the initial phase of designing the nudges, we organised a workshop and multiple meetings with the HCMP team to understand the situation and identify effective nudges for the community. Their insights and real-life scenarios from the camps and host community were pivotal. During the implementation and data collection phases, HCMP colleagues and field staff played an essential role in obtaining approvals from government officials and in preparing project accomplishment reports. Their support was vital in ensuring that the nudges were not only effective but also culturally appropriate, considering the real scenarios in the camps.

CONCLUSION

Through comprehensive barrier analysis and the implementation of various behavioural nudges, the Hygiene Behaviour Change Coalition 2 (HBCC2) project aimed to bridge the gap between intention and action, encouraging healthier hygiene practices. Despite challenges, including limited access to resources, cultural considerations, and misinformation, through the HBCC2 project. We reached approximately 61,124 Rohingya community members across two mega camps. The initiative involved modifying 300 handwashing stations and implementing 5 behavioural nudges, developed in collaboration with the Behavioural Insights Team (BIT). 3 workshops and 5 focused group discussions engaged influential community members and stakeholders, with each group consisting of 10 people for a total of 50 participants in the FGDs. The groups included Majhis, Imams, Volunteers, Teachers, and Women's Hygiene Centre Focal. Throughout the project activities, we've learnt that sustained efforts and continued investments are essential to further improve the overall hygiene practices and well-being of communities at large.



Glimpse of the Camp

ACKNOWLEDGEMENTS

We extend our heartfelt gratitude to both the internal and external contributors who provided valuable input from the initial design of the nudges to the field implementation and the completion of the project. Special thanks to the programmes and organisations involved, particularly BRAC WASH, Behavioural Insights Team (BIT), and HCMP WASH.

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Published by

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In partnership with BRAC Water, Hygiene, and Sanitation (WASH) BRAC Humanitarian Crisis Management Programme (HCMP) - WASH Behavioural Insights Team

Supported by Unilever Bangladesh Ltd

Photographs by BRAC Communications

Cover & Inner Design PATHWAY/www.pathway.com.bd

