Preventing Acute Gastroenteritis and Cholera in Kathmandu Valley through Innovative, Youth-led Social Mobilization Initiatives
YOUTH-LED CHOLERA PREVENTION

UNICEF NEPAL | Communication for Development


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“Newer, innovative methods of communication can make ‘old’ messages ‘sticky’ and help initiate behavioural changes needed for ensuring healthier communities.”

Rudrajit Das, Chief, Communication for Development, UNICEF Nepal

OVERVIEW

There is an imminent need to improve the sanitary and hygienic practices of people living in the urban slums of Kathmandu valley to ensure that cholera outbreaks do not take place every year, and to also in general reduce the high prevalence of water-borne diseases.

Aiming to address these issues, UNICEF in partnership with Yuwalaya, a youth-led organization, designed and implemented an innovative social mobilization campaign over a period of six months.

Between June and November 2017, spread across the pre-monsoon and monsoon seasons, various innovative youth-led activities were carried out in areas that were considered to be hot-spots for cholera across seven municipalities of Kathmandu Valley.

These activities included wall comics, flash mobs, forum theatres and slam-poetry sessions. The objective behind these so-called ‘infotainment’ activities was to ensure that people had the correct knowledge as well as positive attitudes in relation to sanitary and hygienic practices that would allow them to protect themselves, their families and communities from cholera outbreaks which are almost an annual feature during the monsoons in certain areas of Kathmandu Valley.

Apart from increasing knowledge on safe water and hygienic practices, young people who designed, led and implemented these initiatives, developed key life skills like self-confidence in public speaking, expressing emotions, critical and creative thinking, and influencing people.

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800 young people were equipped with knowledge and skills to conduct interpersonal communication to promote positive sanitary and hygienic practices.

94 public events around safe water, sanitation and hygiene promotion were implemented by 30 youth groups.

34,351 people were directly reached with key messages in 29 hot-spot areas in two metropolitan cities and five municipalities of the Kathmandu Valley.

No cholera outbreak in Kathmandu Valley in 2017, as compared to 186 cases in 2016.

©Yuwalaya/2017 - A flash mob organized at Patan Durbar Square.


VIDEO DOCUMENTATION
Link: bit.ly/2zsBcK5
Cholera is endemic in various parts of Nepal, including the Kathmandu Valley. Many people still live in unhygienic conditions with limited access to safe drinking water and sanitation facilities. During the monsoons, cholera poses the threat of reaching epidemic proportions.

The programme aimed at increasing the adoption of safe water and sanitary and hygiene practices among families and communities in Kathmandu Valley. In order to reach this goal, the following two objectives were kept at the core of the project:

- Increased collaboration between municipalities, youth clubs and District Public Health Officers (DPHO) to advocate for and promote safe water and sanitation and hygiene behaviours;
- Increased percentage of families and communities practicing recommended water, sanitation, hygiene and treatment seeking behaviours during episodes of water-borne diseases such as diarrhoea and cholera.

Communication approach
Addressing individual behaviours, which are shaped by social, cultural and economic contexts, requires interactive approaches and a mix of communication channels in order to encourage and sustain positive and appropriate behaviours. With well-defined strategies and participatory practices, behavior change communication can provide individuals with relevant information and motivation.

**Cholera**

Cholera is one form of acute, watery diarrhoea, a symptom that can be caused by any number of bacteria, viruses and parasites. Cholera is caused by a bacterium (gram-negative rod), *Vibrio cholerae*. In its most severe form, cholera is one of the swiftest lethal infectious diseases known – characterized by an explosive outpouring of fluid and electrolytes within hours of infection that, if not treated appropriately, can lead to death within hours. In places where drinking water is unprotected from faecal contamination, cholera can spread with stunning speed through entire populations.

1. After the promulgation of the Constitution in 2016 AD / 2072 BS, the governance structure shifted from a unitary governance system into a federal setup. As a result, the Government of Nepal dissolved the then local bodies (including the wards) in March 2017 and replaced them with four new types of Local Governments - Metropolitan Cities, Sub-Metropolitan Cities, Municipalities and Rural Municipalities.

For further information, please see: www.unicef.org/cholera_toolkit/

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**Why we needed to act**

**Situation, objectives and communication approaches**

The programme was based on the Socio-Ecological Model (SEM) which posits that individual behaviour is determined by multiple levels of influence and hence the need to intervene at all levels in order to promote behaviour change. For every level in the SEM there are main corresponding communication approaches for achieving behaviour change:

- Advocacy with DPHOs, local stakeholders and ward representatives at the policy/ enacting environment level;
- Capacity building of child and youth clubs and social mobilization at the organizational and community level;
- Outreach and face-to-face communication at the interpersonal level addressing schools and families in hot-spot areas.

*An overview of the SEM and the linked activities is given on the next page.*

**Geographical Focus**

The activities were implemented in 29 hot-spot areas in the two metropolitan cities of Kathmandu and Lalitpur, and five municipalities of Chandragani, Godawari, Kirtipur, Mahalaxmi and Suryabinayak.

**When, what and with whom**

**Planning**

The programme was designed and implemented by UNICEF and Yuwalaya in close consultation with the DPHOs of Kathmandu, Lalitpur and Bhaktapur. This included the identification of the 29 hotspot areas.

**Needs assessment**

- pages 8 and 9

Baseline and endline surveys of prevalent knowledge, attitudes and practices (KAP) were conducted regarding water, sanitation, hygiene and treatment seeking behaviours.

**Implementation of activities**

- pages 4 till 7

At the heart of the project were innovative youth-led outreach activities aiming to spread key messages promoting positive attitudes in relation to sanitary and hygienic practices that would allow them to protect themselves, their families and communities from cholera outbreaks.

**Monitoring**

Collection of audience feedback and monitoring ensured the quality of the implementation.

**Socio-Ecological Model**

**Policy / Enabling Environment**

- Public Discourses
- Coordination meetings with District Public Health Officers

**Organizational Level**

- Events and days celebrations
- Strengthening capacity of implementers

**Community Level**

- Forum Theatre
- Flash Mobs
- Mascot Mobilization
- Wall Paintings
- Slam Poetry
- Miking
- Wall Comics

**Interpersonal and Individual Level**

- Household visits

Yuwalaya is a youth led, non-profit, non-governmental organization working for and with the youth and adolescents of Nepal. Established in 2013 by child club graduates, Yuwalaya seeks to create a platform for young people and works to create a bridge between organizations working on child rights issues and youth organizations.

www.yuwalaya.org.nr/
YOUTH-LED CHOLERA PREVENTION

ENABLING ENVIRONMENT

In order to create an enabling environment, the project established close collaboration with the seven newly established municipalities, the Kathmandu Metropolitan City and Lalitpur Sub-Metropolitan City, the DPHOs of Kathmandu, Lalitpur and Bhaktapur and non-governmental organizations working in the water and sanitation sector to promote safe water, sanitation and hygienic behaviours.

For this purpose, adolescents and youth directly interacted with different stakeholders throughout the project to gain their commitment on issues related to sanitation and hygiene.

In the initial phase of the project, the hotspot areas were identified in collaboration with the DPHOs and other relevant organizations. All activities were then conducted by the local youth clubs by coordinating with the ward representatives for effective implementation of planned activities.

Public hearings
While most of the activities implemented were directed at community members, public hearings directly linked the civil society with local government representatives and other decision makers and stakeholders. During these public hearings, youth performed various activities addressing sanitation and hygiene issues, such as slam poetries, forum theatres or presentation of wall comics (please see pages 6 and 7 for details).

A further opportunity to interact with local stakeholders and advocate for stronger policies were activities organized as part of the community discussions and sanitation campaigns (see page 7 for further details).

“In it is now important, that we as local bodies take the ownership of such projects.”
Prithivi Lama, Local representative, Thankot

30 youth clubs
strengthened their collaboration with local stakeholders. 16 youth, including eleven community facilitators, two field supervisors and three reporting associates, took the lead in ensuring a direct link between local youth clubs, their ward representatives and relevant health facilities.

9 public hearings
involving the District Public Health Offices, were implemented in hot spot areas in all seven municipalities.

Sanitation campaign
Community discussions and sanitation campaigns involved 30 youth clubs and various local stakeholders such as ward representatives, Female Community Health Volunteers (FCHVs), women’s groups and local youth to promote the use of safe drinking water and hygiene practices in intervention areas, and to advocate for a clean and healthy environment.

Events
In addition to the sanitation campaign, the youth clubs contributed to various events during the World Environment Day, International Youth Day, Children’s Day and World Toilet Day and emphasized that access to safe drinking water and hygiene is crucial for a healthy community and the right of every child.

ORGANIZATIONAL LEVEL

In order to strengthen the local organizations in their capacity to plan and implement social mobilization activities and engage a wide range of public and private partners around the issues of water-borne diseases, a training of trainers was conducted with members of local child and youth clubs.

Strengthening the capacity of youth organizations
By coordinating with the local youth clubs, adolescents and youth of the identified hotspot areas were selected for a training on ‘Communication and Social Mobilization Skills’. A one day training was conducted for 141 youth where they acquired basic skills linked to social mobilization, and refined their knowledge on the prevention of water-borne diseases.

64 young people out of the 141, with at least two from each ward, were also trained on conducting surveys and entering data for the knowledge, attitude and perception surveys (see page 16 for more information).

29 community discussions and sanitation campaigns were coordinated and implemented by youth clubs in 29 wards.

141 youth
were trained in interpersonal communication and social mobilization.

64 youth
of the above 141 youth were also trained in conducting household surveys on knowledge, attitudes and practices (KAP).

Over 800 youth
were reached with trainings by youth trainers and strengthened their skills to discuss key sanitation and hygiene messages with their communities and families.
In Nepal, art forms such as slam poetry or flash mobs are gaining increased popularity, especially among adolescents and youth. We love to explore such new methods to facilitate positive changes in people’s behaviour regarding issues like sanitation, hygiene or climate change. \[\text{Sumiksha Khadka, Member of Yuwalaya}\]

Innovative approaches were used to empower adolescents and youth to raise awareness among their fellow community members on water-borne diseases and positive behaviours to prevent them.

**Flash mobs**

Attracting masses through outbursts of public singing and dancing to popular Nepalese songs was the idea behind flash mobs conducted by young people. The flash mobs were accompanied by dissemination of key messages and by distribution of informative materials (for examples, please see page 10). When possible, flash mobs were conducted during public holidays or community events reaching 3,500 people.

**Mascot mobilization**

On the occasion of important festivals such as ‘Teej’, ‘Rishi Panchami’ or ‘Krishan Janma Panchami’, mascot mobilization reached a large number of community members with key messages on cholera prevention and positive behaviour linked to sanitation and hygiene. While famous mascots such as ‘Doraemon’, ‘Motu and Patlu’, or ‘Tom and Jerry’ attracted masses in public spaces, youth mobilizers raised awareness by distributing flyers and interacting with the audience.

**Forum theatre**

Young people were trained in conducting forum theatres in hotspot areas and involving the audience in the story. According to their feedback, one of the two prepared endings was performed. Thereafter, the actors collected feedback from the audience and answered questions related to the topic.

**Wall paintings**

Young people were encouraged to create a picture or comic with key messages around diarrhoea and cholera prevention on one public wall in each of the three districts - the health post wall in Chittpale, Bhaktapur, the Sallaghari wall in Gawarko, Patan, and the ward office wall in Teku, Kathmandu.

20 flash mobs across the three districts were implemented by a group of 17 youth.

24 forum theatres were performed by 13 adolescents and youth.

130 wall comics were drawn by 130 adolescents and youth who invented their stories based on personal experiences.

123 young slam poets improved their writing and performing skills by developing poems on cholera and other water-borne diseases.

34,351 people reached through community mobilization in hot-spot areas.

For the INTERPERSONAL AND INDIVIDUAL LEVEL

**Slam poetry**

Slam poetry is a modern form of poetry in which poets read or recite their original work in front of an audience. Six three-day workshops were conducted, reaching 123 adolescents and youth across the Kathmandu valley to build their skills on using slam poetry to spread messages about cholera prevention, sanitation and hygiene.

**Miking**

During events, young people aired their messages through miking while walking or travelling through settlements.

**Household visits**

In addition to these activities, 64 youth visited 3022 households in hotspot areas as part of the knowledge, attitudes and practices survey. After collecting data, the volunteers discussed issues around positive sanitation and hygiene behaviours with these families and provided further information where needed.
During the initial phase of the project, 64 young people received training on data collection to carry out a Knowledge, Attitudes and Practices (KAP) survey. A questionnaire, containing 50 questions, was developed by UNICEF and pre-tested by Yuwalaya for finalization.

The objective of the KAP survey was to collect both baseline and endline data to identify changes in knowledge, attitudes and practices among families living in hotspot areas regarding water, sanitation, hygiene and treatment seeking behaviors during episodes of Acute Gastroenteritis and cholera. The aim was also to build the capacities of young people to objectively assess the situation of sanitation and hygiene, as well as measure the difference that their work made in their communities.

A baseline was established after the first round of interviews and was used for inputs on the design of the activities and the key messages. The survey among community members was followed by activities led by the youth mobilizers on areas where gaps were identified.

A second round was done after the interventions were carried out in order to evaluate the impact of the project by comparing the pre- and post-intervention KAP results.

The overall objective of the KAP survey was to identify good practices of families and communities regarding water, sanitation, hygiene and treatment seeking behaviors and observe changes during the project implementation.

Results

**ATTITUDES AND BEHAVIOURS**

Cholera is a severe health problem which may cause death.

<table>
<thead>
<tr>
<th>Fully agree</th>
<th>Partially agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>+6.1</td>
<td>-5.6</td>
<td>-0.5</td>
</tr>
</tbody>
</table>

How do you currently prevent water-borne diseases?

- Use of safe drinking water
  - 0.0
- Improved sewage system
  - +8.8
- Handwashing with soap after defecation
  - +11.2
- Handwashing with soap before eating
  - +7.2
- Safe storage of food
  - +10.5
- Avoiding street food
  - +10.7

Did you or anyone in your household suffer from any kind of water borne disease?

- Clinic
  - 2.7% to 1.8%
- Hospital
  - 32.9% to 43.2%
- Pharmacy
  - 17.2% to 15.5%
- Home treatment
  - -5.0

In order to avoid cholera epidemics, it is crucial that affected people seek treatment in hospitals and clinics instead of home treatment and pharmacies.

Please note: The data was collected by young people who were engaged in the project and hence should only be seen as indicative and a part of a process to build their capacity to objectively assess the situation, as well as measure the difference that their work made in their communities.

**KNOWLEDGE**

Can you name any water-borne diseases?

- Diarrhoea: 85.6% to 91.4%
- Cholera: 52.4% to 64.8%

What are the symptoms of cholera?

- Watery stool several times a day: +18.5
- Rice-water stools: +15.1
- Repeated vomiting: +6.2
- Muscle cramps: +4.9

What could cause cholera?

- Open defecation or unhygienic disposal of excreta: +13.9
- Drinking contaminated water: +11.8
- No handwashing before eating: +15.3
- Eating rotten or contaminated food: +10.9
- Eating street food: +9.8

Please note: The data was collected by young people who were engaged in the project and hence should only be seen as indicative and a part of a process to build their capacity to objectively assess the situation, as well as measure the difference that their work made in their communities.
In 2016, we had many cholera cases in Kathmandu Valley. We all - organizations, youth clubs, and other stakeholders need to work closely together to prevent cholera and be prepared to respond to another outbreak if needed. Youth can take a key role in conducting health campaigns and I am very happy to see that their innovative campaigns are very efficient in raising public awareness.

Mahendra Shrestha, Head of Lalitpur District Public Health Office

Communication materials developed as part of the project contained important and easy to understand information on positive practices in relation to sanitation and hygiene that would help community members protect themselves and their families from waterborne diseases as well as potential cholera outbreaks during the monsoon season.

70,000 brochures on water purification, 20,000 posters and 12,000 leaflets on safe drinking water, sanitation and hygienic practices were distributed during all community activities in order to support the dissemination of key messages.

Communication Materials

What worked

- Continuation of the initiative in 2018 and scaling up to other regions prone to water-borne diseases could be envisioned given the cost effectiveness of the project activities and the good network of child and youth clubs in Nepal;
- Involvement of relevant rights holders such as adolescents and youth, community members and groups;
- Involvement of community leaders and DPHOs throughout the project;
- Collaboration with existing institutions and networks;
- Empowerment of adolescents to become agents of change in their community;
- Service linkage to safe water and the overall environmental sanitation need to be improved, including water supply and a functional sewage system. Only such concerted efforts to provide the necessary services can ensure that impoverished people living in urban slums are able to transfer their high levels of knowledge and positive attitudes (as showed in the KAP surveys) into practice.

What next?

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Challenges

- Poor economic conditions of people living in slums often prevent them from adopting safe water, sanitation and hygienic practices despite their knowledge on their importance;
- After the earthquakes in 2015, the water table in Kathmandu Valley has fallen and resulted in partial water scarcity, negatively affecting large sections of the population.

General recommendations

- Youth and community engagement is likely to increase project reach, efficiency and sustainability, and should be applied to all relevant projects;
- Youth clubs have shown high motivation and capacity to be part of the social initiative and act as change agents. Proper training and seed money would support the roll out of similar campaigns;
- Innovative activities such as slam poetries, flash mobs or wall comics could be used as part of other projects to tackle social norms and change behaviours.

Lessons learned and recommendations

- Continuation of the initiative in 2018 and scaling up to other regions prone to water-borne diseases could be envisioned given the cost effectiveness of the project activities and the good network of child and youth clubs in Nepal;
- Good working relationship between local stakeholders and child and youth clubs should be maintained and collaboration between different stakeholders in the water and sanitation sector strengthened;
- Promotion of health-seeking behaviours linked to cholera and water-borne diseases need to be enhanced;
- Services linked to safe water and the overall environmental sanitation need to be improved, including water supply and a functional sewage system. Only such concerted efforts to provide the necessary services can ensure that impoverished people living in urban slums are able to transfer their high levels of knowledge and positive attitudes (as showed in the KAP surveys) into practice.

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Forum theatre involving the audiences in the story.

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