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WASH Field Note November 2015

Using Social Norms Theory to Strengthen CLTS in Southern Madagascar

INTRODUCTION

Madagascar is one of the poorest countries in the world, ranking 157/186; over 72 per cent of households, and thereby 82 per cent of children, live below the poverty line (UNDP Human Development Report, 2014). The under-five mortality rate stands at 62/1,000, of which 48/1,000 die under the age of one. The main causes for child mortality are pneumonia, diarrhoea and malaria. Over 47 per cent of children in Madagascar are stunted – a rate that is among the highest in the world (UNICEF MICS Report, 2012).

Woman happily showing off her latrine in southern Madagascar

KEY POINTS

- ***Failure to change social norms in Southern Madagascar resulted in the widespread failure of Community Led Total Sanitation (CLTS) and other development programmes.***
- ***Social Norms Analysis was used to identify the barriers to changing the social norm on open defecation and define approaches to establishing a new social norm so that improved sanitation practices would be adopted.***
- ***Institutional triggering, shit festivals and customary laws are tools that can support the normalization and sustainability of behavior change.***
- ***Applying social norms tools has potential to strengthen the performance of CLTS more broadly in other countries and regions.***

Madagascar ranks 4th worst in the world for WASH indicators. 52 per cent of the population has access to improved water supply (UNICEF/WHO JMP Report, 2015). The disparities among urban and rural areas are substantial: 82 per cent of people living in urban areas have access to an improved water supply compared to 35 per cent in rural areas. Only 12 per cent of the population use ▶

▶ an improved sanitation facility, and more than 40 per cent of the population practises open defecation (OD), a total of 9.6 million people (UNICEF/ WHO, 2015).

Open defecation (OD), coupled with the lack of safe, clean water and poor hygienic practices like hand washing with soap is estimated to be directly responsible for causing 90 per cent of diarrhoea cases and has a direct influence on high levels of chronic malnutrition in Madagascar. The highest levels of OD are in the south of the country (89-95%) but CLTS campaigns in this area were not producing significant results compared to campaigns in other regions of the country.

This Field Note focuses on the southern region of Madagascar and documents how the region is transitioning from a 100% open defecation to a 100% ODF (Open Defecation Free) region. The southern region is one of the poorest regions in the country and characterized by restrictive, traditional beliefs as well as a rigid hierarchy of power and influence, which contribute towards the failure of development projects in this region (see map in Figure 1).

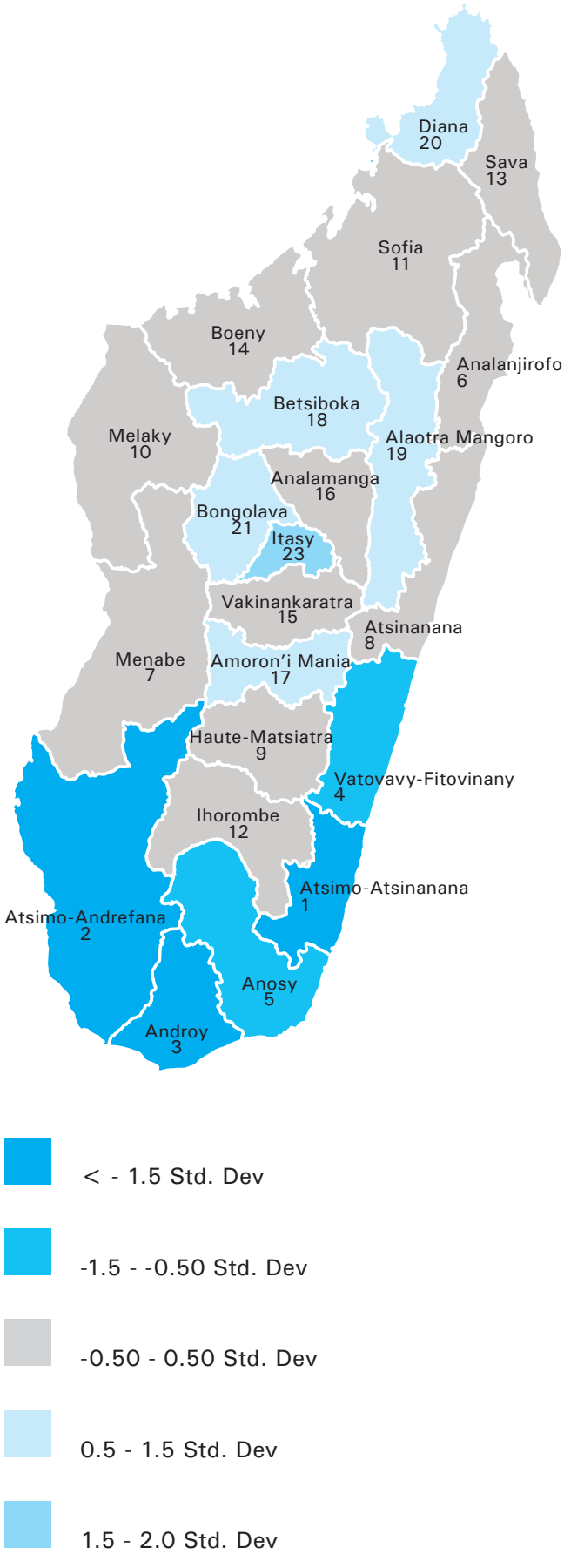
Social Norms Terminology

- Unconditional preference: a preference that is not influenced by others' beliefs or behaviour.
- Custom: a pattern of behaviour that individuals prefer to conform to because it meets their needs.
- Social norm: a rule of behaviour that individuals prefer to conform to on condition that they believe that a) most people in their reference network conform to it and b) most of people in their reference network believe they ought to conform to it.

This note reviews the innovative approach used to address ODF efficiency and sustainability in the fragile programmatic context of Madagascar by using the social norms theory as both a lens and a tool by which to analyze and improve the performance of the CLTS programme.

This note provides insights into how Social Norms Theory may have broader relevance and applicability to CLTS programming, performance and sustainability beyond Madagascar.

Figure 1 - Index of Vulnerability by Region



DESCRIPTION OF INTERVENTION

CLTS and Social Norms (SNs)

CLTS was introduced to Madagascar in 2011 as a way to support behaviour change in order to abandon open defecation. Despite initial successes, and the interest to take the approach to scale, preliminary evaluations showed that results were not sustained over time, and some months after ODF declaration communities slip back into open defecation practices.

Distinct problems were seen in the south of the country, where not only was CLTS not effective but there was difficulty to even mention the word 'shit', the use of which is key to the CLTS approach.

CLTS is intended to create a social norm for safe excreta disposal in societies where open defecation is a **custom** or convenient practice. In southern Madagascar there was an existing **social norm for open defecation**, meaning people believe it is the correct practice and this is fully endorsed by the community. Thus, a different approach was needed to change rather than create the social norm.

Social Norms Analysis

The analysis was principally done in two steps:

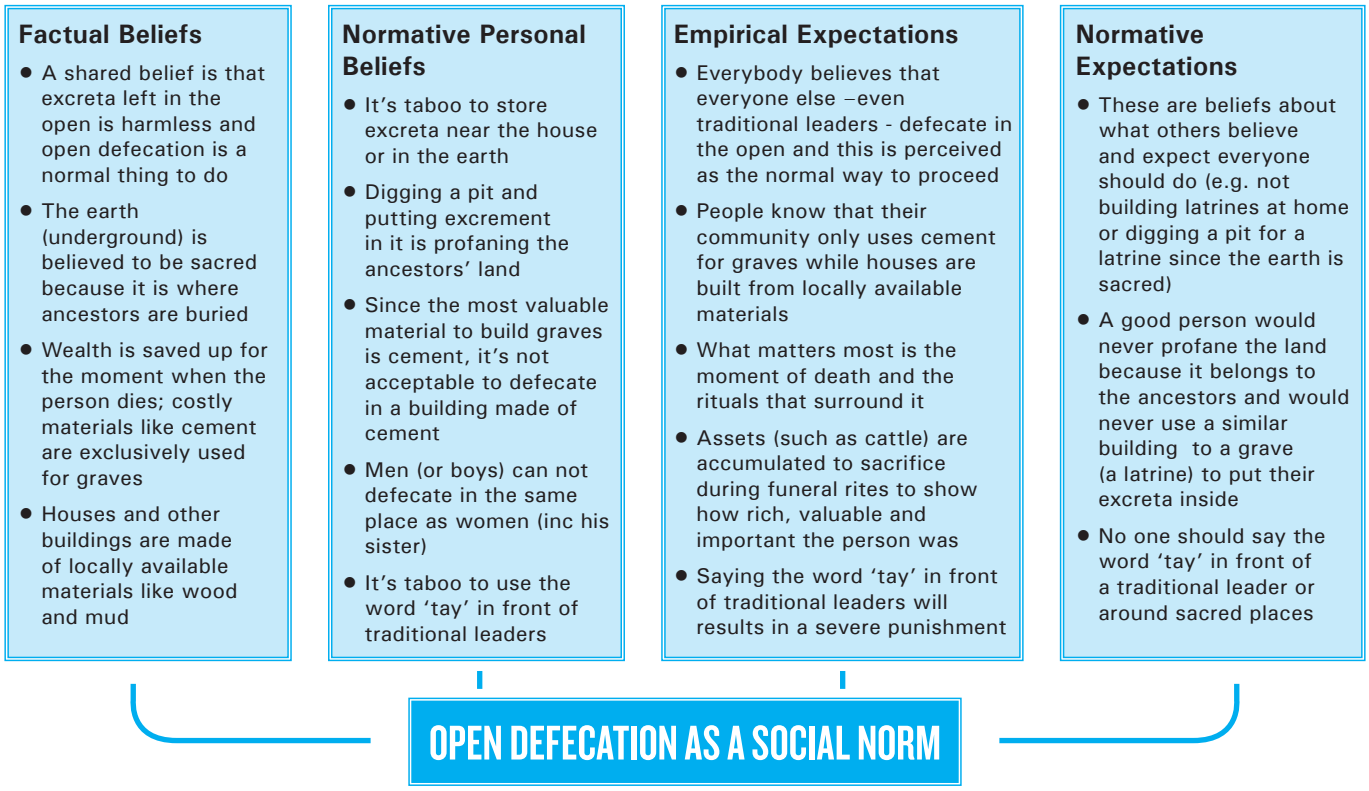
1. Mapping of practices and actors of influence in two regions in the south of Madagascar during 2013 – this mapping was done by UNICEF's Communication for Development (C4D) section; and

2. Multiple interviews with regional authorities, local authorities, development workers and traditional leaders in the 4 regions in the south (September to December 2013) - the interviews and analysis was done by UNICEF's WASH section using the social norms theory concepts.

The mapping of practices and actors revealed:

1. Some communities follow a strict pattern of behavior, which deviates from expected sanitation and hygiene behavior. There was a strong negative social norm on open defecation related to the belief that putting shit in the ground was considered disrespectful, so shit had to be left on the ground. This analysis is presented in the diagram in Figure 2. ▶

Figure 2 - Findings from Social Norm Analysis



2 ▶ The actors that have a direct influence on the attitudes and preferences of communities belong to four different categories:

- Administrative authority: directors of services, mayors, chiefs of village clusters, community workers;
- Moral authorities: traditional leaders and old people that are in the village clusters;
- Patriarchs or chiefs of 'fokos' or leaders of sub-groups within each ethnic group who rarely leave their village; and
- Ethnic leaders: often the chiefs of associations, who may be far from their original village but regroup in associations.

Enhancing CLTS with Tools Borrowed from Social Norms Theory

A number of techniques from social norms theory can be used to sustain behaviors and social norms:

a) Multi-tiered institutional triggering;

b) Value deliberation with traditional leaders;

c) Magnifying the effects of change through group activities, external signs and 'Foire du Caca'; and

d) Normalization. These are discussed below.

a. Multi-tiered institutional triggering: the various levels of influence on the community are engaged to ensure buy-in, engagement and entry into the communities. This process also improves the 'functional linkages' between the Ministry of Health, Education and WASH to support the CLTS work in country. Table 1 describes institutional triggering – participants and process at various levels.

b. Value deliberation or the 'debat communautaire' held with groups of key stakeholders and traditional leaders (the 'Core Group'). Value deliberations are held with the Core Group before the deliberations are held with individual villages.

The Core Group is triggered at the commune level - not in their communities. The members of the Core Group come from different communities but all belong to the same ethnic group, which means a common decision from traditional leaders and chiefs of village clusters.

During the value deliberations the Core Group discuss the strategy to be used to achieve a collective change as well as the possible sanctions (positive or negative) such as **declaring the defecation areas Fady or establishing a Dina** (see box), which may be used to avoid individual deviance to the new norm. The fact that the Core Group designed the strategy generates ownership but also empowers them to become the agents of change in their respective communities and adds value to their role of leaders. This tool is applied one village at a time, discussing customary laws that can support the changing of the social norm, advantages of changing their behavior – health benefits, savings in health cost, etc. This is a key step in persuading people to abandon their negative OD social norm.

c. Public declarations or the 'Foire de Caca' (Shit Festival). Multiple villages come together to make public declarations of their intent to abandon the behaviour of open defecation and to make a public plan of action with an agreed timeline that they can be held accountable to by other villages, traditional authorities, and observers to the process. This tool achieved highest impact at village group and commune level.

d. Normalization, or making the new practice common, generally refers to positive influences from influential community members or government staff but can also refer to the installation of Dina (enforcement mechanisms or punishments, enforced by community members and generally implies a financial penalty for violation of the 'law').

'Fady' and 'Dina'

Fady could relate to a behavior or an area and is associated with sacred concepts, which are normally considered forbidden. A traditional leader can declare an open defecation areas Fady, which means that the area is made sacred and so it's forbidden to use those areas for defecation.

Dina is a collective rule, often more respected by villagers than law. When a Dina is adopted everyone is obliged to follow and comply with it. Customary processes for creating and enforcing practice and behaviour give the changes more credibility.

Table 1 - Participants and Processes in Institutional Triggering

LEVEL	PARTICIPANTS	PROCESS
Regional	Head of Region (chef du region) + Regional Director of Development + Director Affairs Generals et Territorials; SG of the Region; Director of Health + staff, Director of Water +staff; Director of Education+ staff	Three step meeting: A. Preparation/planning meeting. (All participants) – ½ day; introduce CLTS; presentation of local statistics on public health (diarrhea, malaria etc.) F-diagram and defecation rates. Objective: broad strokes plan & gain buy-in and understanding of these officials on how the full process will work. They also propose their own objectives. B. Finalize the plan (All participants + district staff of health, education) 2 days Objective: Validate the plan and engage all sector partners. Incorporate into district work plans. The nominations for regional monitoring committee are received. C. Training of nominated regional monitoring committee made up of representatives from health, water and education and the regional government office staff.
District	Chief of District plus some staff, Medical Inspector, Chief CISCO (Education), Chief of Gendarmerie, Religious leaders. Influential people in the district	Duration: 1 day Triggering of this group followed by a creation of a District Monitoring Committee formed by the chiefs of service themselves. Elaboration of their own working plans and monitoring plans.
Commune	Mayor, Chiefs of village clusters, traditional leaders/notables (4 per village cluster), Chef health and Chef education representatives, Chef health centre in the commune, Chief education for sub-zone; religious leaders; military/police representatives Community Health workers	Duration: 1-2 days Presentation of health and diarrhoea statistics. Presentation of the whole process and how it will be rolled out in the districts and communes. Bottleneck removal at traditional leaders' level to assure their full buy in and ownership of the process. Creation and training of Commune Monitoring Committee. Providing technical support, what to monitor. For commune health centres they are trained in how to handle data and reporting mechanisms. Training in how to trigger and monitor CLTS – 8 days First four days of theory and second four days of practice (including a Foire de Caca). Planning of how to trigger 100% of villages in 100 % of village clusters of the Commune.
Community	Everyone, community health workers	CLTS triggering, action plans for the village, creation of monitoring mechanisms.

OUTCOME

The outcomes of the Value Deliberations in the Core Group were to:

1) allow the process of change to happen in their communities;

2) allow the word tay (shit) to be used for triggering change; and

3) request the support of the community health workers (CHWs) to trigger their different communities.

This generated a collective decision to change that couldn't be challenged since all communities were represented in the Core Group.

CHWs were present during the discussions and witnessed the willingness to change of the key actors in the Core Group, which empowered them to go and trigger the communities. Furthermore, traditional leaders acted as role models for the villagers, enabling them to break taboos related to the practice of defecation and use of latrines.

In the three regions where previously CLTS had failed to achieve behavior change, entire communes are now becoming ODF. Following the introduction of the Social Norms Approach, more than 56,000 latrines were constructed in only 15 months, as households abandoned open defecation. In May 2015 the Minister of Water, Sanitation and Hygiene celebrated the achievement of the first four ODF communes in Madagascar (with a population of more than 80,000 people) in Androy Region. During the ceremony, traditional and administrative leaders were given green flags by the Minister to indicate that their respective villages are now ODF and clean villages.

Triggering local and traditional leaders together with community health workers

LESSONS LEARNED

- Standard approaches to triggering are not effective in creating a new sanitation social norm in communities with strong traditions and/or social norms supporting open defecation.
- A clear and strategic understanding of the factors and persons that influence behaviour is essential for CLTS mobilization, particularly where existing beliefs affect defecation behaviours.
- Value deliberations can help in understanding complicated belief systems as well as to ensure that new norms don't compromise (or are not perceived to compromise) existing cultures and values.
- Ensuring the buy-in of traditional leaders in areas with deeply-held religious or cultural beliefs – for instance through institutional triggering and core group value deliberations - can greatly support entry into these communities, increase their receptivity to new social norms and behaviours as well as reinforce the collective decision to change.
- Publicly declaring an ODF strategy to an external audience (e.g. through 'foire de caca') can be very effective in motivating communities and holding a community accountable to its plans.

NEXT STEPS

Social Norm Theory can be a useful diagnostic tool, for instance in intransigent regions where community engagement with CLTS is difficult, but also to improve the performance of CLTS in marginalized and vulnerable areas. Techniques such as value deliberations, network analysis and normalization can help take CLTS programmes to scale as well as improve the efficiency of the process.

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PHOTO CREDITS

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This Field Note is part of the UNICEF Eastern and Southern Africa Sanitation and Hygiene Learning Series, designed to improve knowledge of best practice and lessons learnt in sanitation and hygiene programming across the Region. The series has been funded by the Bill & Melinda Gates Foundation in support of improved knowledge management in the sanitation sector.

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