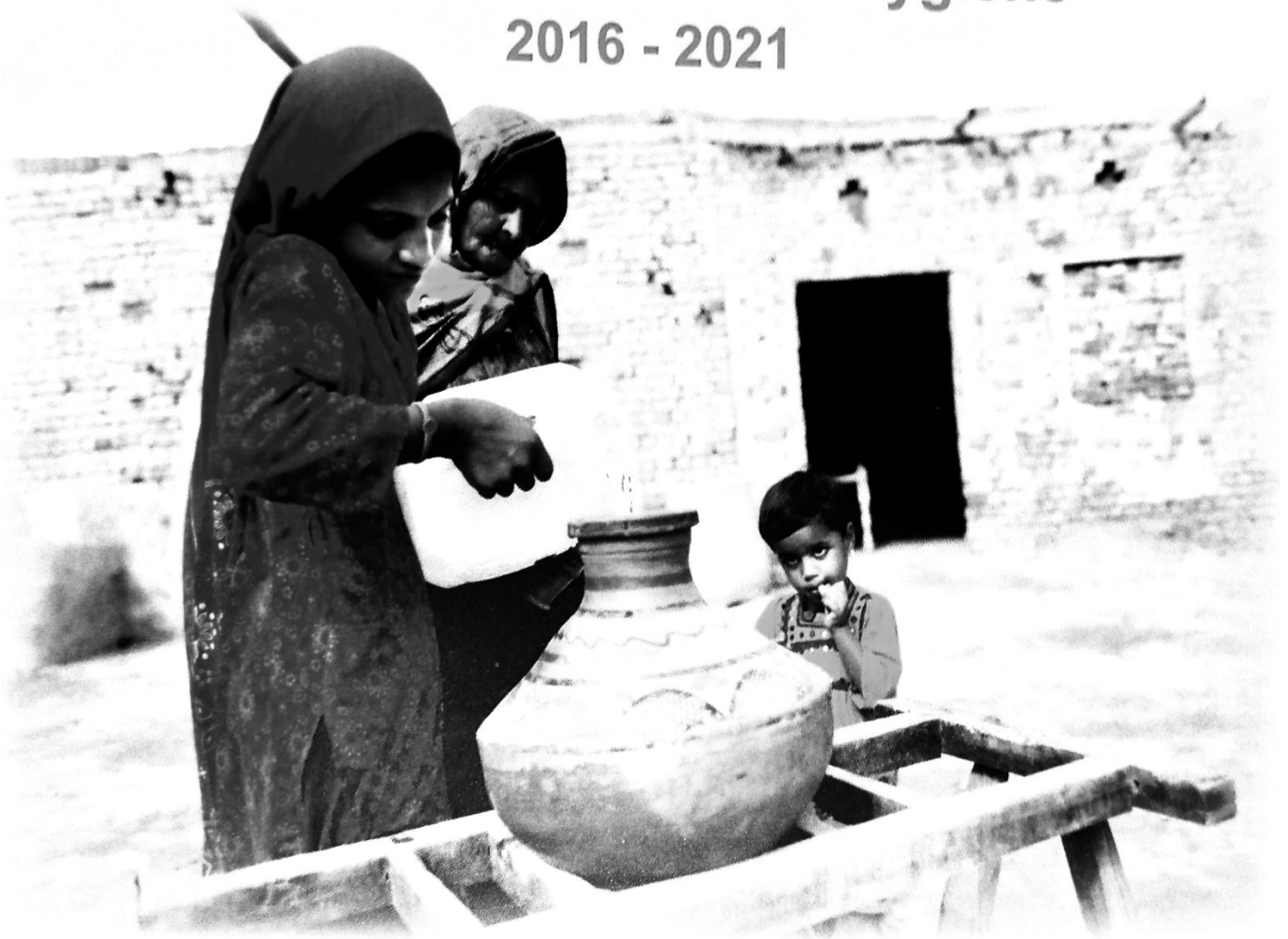




Government of Sindh

Behavioural Change and Communication Strategy

**Water, Sanitation and Hygiene
2016 - 2021**



**Public Health Engineering and Rural Development Department (PHE&RDD)
Local Government and Housing Town Planning Department (LG&HTPD)
Planning and Development Department (P& DD)**

Final Version, May 2016

Foreword by the Minister

It gives me great pleasure to launch Behaviour Change and Communication Strategy jointly with the Minister for Public Health Engineering and Rural Development Department, Government of Sindh.

I would like to laud the efforts of all those involved in the formulation of this strategy that is particularly focusing on Water, Sanitation and Hygiene.

The BCC strategy is instrumental to achieve Sustainable Development Goal targets for water, sanitation and hygiene, by reducing morbidity and mortality caused by faecal-oral contamination due to inadequate sanitation, poor hygiene practices and a lack of access to safe drinking water.

The new strategy provides direction on key areas of social mobilisation, knowledge management and research, training and Capacity building and strengthening enabling environment in the Water, Sanitation and Hygiene (WASH) sector aligning with the Sustainable Development Goals (SDGs) in Sindh Province.

The government owns the responsibility for ensuring safe drinking water, improved sanitation and safe hygiene by recognising these as basic human rights of the people. Integration of behaviour change and communication in Water, Sanitation and Hygiene to achieve a healthy human life with reductions in morbidity and mortality rate among the children is of utmost importance to the Government.

Honourable Minister
Local Government and Town Planning Department

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Acronyms

ASER	Annual Status of Education Report
BCC	Behavioural Change Communication
CBO	Community Based Organisation
CLTS+	Community Led Total Sanitation Plus
GDP	Gross Domestic Product
H-WASA	Hyderabad Water and Sanitation Authority
HHs	Households
IEC	Information, Education and Communications
IMR	Infant Mortality Rate
IPC	Inter Personal Communication
JMP	Joint Monitoring Programme
KW&SB	Karachi Water and Sewerage Board
LHWs	Lady Health Workers
M&E	Monitoring and Evaluation
MCH	Mother and Child Health
MICS	Multiple Indicator Cluster Survey
NGOs	Non Government Organisations
NSUSC	Northern Sindh Urban Services Corporation
PATS	Pakistan Approach to Total Sanitation
PDHS	Pakistan Demographic and Health Survey
PSLM	Pakistan Social and Living Standards Measurement Survey
SDGs	Sustainable Development Goals
SLGA	Sindh Local Government Act
SLTS	School Led Total Sanitation
SSS	Saaf Suthro Sindh
TMA	Tehsil Municipal Administrations
U5MR	Under Five Mortality Rate
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Emergency Fund
WASH	Water, Sanitation and Hygiene

1. Introduction

According to the Government of Sindh, the estimated population of the province was 42.4 million in 2010, growing by 2.8% annually from 30.4 million in the 1998 census. Due to considerable urbanisation, the population density in a number of districts in Sindh is higher than the national average (166.3 persons per sq km). Urbanisation rates are also over 50% in Hyderabad and Sukkur, while the metropolis of Karachi is almost entirely urban. The average household size in Sindh is 6 persons.

Improved water, sanitation, and hygiene (WASH) are essential to human life as it brings not only safety and dignity to human beings, but also ensures economic savings to the country through prevention of water-borne and sanitation related diseases. This situation contributes to high child mortality in Pakistan, which has an under five-mortality rate of 89 per 1000 children. After pneumonia, diarrhoea is the second leading cause of death among children under five. Annually, about 53,000 children under five years die because of diarrhoea in Pakistan that is generally as a direct consequence of poor sanitation and hygiene. In addition, the high rates of diarrhoea in Pakistan affect the physical and mental growth of young children especially leading to stunting. Preventing the contact of human body through safe disposal of human excreta by adopting appropriate hygiene practices can reduce the prevalence of water borne diseases significantly. Hand washing with soap and water is the most cost effective health intervention to reduce the incidence of diarrhoea and pneumonia especially in children under five years.

The principles of this strategy are based on the Pakistan National Behavioural Change and Communication (BCC) Strategy and Action Plan for Safe Drinking Water, Sanitation and Hygiene 2010-2015 whose overarching goal is to reduce morbidity and mortality caused by diseases related to poor sanitation and hygiene and lack of access to safe water. This national strategy is embedded on two outcomes 1) to improve multi-sectoral coordination among WASH stakeholders; and 2) promote good practices of drinking water, sanitation, and hygiene behaviours that prevent faecal – oral contamination.

The Ministry of Planning, Development and Reforms' Vision 2025 document, highlights issues related to water contamination and water quality, as well as the need for eliminating open defecation. Further, the document posits that water contamination and poor water quality have direct and very significant impact on the nation's health with water borne infections accounting for 70% of all common diseases that impact the national health. The document commits to increase the proportion of the population with access to improved sanitation from 48% to 90% by 2025.

A comprehensive approach to prevent the spread of WASH related diseases must address the promotion of healthy behaviours that reduce the incidence of childhood diarrhoea, i.e. safe disposal of faeces, hand washing at critical times; and safe supply, storage and use of safe water for drinking and cooking. The Government of Sindh is committed to supporting adequate access to safe drinking water and hygienic sanitation to meet the Sustainable Development Goals (SDGs) targets. In order to achieve this, the Local Government and Town Planning (LG&TP) Department of the Government of Sindh initiated the development of the Sindh WASH Behavioural Change and Communication strategy. This strategy will help the rural and urban sector to standardise the implementation of BCC interventions from different organisations working in the WASH sector.

2. Situation Analysis

2.1 Access to Water

In Pakistan, according to the Joint Monitoring Programme (JMP) 2015, access to improved drinking water is available to more than 90% of the population, while less than 64% of the population has access to improved sanitation. As per preliminary results of the Multiple Indicator Cluster Survey (MICS) for Sindh 2014, 90.5% of the population is using an improved source of drinking water with 90% in urban areas and 91% in rural areas.

2.2 In-house Drinking Water Treatment

According to Pakistan Demographic and Health Survey (PDHS) 2012-2013, the majority of households (90%) in Pakistan do not treat their drinking water, and only 8% of households use an appropriate water treatment method. Rural households are much less likely than urban households to treat their water appropriately (2% and 21%, respectively).

2.3 Access to Sanitation

As per the MICS for Sindh 2014, 64.6% of the population has access to improved sanitation with 89% in urban areas and 38% in rural areas. Further, only 43.7% of children 0-2 years stool/faeces are being disposed safely.

2.4 Hand Washing

Hand washing with water and soap is the most cost effective health intervention to reduce the incidence of diarrhoea and pneumonia in children under five years. It is most effective when done using water and soap after visiting a toilet or cleaning a child, before eating or handling food, and before feeding a child. As per MICS 2014 Sindh, two-thirds (66.5%) of the households had a designated place for hand washing with water and soap and about 82% HHs reported the use of water and soap or any cleansing agent for washing hands.

2.5 Child Faeces

There is very limited knowledge about the harmful impact of inappropriate disposal of child faeces. It is common among a significant number of parents and caregivers to throw child faeces in the open fields, in addition to not washing their hands with soap after handling and cleaning soiled babies and infants. Yet, one gram of faeces can contain ten million viruses, one million bacteria and one thousand parasites. Safe disposal of a child's faeces is disposing of the stool using a toilet or by rinsing the stool into a toilet or latrine. There are only 43.7% of children 0-2 years whose stool/faeces is being disposed safely as per MICS 2014 Sindh, while more than half of the child faeces are not disposed safely indicating a hazard to human health.

2.6 Solid Waste

Solid waste collection and its safe disposal is an emerging challenge especially with growing urbanisation. As per PSLM 2013-14, 69% of HH reported not having a solid waste collection system. In urban areas, 44% are without any system. In rural areas, more than 96% have no system in place.

Presently, wastewater in cities in Karachi and Hyderabad, and some secondary cities in North Sindh, is collected by the Karachi Water and Sewerage Board (KW&SB), Hyderabad Water and Sanitation Authority (H-WASA) and Northern Sindh Urban Services Corporation (NSUSC) respectively. In other secondary cities, the responsibility of wastewater management rests with local government / administration.

2.7 Health Burden

Lack of safe water and sanitation facilities are also considered as contributing factors in the spread of water borne diseases. The prevalence of diarrhoea in children under five in Sindh is 23.1% within rural areas. According to MICS 2014 Sindh, almost half of children under five years (48%) are stunted or short for their age and one quarter (24%) children are severely stunted. This clearly shows the poor status of nutritional uptake among the children vulnerable to water borne diseases especially diarrhoea, etc.

2.8 School WASH

The situation of School WASH in Sindh also needs special attention. As per the Sindh Education Profile 2013-14, compiled by Sindh Education Management Information System, about 51% of Government Schools have access to drinking water and 57% schools have toilet facilities. At primary level, 58.6% have access to usable water and 54% have usable toilets. While at elementary and secondary levels, the access to usable water are 59% and 83.9% respectively while access to usable toilets are 71.7% and 92.9% respectively.

2.9 Governance and Enabling Environment

The economic cost of poor water and sanitation services is estimated to be around 4% of Gross Domestic Product (GDP) of Pakistan, and more than 87% of these are health costs.

The Local Government and Town Planning (LG&TP) and Public Health Engineering and Rural Development (PHE & RD) Departments of Sindh are two key institutions to deal with sanitation, hygiene and drinking water issues in the province. Further, department of health is responsible to create awareness regarding hygiene and preventive care whereas department of education is responsible for WASH in schools.

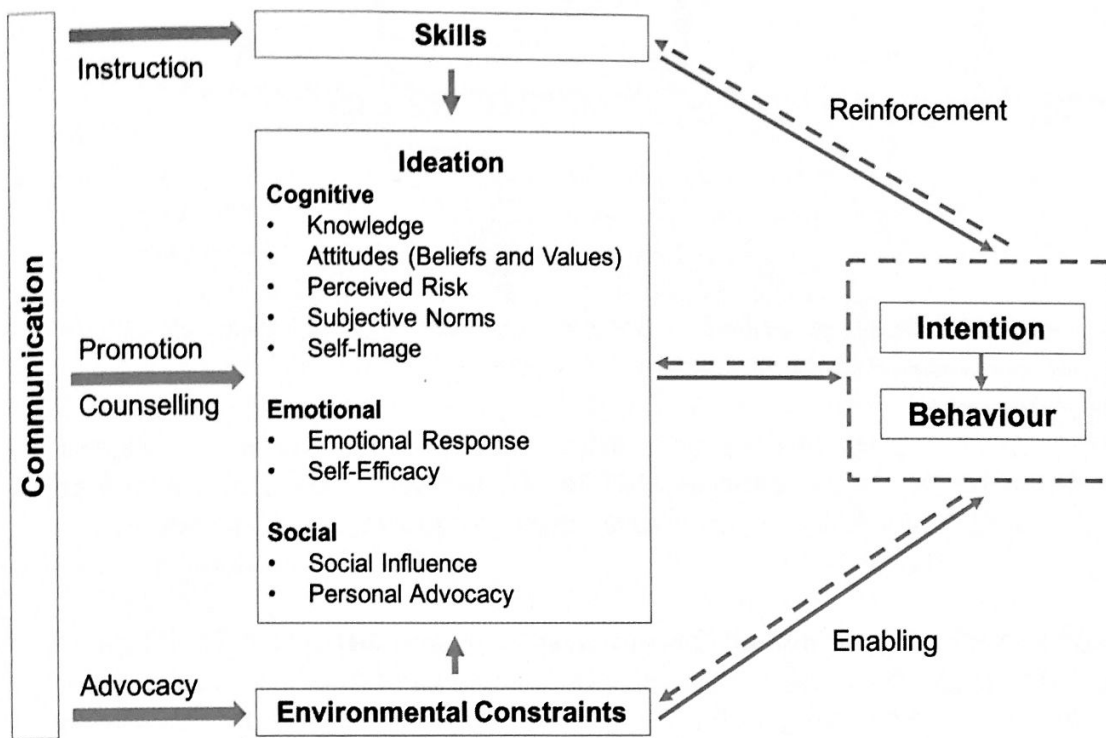
2.10 Devolved Social Services and Sindh Local Government Act 2013

The Government of Pakistan enacted its 18th Constitutional Amendment in April 2010, with revised National Finance Commission 2009, which resulted in shift of legislative and administrative authority from the Federation to the Provinces. In 2011, the policy and administrative functions of water and sanitation also shifted to the provinces though implementation was already part of the provincial government under the 1973 constitution. The municipal services including water supply and sanitation rest with Tehsil Municipal Administrations (TMAs) across the districts under the local Government Ordinance 2001. Interestingly, the TMAs mainly positioned themselves for urban areas with very little emphasis and coverage of rural development including rural sanitation.

The Sindh Government adopted its new Sindh Local Government Act (SLGA) 2013 that envisages the restoration of the old rural-urban divide. In rural areas, the union councils and zila (district) councils will be responsible for services; while in the cities, metropolitan, municipal corporation, municipal and town committees will provide services in urban areas.

3. Conceptual Framework for BCC

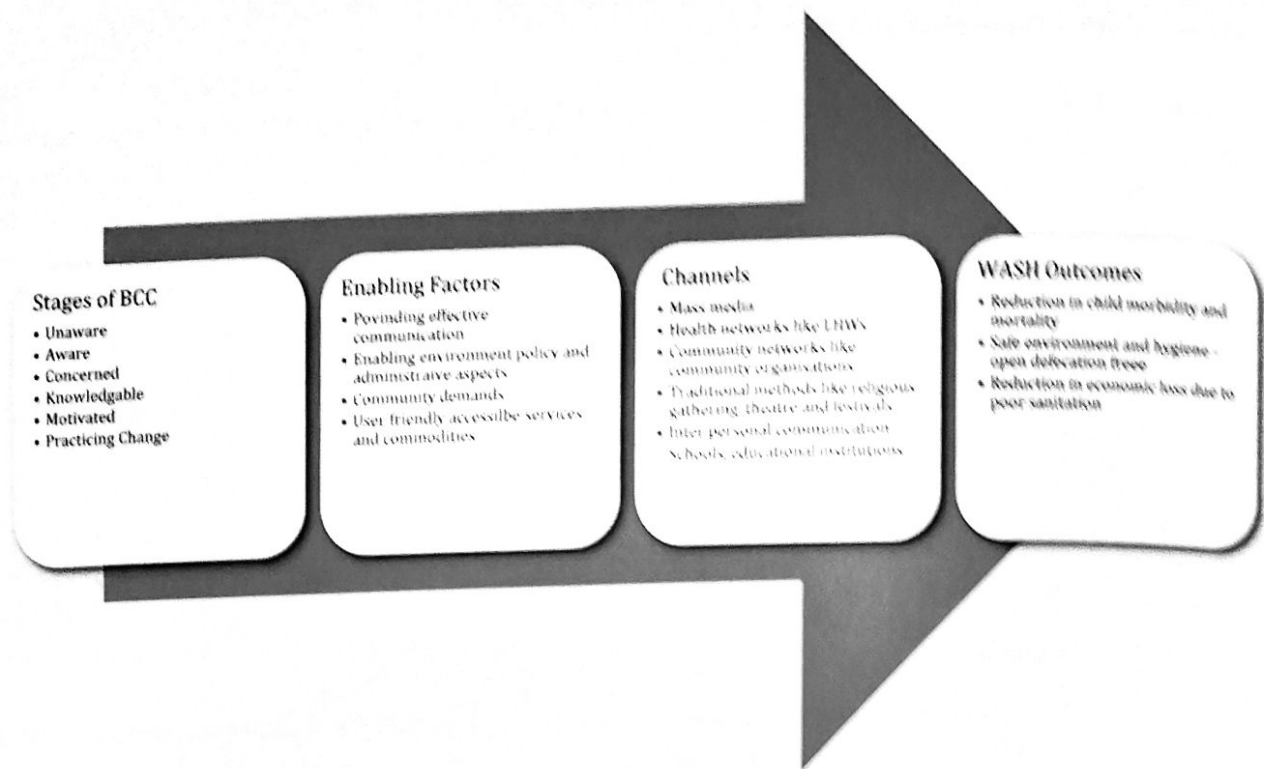
According to the Behavioural Change Communication Framework communication is defined as an outside factor as shown in the model¹ below. This underpins three factors i.e. skills, environmental constraints, and ideations factors that influences the overall behaviours of the individuals or communities in totality. An ideation is the changes in the individual or communities perception, practices and behaviours. This is desired or persuaded through the “promotion” to influence the person’s intent to practices for desired results through cognitive, emotional and social effects. Communication is designed to affect ideational variables in order to change behaviour.



3.1 Framework for WASH BCC Strategy

The conceptual framework below provides an overall framework for BCC Strategy.

¹ http://www.cpc.unc.edu/measure/prh/rh_indicators/crosscutting/bcc



4. Trends and Behaviour Analysis

Overall trends and patterns

- According to the Pakistan Social Living Measurement (PSLM) Survey 2013-2014, about 94% households (HHs) of Sindh have access to improved water mainly from tap water with 42%, hand pump 37%, motorised pumps 8% and dug well and river each with 3%. Since 2007-2008, there is a decline in the provision of tap water from 45% to 42% in 2013-2014, while access to hand pump increased from 33% to 37% during the same period. One reason is three consecutive annual floods between 2010-2012 that greatly affected the water supply infrastructure especially in rural and northern Sindh.
- Further as per PSLM 2013-2014, the water delivery system in Sindh is provided predominantly by LG&TP that caters for about 47% households followed by self-catering households at 37% and Non-Government Organisations (NGOs) with 16%. A national study of equity mapping conducted by UNICEF in 2013-2014 showed that the poorest group in Sindh are linked with hand pumps and tap water where the share of hand pump reduces with the rich and richest groups and the whole share of tap water increases.
- Overall, the most common treatment method is boiling water prior to drinking is the most common treatment method (7%). About 1% of rural households boil water, while almost 19% of urban households do so. As per MICS 2014 Sindh, only 12.8% of households using unimproved source of drinking water practice any water treatment method to make water safe for drinking purposes. Moreover 3% of HHs reported the use of improved drinking water sources that has contamination of arsenic above safe levels. Another 39% of HHs were using water contaminated with E.Coli.
- As per PSLM 2013-2014, 65% HHs have flush toilets followed by 23% non-flush and 12% no toilets. Further, the flush toilet system increased from 57% in 2007-2008 to 65% in 2013-2014, and similarly no toilet reduced from 27% to 18% during the same period. Compared to urban areas where only 1% of HHs are without toilets, 22% of rural HHs are without toilets in Sindh.
- Moreover, 41% of HHs are connected with underground drains for wastewater, 17% with open drains and 41% are without any system. In urban areas, 72% have underground drains, 23% with open drains and only 3% are without any system. In rural areas, only 5% have underground drains, 10% with open drains and 84% are without any system.
- As per PDHS 2012-2013, about 52.4% households in Sindh have water and soap available at a dedicated place for hand washing, and 13.2% HHs are without any water and cleaning agent. Effective sanitation programmes should include the efforts to promote hygiene. Unwashed hands can transmit bacteria, viruses and parasites found in human faeces directly to food and mouth.
- As per MICS 2014 Sindh, the Infant Mortality Rate (IMR) in the province is 82 per 1000 live births and Under Five Mortality Rate (U5MR) is 102 per 1000 live births. These are significantly high compared to results of PDHS 2012-2013 that indicated IMR and U5MR are 74 and 93 per 1000 live births respectively. In general, men, women and children in rural areas of Sindh have little awareness and comprehensive information about the relationship between use of safe drinking water, safe sanitation, personal hygiene practices and health.
- The Annual Status of Education Report (ASER) 2014 compiled by civil society organisations of Pakistan showed that around 59% primary schools in Sindh have access to usable water and

54% schools have access to usable toilets in 2013. The Sindh Education Sector Plan 2014-2018 identifies missing facilities as a key strategic intervention including provision of WASH services in schools.

- The economic burden due to unclean water and substandard sanitation has a negative impact on household livelihoods, and productivity in the formal and informal economy. People are paying a substantial portion of their income on treatment of their family health as doctor fees, purchasing medicines and hospital treatments. The public health facilities are very limited in Sindh, and poor cannot go to the private clinic or hospital for treatment due to heavy fees and charges. The use of improved WASH facilities releases women and girls time for paid work, school and rest, and savings are made from household expenditure that would otherwise have been used for medical expenses.
- Presently, the coordination between different departments especially LG&TP, Health and PHE&RD is inadequate, owing to which an integrated approach for BCC has not been established so far. PHE&RD and LG&TP are poorly involved in promotion of health and hygiene education, and the field staff of both departments are in need of developing their skills and knowledge in BCC for scaling up Safe Drinking Water and Pakistan Approach to Total Sanitation (PATS). The department of Health has deployed Lady Health Workers (LHWs) at the community level to strengthen health promotion and prevention, which are being engaged under Saaf Suthro Sindh (SSS) Programme for promoting safe water treatment, use of latrines and hand washing at the household levels especially among mothers and children. Similarly, the schoolteachers should train the children and mobilise the local communities in promoting safe hygiene practices, while all schools should be prioritised for the provision of safe drinking water and accessible latrines as demonstration.
- Since the new LGA has not been fully implemented across the province, the local institutions are mainly following 2001 rules, which lend more benefit to urban areas compared to rural areas. The last phase of the local bodies election would be held in the first week of December with establishment of new local governments in Sindh. After the local bodies election in 2015, the process of selection of other members of the local councils and final election of leadership of the councils is expected in the first quarter of 2016.
- Water supply, sanitation and hygiene are included in the key services covered as “municipal services” in the Local Government Act 2013. The SLGA 2013 authorises the Union Council to add any tax or recovery as to local taxes, which says; “rate for the execution or maintenance of any work of public utility like lighting of public places, drainage, conservancy and water supply operated by Union Council”. Similarly, the Act authorises the local councils to tax on water rate, drainage rate and conservancy rate. The 4th schedule under section 180 emphasises the preparation of byelaws for water supply and sanitation providing the scope for new legislation and legal reforms for water supply and sanitation in the province. The Act also covers water supply and sanitation as essential functions of the local councils especially in urban councils.

Behaviour Analysis

An improved quality of life depends on prevention of communicable diseases and reduction of economic loss associated with health cure, and this is further intrinsically linked with behavioural change. Different research studies and anecdotal evidence from the field informed that most appropriate and fundamental target for behavioural change are the parents especially fathers and mothers of children under five years age. The following ten priority areas for WASH underpin the

macro behaviours towards hygiene interventions that have been highlighted by the trends noted above and research²:

1. Maintaining water safety at source of supply, especially at vending points and tanker trucks.
2. Safe transportation of water to homes.
3. Safe water storage and use at household level.
4. Household water treatment/water disinfection.
5. Safe disposal of excreta.
6. Safe disposal of household solid waste.
7. Safe disposal of other solid waste.
8. Hand washing with soap at critical times.
9. Personal hygiene (including food hygiene)

² Neal, David; Vujcic, Jelena; Burns, Rachel; Wood, Wendy; Devine, Jacqueline. 2016. Nudging and habit change for open defecation: new tactics from behavioral science. Water and Sanitation Program (WSP). Washington, D.C.: World Bank Group.

5. Scope of the BCC Strategy

The Sindh BCC strategy shall serve as an overarching conceptual framework to address basic behaviours related to water, sanitation and hygiene, and specific communications plans will be developed to operationalise the strategy.

5.1 Pakistan's Approach to Total Sanitation & Saaf Suthro Sindh

The successful implementation of PATS at scale has depended on partnership with and collaboration amongst a number of stakeholders, namely all levels of government, international and local civil society organisations, NGOs, UN agencies and most importantly, the community members themselves. The proactive advocacy and pooling and sharing of the resources by the sector partner were key factors in developing a unified approach. If the current momentum of collaboration and partnerships is not sustained, there is likelihood that Pakistan may not be able to end open defecation in the next 10 years. Evaluation of PATS initiatives found that absence of an integrated social mobilisation strategy within the government structure was a key bottleneck for behavioural change.

For a clean and open defecation free environment as defined under Pakistan Approach to Total Sanitation and *Saaf Suthro Sindh*³, the province will emphasise behavioural change through different social mobilisation approaches both in rural as well as urban contexts. The overall emphasis will be on the following factors to achieve total sanitation in the province.

Sanitation Demand Creation Interventions: through Information, Education and Communications (IEC) campaigns, community sensitisation through Community Led Total Sanitation Plus (CLTS+) and School Led Total Sanitation (SLTS). Component sharing and sanitation marketing are other aspects for demand generation.

Hygiene Promotion Interventions: through IEC material on active health and hygiene key messages, behaviour change communications, usage of mass media campaign and IEC campaigns promoting low-cost appropriate and informed sanitation solutions, hand washing and water treatment, etc.

5.2 Practices, Barriers and Motivators for WASH

BCC is pivotal to informing stakeholders about the need for adopting and cultivating good practices through effective implementation of communication approaches. It is imperative to understand barriers as well as motivators especially in the context of knowledge and practices that impact good WASH behaviours. Access to safe drinking water, improved sanitation, and safe hygiene plays a major role in determining the practice and efficacy of healthy individual and community behaviour. A matrix is provided in the table below to define key issues/practices vis a vis barriers and motivating factors for different components of WASH based on the discussions held with stakeholders, literature review of research studies and focus group discussions with community groups.

³ Saaf Suthro Sindh is a Government of Sindh initiative in collaboration with national and international partners to eliminate open defecation and enhance improve sanitation through an integrated health and nutrition programme. The pilot phase of the project is under way.

Thematic Areas	Issues / Practices	Barriers	Motivation Factors
Access to drinking water	<p>Safe handling and storage of drinking water</p> <p>Lack of awareness that untreated water is unsafe and can cause disease</p> <p>Non availability or scarcity of drinking water in certain areas</p> <p>Poor water infrastructure- old lanes</p>	<p>Time in collection and fetching of water outside home</p> <p>Physical exertion</p> <p>Culturally rooted gender issues</p> <p>Low priority among men – too busy with other tasks</p> <p>Weak water management at the household level – poor storage and wastage</p> <p>Poor interest about safe handling of drinking water</p> <p>Low level treatments – boiling or any other method</p> <p>Limited knowledge of disease caused by unsafe water</p>	Access to drinking water
Access to improved sanitation	<p>Use of unhygienic latrines</p> <p>Poor management of solid and liquid waste</p> <p>Inadequate sanitation infrastructure</p> <p>Wastewater handling and treatment</p>	<p>Lack of awareness</p> <p>Privacy/Pride</p> <p>Local customs</p> <p>Costs in construction</p> <p>Poor technical knowledge about latrine options</p> <p>Lack of space slums and congested rural settings</p> <p>Lack of awareness/knowledge</p> <p>Effort of practicing</p> <p>Lack of appropriate techniques</p>	Access to improved sanitation
Safe Hygiene	<p>Poor hand washing at critical times</p> <p>Inadequate personal hygiene</p> <p>Low level household hygiene</p> <p>Poor menstrual hygiene</p>	<p>Lack of awareness</p> <p>Availability of clean water and soap at household level</p> <p>Costs- soap, water, etc.</p> <p>Effort of practicing</p> <p>Appropriate bath facility</p> <p>Poor availability of low-cost sanitary pads</p>	Safe Hygiene
Operating Environment	<p>Poor Development Index</p> <p>Lack of capacities and focus on IEC approaches.</p>	<p>Low Literacy</p> <p>High Poverty</p> <p>Low economic opportunities</p> <p>Lack of financial resources</p> <p>Scattered population</p> <p>Water Scarcity</p> <p>Distance, transport and communication challenges</p>	Operating Environment

6. Vision, Mission and Principles

Vision

The Sindh BCC Strategy envisions a sustainable and safe hygiene environment to enhance the living standards of the people of Sindh.

Mission

The Sindh BCC Strategy will strive for effective implementation relevant government development plans, processes and methods, resulting in improved hygiene in relation to water and sanitation to reduce the burden of water borne and sanitation related diseases.

Principles

The main principles of the Sindh BCC strategy are the following:

- The Government owns the responsibility for ensuring safe drinking water, improved sanitation and safe hygiene by recognising these as basic human rights of the people.
- Access to clean drinking water, improved sanitation with appropriate disposal and good hygiene practices are prerequisites for healthy human life especially reductions in morbidity and mortality rate among the children.
- Water allocation and rationing for drinking and domestic purposes will be prioritised over other usages along with promoting judicious use for sanitation and hygiene purposes.
- Inclusion and equity shall be promoted by placing emphasis on eliminating the disparities in the coverage and access to safe drinking water, improved sanitation and hygiene practices for poor and vulnerable groups including women, elderly, disabled and children.
- Social mobilisation especially concerning women engagement will be promoted and enhanced in planning, implementation, monitoring and maintenances of water supply, total sanitation solutions and hygiene practices.
- Capacities and resources of the local government and newly elected councils shall be augmented in effective service delivery for safe drinking water, improved sanitation and environment friendly hygiene.
- Engagement with media and local opinion makers will be maintained and strengthened through dialogues, capacity development and awareness raising sessions.
- The transformation of poor indigenous practices contrary to healthy behaviours shall be sought through evidence based information sharing and community appreciation.

7. Goal and Objectives of the BCC Strategy

Overall Goal

Achieve Sustainable Development Goal targets for water, sanitation and hygiene, by reducing morbidity and mortality caused by faecal-oral contamination due to inadequate sanitation, poor hygiene practices and a lack of access to safe drinking water.

Communications Objectives

Social Mobilisation

- Facilitate the creation of a sustainable environment that is open defecation and litter free ensuring appropriate liquid disposal and waste management through effective mobilisation of communities and stakeholders.
- Encourage communities and other stakeholders to construct and use the latrines at the households and important public places while ensuring safe disposal of human excreta.
- Strengthen immunity against water borne diseases including diarrhoea, stunting, wasting, etc. through promotion of good behavioural practices including hand washing, water treatments, menstrual hygiene and personal cleanliness.
- Use participatory community driven approaches for local solutions and ownerships under the umbrella of Pakistan Approach to Total Sanitation

Knowledge Management and Research

- Generate knowledge and evidence regarding consequences and impact of poor sanitation, low quality drinking water and lack of appropriate hygiene practices

Training and Capacity Building

- Enhance and develop the capacities of all key stakeholders comprising of government institutions, civil society, academia, research organisations, NGOs, media and local councils in understanding the social norms and environmental sustainability.
- Train local councils and elected representatives about social mobilisation approaches and needs for enhanced resource allocations for WASH.
- Inform stakeholders and the communities about health burden and economic losses at different levels due to poor water and sanitation services and practices.

Enabling Environment

- Mobilise support for integration of water, sanitation and hygiene aspects in different development programmes and policies including health, environment, education, housing, urban development and town planning.

8. Strategic Solutions

A matrix showing strategic themes with key issues along with target audience is given in the annexure.

8.1 Community Mobilisation

Both the national and provincial drinking water and sanitation policies are founded on community driven approaches that strengthen supply and demand aspects of WASH services. At present in Sindh, a mixture of management mechanisms exists for water and sanitation schemes. For instance, local councils manage them in urban areas, while community based organisations manage them in rural areas. The current capacities of LG&TP and PHE&RD departments in social mobilisation and community development are limited. Furthermore, the social sections in both departments are further impeded by weak service structures and logistic challenges. There is great merit in exploring options for a community development cadre in both departments for effective community engagement. Lady Health Workers (LHWs) under the Health department are frontline primary health care workers who reside in communities. The LHWs are expected to visit 100-150 households under their care every month for health and hygiene promotion, and for family planning. This workforce can be mobilised to enhance BCC for WASH due to their easy access to women and children in resident communities especially in rural areas.

Several civil society organisations, faith based organisations, private sector and other development partners are actively engaged in community development work. They can also be mobilised to impart BCC for WASH, address barriers to safe hygiene practices and reinforce hygiene messages through their development initiatives.

Behavioural Change Communication for WASH would need to be approached through some key actions. These include, among others, the following:

- Involve local leaders and peers for an initial need assessment and scanning of existing water, sanitation and hygiene conditions in the community
- This would then be followed by dialogues with the communities for participatory planning to agree on actions for BCC for WASH, especially to identify target groups, and determine specific messages that would help lead to the desired behaviour change and practice in the households and communities
- Appropriate IEC material for WASH would need to be developed to assist field staff in their interaction with communities
- Once the necessary capacities have been put in place, a two-pronged approach for BCC campaigns would be adopted. The first dimension would be to create demand by promoting good hygiene practices at the level of households and schools for prevention of water-borne and sanitation related diseases. This would require training and orientation of community peers and school teachers to serve as agents of change. The second dimension that must go hand in hand with the first, is to strengthen the supply side through provision of water supply and sanitation schemes, construction of latrines, and safe disposal of human faeces and solid waste

8.2 School Sanitation and Hygiene Promotion

The body of evidence worldwide indicates that schools can play a significant role in improving hygiene practices and community behaviours towards safe sanitation practices. Children are open to learning and are an effective medium for dissemination of good hygiene practices to their homes and friends.

Some of the key lessons learned from school WASH activities include:

- An operational research under Learning, Action and Learning (Lal: literally meaning 'Red' in the local language, Urdu) for Menstrual Hygiene Management (MHM) has been conducted in Pakistan during 2013-2014 in order to understand the ground realities with active participation and feedback of the schoolgirls, teachers and education department officials from designing to execution⁴. The research resulted in development of a training manual and monitoring toolkit for MHM in schools for the government's education department.
- Similarly, a capacity development programme in WASH for distant pre-service teachers training programme has been initiated with Allama Iqbal Open University of Pakistan. The project has developed videos of WASH manual for trainee teachers, which is broadcasted by Pakistan Television under its virtual training support to the distant students.
- For hygiene, the 'School of 5' approach targets hand washing at five critical times (before meals (breakfast / lunch / dinner), during bath-time and after using the toilet is being successfully implemented in collaboration with international partners.

The main objective of this intervention is to provide improved hygiene behaviour and a healthy environment in schools so as to improve the quality of life of successive generations. Such a school WASH programme would strengthen the voice of children to work as change agents. Examples of BCC that can be implemented through schools include:

- Provision of safe water and sanitation facilities in schools
- Use of pictorial instructions and posters to promote safe use of toilets
- Train school teachers to implement a specific School Hygiene Programme. A WASH kit can be developed to implement the programme in an interesting and interactive way. Child-to-parent / family hygiene awareness and education approaches can also be promoted
- Motivate School Management Committees (SMCs) to generate necessary funds to meet hygiene necessities like soap, cleaning detergents for washrooms etc.
- Add hygiene messages in school events and facilitate school debates, essay writing, quiz, best hygienic student of the year, etc.
- Provide incentives to schools and teachers who improve sanitation access or deliver effective hygiene promotion

8.3 Community Awareness Raising

Information raising and creating awareness amongst communities about WASH is a critical component of any BCC strategy for WASH. Sometimes, community beliefs, norms and practices have to be changed through a systematic process of awareness raising and gradual acceptance of the need for changed behaviours. Activities to bring about this change would need to be developed in consultation with the communities. Some examples of community oriented activities for BCC include:

- Communities may be mobilised through pre-triggering, triggering and post triggering sessions for WASH to inform about faeco-oral contamination

⁴ Naeem R K, Klawitter S and Aziz A: Learning Acting and Learning (LAL) research on school MHM in Pakistan, Waterline, Vol 34, No 1, 2015.

- Communities would need to be educated about the disease cycle and implications of poor hygiene practices through participatory dialogues and meetings
- Community resource persons like LHWs, community resource persons, or other village health workers, who have frequent contact and interaction with communities, would need to be trained as sanitation volunteers by providing training on health and sanitation aspects to influence change in behaviours and practices
- Local community based organisations can be involved to organise seminars, hold experience sharing sessions, dialogues and awareness raising events. They can also be engaged to develop a resource mobilisation strategy to strengthen water and sanitation services in the target communities
- The capacities and knowledge of other community resource persons like Traditional Birth Attendants, Hakeems / traditional healers, local medical stores, and religious leaders can be strengthened in health and hygiene
- Integrate WASH information into local events like Mother and Child Health (MCH) weeks organised by the health department, polio campaigns, etc.
- Inculcate a sense of positive competition amongst communities by rewarding those communities who adopt good health and hygiene practices with prizes and recognition
- Build the capacity of the social organisers of LG&TP and PHE&RD through an adequate service structure and reforms/incentives
- Increased multisectoral coordination among actors in interconnected sectors like health, nutrition and WASH

8.4 Local Media Campaigns

The effective use of local and folk media is an indispensable tool for BCC, especially for WASH. This will require a special media campaigns to be developed and cascaded through the provincial, district and taluka levels. Some of the key activities under this campaign are likely to include:

- Hold regular and periodic press briefings for the media at the provincial and district levels to apprise them about achievements and progress in WASH, and to sensitise the communities about hygiene issues
- Mobilise the print and electronic media by strengthening a WASH friendly journalist group and providing it with necessary information and insights of the sector
- Organise exposure visits of the media teams to the good practices and challenging situation to share the learning with masses
- Hold dramas, performances, songs, street dramas through networking with stage / local artists and folk performers as these are highly effective media alternatives for BCC
- Hold periodic WASH discussions, forums, seminars and courses to provide and exchange relevant and interesting information with the public and ensure active participation by the media

8.5 Celebrating International Days

There are several international days related to WASH like World Water Day, World Toilet Day, World Environment Day, World Sanitation & Hygiene Day, World Children Day, World Population Day, etc. These should be used to mobilise communities and other stakeholders through activities like essays, competition, dramas, awareness walk, school events, and press briefings to the media to create awareness and understanding of WASH issues among the local communities. In order to achieve maximum outreach and coverage of WASH messages, special supplements in print media and video messages for electronic media would also need to be undertaken.

8.6 Mass Communication Approach

A proactive media advocacy can supplement a community based approach for effective implementation of BCC messages by focusing on electronic and print media. The media can play a pivotal role by showcasing inspirational and motivating success stories, and highlighting implications of poor hygiene. Newspapers, magazines, radio and television can also be used as communication channels.

8.6.1 Print Media

National and regional print media can be engaged to develop articles about safe drinking water, improved sanitation and good hygiene in daily newspapers, and weekly and monthly magazines. The articles can draw public attention to the current status of WASH, highlight initiatives by the government and civil society, explain strategies for addressing WASH issues, and inform communities about their obligations, responsibilities and their rights.

Quarterly newsletters, pamphlets, leaflets, brochures and flyers that provide provincial updates on WASH can be prepared and distributed to communities through newspapers and local community networks to inform good practices and behavioural changes required for a healthy environment. Pictorial stories can be used to reach illiterate adults and make them interesting and appealing for children. Information about key WASH aspects like benefits of hand washing before eating and after defecation, use of clean water, sanitation of streets, villages and the general hygiene promotion practices can be disseminated through these means.

8.6.2 Radio

The radio is still one of the main communication mediums widely heard in the rural areas and small towns of the province even where electricity is not available. The majority of the farmers, vocational workers and even rural families prefer to listen to the radio during their work with an interest in music, current news and talk shows. The radio is inexpensive and easy to operate. There are many regional radio stations in the province, which can be mobilised for creating support for WASH promotion.

Some of the approaches for WASH BCC through radio programmes can include:

- interesting messages about hygiene promotion like use of clean water to prevent diseases, construction of latrines to prevent faecal contamination, and hand washing for a healthy environment. Such messages and stories for WASH can be covered either through feature programmes, advertisement during the talk show or live calls from the audience
- special interviews of government servants, civil society representatives, successful role models, politicians and religious leaders emphasising the importance of WASH can play a significant role to help change the general behaviour of people for improved WASH

8.6.3 Television

Even though television is not available in all parts of the province, it still provides a significant outreach and is the most appropriate communication medium for BCC by virtue of its direct impact of “seeing is believing”. Television may be found inside the houses but is also widely available at public places like tea stalls, barbershops and restaurants. Talk shows, television dramas, documentaries, interviews of role models, interviews of experts, school competition coverage, cleanliness campaigns coverage, short messages and flickers and specific addresses by the key personalities on the occasions like international days can be organised in collaboration with government agencies. The key content of all the programmes can be based on WASH aspects.

8.7 Safe Disposal and Management of Solid Waste

Sindh province faces serious challenges in collection and safe disposal of solid waste. Due to a lack of appropriate waste collection and disposal mechanisms, solid waste is generally discarded into dumping grounds, open pits, ponds, rivers and agriculture land. Inadequately collected and disposed solid waste is harmful to human health and commonly results in clogging of drains and creation of stagnant ponds. These choked drains and stagnant ponds serve as breeding sites for bacteria, parasites and vector borne diseases like malaria and dengue.

There is need to initiate an awareness raising campaign to inform communities about implications of inappropriate solid waste disposal, and what simple but practical steps can be adopted by households for segregation and disposal of waste in a hygienic manner. The campaign should include community mobilisation by forming community groups, sharing IEC materials and community owned solid waste collection and disposal arrangements in collaboration with local government.

8.8 Production of Support Material for Communication

The development and production of support material used for communication is a relatively complex activity, which often requires the involvement of specialists for development of content, experts in communication, media professionals, experts in traditional ways of communication, futures users of the material, field testing and revision of developed material etc. In order to produce IEC material for the BCC strategy, that is culturally appropriate, comprehensible and effective as a communication tool, there is need to establish mechanisms for ensuring the participation of all stakeholders. This may require holding of workshops to design materials and train various stakeholders. Baseline Knowledge, Attitude and Practice surveys/studies would need to be undertaken in target communities at the outset to understand the context and need for BCC, develop IEC materials based on these needs and pilot test and revise them before wide-scale implementation.

8.9 Inter Personal Communication (IPC)

Inter personal communication (IPC) makes effective use of existing social networks like group sessions and house to house/person to person interaction, and can play an instrumental role in dissemination of information through different activities. Group sessions can be conducted at different levels like union council, taluka and district, while local NGOs, CBOs, and the local government can play a supervisory role. It would be important for such WASH BCC activities to prioritise gender equality with a focus on local women and girl child in the target areas. The LG&TP can involve the Health Department for dissemination of information through LHWs, while Basic Health Units and Rural Health Centres can be provided with awareness material to be displayed on the walls. Community Activists/Social Mobilisers like community organisations, village organisations, local networks, CBOs, village health committees etc can be made responsible for different WASH BCC activities.

8.10 Resource Allocation and Coordination

The Government of Sindh shall arrange necessary financial resources from its own budget and avail grants from donor organisations or financial loans from financial institutions, and investment from corporate sector under corporate social responsibility. Further, support shall also be sought from UN agencies especially UNICEF, UNDP and UN Habitat, and other international non-government organisations under partnership approach. The provincial and local governments shall make annual budgetary allocations in their development plan in respect to water and sanitation including a BCC component.

While BCC would be integral to drinking water, sanitation and hygiene programmes, it would require inter-departmental collaboration and coordination as there are multiple stakeholders involved in the service provision of WASH. A review of existing health hygiene BCC programmes being executed by departments of Health, Education, LG&TP and PHE&RD would need to be conducted to understand the synergies and develop the inventories. In addition to these departments, the NGOs and other partner organisations will also be approached. A coordination mechanism will be evolved to identify the common grounds for an integrated BCC approach for WASH. This will range from sharing the resources for IEC materials, joint campaigns and monitoring WASH BCC by sharing data and progress reports. Workshops, seminars and inter-departmental meetings can also play a vital role in building common agendas and implementation of BCC in an effective manner.

8.11 Capacity Building

There is a need to strengthen the capacities of institutions directly or indirectly involved with water, sanitation and hygiene for successful implementation of the WASH BCC strategy. Specific capacity building programmes and trainings will need to be organised for elected representatives, government functionaries, private sector and NGOs to enhance their effectiveness for WASH BCC. The training would need to address senior, middle and lower levels of people e.g. field staff, beneficiaries, media professionals, traditional communicators or artists and designers. Government training organisations or external support organisations can be used to provide capacity building services. Capacity-building initiatives may include exposure visits to good practices of WASH BCC followed by creating knowledge networks to raise awareness on WASH; organise trainings/workshops for sharing technical knowledge and hand-holding of local stakeholders followed by user-friendly manuals for future references. There is need for capacity building of the social sections under LG&TP and PHE&RD for effective service delivery.

8.12 Disaster Risk Reduction

Sindh province has been home to a several disasters and emergencies in the last decade. Climate change trends suggest that Sindh will continue to face climatic events like flash floods, cyclones and heavy rain. It is imperative that WASH BCC addresses the knowledge, attitudes and practices of individuals, families and communities especially in emergencies. Since there are ongoing disaster risk reduction and emergency preparedness programmes and initiatives being run by provincial agencies and other development actors, WASH BCC should be planned in close cooperation with ongoing or planned programmes so that it is integral to any emergency preparedness and response plan.

8.13 Monitoring, Supervision and Evaluation

A Monitoring and Evaluation (M&E) mechanism for WASH BCC would need to be developed to document progress, achievements, and challenges. The M&E pathway shall help determine whether BCC messages have reached target audiences as intended, and what changes have taken place in the behaviours of target groups, and whether these changes suggest a sustainable trend.

The M&E pathway may be established at the following levels:

- Monitoring at Village/UC level: All projects/programmes and interventions shall be monitored by village-based organisations to ensure that desired outcomes of any particular interventions are achieved.
- Monitoring at taluka and district level: District level Sanitation Committees or subcommittees at town and taluka level shall monitor BCC.

- Monitoring at Provincial level: All the taluka and district offices shall submit their quarterly progress reports to the provincial coordinating mechanism for performance review and resource allocation decisions.
- Strengthen knowledge management: the good practices will be documented in collaboration with national and international partners in the form of case studies, reports and stories for the media, and disseminated at appropriate stakeholder forums (community sessions, partner review meetings, review meetings with local government officials, international/national and provincial WASH conferences etc) to promote cross learning and improve interventions

9. Institutional Arrangements and Governance

A) Provincial BCC Steering Committee (PBCCSC)

All concerned provincial government departments, public agencies and autonomous bodies in accordance with the guidelines will follow BCC policy, principles and measures indicated in this document. Communities, NGOs and the private sector will be supported and encouraged to undertake initiatives within the provisions of BCC policy.

At provincial level, there will be Provincial BCC Steering Committee, which will examine BCC policy cum strategy, and after approval the same will be submitted to the provincial cabinet for final approval. This committee will also be responsible for steering the execution of provincial BCC arises with approval from relevant authorities. This Committee shall comprise the following members:

▪ Additional Chief Secretary	Chairman
▪ Secretary LG&TP	Member
▪ Secretary PHE&RD	Member
▪ Secretary Health	Member
▪ Secretary Education	Member
▪ Secretary Environment	Member
▪ Managing Director KW&SB Karachi	Member
▪ Managing Director H-WASA	Member
▪ Secretary Provincial Local Government Board	Member
▪ Director General M&E LG&TP	Member/Secretary

B) Provincial BCC Cell at Directorate of Sanitation

After approval of the BCC strategy, the provincial Directorate of Sanitation will steer the implementation and monitoring of the strategy with a dedicated BCC cell which shall consist of dedicated professionals at Directorate of Sanitation to provide necessary administrative, monitoring and supervisory support. The BCC cell shall comprise the following members:

a) Director General LG&TP	Chairman
b) Representative of PHE&RD	Member
c) Divisional Directors, LG&TP	Member
d) Representative of Health & LHWs programme	Member
e) Representative of P&D Nutrition Cell	Member
f) Representative of Education	Member
g) Representative of Environment	Member
h) Representative of Civil Society	Member

Annexure

Strategic Theme	Issues	Target audience	Means /Methods	Tools
Access to drinking water	Safe handling and storage of drinking water	Department of Local Government, PHED, Health, SEPA and Education	Meeting and workshops	Preparation of material and presentation
		International Donors/ Partners		
	Lack of awareness that untreated water is unsafe and can cause disease	Political Representavies	Meeting and workshops	Brochures, audio / video programme and articles in news papers
		District Government/ local Councils		
	Non availability or scarcity of drinking water in certain areas	Media	Publications	
		Civil Society Organisations (CSOs)	Meeting and workshops	
	Poor water infrastructure- old lanes	LHWs, Teachers and Union Council Secretaries	Village Development/ WASH Committees	TV/Radio / newspapers/ brochures / theatre/ training
		Communities		
Access to improved sanitation	Use of unhygienic latrines	Departments of Local Government, PHED, Health, Education SSWB Sindh and SEPA	Meeting and workshops	Preparation of material and presentation
		International Donors/ Partners		
	Poor management of solid and liquid waste	Political Representavies	Meeting and workshops	Brochures, audio / video programme and articles in news papers
		District Government/ local Councils	Publications	
	Inadequate sanitation infrastructure	Media	Publications	
		Civil Society Organisations (CSOs)	Meeting and workshops	TV/Radio / newspapers/ brochures / theatre
	Wastewater handling and treatment	LHWs, Teachers and Union Council Secretaries	Village Development/ WASH Committees	TV/Radio / newspapers/ brochures / theatre/ training
		Communities		
Safe Hygiene	Poor hand washing at critical times	Departments of Local Government, PHED, Health, Education SSWB Sindh and SEPA	Meeting and workshops	Preparation of material and presentation
		International Donors/ Partners		
	Inadequate personal hygiene	Political Representavies	Meeting and workshops	Brochures, audio / video programme and articles in news papers
		District Government/ local Councils	Publications	
	Low level household hygiene	Media	Publications	
		Civil Society Organisations (CSOs)	Meeting and workshops	TV/Radio / newspapers/ brochures / theatre
	Poor menstrual hygiene	LHWs, Teachers and Union Council Secretaries	Village Development/ WASH Committees	TV/Radio / newspapers/ brochures / theatre/ training
		Communities		