State Social and Behavior Change Communication (SBCC) Strategy/Guidelines (2020)

Maharashtra 2020

CONTENT

Foreword

Swachh Bharat Mission was launched by the Hon'ble Prime Minister of India in October 2014 with the objective of achieving universal sanitation coverage and making the country Open Defecation Free by 2nd October 2019, to honour the father of the nation Mahatma Gandhi on his 150th Birth Anniversary.

Maharashtra is a leading state in the field of sanitation, and is officially open defecation free, with all of its 34 rural districts, and 40,501 Gram Panchayats being declared ODF. In fact state achieved ODF status & declaration itself ODF from 14th April, 2018.

With the launch of SBM 2.0, the progress already made will be capitalised and sustained, and we will move from ODF to ODF-S (Sustainability) and ODF Plus, encompassing other elements of Solid and Liquid Waste Management. In order to consolidate gains from development of sanitation infrastructure and to maintain ODF, sustaining behaviour change will be a critical factor.

The partnership 'Beyond ODF' carried out by the All India Institute of Local Self-Government and supported by the UNICEF Maharashtra has led to the development of DPR, Technology Manuals and templates for scaling up efforts towards achieving ODF-S in the State.

I hope that this communication strategy document prepared with support from AIILSG and UNICEF Maharashtra will be helpful in preparing a State Behavioural Change Communication Strategy for meeting the goal of SBM 2.0.

Sanjay Chahande

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Foreword

Achieving access to sustained sanitation and hygiene for all by 2030, is a key component of 17 Sustainable Development Goals adopted by the United Nations member States in 2015. With the launch of the Swachh Bharat Mission in 2014, India has taken a significant step towards achieving this goal by 2024.

Building on the success of SBM Phase 1, which resulted in the construction of more than 10 crore toilets across the nation and declaration of more than 6 lakh ODF villages, SBM Phase 2 has been launched. Its objective is to sustain the gain of the movement by the raising it to the level of a Jan Andolan through continuous engagement and intervention with ODF communities, while also focusing on solid and liquid waste management to make the villages visually clean.

The key to sustaining the gains made under SBM Phase 1 is an effective IEC framework, as recognised in the SBM-G Guidelines. This document can play an important role in formulating a State level policy for sustained behavioural change communication.

Smt. Rajeshwari Chandrasekar,
Chief of Field Office,
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Acknowledgements

The Swachh Bharat Mission (SBM) was announced in October 2014, with the aim of ensuring a clean India, and has achieved tremendous success towards eliminating the practice of open defaecation. With the launch of SBM 2.0 in October 2019, the focus has evolved towards consolidating the gains made in the first phase and sustaining the usage of toilets, as well as developing further aspects of sanitation.

The document of Social Behaviour Change Communication has emerged from a larger study, 'Beyond ODF', aimed at preparing costed plans for six representative Gram Panchayats in Maharashtra, on ODF(S), and to develop templates for the participatory planning process.

I take this opportunity to sincerely Dr Sanjay Chahande, Addl. Chief Secretary WSSD, and his colleagues, and, specially Smt. Rajeshwari Chandrasekar, Chief of Field Office, UNICEF Maharashtra, Shri Yusuf Kabir, Shri Jayant Deshpande, Shri Anand Ghodke, Ms Aparna Kulkarni-Gowande, Shri Balaji Vharkat, and Ms Renuka Gaikwad of the UNICEF WASH team for their support to the Centre for Sustainable Development, (CSG) AIILSG and continuous guidance in the project.

I wish to thank Shri Ranjit Chavan, President AIILSG, and Shri Rajiv Agarwal, IAS (Retd), Director-General, AIILSG for their support and guidance to the CSG team. I also wish to acknowledge the contribution of consultant Ms Bharathy Tahiliani, in preparing this document, and also the CSG-AIILSG Team for their hard work in the project.

It is hoped that this document will be a key resource and reference document to the WSSD, and the PRIs in the state.

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ANNEXURES

REFERENCES

GLOSSARY AND DEFINITIONS

REFERENCES

List of Abbreviations

ASHA Accredited Social Health Activist
ANM Auxiliary nurse midwife
AV Audio Visual
AWC Aanganwadi Center
AWW Anganwadi Worker
BCC Behaviour Communication Change
BLC Block Level Cell
BOD Biochemical Oxygen Demand
BPMU Block Programme Management Unit
BRC Block Resource Center'
BWSC Block Water and Sanitation Committee
CATS Community Approaches to Sanitation
CB Capacity building
CEO Chief Executive Officer
CLC Cluster Level Cell
CLTS Community-led total sanitation
COD Chemical Oxygen Demand
CRC Cluster Resource Center
CRRU Centralized Resource Recovery Unit
CSCs Community Sanitary Complexes
CSOs Civil Society Organizations
CSR Corporate Social Responsibility
DIO District Information officer
DRDA District Rural Development Agency
DWCD Department of Women and Child Development
DWSM District Water Sanitation Mission
DSBM District Swachh Bharat Mission
DDWS Department of Drinking Water and Sanitation
FTIs Faecally Transmitted infections
FSM Faecal Sludge Management
GPDP Gram Panchayat Development Plan
GoI Government of India
GP Gram Panchayat
HH Household
HRD Human Resource Development
HWWS Handwashing with Soap
IEC Information, Education and Communication

REFERENCES

List of Abbreviations

ICDS Integrated Child Development Scheme
IPC Indian Penal Code
IHHL Individual Household Latrines
I&PR Information and Public Relations
IMIS Integrated Management Information System
JJM Jal Jeevan Mission
KAP Knowledge Attitude and Practices
KGBV Kasturba Gandhi Balika Vidyalaya
MJS Ministry of Jal Shakti
MDWS Ministry of Drinking Water and Sanitation
MIS Management Information System
M&E Monitoring & Evaluation
MHM Menstrual Hygiene Management
MO Medical Officer
MPWs Multi Purpose Workers
MRM Meena Raju Manch
MSRLM National Rural Livelihood Mission
NCC National Cadet Corps
NGOs Non-Governmental Organisations
NREGA National Rural Employment Guarantee Act
NSDC National Skill Development Corporation
ODF-S ODF-Sustainability
O&M Operation & Maintenance
ODEP Open Defecation Elimination Plan
ODF Open Defecation Free
OD Open Defecation
PRD Panchayati Raj Department
PRI Panchayati Raj Institutions
PHC Primary Healthcare Center
PHED Public Health Engineering Department
PVC Polyvinyl chloride
Q&A Question & Answer
R&D Research and Development
RD Rural Development
Rural Development Department (RDD)
SBSV Swachh Bharat – Swachh Vidyalaya
SDG Sustainable Development Goals

REFERENCES

List of Abbreviations

SHG Self Help Group
SLRM Solid and Liquid Resource Management
SC/ST Scheduled Castes/ Scheduled Tribes
SBCC Social and Behaviour Change Communication
SBM-G Swacch Bharat Mission-Gramin
SLWM Solid and Liquid Waste Management
SMC School Management Committee
TDD Tribal Development Department
TPPF Twin Pit Pour Flush
VAP Village Action Plan
VWSC Village Water and Sanitation Committee
WASH Water Sanitation Hygiene
WATSAN Water Sanitation
WinS WASH in Schools
WSSD Water Supply and Sanitation Department

WSSO Water and Sanitation Support Organisation
ZP Zilla Parishad

01.

Executive Summary

The Swachh Bharat Mission was launched in October 2014, with an aim to achieve a clean India by October 2019. Swachh Bharat Mission was purposed to provide safety, security and convenience, especially for women and children, by eliminating the shameful habit of open defecation across the country. Swachh Bharat Mission (Grameen) [SBM (G)] achieved the huge task by generating a people's movement at the grassroots. The rural sanitation coverage increased from 39 per cent in 2014 to 100 per cent in 2019 with over 10.28 crore toilets built across 36 States/UTs. As of 2nd October 2019, all districts across India had declared themselves ODF. The success of the campaign is attributed to the 4Ps – political leadership, public financing, partnerships and people's participation- with the objective to eradicate the practice of open defecation in five years.

Having achieved the important milestone of an ODF India, the work on sanitation and the behaviour change campaign continues in order to sustain the gains made under the programme during the last phase of SBM-G (2014- 2019), overall cleanliness in villages, and to ensure that no one is left behind.

It is hoped to have similar enthusiasm and drive in SBM (G) Phase 2, towards promoting clean villages, hygiene promotion and also the health and well-being of our communities, in the spirit of making this a people's movement. SBM(G) Phase 2 will be implemented from 2020-21 to 2024-25 in mission mode. The key objective of SBM (G) Phase 2 is to sustain the ODF status of villages and to improve the levels of cleanliness in rural areas through solid and liquid waste management activities, making villages ODF Plus.

ODF can be sustained only through a transformation of social norms, like, everyone must want a toilet, the belief in wanting to use it all the times, using it all the times, and the expectation of others to want the same and do the same. This is part of the collective behaviour change. It has to overcome the force of habit, and in India, deeply held beliefs about purity and pollution. A large momentum on this has happened but the maintenance of this collective belief that has now developed through the implementation of SBM-G Phase 1, is required on a continued basis. This can be done through continued SBCC interventions.

Social 'new normal' norms like OD is bad for public health, are key to sustainability. What the State hopes to achieve (once the community has agreed to abandon OD, takes action, and declares itself ODF) is a new social norm, whereby it is best (easier) for individuals and the community as a whole to follow the norm and hygienically separate human waste from human contact through toilet use, handwashing with soap, and safe management of children's excreta and new norms around SLWM.

The success of sanitation programmes rests on behaviour change. Migrating to the ODF-S and to ODF+ levels requires a consistent and dedicated engagement with communities on social behaviour change. There is a need to ensure all households have access, everyone uses toilets, maintains them, repairs incorrectly built toilets, have access to safe water, maintain appropriate and safe hygiene practices and keep their surroundings free from wastewater and garbage. They also need to ensure ground water is not contaminated by leachates from septic tanks or improper disposal of faecal sludge. As the construction phase of IHHLs is largely complete, the longer haul of consolidating gains from sanitation has started. Social and individual behaviour change is, therefore, the critical factor for consolidating gains from sanitation infrastructure and ODF and adopting appropriate SLWM.

Communities can also create local by-laws to prevent OD in their village, thus aligning social norms with legal norms. Such systems may be important to monitor, regulate, and sustain the social norm, as it indicates to all (including newcomers to the community) that the normative expectation in that community is that everyone uses toilets.

Community participation and a multi-stakeholder approach is needed in a much stronger way. This to involve NGOs, CSOs, youth groups, the government, private sector, and others working together to sustain ODF, address issues of design and construction, and sanitation workers while progressing towards ODF+ and ODF-S.

WSSO Water and Sanitation Pic: Wall art and messaging that is creative and attractive

02.

SBM-G Phase 1 & 2: Leanings and On-Ground Situation

Swacch Bharat Mission-Gramin (SBM-G), the world's biggest behaviour change programme on rural sanitation, is being led by the Department of Drinking Water and Sanitation (DDWS), Ministry of Jal Shakti (MJS), Government of India (GoI). The programme helped the construction of over 100 million household latrines in a period between 2014-19. SBM-G was previously run by the Ministry of Drinking Water and Sanitation (MDWS) until May 2019 when the Ministry of Jal Shakti (MJS) was creating merging the Ministry of Drinking Water and Sanitation with the Ministry of Water Resources, River Development and Ganga Rejuvenation.

SBM-G Phase 2 reinforces the *Janandolan* on sanitation, offers continuous engagement and intervention with ODF communities, motivates them through development interventions, and recognizes and appreciates the resourcefulness of people to attain improved cleanliness and retain their ODF status.

Understanding of various elements of the SBM 2 guidelines make it amply clear that if the gains of the SBM-G phase 1 are to be capitalized, SBCC would play a key role in consolidating the process of successfully moving from ODF to ODF+.

This document will act as a road map for functionaries at all levels, especially at the district and GP level. The strategy will be developed in the context of the current situation within the state regarding challenges faced and progress made in the last few years on total sanitation.

SBCC activities are not conducted in isolation and their effectiveness cannot be measured in isolation either. The overall aim of the document is to outline and illustrate how the communities can be encouraged and directed to adopt safe and sustainable sanitation practices and also create the much required social norms around it.

Under the SBM (G), all villages, States and Union Territories in India declared themselves "open-defecation free" (ODF) by 2 October 2019. It is now focused on ensuring that the open defecation free (ODF) behaviours are sustained, and that no one is left behind.

As per the guidelines of SBM (G) IEC is key to sustainability, States and Districts will continue engaging with people and communities on sustaining the ODF outcomes and implementation of SLWM interventions using innovative and inclusive IEC interventions. The focus of IEC activities will be on making people aware of the health benefits of sustaining the ODF status, improved solid and liquid waste management 3Rs and the need for decentralised maintenance and management of assets.

To strengthen sustainability, the post ODF strategy should include Community owned and led ODF strategy wherein functional committees, like VWSCs, Nigrani Samitis, etc. involve members of the community along with PRIs and Frontline workers, focus on inclusion of all groups within the community in the processes and accountability and transparency through community meetings and resolutions on all major decisions taken and proactive disclosures of all financial transactions.

2.1 Swacch Bharat Mission-Gramin (SBM-G), Phase 1

→   *Pic: IPC tool used in an interactive manner within a group discussion*

It is important to be cognizant of and draw from the experiences gained during the implementation of the SMB-G Phase 1.

2.1.1 Lessons learnt from implementation of various SBCC activities and campaigns under SBM-G phase 1:

Pic: One on one discussion as part of interpersonal communication during a HH visit

- Face to face interpersonal communication has been powerful and instrumental in changing mindsets and behavior and this fact has been witnessed and understood by various stakeholders.
- HH visits by communicators give the opportunity to the HH members to speak about their doubts regarding technology and understand in more clarity the technology used (e.g. two pit)
- HHs feel assured about incentive reaching them, after meeting government officials / workers face to face at the HH level.
- The approach to use all frontline cadre across departments for sanitation communication was effective and demonstrated the fact that this operational method should not be restricted to only campaign periods; rather, WASH related activities could be made a part of their regular job description.
- Convergence between various levels belonging to different line departments is key to success of any SBCC activities and campaigns. Wherever convergence happened effectively, those villages/GPs saw more effective implementation of the SBCC activities.
- The communication during the HH visits requires listening to the HH members. A question and answer format of communication is closed ended and becomes an interrogation rather than a discussion. This makes it difficult for the HH members/families to open up and share.
- The communicators/motivators do require ready content to speak and encourage

Pic: One on one discussion as part of interpersonal communication during a HH visit

dialogue with participants. This will create certain uniformity in messaging as well and will help in avoiding missing of any important content during the discussion. Also, they need to be clearly aware of and the manner in which they need to communicate.

- The kind of communication expected during IPC calls for intensive training of communicators and ready scripts/narratives. There is a need to build the capacity of the communicators/motivators in order to equip them to not only to communicate effectively but also be available with answers to questions that the HHs usually have. Also, they need to be equipped to enable addressing challenges and handhold, while the HHs address any challenges they as well as the community are facing while opting for IHHL/ODF status.

- Communicators/motivators need to be enabled with a variety of communication tools to facilitate discussion and create motivation (For example, flip chart, flash cards, etc.).

- Communication material needs to be prepared and be given to each HH so that these will serve as reminders to the HH members about the discussion and the change they have committed to.

- Follow up plan for the motivators/communicators are important and need to be drawn up and discussed with them.

- The timing of the visit needs to be scheduled as per the availability of the HH members. Also, meeting with the decision makers within these HHs can provide further impetus to the HH visits.

- District / state wide campaigns create a momentum to further strengthen the achievement SBM (accelerate the pace) goals and reinforce the changes that are being brought about by the community and HH level SBCC activities.

- Regular campaigns have led to the development of a cadre to support the district to help push for further behaviour change within the various GPs.

- When concerned district staff get involved in the campaigns and SBCC activities, it facilitates efficient coordination and engagement of the on-ground functionaries of the various line departments.

- Regular GP visits done by CEO and Collector enhances participation of various government officials.

- Elected representatives taking active part in campaigns and SBCC activities adds to the efforts of the administration.

- HH - IPC campaign on a large scale with involvement of several stakeholders at all levels provides an opportunity to the team enabling them to reach far flung GPs (that are usually not visited due to mobility hurdles).

- Wherever SHGs are engaged at the village level, the communication is effective.

Pic: Small Group discussion as part of interpersonal communication during a HH visit

2.1.2 Overview of key challenges at hand on-ground, described below in detail along with emerging needs:

On one hand, it is very commendable to see a significant number of toilets have been built under SBM-G, On the other hand, it cannot be assumed that usage of toilets constructed has indeed been as high.

A study released in January 2019 by the Research Institute for Compassionate Economics (RICE) and accountability initiative of the Centre for Policy Research (Gupta et al., 2019) claimed that despite toilets being in place, a quarter of the rural population continued to practice open defecation. It found that whilst there was a significant increase in toilet ownership, this did not translate into a proportional increase in usage.

A 2018-19 study of 57 villages, conducted by Delhi University, reported that of the 23 villages with twin pits, in 17 of these villages, the construction of these was very poor. In another 27 villages septic tanks without soak pits were reported. Seasonality was found to be one of the key factors affecting partial usage of toilets in many areas, the implication being that the needs for retrofitting of Twin Pit Pour Flush (TPPF) toilets and septic tanks may be high (2019).

The key findings in a study conducted by WaterAid India on Quality and Sustainability of Toilets included the use of twin pit in 57 per cent of households, single pits in 22 per cent and septic tanks in 21 per cent. This report stated that, based on the responses received, around 62 per cent of the septic tanks reported could in practice in fact be containment structures, and hence end up either overflowing or failing to provide any substantial treatment before discharging through the outlet, creating a health hazard (WaterAid India, 2017). In addition, 31 per cent of the constructed toilets, although functional, were unsafe. Based on a sample size of 1000 households, this report indicates that a significant proportion of toilets constructed in rural areas have needs for retrofitting to make them safe and usable.

Pic: Septic tank built in a technically unsound manner

Immersive research by the Institute of Development Studies, Praxis and WaterAid India in 2017 referred to the use of standard design of TPPF toilets in areas where it is not appropriate or the desired choice, coupled with an absence of training of masons on appropriate toilet technologies as leading to poor construction quality and single pits with increased depths (Institute of Development Studies et al., 2017). This report again indicates that needs for retrofitting may be quite high in certain districts/blocks/Gram Panchayats.

The Comptroller and Auditor General of India (CAG) report of Gujarat reported that in 41 out of the total 120 'test-checked' villages, toilets constructed under SBM-G could not be used as there was no water connection. In 15 other villages, toilets were not being used either due to non-availability of water and soak pits, or because they were incomplete (Government of Gujarat, 2018).

UNICEF's evaluation of CATS highlighted the need for reinforcement activities to ensure that the new ODF behaviours are sustained. Sustained ODF status is more likely with continuing external encouragement and support and where those engaged in follow-up are supportive and empathetic of communities and households rather than judgmental or lecturing. Continually reminding people about the importance of hygienic toilets, supporting poor families, and reinforcing the new social norms is key to pushing the agenda of SBM forward. Passionate, committed champions (government officials, elected representatives and Natural Leaders) again and again stand out for their significant contributions to sustainability.

Pic: Urinal not used and maintained

2.2 Swacch Bharat Mission-Gramin (SBM-G), Phase 2

The key objective of SBM (G) Phase II is to sustain the ODF status of villages and to improve the levels of cleanliness in rural areas through solid and liquid waste management activities, making villages ODF Plus.

An ODF Plus village is defined as a village, which sustains its Open Defecation Free (ODF) status, ensures solid and liquid waste management and is visually clean.

2.2.1 Components & Goals of SBM-G Phase 2

From ODF to ODF + includes the following key elements:

A. ODF-Sustainability (ODF-S) would consist of:
• Construction of Individual Household Latrines (IHHLs)- Covering new Households; Left out households (no one is left behind)
• Construction of CSCs (Community Sanitary Complexes)
• Retrofitting and repairs of sanitation infrastructure
• Operation and Maintenance of sanitation infrastructure
• Focused IEC for Sustained Universal Usage

B. Solid and Liquid Waste Management (SLWM) would consist of:
• Biodegradable Waste Management
• Plastic Waste Management
• Sanitary Waste Management
• Hazardous Waste Management (Post Covid)
• Grey Water Management
• Fecal Sludge Management

C. Goals of ODF-S (Sustainability) could be spelled as follows:
- Sustaining the gains of the SBM-G and ensuring continued access to safely managed sanitation for rural populations.
- Achieve a clean living environment through solid and liquid waste management.

2.2.2 The Phase 2 of SBM-G states that Households identified as a new household / left out household, as approved by the district, shall be supported by the Gram Panchayat to construct their Individual Household Latrine. A duly completed IHHL shall consist of i) a sanitary substructure (that safely confines human faeces and eliminates the need for human handling before it is fully decomposed), ii) a super structure, and iii) water storage facility for handwashing and cleaning to ensure that proper hygiene is maintained.

2.2.3 Continuous promotion of raised standards: Once people have adopted the habit of toilet use, the expectation is that they will move up the sanitation ladder, and invest in better technologies and adopt SLWM. However, there is limited experience on how to encourage households to upgrade sanitation practices. It will be important to look at other countries in such a scenario. For example: In Bangladesh, moving up the ladder was associated with a follow-up programme, a local government champion and support for entrepreneurs who produced toilet parts as well as pit emptiers.

Pic: garbage segregation

2.2.4 Ground realities:

It will also be helpful to assess the current ground realities to help enhance these efforts. It has been observed that of the existing toilets a very high number are single pit and a significant numbers have septic tanks. Moreover, the technical problems concerning the quality of construction and types of toilets do prevail. Twin leach pit latrines were useful in most parts of India except in waterlogged areas or areas with shallow water tables, and also where there is little percolation due to impervious strata.

While triggering through community-led approaches prompted a flurry of construction activity, there has been a dire need to keep the spotlight on sanitation and hygiene after the households built toilets on a consistent basis. In the post-construction phase, aspirational messages can emphasize the benefits of using toilets rather than berating people for defecating in the open. A sustained and cross-media campaign would be needed along with construction to ensure the sustainability of ODF and achieving ODF+.

Physical concerns like, the lack of water, construction flaws, and poor placement of toilets have been glaring gaps. It is extremely necessary that the villages have a reliable water supply and understand the nuances of constructing toilets/upgrading toilets to ensure sustainability.

Moreover, the issue of handling faecal sludge is critical. Single-pit toilets are filling up and will be so in a few years after which the family could resort to open defecation until they could make another pit or find a way of emptying their pit. Mechanical desludgers are an option, but the sludge needs to be transported and recycled safely.

Moreover, various qualitative field observations have indicated the following:

a. Limited awareness about the correct cleaning materials for pit toilets often result in choking the pits due to use of chemicals which kills the bacteria in the pit resulting over flow of feces leading to toilets becoming defunct

b. Pit emptying process may not be understood completely and it creates a negative impact/non usage of single pit toilets once it is filled up. Even in double pit toilet the same is abandoned once both the pits are filled

c. Masons continue to have unclear information on correct way of two-pit construction.

d. Incorrect design, technological standards not observed & adhered to and poor maintenance of sanitation facilities and supply of water in institutions like schools, Anganwadi centers and public places. One of the main reasons is lack of accurate information and knowledge of the know-how

e. The critical role of GPs is to ensure continued access to and use of sanitation facilities within its area. However, the involvement of many of the GPs has been confined to performing the tasks of construction/infrastructure and not systematically pushing for sustainability.

f. At schools or even in HHs, actual users are very rarely consulted / informed about the actual construction / type of toilet / location & above all about their responsibility in O&M of the same

g. Sustainability of handwashing and keeping toilets clean depends upon water availability, its distance, how it is transported, and who brings it. Adverse factors are distance and time and energy of those (often women) who bring it and do the cleaning. Enabling factors are proximity of water sources throughout the seasons, and transport by handcart or donkey.
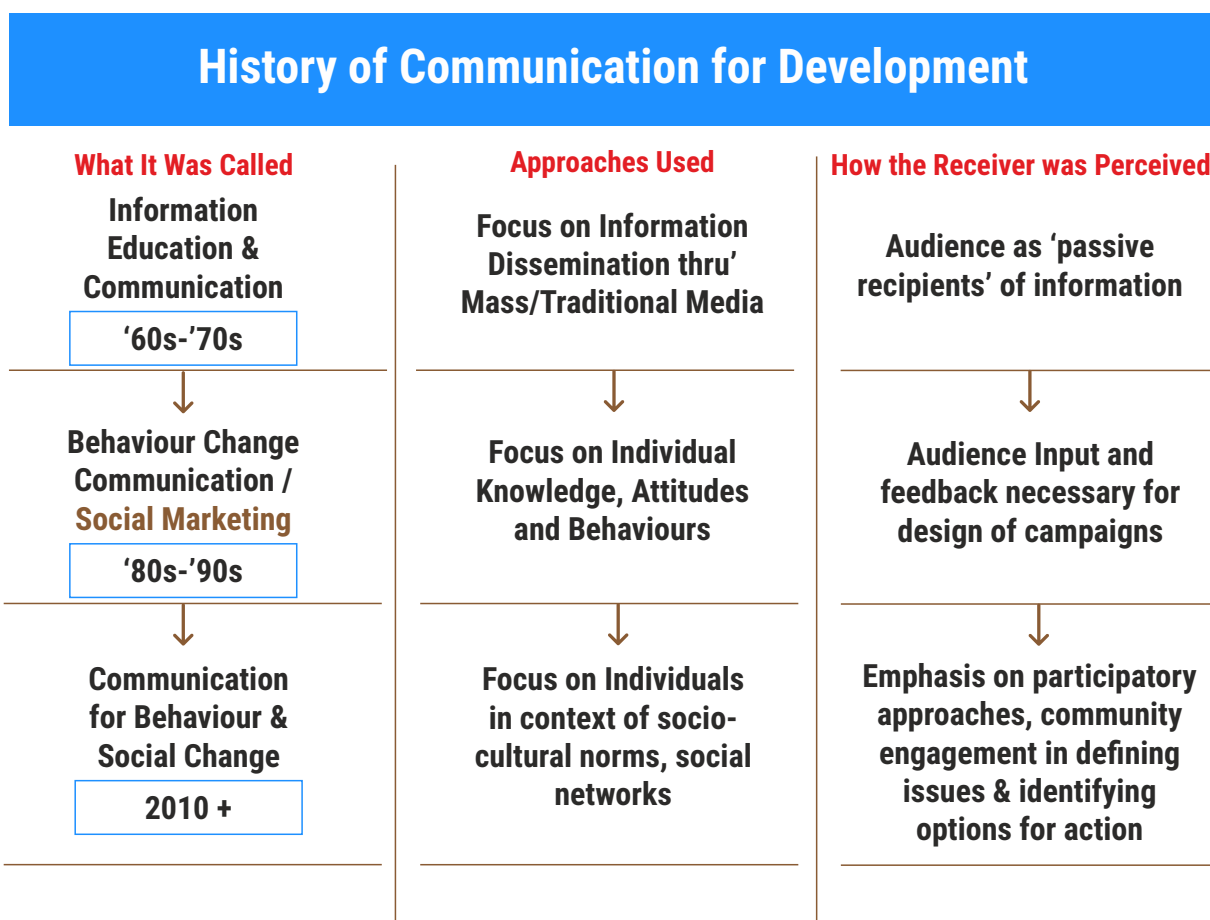
03.

Behaviour Change Communication (BCC): Evolution and Challenges

The understanding and importance of communication methods leading to change in social and individual behaviours in various developmental issues have evolved and transformed over a period of time.

3.1

Earlier, it was called IEC (Information, Education and Communication) wherein the main focus has been on dissemination of information and the audience as passive recipients. Later, between the 80's and 90's it was called BCC (Behaviour Change Communication), wherein the focus changed to individual, knowledge, attitude and behaviours. BCC later included social norms and networks and came to be known as SBCC – Social and Behaviour Change Communication.

History of Communication for Development

What It Was Called	Approaches Used	How the Receiver was Perceived
Information Education & Communication ‘60s-’70s	**Focus on Information Dissemination thru' Mass/Traditional Media**	**Audience as 'passive recipients' of information**
Behaviour Change Communication / Social Marketing ‘80s-’90s	**Focus on Individual Knowledge, Attitudes and Behaviours**	**Audience Input and feedback necessary for design of campaigns**
Communication for Behaviour & Social Change 2010 +	**Focus on Individuals in context of socio-cultural norms, social networks**	**Emphasis on participatory approaches, community engagement in defining issues & identifying options for action**

Over the past few decades, the fundamental concept of communication has undergone a paradigm shift from being information heavy and one-way (monologue) dissemination method to a participative and dialogue based approach, more inclusive and empowering process leading to ownership by the community of the change that is envisaged.

IEC to BCC to SBCC: An Evolution

- SBCC has evolved from IEC
- Earlier models used a linear "expert–learner" or "sender–receiver" paradigm to transfer information
- The focus then shifted to BCC, which emphasizes analysis of behaviors and determinants to affect changes in
  - Knowledge
  - Attitudes
  - Practices
- Now, focus is SBCC, which employs a more comprehensive approach.

| **Shift in the Concept of Communication?** *Message-Based or Dialogue-Based* *One-way/Monologic or Two-way/Dialogic*	
To INFORM (changing awareness and/or/knowledge)	**TO UNDERSTAND** (building trust, listening, assessing situation)
TO PERSUADE (changing attitudes and/or behaviors)	**TO ENGAGE** (interacting, empowering, building consensus for behavior change)
TO ADVOCATE (promoting, influencing)	**TO MOBILIZE** (activating, enhancing demand and ownership)

The effectiveness of behaviour change communication is not only about the quality of the design process and communication tools, but also how it is understood and implemented and delivered on ground. This is influenced by a number of factors, including the capacity of frontline workers and implementers, the skills and preferences of the communicators / facilitators and the priority given to hygiene and sanitation promotion in general.

Communication as a process

The process of communicating an intended message is broadly as follows: 1) the sender has an intention (message to communicate); 2) this is encoded into a form that can be shared with the receiver/s (speech, text, etc.); 4) the message is transmitted to the receiver/s via a chosen medium (face-to-face, email, radio, TV, poster, etc.); 5) the receiver/s receive the message; and finally, 6) the receiver/s decode the message so that it is understood and has meaning.
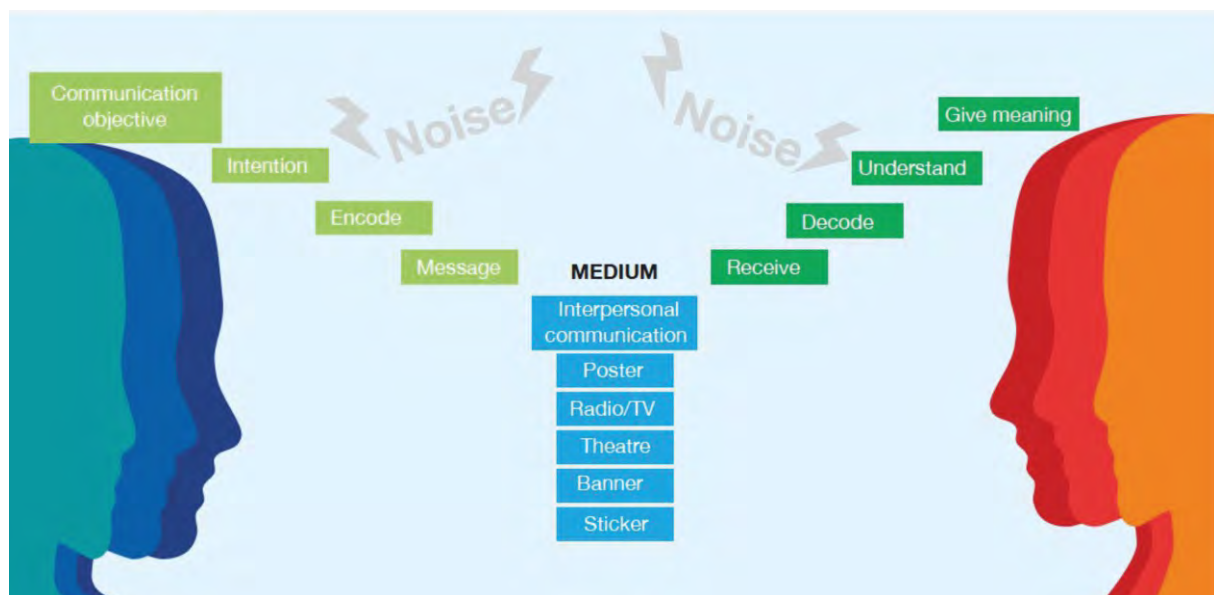
3.2

To strengthen the effectiveness of SBCC, it is important to be cognizant of the challenges that have been faced on-ground in BCC in practice. This will help keep key principles in mind while planning and implementing SBCC activities.

The following are key challenges with BCC in practice based on on-ground experiences:

3.2.1 Material-centered rather than behaviour-centered: There are instances when communication gets too 'material-centered' rather than 'behaviour-centered'. This means that the bulk of attention, time and resources go into the production of materials (such as leaflets). However, it is important to understand that while attractive materials may help to catch someone's attention, they do not by themselves convince people to change behaviour. The communicator/facilitator needs to take the center stage regardless of the tools being used. The delivery of the communication tool is of extreme importance along with participation of the audience.

3.2.2 Only focusing on health benefits: The most commonly used motivator for hygiene promotion at local level is still "health", which is rarely a sole trigger for behavioural change. Messages based only on germs and health, have been found to be ineffective (e.g. Biran et al 2009). Evidence from formative research studies globally shows that social, physical and emotional drivers (pride, loss of face, convenience, comfort, etc.) are some of the most commons reasons households choose to invest in toilets. Recent work, including studies by LSHTM in Indonesia, India and Zambia, has shown the potential for using emotional drivers such as disgust, nurture and affiliation for changing handwashing behaviours.

3.2.3 Addressing too many behaviours and audiences at the same time: Many hygiene and sanitation promotion programmes themselves aim to address too many behaviours and audiences at once – for example handwashing with soap, food hygiene, safe water handling, bed nets, etc. This could be confusing to the audience.

3.2.4 Limited capacity within local line agencies: Even when hygiene and sanitation messages are defined centrally, there can be a loss of quality due to limited understanding on the part of local line agency staff. There is a need for local innovation in hygiene and sanitation promotion messaging, as well as for translating global and national insights into local understanding to achieve better quality results.

3.2.5 Gender stereotypes and roles in BCC: There is a tendency to focus only women as the primary parties responsible for hygiene in the family, without understanding the limited influence that women may have on male behaviour if men are not targeted as well. Male support for proper hygiene behaviour by all family members may have a decisive influence on behaviour in the family. To address this, BCC strategies should carefully balance attention to include men. Although women will often be the primary caretakers, this should not result in a total absence of communication directed to men and boys. Furthermore, stereotyped images, such as exclusively depicting women teaching children how to wash their hands or girls cleaning the family toilet, should be avoided. It is better to balance these with images of men who also take a leading role in hygiene (without overdoing this).

04.

SBCC: Social and Behavior Change Communication: Concepts, Approaches and Tools Development

Social and behavior change communication is the systematic application of interactive, theory-based, and research-driven communication processes and strategies to address tipping points for change at the individual, community, and social levels. A tipping point refers to the dynamics of social change where trends rapidly evolve into permanent changes.

4.1 The three characteristics of SBCC:

- **SBCC is a process:**
  - It is interactive, researched, planned, and strategic.
  - It aims to change social conditions and individual behaviors.
- **SBCC applies a comprehensive model. This model helps identify effective tipping points for change by examining:**
  - Individual knowledge, motivation, and other behavior change communication (BCC) concepts
  - Social, cultural, and gender norms; skills; physical access; and legislation that contribute to an enabling environment
- **SBCC uses three key strategies, namely:**
  - Advocacy
  - Social mobilization
  - Behavior change communication

4.2 Three key strategies of SBCC

» advocacy to raise resources as well as political and social leadership commitment to development actions and goals.

» social mobilization for wider participation, coalition building, and ownership, including community mobilization

» behavior change communication (BCC) using mass and social media, community level activities, and interpersonal communication for changes in knowledge, attitudes, and practices among specific audiences

(For detailed understanding on individual behavior change process, please refer to *Annexure 1: Stages of Behaviour Change*)

4.3 What SBCC can do:

Provide Information
- Increase knowledge and awareness of an issue, problem, or solution
- Counter myths and misconceptions

Create / Increase Motivation
- Influence perceptions, beliefs, and attitudes that may change social norms
- Show the benefit of behavior change
- Prompt action
- Trigger an individual to adopt and maintain a new behavior

Induce Ability to Act
- Demonstrate and provide an opportunity to practice skills
- Reinforce self- and collective-efficacy
- Strengthen organizational and network relationships
- Address barriers and systemic problems, such as insufficient access to care, through advocacy and mobilization

Formulate Norms Change
- Support or initiate norm change
- Mobilize community members or whole social movements
- Advocate for a development issue or policy
- Initiate adoption of a new policy direction

SBCC applies a socio-ecological model that examines several levels of influence to provide insight on the causes of problems and find tipping points for change (Refer to Annexure 10 for more information on the socio-ecological model).

4.4 Understanding IPC as critical to SBCC:

IPC is person-to-person communication, verbal and non-verbal exchange that involves sharing information and feelings between individuals or in a small group. It is face-to-face, and all parties involved are senders and receivers at the same time (two-way communication process) on a particular topic for establishing trusting relationships.

a. It can be the difference between that person actually moving to practice or not

b. It's the key communication component in influencing behavior change

c. It facilitates the decision making process

d. It creates a forum for clarification of issues

e. It complements, reinforces and elaborates messages presented from other sources of information

→   *Pic: small group discussion as part of interpersonal communication*

As an interactive medium, IPC helps in providing detailed information to the key participants. It also allows for immediate feedback on ideas, messages and behaviours. Interpersonal communication will make effective use of existing social networks or interpersonal relationships (family, friends, acquaintances, neighbours and colleagues) that bind people together to enhance the communication process. IPC is a key tool for not only increasing knowledge but also actual adoption of hygiene behaviours.

Frontline workers, community leaders, volunteers and multiple social networks, including religious groups, clubs and community gatherings can promote safe sanitation and hygiene behaviours using interpersonal communication.

Pic: Use of an innovative IPC tool as part of interpersonal communication in an interactive manner within a small group

(For more details please refer to *Annexure 3* - Interpersonal Communication (IPC): Key to behavior change; *Annexure 4* - Format: session plan on use of communication material for IPC).

4.5 Community Mobilisation as a key approach in SBCC:

Community mobilisation is an approach used to initiate dialogue among community members to deal with critical issues of safe sanitation and hygiene. This approach is especially effective in rural settings, where communities form close knit units; and if supported by opinion leaders and other influential sources can effect change from within, making it sustainable. Communities need to be involved and engaged in identifying their problems as well as solutions for them. Solutions given from outside the community are rarely sustained as there is no ownership. Thus it would be critical to engage with communities and ensure their participation. Frontline workers and PRI members can also play an instrumental part in promoting the mobilisation in favour of certain behaviours.

4.6 Understanding Social Norms as part of SBCC:

Social norms are socially accepted or agreed values, beliefs, attitudes and behaviours – reflecting what a person considers right and expected behaviour. Social norms are related to how people think others expect them to behave and how they expect others to behave.

Social norms are a powerful way to influence people's behavior. There are two major kinds of social norms- (1) Injunctive norms, which describe what people should do (e.g., "most people think that smoking is unhealthy and unattractive") and

(2) Descriptive norms, which describe what most people actually do (e.g., "90% of people are non-smokers").

Both can be effective at changing behavior, but evidence suggests that descriptive norms may work in a more automatic, effortless way. Also, descriptive norms can be made even more effective by framing them using "localized" language that links to the actual context and immediate circumstances of the intended audience.

Descriptive norms are most impactful when they are presented in a way that matches the intended audience's personal, immediate circumstances. Thus, social norms are generally more successful if they refer not to "people in general" but rather to people who closely match the end user's exact local circumstances (i.e., norms should be "localized").

4.7 Understanding Behaviour settings in Behaviour Change:

In humans, behaviour almost always takes place in specific, repeated contexts, with specific features. The right behavioural response thus depends on the physical, social and temporal context in which people find themselves. These situations can be described as 'behaviour settings' (a concept developed in the 1950s by the eminent ecological psychologist Roger Barker). Settings are a powerful means of understanding what directs people's behaviour. They suggest that we need to look to the supportive social conventions, physical objects and infrastructure that regulate ordinary behaviour. Behaviour settings are the situations within which people have learned what to expect from the environment, and from other people's behaviour.

Changing settings is, therefore, a powerful and sustainable way of changing behaviour. Indeed, behaviour change can be said to be essentially about disrupting behaviour settings. For example, in a hand washing with soap (HWWS) intervention in schools as part of WASH in Schools (WinS) there has been a widespread development of Handwashing stations with soap within schools that are child friendly and attractive with messages around the station. Also new behavioural 'scripts' have been suggested to the students about HWWS before mid-day meal and post use of toilet, singing with steps of HWWS, etc. – all of which succeeded in creating new, safer HWWS routine amongst students in the intervention villages.

The environment is also the place wherein the behavior change program activities are implemented. For example, posters may be placed in public places, or messages broadcast from loudspeakers on the tops of roving cars. These are considered the intervention's touchpoints, the places and times through which program activities come into contact with the target population.

While planning the implementation of the behavior change activities, it will be critical to understand the context setting and environment and ask certain key questions, like: What are the ways in which they might experience the program? Do they currently have or watch TV, or radio, and if so, what programs do they watch/listen to/enjoy? Do they wait at bus stops, use rickshaws, attend village gatherings such as weddings, funerals and political meetings, wait in line for water or attend parent-teacher meetings.

Surprise

We attend to things which defy expection. (Hohwy, 2012)

4.8 Understanding Habits, Motives, and Nudges in Behaviour Change:

(Please refer to *Annexure 2* for details on Strong Drivers in Behaviour Change)

Motives are evolved psychological mechanisms that help us to choose the appropriate behavioural response to a situation – that is, the response most likely to lead to a satisfactory outcome in terms of the benefits accruing from that interaction with the environment (including other people).

4.8.1 Drives are those motives which provide direct changes to the state of the body; Emotions are motives which modify the state of the environment in ways that facilitate later satisfaction of evolved needs, while Interests are motives whose primary function is to provide information to the brain that can be used to eventually satisfy needs.

4.8.2 Habits, by their nature, are hard to institute, but if habits can be created they are likely to persist. Motives can be harnessed to drive the behaviour in question. If disgust of dirt and contamination is an important driver of hygiene behavior then perhaps it can be harnessed to increase handwashing, as it has been done successfully in several interventions. If a behaviour occurs publicly then perhaps it can be made a token of affiliation- what 'our group' do and hence rewarding. Being a good member of society by joining in and by doing what everyone else is perceived to be doing is an important motive for sanitation and hygiene behaviours. This helps ensure membership in the social group. Conformity with local social norms is known to be a powerful driver of behavior.

The best way to use our rational brains to change our behavior may be to find clever ways to 'trick' our habits and motives - by placing cake out of sight or not buying it at all, when one wants to diet, for example. People were driven to behave in ways that enhanced their social 'status'. Being seen to be clean could lead to being admired and respected, and a clean child was regarded as an ambassador from the family to society at large. On the other hand, being labelled as 'dirty' was thought shameful and to be avoided at all costs.

4.8.3 Nudges are environmental cues that signal a desired response from the end user or channel their decision-making (e.g., placing fruit at eye level to encourage consumption, changing defaults so that people have to deliberately opt-out of healthy behaviors).

4.9 Communication Material/Tools Development is a very important part of SBCC planning and implementation:

4.9.1 Using and adapting previously developed communication materials may be more cost effective than to develop new ones. Finding out whether campaigns, materials, and activities for audiences with similar characteristics, such as age, gender, socio-economic status, and lifestyle, have already been developed and can be adapted for use with your audience. Or, in many cases the state/district will have received campaign materials and media from the central/state government to disseminate. A careful review and adaptation in terms of culture, language, and format is essential. This involves more than just translating them into the local language and/or changing the artwork. Even when adapting materials one should still develop a creative brief, conduct testing with the intended audience, and have stakeholders review them.

→   *Pic: Innovative game (sorting game) used during face to face interpersonal communication*

4.9.1 Communications Tools that can be used effectively in IPC settings

- » Flip charts
- » Pocket chart
- » Flash Cards
- » Story telling
- » Board games
- » Group games /activities
- » Audio-visuals
- » Posters
- » Role-playing

Some of the above are effective during Community Mobilization activities as well.

During community events, puppet shows and street theatre can be used to gain attention, educate and entertain. There are more impactful when the activity is followed with an interactive discussion with the group, Q&A, rewards, etc.

Use of demonstrations (used both during IPC activities - HH visits and Community Mobilization events): 'Emo-Demos' (short for emotional demonstrations). These are activities, often participatory, which are inexpensive to produce, take only a short time, can involve numerous participants, and align with program objectives. Their core function is to cause an emotional 'aha' moment -- that is, they seek to produce a memorable experience likely to be recalled later in a way that will spark performance of the target behaviour. These have proved to be very effective in implementation of communication programs of SBM-G Phase 1.

Pic: Snakes and ladder game used during interpersonal communication in a small group setting

Example of Communication Activities

Interpersonal Communication – Interactive, one-to-one personal communication:
- Peer education – When done on a one-to-one basis
- Outreach – Again, when done on a one to one basis
- Counseling – Delivered by a caregiver, health professional, or a similar person directly to the target person in a one-on-one setting.

Small Group Activities – Interactive communication between one person and a group of individuals at the same time:
- Peer education – When done with a group of people rather than just one person;
- Outreach – When done with a group of people rather than just one person;
- Community meetings;
- Small group activities – Examples include CLTS triggering events, workshops, street theatre, peer education and outreach. Materials, such as brochures, are often distributed as part of these activities.

(Please refer to *Annexure 5* on how to effectively use discussion tools during IPC: For Facilitators)

4.9.3. The messaging is critical to material development. Messaging is required to consist of the essential themes that should be included throughout all communication channels. Relevance of messages in materials is important too. Messages contribute to the overall effectiveness of the communication strategy by ensuring that, for example, the service provider, the community mobilizer, and the actor featured in a radio announcement all reinforce the same key message points.

After developing the key messages, it is important to translate them into the crafted message—words or images that the audience will find memorable and compelling.
A creative agency can be hired to do the same.

Certain principles need to be borne in mind when communication tools' messages are being developed.

The message should have the following characteristics:

a)   **Command attention**
   • The message stands out to the audience.
   • The message is believable.
b)   **Clarify the message**
   • The message is simple and direct. It is focused only on what the audience needs to know.
   • The strongest points are given at the beginning of the message.
c)   **Communicate a benefit**
   • The message clearly states what the audience gets in return for taking action.
   • The message conveys that the benefit outweighs the barriers.
d)   **Consistency counts**
   • Key messages are used appropriately and ensure consistency and support for all the program's materials.
e)   **Cater to the heart and the head**
   • The message uses an appropriate tone for the audience.
   • The appeal is appropriate as laid out in the creative brief.
f)   **Create trust**
   • The information comes from a credible source.
g)   **Call to action**
   • The call to action clearly states what the audience should do after seeing the communication.
   • The call to action is realistic.

The SBCC messaging must be such that it 'sticks' and has an impact on the viewer / listener. Elements of surprise, humour, pride, dignity, emotive appeals, and positive reinforcements through celebrating Swachhtagrahis within the community and narrative formats increase the likelihood of retention of message. SBCC messages must be more impactful and appeal to human emotions, such as love for one's family, feelings of protectiveness and caring for one's children, social status and esteem, etc. instead of dry messaging highlighting only facts and figures. The image below (used in posters) was part of the Super Amma campaign. The 'SuperAmma' campaign's objective was to test behaviour change principles so as to reduce child mortality due to diarrhoeal disease in rural India. ('SuperAmma' is 'SuperMum' in Hindi). Handwashing with soap (HWWS) is motivated by feelings of disgust, but also by a need to care for children who are unlikely to wash hands for themselves. Handwashing with soap can become habitual if inculcated early in life, and thus produce sustained behavior change. The task of producing this kind of inculcation lies with the primary child carer: the mother. In rural India, the identity for women with greatest social

The Story of Supermom
When you choose handwashing with soap, you choose progress.

importance lies is in being good mothers (i.e., in being good at Nurture). Hence: Very good mothers– SuperMothers – are those who instill hygienic habits, particularly handwashing with soap, in their offspring – e.g., via calling them 'good manners' [a reference to the Disgust motive]. This Focus thus encompasses several added motives (including Status, or social aspiration, and Disgust) to the basic identity of a mother (associated with the 'primary domain' motive Nurture) in this population, and links performance of this identity specifically to the target behaviour of handwashing with soap. The SuperAmma concept emphasizes hints at mothers as superheroes, who have the job of not just being care-takers but teachers of the next generation. *(See the image above for reference)*

Elements of surprise and humour make a message stick much better in the minds of the community. As in the depiction below, the behavior change message and the visual is quite striking, attention grabbing and uses humor and appeals to the element of human dignity. *(See image below for reference)*

4.9.4 Developing Material Content

When developing the content for the materials (communication tools), the following to be considered:

a) **Present only a few ideas**
   - Too many ideas and messages in one material may not be remembered.
   - Concentrate on what is the most important idea to convey.

b) **Present information that is directly relevant**
   - Do not include a large number of facts.
   - Concentrate on those most pertinent facts—the key messages.

c) **Consider what is most important to the audience**
   - Put yourself in the audience's place.
   - Think about the most important information and present it first.
   - Use examples that are appropriate for age, gender, and culture.

d) **Present content in an order that makes sense to the audience**
   - Present the main points first and last
   - Information at the beginning and end is most likely to be remembered.

e) **Consider how to make content interactive**
   - Develop checklists, quizzes, scratchoffs, or introduce "interactive" narrators for storytelling.
   - You can also ask the audience to do something or consider consequences.

f) **Address the reader directly**
   - The information comes from a credible source.

g) **Involve the audience**
   - This will ensure that the documents are interesting, interactive, and demographically appropriate.

h) **Considerations for video content**
   - Consider what format your spot will use since this will influence the length and amount of content.
   - Consider the "10-minute rule" claiming that most people tend to lose their attention after 10 minutes.
   - Detail out how the content will go in your storyboard.
   - It is important that your video has a clear beginning, middle, and end.
   - Use only a few characters to tell the story.

I) **Considerations for video content**
   - Mid-media support and reinforce other communication pieces.
   - Ensure that messages are clear.
   - Ensure they engage the audience and entertain where possible.

(Please refer to *Annexure 6*- Checklist for SBCC planning and implementation on-ground)
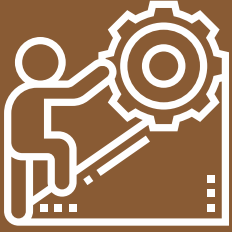
05.

SBCC & Its Scope to Address Current Challenges Related to Sanitation

5.1 'Achieving ODF was the responsibility of Government (districts), maintaining ODF will have to be the responsibility of the GP/Community'.

It is important that improved service delivery of sanitation services from government department and local bodies, needs to go hand-in-hand with SBCC. Orienting and capacitating service providers is very important. Rather it is ideal that SBCC is the starting point for achieving the objectives and mandate of SBM-G Phase 2. Unless the attitudinal and behavior change in not initiated within people individually and collectively (new social norms), it will be impossible to sustain the new infrastructure that is going to be build within the scope of SBM-G Phase 2.

In addition, the participation of the HHs in decision making regarding their toilets is key as that leads to better quality of toilets construction, better O&M and increased usage. In fact, this holds true to all kinds of technology and infrastructure that the SBM-G Phase 2 is trying to introduce. The Government has intentionally promoted the pour flush twin pit toilet as it is SDG compliant. However, the 'why' also needs to be effectively communicated. That is exactly why this discussion of SBCC is important.

Providing technical knowledge is essential for informed choice for structure. Programmes to promote rural sanitation have mainly focused on health, with less attention to technical knowledge about toilet construction and maintenance. This needs to be strengthened under SBM-G Phase 2.

A more total, universal, non-partisan, and participatory approach would make great progress, with intense, sustained and inclusive campaigns, with champions in all organisations, of all faiths, and at all levels, together with shock and awe. To the numerous triggering methods (leading to 'we are eating one another's shit') already in use could be added how OD and faecally transmitted infections (FTIs) cause stunting and under nutrition. Triggers that demonstrate the effects FTIs have on the cognitive and physical development of children in the community, their length of schooling, their school performance, earnings later in life, and life-long vulnerability to sickness through damaged immune systems. Brutally direct slogans could be very effective to convey the seriousness of the same.

5.2 The core objectives of the SBCC interventions are outlined below:

- Sustained toilet usage: SBCC activities will focus on regular and consistent usage of toilets by all at all times and safe child excreta management.

- Safe sanitation for all households including new households: Primary focus will be on advocating for twin pit toilet technology adoption with flexibility of any other safe sanitation technology as per the local conditions.

- Hygiene Behaviour Adoption: Foster the adoption of handwashing at critical times, menstrual hygiene management, and drinking water handling at HH level.

- Adoption of appropriate SLWM technology and practices at the HH and community level: plastic waste management, household segregation of waste, composting, fecal sludge management and greywater management.
- Adhering to social norms around sanitation and hygiene: People willing to adhere to new social norms for sustaining ODF behaviors and adopting the necessary SLWM practices at the household and community level.

The scope of SBCC in SBM-G phase 2 seems even more critical since it not only requires to consolidate the gains of the phase 1 interventions, it would also require to further intensify and solidify changes in social norms and introduce new technologies and nudge for new behaviors (SLWM component). The outcome to be achieved is monumental.

5.3 Barriers/challenges/issues on-ground

A dive into various barriers and challenges that are currently evident on-ground which the communication activities should address:

5.3.1 Inadequate social norms change

It is important to note that where ODF behaviour is ingrained and social norms are supportive, slippage due to toilets collapsing or pits flooding is temporary. Facilities lost are replaced as quickly as possible to regain ODF status. Where interventions have been unsuccessful in changing social norms a lack of buy-in to ODF is seen, households conform initially but some or all lack the conviction to continue with toilet use once the pressure is removed. Lack of social norm change drives partial usage when certain members of the household believe it is still ok to practise OD or that it is ok at certain times. Slippage is often attributed to a lack of follow-up support available once communities have reached ODF to reinforce attitudes, consolidate social norms change and to provide in-time troubleshooting.

5.3.2 Beliefs around children's faeces

Improper management of children's faeces is tied to the notion that children's faeces is not dangerous. OD found in previously ODF communities is often attributed to inconsistent use of latrines by small children, and unhygienic disposal of babies' faeces. A study by UNICEF and WSP found that in countries examined, between 11-64 per cent of households with improved sanitation still unsafely disposed of children's faeces. One sustainability study in Madagascar found that after three years the safe disposal of children's faeces had reverted to a level possibly lower than the baseline. Inadequate disposal of children's faeces is often cited as the cause for persistent OD in otherwise ODF communities – either through young children themselves not using latrines, or through mothers and caregivers disposing of infant faeces unhygienically.

Disposal of infant and child faeces depends on adults. It depends on what caregivers choose to provide or encourage as well as awareness by carers of the contamination risk from infant excreta. If children do not want to use toilets for whatever reasons this can affect the willingness of the caregiver to insist the child uses the toilet (Hueso 2014).

5.3.3 Partial toilet usage

Partial usage, with continuing OD or reversion to OD, is a serious problem, especially in India. Usage can be partial from the start with newly constructed toilets, or can develop over time. A few years after a community becomes ODF, the filling of pits and partial use or non-use can be expected to be a growing problem meaning that total toilet coverage will give an ever more misleading impression of true ODF conditions. The consistent usage of toilets has emerged as a major and growing problem. Some members of a household with a toilet do not use it at all, while others use it

only some of the time. This can start as soon as a toilet has been constructed, or may develop over time together with second and third generation problems. This prevents or ends open defecation free (ODF) status. Toilet quality, maintenance and accessibility can be factors, but recent evidence points to mind-sets, social norms and cultural preferences also playing a significant role. Combinations of subsidy, standard toilet designs built for and delivered to people, and incomplete and faulty construction have led to many toilets built never being used. Partial usage is emerging in communities some years after achieving ODF conditions.

Congestion and queuing can be expected more with shared than individual household toilets. In large households one toilet may not be enough for all members. A study in Bihar found that 19 per cent of households had ten or more people using one toilet (Water, Sanitation and Hygiene Institute 2015). Men may choose OD to relieve queuing or pressure on a toilet in the morning, for instance when children are getting ready for school. Men may want or need to take longer defecating than women or children and want to avoid the embarrassment of being seen to take longer. Men may not want to share a toilet with a wife/partner or daughter who is menstruating – for fear of contact with polluting fluids – and so revert to OD at these times or else the woman is excluded from using the toilet.

To sum up, factors associated with non- or partial usage: Social norms, taboos, beliefs and prohibitions, preferences and convenience, age and disability, gender and gender relations, full pits and fear of pits filling up, dirt, smell, disgust, fears and cleaning, design, construction and ownership. These factors may work in isolation but it is more likely that partial usage occurs due to a combination of these reasons.

5.3.4 Retrofitting

The progress on construction and usages of toilets under SBM-G noted in national scale studies is indeed impressive and unprecedented, but it does not accurately portray the scale of retrofitting needs of toilets. There is limited information about toilets, which are unsafe (according to technical norms and designs and as per definition of ODF), particularly in relation to the toilets that are reported as being used.

Retrofitting of toilets is a complex and challenging stream of work and is included as one of the main components of Open Defecation Free-Sustainability (ODF-S) plans under Swachh Bharat Mission- Gramin (SBM-G). However, minimal data is available about the number of toilets that need to be retrofitted. Furthermore, the typologies of retrofitting needs are largely unclear. Few surveys have been carried out to date, and those that do exist provide conflicting or incomplete data. Behaviour change communication approaches have been successful in increasing usage of toilets constructed under SBM-G and therefore will continue to be useful for creating awareness and demand in communities when converting toilets from dysfunctional to functional through retrofitting.

Pic: IHHL that needs retrofitting

User-friendly knowledge building approaches to increase understanding of retrofitting options, technical designs and indicative costs, as well as skills development of rural masons, will be key to any successful retrofitting intervention.

→   *Pic: Toilet that needs a lot of repair suffers from lack of maintenance*

5.3.5 O&M

Toilet maintenance is usually a cause for concern once the toilet is built. Confusion due to lack of know-how regarding cleaning and/or pit emptying may trigger relapse to OD.

Dirty and disgusting toilets deter use, make them unpleasant to clean, and provoke reversion to OD. It has been argued that bad smell also presents an overlooked barrier to toilet adoption. Degrading of the quality of the toilet, like the toilet pan also demotivates use of toilet and can lead to non usage of toilets on a regular basis. Hence communication on O & M becomes extremely important.

5.3.6 SLWM related issues

There are huge gaps in on-ground solid waste management practices such as absence of waste segregation and its proper disposal has been observed. Burning of recyclable waste including plastics and dumping of waste in the open and / or in the river and creek is common practice. scientific solid waste management practices including segregation and proper disposal were not followed by the villagers. It was noted that they were burning their recyclable waste, as well as using plastic as a fuel for their chulas.

Across the state, most households do not segregate their waste. In some GPs, there are GP vehicles for waste collection from house to house. However, this may not cover all the wards in bigger villages. It is observed that in wards where GP vehicle collects the waste, mixed waste is being collected and there is no scientific process followed for the disposal of the collected waste. In wards where there is no waste collection, households throw their mixed solid waste in the open or in community compost pits, and hence this waster never gets scientifically processed. In only a few cases at the HH level, the household has Gobar gas/Bio gas toilet systems. In villages, wherein some HHs do have individual pits for wet waste disposal but these pits are not maintained appropriately. Many tend to throw the wet waste in open areas. Within GPs having an underground drainage system, the grey water is discharged into the nallah, but without any scientific treatment. It has been widely observed that grey water from both kitchens as well as bathrooms are being released directly in the river without any treatment in various GPs.

In some GPs wherein solid waste collection bins have been provided by the GP, these were not properly maintained. Even though there is a provision for separate bins for dry and wet waste segregation is not being practiced.

Pic: SLWM problems depicted

It is important to note that though the above challenges are described in the context of HH infrastructure and behavior, similarities can be drawn within institutional settings.

5.4 Communicators for change on-ground

Swachhagrahis: Swachhagrahis are the foot soldiers of the Swachh Bharat Mission (Grameen) and the motivators for bringing about behavior change with respect to key sanitation practices in rural India. Every village should ideally have at least one Swachhagrahi, with preference given to women candidates. A Swachhagrahi is a volunteer who can come from any background, including a local ASHA worker, ANM, Anganwadi worker, and staff, water line man, pump operator, member of NGO/CSOs, youth organisations or from the general public living in villages.

The role of Swachhagrahis remains critical even in the ODF Plus phase of the programme, as they play a crucial role in sustaining the ODF status of their villages and supporting the mission in rollout of SLWM initiatives.

The role and responsibilities of Swachhagrahis can be grouped as given below during the implementation phase.

• Facilitating Toilet Construction

• Retrofitting and improvisation of assets

• Facilitating sustained behavior change

• Promoting Public health and hygiene

• Supporting rollout of SLWM activities

Swachhagrahis will be expected to undertake various training/ orientation/ skills building courses recommended by the department from time to time.

→ *Pic: Visual aid used during interpersonal communication with adolescent girls in a small group discussion*

06.

The Proposed Implementation Strategy for SBCC for SBM-G Phase 2-Focus Areas, Tools And Activities

6.1 The SBCC Strategy would focuses it's activities around:

I.   The immediate need for individuals; adults and children, men and women to change existing traditional perceptions about the importance of sanitation and hygiene and adopt better sanitation and hygiene practices.

II. The need for an enabling environment for sustaining the change as envisaged.

    a. The long term need for rural communities to agree that it is not socially acceptable to practice open defecation, handle child faeces, ignore hand washing with soap or store and handle drinking water inappropriately. This cannot happen without the participation of the community.

    b. Capacitated and passionate service providers and natural leaders.

6.2 The overall aim is to empower HHs to adopt safe and appropriate sanitation facilities and hygiene behaviours, ensure it is maintained and collectively sustain the social norms that endorse such change.

I.   Sustained toilet use.

    a. Sustained and consistent use by all HH members at all times.

    b. Proper disposal of child excreta.

II. Safe sanitation for all households including new households.

    a. Adoption of toilets by new and left out HHs.

    b. Better understanding of retrofitting needed to upgrade to safe toilets and motivated to do so.

    c. Improved knowledge and confidence with regards to O&M (O&M not acting as a barrier)

III. Hygiene Behaviour Adoption

    a. Practicing of handwashing at critical times.

    b. Adoption of safe menstrual hygiene management practices

    c. Safe handling of drinking water at HH level.

IV.   Adoption of appropriate SLWM technology and practices at the HH and community level

      a.   Understanding the importance of SLWM at the HH level and Community level

      b.   Acceptance and uptake of SLWM technology and at the HH level and Community level

      c.   Adoption of SLWM practices

V.   Adhering to social norms around sanitation and hygiene

      a.   Sustenance and strengthening of ODF norms

      b.   New norms around SLWM and clean village

6.3 Area of behavior change, suggested tools and activities:

6.3.1 Below is the depiction of the areas of behavior change that are to be addressed at the HH level, corresponding messaging around it and the various communication tools that can be used on ground by the communicators mentioned:

Sustained toilet use	Safe sanitation for all	Hygiene Behaviour Adoption	Adoption of appropriate SLWM	Adhering to social norms
Consistent use by all HH members at all times	Adoption of toilets by new and left out HHs	Practice handwashing at critical times	Understanding the importance of SLWM	Sustenance & strengthening of ODF norms
Proper disposal of child excreta	Better understanding & motivation for retrofitting	Adopt safe menstrual hygiene management practices	Acceptance and uptake of SLWM technology	New norms around SLWM & clean village
	Improved knowledge & confidence on O&M	Safe handling of drinking water	Adoption of SLWM practices	

Area of Communication	Approach	Suggested Focus of Messaging	Communication Tools	Communicators
Consistent toilet use by all HH members at all times	Use of IPC approach, HH visits on a regular basis; Interpersonal communication - Face to face dialogue/discussion; Small group sessions at home, health centers, AWCs, community settings and religious gatherings, SHG meetings, nukkad/corner meetings, etc. Encouraging peer to peer communication	Importance of use of toilet by all in the HH at all times; Benefits of toilet usage consistently; Disadvantages to the HH and others for not doing so Toilets not only for women; use by men is a desirable quality It is healthy habit and appreciated by all; Understand linkages between sanitation and health Correct knowledge on pit filling to address fear of pit being filled fast; Using a toilet is protection for whole family so any exception may bring harm to the members	F-diagram (Fecal transmission chart); Visual on pit filling and the technology behind it; Innovative use of Mobiles - mobisodes	Frontline workers and community level motivators, Swachhagrahis, SHG women;
Proper disposal of child excreta	Use of IPC approach HH visits on a regular basis; mothers	Harmfulness of child faeces; contamination risk from infant excreta	F-diagram (Fecal transmission chart); Faeces calculation and components chart	Frontline workers and community level motivators, Swachhagrahis, SHG women;

Area of Communication	Approach	Suggested Focus of Messaging	Communication Tools	Communicators
	Interpersonal communication - Face to face dialogue/discussion; Small group sessions at home, health centers, AWCs, , nukkad meetings, etc. Encouraging peer to peer communication between various caregivers and mothers	Understand linkages between sanitation and health Improper management of children's faeces Importance of teaching children the use of toilet; and how to train	Demonstration on teaching children to use toilet	Frontline workers and community level motivators, Swachhagrahis, SHG women;

Safe sanitation for all households including new households

Area of Communication	Approach	Suggested Focus of Messaging	Communication Tools	Communicators
Adoption of toilets by new and left out HHs	Use of IPC approach HH visits on a regular basis (those who don't have toilets); Interpersonal communication - Face to face dialogue/discussion; Small group sessions at home, health centers, AWCs, nukkad meetings, etc.	Harm of OD and benefits of toilet Toilets not only for women; use by men is a desirable quality Having a toilet appreciated by all; Understand linkages between sanitation and health Correct knowledge on pit filling to address fear of pit being filled fast;	F-diagram; AV on pit filling and the technology behind it; Innovative use of Mobile – mobisodes; Pocket chart or flipchart on technology options Brochure /Booklet explaining options for sanitation credit financing (leave behind)	Frontline workers and community level motivators, Swachhagrahis, SHG women; champions / leaders

Area of Communication	Approach	Suggested Focus of Messaging	Communication Tools	Communicators
	Encouraging peer to peer communication between various caregivers and mothers	Information on toilet technology options, costs, O&M, etc. (Annexure 7- Options for technology/toilet type in rural sector) Options on credit financing		
Understanding retrofitting	HH visits on a regular basis (those who have toilets); Interpersonal communication - Face to face dialogue / discussion Small group sessions at home, health centers, AWCs, nukkad meetings, etc. Encouraging peer to peer communication	Importance of retrofitting as safe sanitation is the goal What does a safe and sound toilet look like? - Components Upgrading to twin pit, fixing of septic tank, fixing of any other Options on credit financing	Pocket chart explaining safe sanitation – technically sound done twin pit Brochure /Booklet explaining options for sanitation credit financing (leave behind)	Frontline workers and community level motivators
O&M	HH visits on a regular basis (those who have toilets); Interpersonal communication - Face to face dialogue/discussion;	Importance of and need for O&M Components of O&M; how to maintain and clean toilets	Pocket chart with simple instructions and easy to understand pictures	Frontline workers and community level motivators, masons; PRIs

Area of Communication	Approach	Suggested Focus of Messaging	Communication Tools	Communicators
	Small group sessions at home, health centers, AWCs, nukkad meetings, etc. Encouraging peer to peer communication		Demonstration activity depicting proper operation and maintenance steps and critical considerations	
Hygiene Behaviour Adoption				
Practicing of handwashing with soap (HWWS) at critical times	HH visits on a regular basis (those who don't have toilets); Interpersonal communication - Face to face dialogue/discussion; Small group sessions at home, health centers, AWCs, nukkad meetings, etc. Encouraging peer to peer communication	Importance of HWWS at critical times every time HWWS steps Germs are harmful though invisible Importance of hygiene and especially HWWS during COVID-19 times	HWWS demonstrations Use of animated AV series to show the steps in HWWS; germs being harmful; and hygiene during COVID-19	Frontline workers and community level motivators, Swachhagrahis
Adoption of safe menstrual hygiene management practices	Use of IPC approach HH visits on a regular basis; Interpersonal communication - Face to face dialogue/discussion;	Use of menstrual absorbents Appropriate hygiene practices	Demonstration of absorbent options Flash cards on various hygiene practices	

Area of Communication	Approach	Suggested Focus of Messaging	Communication Tools	Communicators
	Small group sessions at home, health centers, AWCs, nukkad meetings, etc. Encouraging peer to peer communication between mothers			
Safe handling of drinking water at HH level	Use of IPC approach HH visits on a regular basis; Interpersonal communication - Face to face dialogue/discussion; Small group sessions at home, health centers, AWCs, nukkad meetings, etc. Encouraging peer to peer communication between various caregivers and mothers	Correct knowledge on safe drinking water Understand benefits of correct transportation, storage and handling of drinking water Understanding safe methods of water treatment at the HH level Understand linkages between water, sanitation and health Understanding ways of water treatment Clean water cannot be assessed by sight or smell	Flash cards on accurate and inaccurate behaviours on safe drinking water handling & storage; Leave behind reminder material that can be put up in the place where water is stored Demonstration on water handling and treatment Pocket chart on ways of water treatment	Frontline workers and community level motivators, Swachhagrahis

Area of Communication	Approach	Suggested Focus of Messaging	Communication Tools	Communicators
Adoption of appropriate SLWM technology and practices at the HH and community level				
Understanding and acceptance of the importance of SLWM	Use of IPC approach, HH visits on a regular basis; Interpersonal communication - Face to face dialogue/discussion; Small group sessions at home, health centers, AWCs, community settings, SHG meetings, nukkad meetings, etc. Encouraging peer to peer communication	Importance of SLWM at the HH level by all members, benefits to the HH and the community Garbage segregation – types of dry waste, it's importance and how to do it Proper waste management practices and reduce, reuse and recycle It is healthy habit and appreciated by all; Understand linkages between Waste management and health Disposal of menstrual absorbents Hazardous waste management during COVID-19	F-diagram; Visual on pit filling and the technology behind it; Innovative use of Mobiles – mobisodes	Frontline workers and community level motivators, Swachhagrahis, SHG women; PRI members,

Area of Communication	Approach	Suggested Focus of Messaging	Communication Tools	Communicators
Proper Waste Water treatment at HH level	Use of IPC approach HH visits on a regular basis; Interpersonal communication - Face to face dialogue/discussion; Small group sessions at home, health centres, AWCs, SHG meetings, nukkad meetings, etc. Encouraging peer to peer communication	Harmfulness of waste water; importance of appropriate waste water treatment at the HH level; Improper discharge of grey water to the drain can lead to diseases Various technology options for waste water treatment at HH level including important features, etc. (requirements, O&M, costs, safety, etc. for each technology (Please refer to Annexure 8 - Technology options for Waste Water Treatment in rural areas at HH level)	Flip chart with pictures the various technology options, including important features, requirements, O&M, costs, safety, etc. Pocket chart with the same for each technology option (a set will be required) Demonstrations Innovative use of Mobile – mobisodes / animationAVs	Frontline workers and community level motivators, Swachhagrahis, SHG women; PRIs; etc.

Affiliation / Identity

The above images depict a public pledge/declaration: If a behaviour occurs publicly then perhaps it can be made a token of Affiliation: what 'our group' does and hence rewarding.
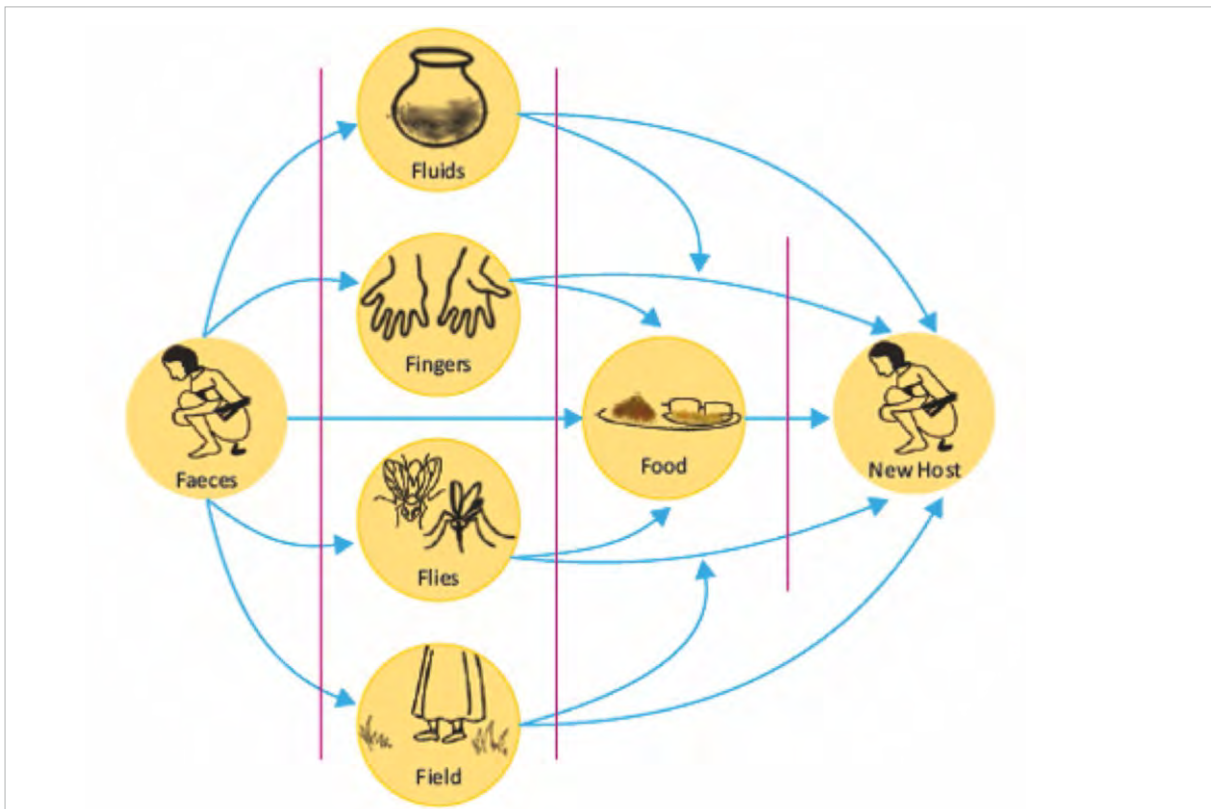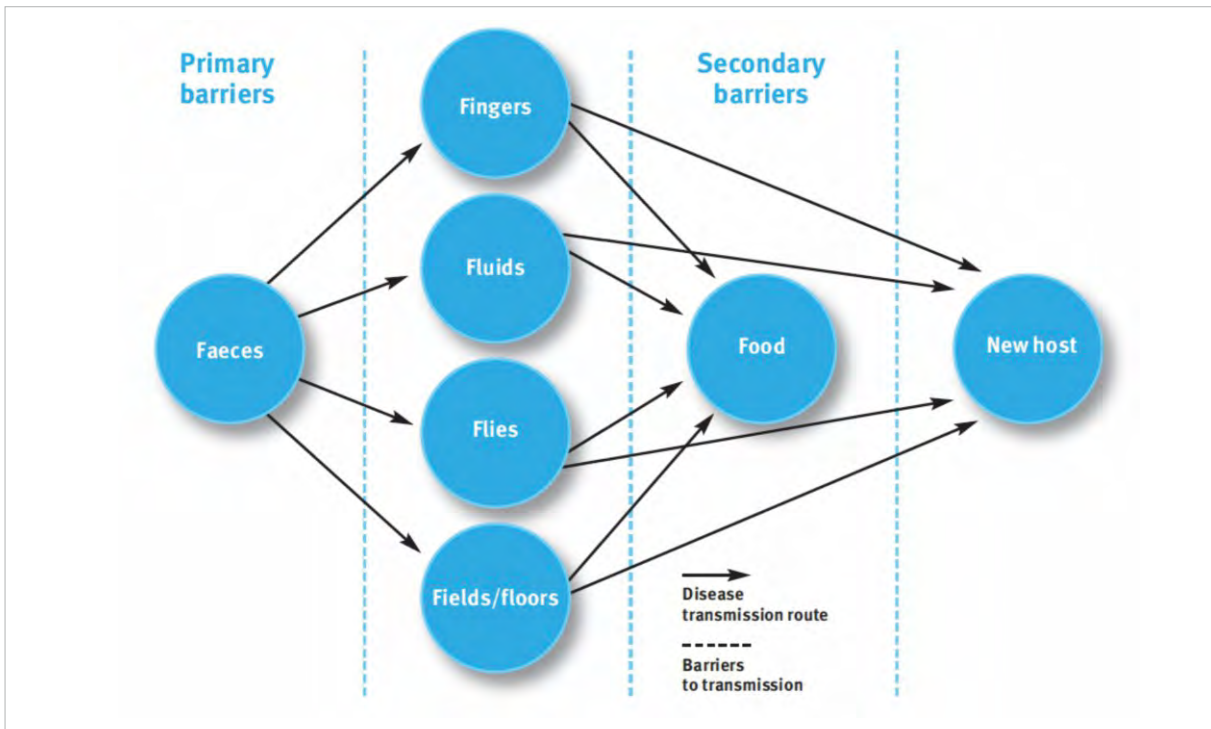
The above two images are of the F-Diagram depicting the Faecal-oral transmission: It is used to Ensure that the participants in the discussion understand the different routes through which diarrhoea is spread and how they can block the contamination routes. Most cases of diarrhoeal diseases are spread by disease-causing organisms (pathogens) that are found in human and/or animal faeces. The most common transmission mechanism of these organisms from excreta to a host is faecal-oral transmission. The above figure gives a visual representation of the transmission routes by which faecal material can be ingested, and ways to prevent this. The most effective way of reducing transmission of disease is by putting in place 'primary barriers' and 'secondary barriers' that prevent pathogens from entering the environment or otherwise reaching new hosts.

6.3.2 The communication activities for Institutional level – School & AWC

Audience: School children, Child Cabinets, Meena Raju Manch, AWC children

हाच आमचा मानाचा मुजरा

Pic: Meena Raju Manch – a key platform for implementing SBCC in school
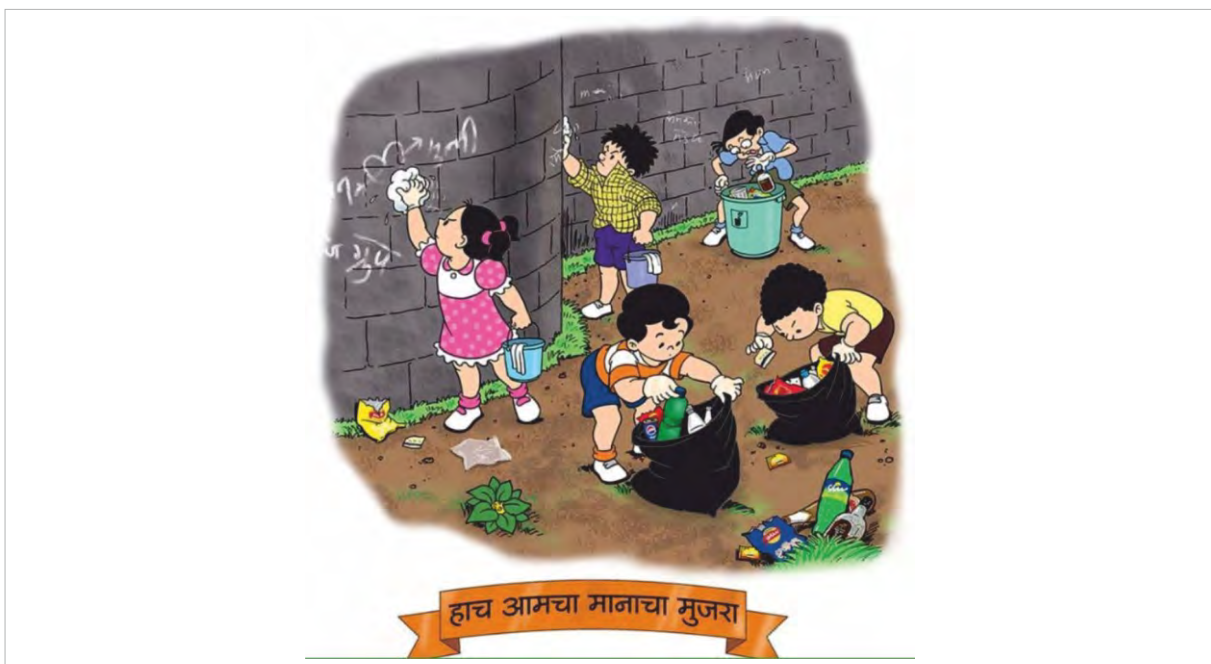
School and AWC based communication activities for children –

- Facilitating small group discussions on HWWS, use of toilet, waster segregation, composting, cleanliness, etc.

- Use of demonstrations on HWWS, use of toilet, waster segregation, composting, cleanliness, etc. District to make available the sessions plan and communication session modules on the various themes (age group-wise) that can be used with the children and with the Child Cabinets, Meena Raju Manch

- Use of games for information sharing and enhancing knowledge on issues related to drinking water, sanitation and hygiene, SLWM

- Fun-based activities defined for different age groups with drinking water, sanitation and hygiene, SLWM as the themes.

- Bring in the various WASH & SLWM themes for assembly, class discussions, debate, drawing, drama, music etc. Competitions in each school of the GPs at regular intervals

- Use of (Child Friendly) wall paintings and posters at appropriate sites to promote key behaviours related to drinking water

- Use of folk media-plays/drama/singing/magic shows and street theatre to promote WASH messages. Train children in these activities and have regular competitions on themes of drinking water, sanitation and hygiene.

- Organizing student exchange for children to be exposed to best behaviours with regard to water.

- Organize celebrations on special days especially those related to WASH and ensure those dates are included in the school calendar.

- Organize felicitation/awards events for best student, class, etc.

- Formation of a "task force"/child cabinets of school students defining their roles and responsibilities especially in monitoring drinking water, sanitation facility and hygiene in schools.

- Training of identified peer educators for peer to peer communication

- School rallies to be organized in a fixed frequency on specific issues of WASH for motivating the community

- Members of School Cabinet/School Club may visit a fixed number of households at regular intervals for communicating key messages of drinking water, sanitation and hygiene behaviors and record on report cards. Scripts for such dialogue to be made available at the school level.

- Girls' groups for menstrual hygiene management (MHM) discussions. Discussion module to be made available at the school level.

Pic: Group session/ activity with children using an innovation IPC tool

- 'Buddy system' wherein the older students to younger students – each one acts as a mentor to one younger child and reinforces good sanitation and hygiene behaviors and attitudes

- Appointing WASH monitors in every class and rewarding/recognizing them on a regular basis

The above (used in posters) was used as part of the school behavior change communication activity targeted towards kids in schools under the Super Amma campaign. The 'SuperAmma' campaign's objective was to test behaviour change principles so as to reduce child mortality due to diarrhoeal disease in rural India.

The above image shows a game played with school children to enable them to learn that - Water and Soap together can only remove all germs

6.3.3   Community Mobilization at the GP level

The behavior change components of the SBM – G have essentially been designed based on certain key principles, that recognize the need for total sanitation to be "people-centered and community-led" and emphasizing demand creation through awareness building.

However, in rural India, where villages can be quite diverse, social fragmentation along dimensions of religion, caste, age, and sex make it difficult for people within villages to identify with one another and see each other as a cohesive unit working together to solve common problems.

In such a scenario, the GP/village as a unit of implementation becomes critical in the sanitation movement and sustainability efforts. A collective action at this level can help establish social norms around sanitation and hygiene that will last long and will be accepted as a lifestyle. Positive reinforcements rather than punitive actions should be the method.

Strengthening the capacity of village level institutions and platforms and social mobilization as part of the SBCC strategy is of vital importance.

→ *Pic: Discussion at the village level used to implement SBCC*

6.3.3.1 Community Mobilisation activities for sustenance and strengthening of ODF norms and creating new norms around SLWM and clean village:

- Community dialogue and local meetings / events by community leaders, PRIs, volunteers, religious leaders, and women groups

- Dedicating key Gram Sabha meetings on sanitation and SLWM issues identified in the strategy and GP plan

- Folk media performances along with community dialogue/discussion

- Organize exhibition and demonstration (Fairs/ Mela) where there is provision for counseling on key behaviours, games with correct behaviours messages on adoption of safe sanitation and hygiene, demonstration of waste segregation at the HH level, etc. Mascots of poo, soap, etc. interacting with the community.

→ *Pic: Various IPC tools used during a mela/fair to convey messages on sanitation and hygiene*

- Various competitions at the village, GP level, including rewarding innovative ideas around hygiene and sanitation, SLWM
    - Cleanest home,
    - Clean ward,
    - Clean institution,
    - Best management of HH waste, etc.

- Commendation to recognize and create champions certificates and awards for involvement

- Puppet shows and Street Theatre depiction ODF norms and toilet usage by all. Depicting challenges and solutions.

- Leaflets can be used to spread information about community level SLWM interventions that are being planned

- Audio-visuals on SLWM options at the community level to be used for discussion at community level meetings

- Audio-visuals on pit emptying and O&M of toilets to be used for discussion at community level meetings

- Booklet (pictorial) on ways to segregate solid waste at the HH level to be used for discussion at community level meetings and then distributed

- Educational aid, games, on how a clean village will look like (components of a clean village – OD and SLRM will adoption of toilet and hygiene behaviours) to be used for discussion at community level meetings

- Rewarding innovative ideas around hygiene and sanitation, SLWM

- Demonstration of pit emptying, soak pits and vermicomposting, HH drinking water treatment. GP to arrange multiple demonstrations on HH level vermicomposting, leach pit, magic pit, emptying of pit, waste segregation to be done at HH level

- Monthly village cleaning activity. To be led and facilitated by different groups each time. (youth, women, PRIs, children, elderly, etc.)

- Village/GP wide dedicated communication campaigns on upgrading toilets and retrofitting, like removing vent pipe from pit toilet, FSM and construction chamber, second pit for single pit toilets, etc.

- Wall painting and hoardings at prominent places to reinforce messages that have been delivered through IPC channels.
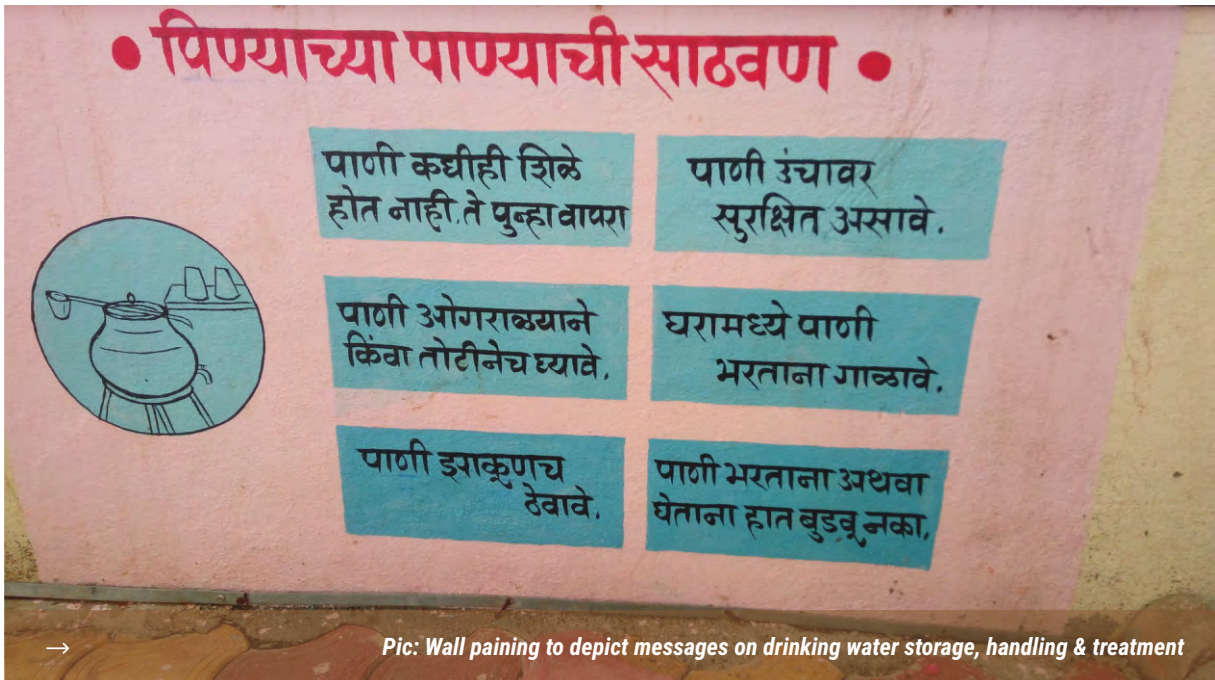
→ *Pic: Wall paining to depict messages on drinking water storage, handling & treatment*

Pic: community mobilization activity

- Information dissemination regarding the CRRU (Centralized Resource Recovery Unit) during community events and corner meetings.

- Celebration of Sanitation Week and Global Hand Washing Day once a year (Sanitation Week can to extended to a month).

6.3.3.2 Approaches /Platforms for Community Mobilization:

- Use of existing platforms. Discussion of key sanitation issues at various community and health facility platforms like AWCs, Health Centers, etc.

- Involving local youth, children and SHGs in a systematic manner to be advocates and lead social and behavior change.

- Linking sanitation and SLWM issues with local festivals.

- Encourage positive deviants especially women, adolescents, PRIs to speak on the issue during group meetings and/or SHG meeting. Creating advocates that independently begin to assist in the achievement of program objectives (e.g., by creating 'buzz' around the program ideas that snowball through a population without further activity by the program itself).

- Exposure visits of various members in the community to other GPs for learning is key to sensitization and attitudinal change. This will play a key role in SLWM related uptake.

- Mapping and identification of local leaders, community champions and influencers. Develop them as spokesperson during community meetings and leading GP/village level communication events.

- With regards to larger villages, zone wise activities are a must so that no community is left behind. Ensure participation of all castes, age, etc.

- Use of humor in scripts for puppet shows, street theater, etc.

- Creating formal partnerships with other organisations which add their authority and own activities to the program.

- Creating new groups to which target population members can belong (e.g., fan club or interest group; this can support behaviour by making it a group norm or a badge of status within the group).

- Creating enduring role models, sustainable local leadership, influencers representing all strata in the community.

Please note: Baseline /KAP (Knowledge Attitude and Practice) data to feed into the above activities, its plan and frequency.

→   *Pic: Assessment of various facilities related to WASH in a GP*

6.4 Key considerations

6.4.1 The SBM-G campaign communicates a series of pertinent messages to communities. These may be further layered with additional messages that reinforce the need for consistent usage. For example, men feel that the leach pits fill up quickly and it is leads them to opt for OD to delay the filling up of pits. While discussing toilet technologies, its features and costs, it becomes imperative to explicitly communicate that in the case of a twin leach pit, the usage by all family members including men does not accelerate filling up. On the contrary, the volume and the number of the pits factor in regular usage and longevity.

6.4.2 The new social norms are more likely to be upheld when sanitation and hygiene practices can be easily integrated into daily routines, when the majority of people are convinced of the need for sanitation and hygiene, and when friends or neighbours have positive experiences and views of sanitation. Social networks can also reinforce the expectation that others will follow new social norms for sanitation and hygiene behaviour. Dedicated efforts are also required to target key groups and influencers in setting and changing social norms. The influence of widespread women's groups may well have been a factor in sustainability.

6.4.3 There are several localized norms that might be leveraged to improve sanitation behaviors. For example, an advantage of owning a toilet is higher social status and prestige, communities who have pride in collective achievement were more likely than other communities to achieve ODF+ outcomes. In Bihar, 28% of cited pride and 45% cited honor as main reasons for opting for toilets (WSP report Bihar, 2012). In a global review of influencers of OD in rural settings, shame and humiliation were cited in various countries including India as drivers of latrine to own, construct or reconstruct a toilet (O'Connell, 2014). Each of these components (pride, honor, shame, humiliation) reflect and depend on local norms of respective communities and thus present as opportunities to utilize social norms as drivers of behavior change.

6.4.4 ODF Sustainability and ODF+ efforts in SBCC can largely benefit from the principle that cues and behaviors that are already well established in people's daily practices can be linked to the new, desired behavior. This increases the likelihood that the new behavior is performed and is often more effective than trying to insert a new behavior in isolation from existing practices

The key function of the social behavior change communication (SBCC) at this stage in the sanitation movement is to continue as follow up visits to encourage sustained use of toilets, establishing use of correct technologies related to toilets and SLWM, encourage and felicitate model behavior, affirm appropriate WASH practices, funnel peer pressure, strengthening of social norms against OD.

Pic: discussion with SGH women

07.

The Proposed Implementation Strategy for SBCC for SBM-G Phase 2: Implementation On-Ground

7.1 The critical role of GPs especially as GP is the unit of implementation

The Gram Panchayats (GPs) have a central role to play in SBM-G Phase II. The GPs are expected to lead the planning process for all the infrastructure (IHHLs, SLWM, CSCs) to be constructed at the village level under the SBM-G Phase 2 and lead the implementation through community mobilization for triggering demand, hygiene promotion, SBCC and capacity building and construction and maintenance of toilets and SLWM assets. GPs have the delegated authority to hire experienced and reputed NGOs / Institutions for assisting in carrying out IPC and training, construction and management of CSC and SLWM infrastructure.

As part of the planning process, the GPs are expected to prepare their Village Action Plan (VAP) for SBM (G) and JJM in a convergent manner. The Grey Water management in villages is required to be planned in consonance with the piped water supply already provided to the villages/ planned to be provided under JJM or any other State's schemes. It becomes imperative that the VAP for SBM (G) and JJM is part of their overall GPDP.

The primary thrust of SBCC activities will be through the Swachhagrahis and the Village Water and Sanitation Committee (VWSC) of the Gram Panchayat. The involvement of the GP members and the Gram Sevak as well of the BRC and District Water and Sanitation Mission at the block and district levels respectively will also be of vital importance

A Village Water and Sanitation Committee (VWSC) is constituted as a sub-committee of GP, for providing support in terms of motivation, preparation of Village Action Plan, mobilization, implementation and supervision of the programme. The membership of a VWSC is expected to have representation from each ward of the GP and 6 more members. Women are required to form at least 50% of the members. Moreover, representation from SCs and STs and poorer sections of the society in proportion to their population in the GP is expected.

7.2 Baseline and situational assessment

Baseline and situational assessment plays a critical role in understanding the starting point and the current level of change in the behaviour, attitudes and perceptions related to WASH. The information will enable the communicators and the various stakeholders to contextual the messaging and delivery within the particular GP/cluster.

Aspects to consider while developing a baseline/formative research guidelines:

- What is the status of toilet usage in the HHs? Consistency of use? Used by all? At HH level and institutional level (school, AWC, PHC, etc.)

Pic: Discussion with various stakeholders

- What are the retrofitting issues faced by the HHs and institutions (sub structure and super structure)? Also of community toilets?

- What are the social norms being created? How do they vary by context, community and culture?

- Is it useful to identify and work with key influencers even before triggering?

- What triggers, pressures, sanctions and other influences lead to and sustain changes in behaviour?

- What impedes change in norms and behaviour or leads to reversion – forgetfulness, laziness, force of habit, convenience (e.g. if living near water), need to be relieve oneself as quickly as possible, defecation unpleasant in a small space and so on).

- What are the social dynamics – and intra-community and intra-household dynamics – that contribute to maintaining ODF conditions, and of reversion to OD?

- The impact on ODF behaviour of men's concerns about contact with menstrual blood

- Who cleans toilets, what factors affect cleanliness, and what struggles they face.

- How can toilet cleaning and pit emptying be ensured, and what support is needed for service providers?

- How to convince people that well composted excreta are harmless, non-polluting and valuable.

- How to break caste-based exclusion and violence linked to sanitation practices and FSM.

- How is ODF Behaviour related to pits filling with reversion to OD by some or all of a household, including gender dimensions.

- Is the community participating in maintenance of the ODF status? How? Which platforms are being used to monitor?

- Who are those that are participating more than others?

- Whats the method of waste segregation at the insitutional level? HH level? Community level?

Pic: Assessment of WASH facilities including SBCC at the GP level

- What is being done with the current hazardous waste dule to COVID-19?

- Are the HH members aware of dry waste types and importance of segregation?

- How has atttitude and behaviour changed on hygiene due to COVID-19?

- How is information being disseminated on WASH? Which platforms are active in spreading messages and motivating behaviour change around WASH?

- Any awards won by the village / GP in relation to WASH?

7.3 Critical role of Local leadership/Natural Leaders

The importance of Natural Leaders in the scaling up and sustainability of ODF and ODF+ has long been known, along with the good will, engagement and passionate support of local leaders. Success in sustaining ODF in various countries has been reported where Natural Leaders, Chiefs or other respected local persons perform home visits and door-to-door monitoring to encourage people to maintain and improve on the new behaviours, conditions and facilities. GP functionaries/Community leaders/champions who want their villages to remain ODF are required to mobilize all community sub-groups to participate in the ODF sustenance process. The process envisages triggering, reinforcing the triggering effects through community institutions and community level events thereafter, and monitor progress effectively. They also ensure that all households change their OD practices and do not slip back to OD. On the other hand, villages do struggle to stay ODF in many instances due to people not showing interest and avoiding involvement.

Accomplishment in sustaining ODF and achieving ODF+ will be seen where community leaders and respected / credible persons of the community encourage people to maintain and improve on the new behaviours and facilities. Community leaders / champions supported by sanitation program staff often are people who already command respect among their neighbors.

This is an extremely invaluable and potent channel / approach to leverage so as to ensure success of SBM-G Phase 2. Passionate, committed champions whether government officials, elected representatives, or other natural leaders, can have significant contribution to ODF Sustainability.

7.4 Collective leadership at GP level is crucial for sustainability of the status and assures returns on investment in village development scheme and projects.

Follow up and reinforcement are critical for sustainable ODF status. This concept will require inclusion of the following:

- More and frequent targeted HH visits by government frontline cadre, champions, village leaders, etc.

- Regular re-verification drives/programs

- Formalized systems of support to natural community/village leaders

- Promotion to encourage local leadership, community contribution

- Incentive structures like that of Gadge Baba Abhiyaan, SMART village

(100% access and 100% usage principle)

Pic: Interaction and follow up by key influencers with HHs at the HH level

7.5 Using community support structures to tackle slippage

Communities choosing their own neighbourhood leader, rather than a leader being centrally appointed, enhances the acceptability and continuity of the approach. Proximity to the community served (for example being a neighbour rather than a visiting health worker) offers both immediate access and in-person support, while also establishing a degree of accountability by the community to their neighbours to reverse slippage swiftly. A similar community selected WASH committee approach has been used in Nigeria, here the members are selected once ODF has already been reached. This was because they found that the enthusiasm of members selected during the excitement of triggering may wane over time, and they found more dependable volunteers emerged along the route to ODF.

Pic: Training of community level stakeholders

More general continuation of support coming from diverse sources such as dissemination of follow-up messages via mosques, churches, women's groups and prenatal clinics can be effective in preventing slippage (Odagiri et al. 2017) and bolster the work of community sanitation groups.

7.6 Calendar of Communication Activities

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Baseline	■											
Briefing of trained and appointed village level communicators/ teams by GP members & CRC, BRC		■										
Home visits by Swacchagrahis for IPC on a *fortnightly basis* for each HH (depending upon the need)			■	■	■	■	■	■	■	■		
Corner meetings by informal leaders, Swacchagrahis, youth volunteers, etc. – *weekly basis*			■	■	■	■	■	■	■	■		

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Community level Demonstrations on Hand Washing, Water purification at household level, etc.				■		■		■		■		
Community level Demonstrations (SLWM) of Soak Pit, Pit emptying, Vermi Composting, garbage segregation at HH level, etc.				■		■		■			■	
Folk media performances *(thrice a year)*		■			■			■				
Puppet shows *(twice a year)*												
Community level meeting – audio visuals followed by discussions *(thrice a year)*			■			■			■			
Sanitation fairs/melas *(twice a year)* – and other events as per calendar year (Global Handwashing Day, World Toilet Day and Sanitation Week)				■					■			
Village rally by school students and staff of schools/or any village level event by school with children taking the lead *(once a year)*					■							
Monthly village cleaning activity	■	■	■	■	■	■	■	■	■	■	■	■

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
GP wide dedicated communication campaigns on *upgrading toilets and retrofitting*, like removing vent pipe from pit toilet, FSM and construction chamber, second pit for single pit toilets, etc. *(twice a year)*				▉			▉					
Various competitions at the village, GP level, including rewarding innovative ideas around hygiene and sanitation, SLWM: Cleanest homes, Clean ward, Clean institution, Best management of HH waste, etc.							▉	▉	▉	▉		

SBCC Activities	Those conducting the activity/facilitating the activity	Immediate Supervision/Review	Monitoring
Home visits for IPC on a fortnightly basis for each HH (depending upon the need)	Swacchagrahis	BRC Block level Committee	Nigrani Samiti /VWSC
Corner meetings– weekly basis	Swacchagrahis by informal leaders, Swacchagrahis, youth volunteers, etc.	BRC Block level Committee	Nigrani Samiti /VWSC
SHG meetings	Swacchagrahis	BRC Block level Committee	Nigrani Samiti /VWSC

SBCC Activities	Those conducting the activity/facilitating the activity	Immediate Supervision/Review	Monitoring
Community level Demonstrations on Hand Washing, Water purification at household level, etc.	CRC, PRIs, Swacchagrahis	BRC Block level Committee	District level (DSBM) IEC & M&E Experts
Community level Demonstrations (SLWM) of Soak Pit, Pit emptying, Vermicomposting, garbage segregation at HH level, etc.	CRC, PRIs, Swacchagrahis	BRC Block level Committee	District level (DSBM) IEC & M&E Experts
Folk media performances (thrice a year)	CRC, PRIs, VWSC	BRC Block level Committee	District level (DSBM) IEC & M&E Experts
Puppet shows (twice a year)	CRC, Swacchagrahis	BRC Block level Committee	District level (DSBM) IEC & M&E Experts
Community level meeting – audio visuals followed by discussions (thrice a year)	CRC, Nigrani Samiti, VWSC	BRC Block level Committee	District level (DSBM) IEC & M&E Experts
Sanitation fairs/melas (twice a year) – and other events as per calendar year (Global Handwashing Day, World Toilet Day and Sanitation Week)	CRC, Nigrani Samiti, VWSC	BRC Block level Committee	District level (DSBM) IEC & M&E Experts
Village rally by school students and staff of schools/or any village level event by school with children taking the lead (once a year)	CRC, Swacchagrahis	BRC Block level Committee	Nigrani Samiti /VWSC

SBCC Activities	Those conducting the activity/facilitating the activity	Immediate Supervision/Review	Monitoring
Monthly village cleaning activity	CRC, Swacchagrahis	BRC Block level Committee	Nigrani Samiti /VWSC
GP wide dedicated communication campaigns on upgrading toilets and retrofitting, like removing vent pipe from pit toilet, FSM and construction chamber, second pit for single pit toilets, etc. (twice a year)	Nigrani Samiti/VWSC and Swacchagrahis	BRC Block level Committee	District level (DSBM) IEC & M&E Experts
Various competitions at the village, GP level, including rewarding innovative ideas around hygiene and sanitation, SLWM: Cleanest homes, Clean ward, Clean institution, Best management of HH waste, etc.	Nigrani Samiti /VWSC GP members, Swacchagrahis	BRC Block level Committee	District level (DSBM) IEC & M&E Experts

7.7 A recommended GP level SBCC activity

Five star clean HH:

The aim of this activity is to enable individuals and HHs to be motivated to adopt safe sanitation practices and appropriate hygiene behaviours individually and at the HH level. The activity involves 5 such behaviours and practices that the HH is expected to adopt. Each of these achievements of the desired behavior change will be observed, recorded and verified. At the time of each such achievement one coloured sticker will be put on the door of the HH. In this way, those HHs that manage to complete all the 5 achievements, will be appreciated and recognized as 5 star clean HHs.

Under this activity, each participant HH will be required to adopt the following 5 habits

- HWWS at critical times- the HH that remembers and demonstrates HWWS by all members at all critical times. HH has a dedicated Handwashing place with soap and water very close to the toilet.

- Grey water treatment- the HH has understood the importance of appropriate grey water disposal and has adopted a suitable method to do so and continues to do it.

- Usage of toilet: HH wherein toilet is used at all times by all members. The HH are able to operate and maintain their toilet on a regular basis and have the know-how and appropriate materials for proper O&M and stick to routine. The toilet is found of sound quality, if not, the HH has done the requisite repairs and retrofitting. The disposal of excrement is done to respective sound method as per the kind of the toilet.

- Solid Waste Management- The HH is able to identify the different kinds of solid wastes. The HH has adopted a suitable and appropriate method for waste segregation at the HH level and adheres to it every day. It has the requisite items / material to do so.

- Safe Drinking Water- The HH treats drinking water with diligence. The HH follows and demonstrates safe handling and storage practices of drinking water at all times. The members understand the importance of drinking water safety.

Process:

- The competition will be executed through the Swachhagrahi and the Nigrani Samiti.

- The HH will be required to enroll for this competition with the Swachhgrahi.

- The Nigrani Samiti will be able to decide and facilitate on the successful implementation of this activity.

- Post completing each of the above changes successfully, a sticker will be put up on the door of the participating HH.

- Post getting five stickers the HH will be declared and recognized as the winner and appreciated in a community event and awarded the Cleanest 5 star HH.

- The stickers will be of different colours and are required to be of good quality.

- The importance and the procedure for this activity will be discussed during the Gram Sabha.

- This activity will be promoted at the GP level and posters on this will be put up in the villages encouraging HHs to participate. The instructions, stages and other details of this activity will be printed on brochures and distributed in the villages.

- For bigger size villages, this activity can be taken up ward-wise.

08.

The Proposed Implementation Strategy for SBCC for SBM-G Phase 2: Creating An Enabling Environment To Strengthen Delivery

Sustained norms and behaviour change can only happen when various stakeholders at different levels create an environment that is enabling and facilitative of the change that is expected. The designated roles of the state, district and block are explained in this section.

8.1 State level

The State is expected to lead the SBCC Plans and be responsible for the execution of the plan across the state.

8.1.1 The state is required to develop State SBCC Strategy and State Communication implementation Plan with monitoring indicators

- The State has to ensure that Planning and Budgeting exercise for SBCC activities has been done for all districts
- The State is expected to endorse the District SBCC Plans and be responsible for percolation of SBCC Interventions across the state.
- The State is to ensure all District Swachhta Plans have specific component of District Communication plan and entered in the IMIS
- The State is to review and maintain record of these Plans for reference
- Regular Monitoring of Progress and timely reporting in the IMIS

Budget allocation for Information, Education and Communication (IEC) and Capacity building (CB): Up to 5% of the total funding for programmatic components has been allocated to IEC and capacity strengthening. Out of this, up to 3% could be used at theState/District levels and up to 2% at Central level.

Ensuring all IEC positions in the HR Structure are filled appropriately at both the State and the District Levels and they are trained on SBCC

States can also set up a sub-block i.e. cluster level units in places where there are a large number of GPs in a Block. State may set up a Block Programme Management Unit (BPMU) as per the SBM-G guidelines.

A team of Social Mobilisers/Swachhagrahis to be engaged for every GP. States are to decide on the emoluments of all persons engaged at the Block and Cluster levels.

Facilitate organization of workshop, conferences, and consultations from time to time for advocacy, capacity building and knowledge sharing among the officials working on sanitation at the grassroots, the media, sector experts, sanitation policy researchers, etc.

Contributing to 'Swachh Sangraha', Knowledge Management Portal of SBM –G.

Inclusion of SBCC status assessment and outcome indicators in the manual on Social Audit that will be referred to for use of social audit for community engagement and monitoring under SBM (G).

Engaging Creative Agencies to develop impactful state wide campaigns for mass awareness and promotion to meet the goals of SBM-G. Look at incorporating tools and messaging related to COVID-19 within the state-wide campaigns.

Engaging relevant agencies and forming partnerships to effectively implement the SBCC Plans in the State. Liasoning with Development Partners.

The state to ensure dedicated time to discuss progess on SBCC interventions and course corrections during regular reviews.

Ensure that convergence with other departments like Education, DWCD, RDD and other relevant departments is maintained.

Leverage corporates and CSR to engage in behaviour change interventions.

8.1.2   Communication related Activities by the state:

- Use of Mass Media: Amplification of National IEC advertisements on TV/Radio/Community Radio,

- Developing and designing State-specific creative material for mass media: Content creation for messaging on the select behaviours for different mediums including Video appeals, Audio appeals, Print advertisements, Press releases, SMS/text.

- Use of social media to create a buzz around identified behaviours: maintaining active Facebook and Twitter pages.

- Create social media networks to bring about relevant platforms for discussion (Blogs, online forums).

- Cross-link Department website to convergent departments/flagship programmes websites

- Ensure that time and dissemination from different mediums is integrated in a manner that the public is saturated with the same key messages. The media campaign can be in intense spurts throughout the year and should be pre-decided within the media plan.

- Efforts should be made to synergise the broadcast at the state level.

- Regular felicitation of local champions at the State level.

- Regular Awards to districts with innovative ideas on SBCC activities.

- State-level art competitions for students, SHGs, youth clubs regarding different themes on WASH and SLWM.

- Organise events on designated days/weeks/months like Global Hand Washing Day, World Water Day, Swachchata Utsav.

- Using local celebrities to spread the message of SBM-G Phase 2. Involving celebrities to give away awards to officers, political leadership and civil society organization, children and youth ambassadors, grass root workers who have made significant contribution in the WASH sector/ convergent programmes.

- Use of Community Radio for connecting directly with local communities; development of series of mobile episodes on consistent usage, retrofitting, SLWM for HH and community; development of interactive games that can downloaded on the phone that will help educate on

hygiene practices, a mobile app could be developed in Marathi to assist rural users with understanding the common retrofitting needs of toilets, the options for retrofitting, and indicative costs; Making the Swacchata Radio more immersive by using video clips, images or animation pertaining to the events reported.

- Conceptualizing and support in planning state wide, time bound IPC and HH contact drive campaigns with key behavioural messages. Please refer to Annexure 9 for the outline of a state wide IPC and HH Contact Drive Campaign.

- The state to run special awareness campaigns to inform people of the need and means to reduce, reuse and recycle waste.

- Compilation of success stories, good practices, innovations in relation to SBCC interventions.

- Developing a process document to record progress and challenges with regards to SBCC interventions. This can be done along with development partners like UNICEF.

- Conducting formative research on usage on-ground, extent of retrofitting needs; attitudes towards O&M, adherence to social norms or lack thereof, expressed level of participation of community and relevant community and institutional mechanisms that are present on-ground.

- Creating communications tools on technology options for SLWM as prototypes (can hire a creative agency to do so). Pretesting of these tools/ communication materials. Replication and distribution of these tools across the state to every district.

- Spreading the ambit of Sant Gadge Baba Gram Swacchta Abhiyan.

- Conducting a yearly Hackathon on the lines of Swacchathon.

- Development of Financial IEC package for access to alternative finance and credit system to sustain ODF.

- Mapping of all CBOs/NGOs working on the issue. Forming a consortia to discuss key thematics related to SBM – G Phase 2 and build alliances for action.

8.1.3 Advocacy activities:

- Developing advocacy package for Corporate and CSR contribution.

- Orientation workshops with Elected Representatives on SBM-G 2 and role they can play.

- Orientation workshops with heads of line departments on SBM-G 2 and the convergent role they can play. Key Line Departments and those handling national flagship programme Health, Education, Rural Development, PRD PHED, Social and welfare, ICDS, Information and Broadcasting.

- State level meeting to be held of the district level officials (CEO, Dy CEOs, DWSM) for brainstorming and orientation on SBM –G SBCC approaches and importance.

- State level dialogue and multiple meetings with Gram Sevak Association leaders is necessary since the success of the SBCC interventions which depend upon the effective implementation at the GP level.

8.1.4 Role of the leadership of the State Water and Sanitation Mission

- Improved engagement with line ministries: The key role of the Head of the Department is to engage with relevant line departments, private sector, Development Partners and NGOs to ensure conjoint planning and intervention. Strategic niche and strength of organization, institutions and departments needs to be leveraged to achieve the objectives of SBM Phase 2.

Sustainability of SBM outcomes and SLWM to be made a feature in engagement with relevant line departments, multilateral organizations and development partners.

- Ensure the convergence with water interventions to ensure on-ground water availability for sanitation. This is highly critical to sustainability.

- Address the frontline leaders from time to time. This will send a strong message that natural leaders are a key to the success of the SBCC interventions.

- Reiterate the importance of SBCC as a deliverable necessary for the success of SBM Phase 2 to the district heads (CEOs/Collectors).

- Principal Secretary / Secretary of the Department in-charge of Sanitation in the State shall be the nodal Secretary responsible for all the SBM (G) Phase 2 activities and for convening the meetings of the Mission. The State level Apex Committee is headed by the Chief Secretary with Secretaries in-charge of PHED, Rural Development (RD), Panchayati Raj (PR), Finance, Health, Information and Public Relations (I&PR) as members. Experts in the field of sanitation, hydrology, IEC, HRD, MIS, media, NGOs etc. will be co-opted as members.

- Facilitate networking with corporates and faith-based leaders. Convene meetings with these stakeholders.

8.2 District level

8.2.1 Districts as leaders of SBM (G) Phase 2

The District Collectors/ CEOs of Zilla Panchayats will continue to lead the Phase 2 of SBMG, so as to facilitate district-wide planning and optimum utilization of resources.

- The District/Deputy Commissioner/Magistrate/CEO Zilla Panchayat is the nodal officer responsible for the implementation of the Mission.

- Develop detailed costed District Communication Action Plans for the including a monitoring plan for SBCC.

- Develop an annual calendar of activities with special focus on community mobilization, inter personal communication and ODF sustainability.

- Ensure enrolment of one or more IEC Consultants at district level.

- Monitor implementation in all GPs.

- Ensure that there is at least 1 Swachhagrahi in each village. Motivators/champions to be retained in post ODF communities engaging them with ODF plus activities.

- Each district will undertake a strategic planning exercise to make the District ODF plus in a time bound manner.

- District level workshops to develop district communication plans. This forum will bring together key players at the district level to have an orientation on key communication approaches, identify and agree on key messages. The objective of these district level workshops is to develop district communication action plans based on the national district communication planning template and the identified IEC costing for different approaches given in the national guidelines.

Pic: Meeting for convergence at the district level

- Conducting sharing workshops and brainstorming at the district level to understanding the motivations of and incentives for natural leaders, community health workers, Master Trainers, Champions, motivators etc; this can help to make efforts more workable and deeper. Ensuring suitable incentives (financial and non-financial, such as praise, recognition, or training) are in place to encourage and motivate people, and reward them for their essential work, would be central to success.

- Enlist the services of the Zilla Swachh Bharat Prerak in scaling up SBCC activities in the district.

- A systematic communication effort is needed to involve men as change agents to achieve and sustain ODF status in rural communities. Field programming can be adapted and studies can be designed to inquire into areas including community as well as intra-household settings, such as how men can influence other men, who within a household can influence younger or older men, effectiveness of emotional as compared to rational messages on men to deal with the specific issue, and so on.

- Organise Swacchata Ballot every year by school children at district level on sanitation and hygiene. This can be linked with Social Audit with possible participation of CSOs, NCC students, college students, etc.

- Ensure that IPC/SBCC tool kits for the Swachhagahis are prepared, distributed along with the other branding items like cap, apron, etc. whatever is suitable and works in the context of the district SBCC plan.

- Elected representatives at the district are engaged and motivated to spread messages and coordinate and monitor implemenattion of the SBM 2. They can play a critical role as leaders by continually reminding people about the importance of the use of toilets while their interaction with people, supporting poor families, and reinforcing the new social norms by recognizing families/villages/GPs that demonstrate change and uptake of sanitation and hygiene practices and infrastructure, contributing to overall ODF sustainability. Elected representatives, once oriented, can be encouraged to make regular visits to the villages/GPs especially during various district level SBCC campaigns, to interact with the community members and discussing on the various elements under SBM 2. They could include key messages within their own communication channels and tools. Elected representatives and PRI members to be involved in sustainability issues and monitoring as per constituency wise. The political leadership at the ZP level to have regular meetings with their own contituency leaders on SBM-2 implemetation and progress.

8.2.2   Communication related activities by the district

- Active use of platforms like Facebook, Twitter and WhatsApp for spreading the message

- Media engagement: District Program Manager to regularly interact with the District Information officer (DIO) in the Collector office, Regular press notes through DIO to every major and local newspaper, Organizing regular press conferences , Organizing workshops and field visits, Giving out regular advertisements, Utilizing the local cable TV operators to air locally made documentaries on good practices and success stories.

- Operational community radio to reach out to the communities at the village level.

- Branding efforts: like uniforms / coats/Tshirts/ caps etc. to lend visibility to the on-ground champions, frontline workers, leaders, etc. carrying out the ground level communication activities, and also to the interventions.

- Implement an effective campaign for public awareness on Solid and Liquid Waste Management.

- Facilitate and ensure hoardings at strategic sites. Outdoor publicity creates a buzz around Swachh Bharat Mission implementation underway in the district, can be used to celebrate milestones, and to keep the spirit of Swachhta alive in the populace as well as officials.

- Messaging on bus panel/public transport/ through painting, posters and announcement of messages at bus stands and railway stations at regular intervals.

- Use print IEC materials for example posters at health facilities, government offices.

- Street Theatre Groups/Folk Teams to prepare script through workshops and arrange shows in identified villages after drawing a calendar of shows. Circular issued by MDWS on Cultural events may be followed.

- Audio-Visual Vans with illustrated messages to visit identified villages to show films/ documentaries.

- Develop creative content for outdoor media and IEC materials.

- Provide communication modules for group sessions with school and AWC children on the WASH and SLWM themes.

- Training workshops on roles and responsibilities of panchayats & GP members with respect to SBM-G Phase 2 and the importance of HH, institutional and community level SBCC activities.

- Orientation workshops on establishment of VWSC others, its role and responsibilities and the critical need for having functional committees for adequate, safe and sustainable sanitation with a key focus on SBCC.

- Orientation workshop for BDOs on the importance of SBCC in SBM-G Phase 2, various aspects and need and ways for convergence in carrying out SBCC activities.

- Develop partnership with existing religious organizations to ensure that their programs/sermons include messages on the key behaviours identified in the strategy to sensitize religious followers.

- Mapping of all CBOs/NGOs working on the issue. Forming a consortia to discuss key issues and build alliances for action. Discussions on specific areas where these organizations can engage to further the aims of SBM-G Phase 2.

- Arrange/organize field visits/exposure to increase awareness level on sanitation issues among elected representatives, media, celebrities etc. to increase civil society contribution and participation in the programme. Field exposure to such villages/GPs where remarkable work under sanitation and hygiene has been undertaken can provide the much needed impetus.

- Interaction with key persons of such GPs to understand the entire process of the initiative and results in such GPs.

8.3 Block level

8.3.1 The role of Block in the implementation of SMB-G Phase 2 is seen to be significantly strengthened to provide guidance, support and monitor implementation of ODF plus in GPs.

Ideally, the State may set up a Block Water and Sanitation Committee (BWSC) for each of the Development Blocks. The BWSC should be set up under the leadership of Block Development Officer.

The Block level is the ideal unit for providing support to a GP or a group of GPs. State may set up a Block Programme Management Unit (BPMU).

The SBM guidelines assign important role to the block resource centres in awareness creation and participatory process. The role of Block level intervention in the rural sanitation sector needs to be significantly strengthened to provide guidance, support and monitor sanitation status in GPs.

The BPMU can work as a bridge between the district and the GPs, and provide continuous support in terms of awareness generation, motivation, mobilization, training and handholding of villages / GPs. The BPMU can serve as an extended delivery arm of the DWSM in terms of software support and act as a link between DWSM and the GPs/ village.

The Block Sanitation Officer can be assisted by a Block Coordinator and a Data Entry Operator engaged on contract who shall be provided emoluments to be decided by States. This Block level arrangement to be tasked with handholding, supervising and monitoring of the programme and the quality of toilets being constructed and their usage in every GP.

Mapping of community leaders and regular meetings at the block level. Orientation of these leaders on their critocal role in ODF sustainability and attaining ODF+ status at the GP / village levels.

Rewarding community level champions during block level events.

Religious/Faith based leaders: One-to-one meetings for informing them on critical issues related to drinking water and hygiene and the initiatives of the government in the sector to ensure that they make the issue a part of their agenda. Develop relations with local existing religious leaders to ensure that their programs/sermons include messages on the key behaviours identified in the SBCC strategy.

Use of their forums and festivals can be considered to distribute IEC material Use festivals for distribution of IEC materials.

Sharing workshops on a frequent basis with PRIs and local leaders, frontline workers regarding their experience in the field, challenges, success / change stories, use of communication tools, what works – what doesn't work.

Engaging local youth organizations like. Sensitization workshops for youth leaders and youth clubs for developing a cadre of youth change agents and advocates on the importance of water, sanitation and hygiene. Identify youth ambassadors to advocate for the cause.

8.3.2   Communication activities by the block:

- Hoardings and wall paintings at strategic sites (Block Office, Bus Stands, Health Facilities, etc.).

- Facilitating discussion with various experts on issues relating to safe sanitation, appropriate hygiene and waste management.

- Use of Local TV Channels (where ever available) to disseminate messages.

- Use of Community Radio (where ever functional) to disseminate messages by arranging discussions and Public Service Announcements.

- Use of the platform of MRM, CC at the school level.

- Holding various competitions between schools around the thematic areas.

- Rewarding school champions – students, peer leaders, teachers, HMs who exhibit and innovate outstanding SBCC activities and demonstrate behaviour change in their schools.

- Song & drama activities: Local artists, singers, naatak mandlis, performers from the third gender, etc. may be engaged by the district for song, dance and drama performances.

- Developing of contextualized content for wall painting. Developing of contextualized content to be depicted through local radio,television and folk theatre.

8.3.3 Role of BDO

Convergence meetings with officials of various line departments to ensure coordination on-ground and common understanding of how to work towards achieving SBM-G phase 2 goals especially the SBCC interventions. Including review meetings on a regular basis.

Regular meeting with faith based leaders to elicit their participation and influence their followers to adopt necessary sanitation and hygiene behaviours and invest in O&M.

8.4 Convergence between line departments/programmes for holistic delivery of SBCC

Convergence between the various line departments at all levels is the key to a seamless intervention of the SBM-G Phase 2. With the lesssons learnt from the implementation of SBM-2 Phase, this operational menthod and approach needs a lot of strenthening whilst the implementation is on.

Department/Programme	Role in Convergence for meeting SBM-G Phase 2 objectives
Swachh Bharat Mission (WSSD via WSSO)	Funding, monitoring, facilitation; plan for training, material for training; orientation of stakeholders; Coordination with relevant line departments; official communication to concerned departments and officials; convene core group meetings for coordination Selection of Swachhagrahis, motivation and rewarding of Swachhagrahis Engaging Jalsurakshak with regards to the drinking water and use of water for sanitation aspects
Jal Jeevan Mission	Ensuring water supply at the HH level (this definitely impacts regular toilet usage, sustenance of hygiene practices, etc.)
Rural Development Department (RDD)	Motivate machinery of PRIs and involving PRI members in SLWM process To ensure support of elected members to motivate them to undertake SBM-G Phase 2 in their respective constituencies To ensure effective implementation at district, block and GP level Ensure activating of VWSCs at the ground level and strengthening involvement in SBM-G Phase 2 To ensure proper guidance to district level machinery to achieve the goals of SBM-G Phase 2 Clear understanding developed among both machineries about the implementation of SBM-G Phase 2 at all levels RDD and WSSD machineries effectively coordinate during implementation.

	Support with GPDP and 15th Finance Commission GPs to be guided as well in raising their own revenues for sanitation financing and maintenance of sanitation facilities
MSRLM (RDD)	Outreach through SHG, VOs and federations for motivating families / HHs for sustainable sanitation and consistently using toilet facility; MHM and SLWM related awareness Support in alternative financing through grant allocation for GPs
Department of Primary Education **Higher and Technical Education**	Instructions to be given to district level machinery, ZP Schools/ schools and colleges Engaging teachers and children for School Sanitation, maintenance of school toilet, SLWM in school area, hygiene, menstrual hygiene management (MHM) Teachers at local schools can act as advocates for the mission, both in the school and in the community. The students can act as influencers by persuading their parents to adopt the practice of 3Rs in their homes and other WASH related healthy behaviours. Rallies, nukkad naataks, letter writing campaigns wherein school children write letters to their parents, urging them to adopt SLWM practices at the HH level; swacchata ballot Access to platforms like Meena Raju Manch (MRM) and School Management Committees (SMCs) in the schools Include Sanitation in the curriculum Providing exclusive funds for the maintenance/upkeep of the school toilets
ICDS (DWCD)	Engaging Anganwadi workers (AWW) and AW supervisors for Anganwadi Sanitation, maintenance of Anganwadi toilet, SLWM in Anganwadi area, children related hygiene, and safe disposal of child faeces
Health Department	Engaging Health personnel - MOs/ ANMs/ MPWs and ASHA School Health Medical Officer
TDD	Residential schools. Access to teachers of Ashram schools, wardens, superintendents; coordination, organize trainings
Vidyalaya	Use indicators from the SBSV for monitoring SBCC in schools Access to teachers, HMs (schools & KGBVs) Focus on HWWS and MHM education

Pic: Discussion at the district level amongst various line departments for convergence

8.5 Capacity Building/Sensitization to strengthen SBCC delivery

8.5.1   Under the Swachh Bharat Mission - Grameen, capacity building has played an essential role in creating improved capacities for the functionaries working at the grassroots and scaling up rural sanitation in India. Going forward, this capacity will be strengthened and will focus on newer elements – Sustainability and SLWM.

Behaviour Change can be affected through proper knowledge of all stakeholders across State, District, Block & Village/GP level. Training workshops to this effect may be undertaken. It is also important to do a training needs assessment for different stakeholders. This will also support in understanding when refresher training is required. The communication capacity building plan should be one of the components of the State and District Communication Action Plan.

8.5.2   It is important to mention in particular that rural masons and swachhagrahis are key to ensuring the implementation of retrofitting on the ground, which is critical to ODF sustainability and moving towards ODF+. Therefore, investing in their capacities for both triggering demands and offering and implementing technical options and costs of retrofitting is of utmost importance. Rural masons especially will be one of the key communicators apart from the swachhagrahis in the SBM-G 2 since they will be involved in several aspects of interventions – building new toilets, retrofitting and providing upgrade options. Capacity of masons and swachhagrahis with regards to retrofitting with key areas of focus being: Technical options for retrofitting and the relevant construction skills (in convergence with NSDC) and communication skills for household motivators/promoters on retrofitting options and triggering demand for retrofitting. Also skills building exercise to address revulsion.

Swacchagrahis have to be well trained on behaviour change communication. Gender balance to be maintained. As a thumb-rule, a district must have an average of at least one Swachhagrahi per village. This number may be higher, if the volume of work is more. Further, this number may be multiplied through in-house trainings, and more experienced / better performing Swachhagrahis may be assigned higher responsibilities at the cluster / block / district level. A mechanism to pay honorarium to the Swachhagrahis may be laid down as per the SBMG Guidelines, using IEC funds. The districts can exercise the flexibility in designing the swachhagrahi honorarium based on the local context. Swachhagrahis may also be engaged voluntarily and without any pay, if they show

Capacity building of government and non-government stakeholders at the state level

willingness for the same. IPC material such as flipbooks, pamphlets, posters, interactive games etc. may be provided by the district to these Swachhagrahis to equip them to communicate better.

8.5.3 A few observations during field visits have revealed that there is a gap in knowledge and understanding within communities and rural masons about the common technologies (twin pit, septic tank etc.) and functionality elements of a safe toilet.

Many in the community do not understand that the existing non-user friendly or dysfunctional toilets can be retrofitted with even a small investment and thought that these toilets need to be replaced by a new one. To generate demand for retrofitting of existing dysfunctional or unusable (real or perceived) toilets, a new SBCC module that focuses on triggering community demand for retrofitting needs to be developed. District/ block teams and masons trained on retrofitting and swachhagrahi need to be trained on this module for its application in villages/GPs where usage of toilets is reported to be decreasing as a result of technically and geographically inappropriate or non-user-friendly toilet construction or toilets with missing safety and security features.

Masons express disinterest in supporting cleaning of toilets prior to retrofitting and repelled by the thought and indicated little enthusiasm for working in a toilet that is in use, but also because they are not trained or willing to undertake cleaning jobs professionally. This becomes a further barrier to engaging local masons in retrofitting without undertaking significant investment in their education, sensitisation, and removal of the revulsion related to working in used toilets from their mindsets before they are likely to undertake retrofitting jobs comprehensively.

8.5.4 Local leadership have been formed earlier during the implementation of SBM-G phase 1 can be instrumental for further follow up and can be used to ensure sustainability as well as promote awareness on various SLWM options at the HH and community level. They can be further developed

and capacitated with more information and enhanced skills especially in connection with the new goalposts for SBCC under the SBM-G Phase 2. The advantage is that they have established their credibility and care for their communities, and can be trusted.

Pic: Meeting with various local leaders at the GP level

8.5.5   Capacity building plan:

For ensuring ODF sustainability the capacity of community, functionaries and other stakeholders needs to be enhanced greatly.

BLC and CLC would play an important role in the capacity building of the frontline workers who will act as communicators like community leaders, Swachhagrahis, Asha, Jaldoots/Jalsurakshaks, teachers, SHG leaders etc.

Pic: Training of government officials at the district level on SBCC

Capacity building	Aspects/Topics to be covered	Stakeholders	Remark
Capacity building workshop on technical aspect of toilet construction and O&M	Detailed knowledge on technologically sound toilet, toilet suitability matrix, technical know how, Role of participants to ensure technically sound toilets. Special focus on linkages of sanitation & hygiene with and health and nutrition outcomes Strengthen interpersonal communication skills and community mobilization, training on effective use of IPC tools How to do a home visit and conduct small group discussions in an effective manner	Masons, Nigrani Samiti members, Swachhgrahis, frontline workers	Training at cluster or village level.
Capacity building for rectification, retrofitting; O & M aspects	Septic tank sludge management, single pit toilets to be converted to two pit toilets, avoiding /removing vent pipes for twin pit toilet, no ventilation window, how to secure water from toilet built near water source, innovative technology for rectification and improvement. Special focus on linkages of sanitation & hygiene with and health and nutrition outcomes	Masons, Nigrani Samiti members, Swachhgrahis, individual HHs from village who have such problems	Training at cluster or village level.
Capacity building of various on-ground functionaries / frontline workers regarding their role in sustainable sanitation	Role of gram Panchayat, role of *Nigrani Samiti* (sustainability task force- TFS), VWSC members, role of village level CBO, Education department, health department, MSRLM and its SHGs, ICDS functionaries etc.	Gram Panchayat members, nigrani samiti members, VWSC, representatives from health, education, ICDS; SHGs (MSRLM)	Training at cluster and block level.

Capacity building	Aspects/Topics to be covered	Stakeholders	Remark
	Special session on linkages of sanitation and hygiene with nutrition and health outcomes About SBM-G Phase 2 ODF Sustainability, ODF+, SLWM Strengthen interpersonal communication skills and community mobilization, training on effective use of IPC tools How to do a home visit and conduct small group discussions in an effective manner		
Capacity building of natural leaders, promoters, motivators	Understand roles and responsibilities of Nigrani Samitis, Swachhgrahis, other village champions Special focus on linkages of sanitation & hygiene with and health and nutrition outcomes About SBM-G Phase 2 ODF Sustainability, ODF+, SLWM Strengthen interpersonal communication skills and community mobilization, training on effective use of IPC tools How to do a home visit and conduct small group discussions in an effective manner	Nigrani Samiti members, swachhgrahis, other volunteers/champions	Both at district and block levels
Sensitization workshop for block level and district level PRIs	Sensitization on role of block and panchayat level PRI functionaries, role is WASH and creating and sustaining ODF communities in their respective areas	Peoples' representatives from block, key functionary from block, officials from Education, Health, ICDS, and NREGA, and DRDA At district level HOD of all	Both at district and block levels

Capacity building	Aspects/Topics to be covered	Stakeholders	Remark
	How their support can be utilized to make sanitation priority and ways to promote better sanitation practices and implement SBCC Special focus on linkages of sanitation & hygiene with and health and nutrition outcomes	concerned departments, (Health, education, ICDS, DRDA, etc.)	
Training for DWSM cell BRC/CRC	Redefine role of DWSM cell, BRC/CRC with regards to ODF-Sustainability and SLWM , knowledge on ODF Sustainability and SLWM and ODF +; SBCC role in ODF sustainability and ODF+	DWSM Cell, BRC/CRC	District level training
Training of IEC Consultants	Impact Assessment New media trends Effective messaging, developing effective IPC tools; Use of IPC tools IPC campaign development Effectively implementing SBCC activities at the district level SBCC and other models of behavior change and theories of human behaviour	IEC Consultants	State level training
Training for teachers on water, sanitation and hygiene promotion	Menstrual Hygiene Management including disposal of menstrual waste HWWS behavior reinforcement SLWM in schools Strengthen interpersonal communication skills and skills to conduct small group	Teachers/ SMC members	Block level training

Capacity building	Aspects/Topics to be covered	Stakeholders	Remark
	discussions Effective use of IPC tools with children of differing ages Components of a clean school – safe sanitation, good hygiene, garbage free, etc		
Training workshops for School Management Committees (SMCs)	About SBM-G Phase 2 ODF Sustainability, ODF+, SLWM Components of a clean school – safe sanitation, good hygiene, garbage free etc. MHM and HWWS concepts in detail Ways to support teachers and peer leaders while they carry out communication activities Ways to reinforce what the teachers are communicating to the students by creating an enabling environment through various SBCC activities at the school level	School Management Committees (SMCs) members	Block level training

→ *Pic: Workshops and Capacity building sessions with various government officials at the state level*

It is of vital importance that these trainings to be planned around and include a participative methodology, role-plays, practical demonstrations and less of classroom training. Also the training should not be one time rather refreshers to be scheduled every three months along with time dedicated for sharing challenges in implementation of SBCC plans and activities on-ground post training along with innovations and success stories.

8.5.6 Exposure Visits

Exposure visit is a very powerful tool for learning, capacity building and motivating change. Such visits should be a regular feature of the capacity building and SBCC activities wherein functionaries and stakeholders the GPs can visit those GPs to witness best practices related to the technology options that have been proposed in the GP planning for Sustainability and SLWM for better understanding the issues involved in the implementation.

The effectiveness of Exposure Visits as a learning tool has been widely accepted and acknowledged. Hence it is recommended that best practices within each region and category/component of ODF-S and ODF+ could be identified for cross learning for other GPs during the implementation of SBM Phase 2 This allows the good practices to be showcased and acts as a boost for those GPs to achieve more as well as maintain the standards/good practices they are showcasing. As a way of cross learning and also inducing healthy competition amongst the GPs, exposure visits do play an important role.

09.

Monitoring and Evaluation

Monitoring:

- Tracks changes in program performance over time against measurable indicators
- Is a continuous process of checking and analyzing the implementation process
- Involves routine data collection of both quantitative and qualitative measures
- Informs stakeholders about the progress thus, facilitating informed decision making during implementation

9.1

The simple existence of a toilet is no longer considered an adequate outcome, and collective behaviour change reflected in a community's ODF status is being adopted as the key indicator for sanitation programmes. A range of proxy indicators are applied relating to the standard of toilet required, its location (away from water sources), evidence of use, the availability of handwashing facilities, safe water practices, solid waste management and maintenance of communal spaces. Different 'stages' of improved behaviour have also emerged relating to movement towards a more sanitary community: ODF+. There are still gaps in what is being monitored and verified, e.g. partial usage, handwashing, equity of access and participation, including by age, gender, poverty level, disability, cultural or ethnic groups. Increasing attention is being paid to the issue of post-ODF sustainability monitoring which could help to identify slippage problems early.

An effective tracking system of the predominant implementation strategy in each district will help the state administration to address bottlenecks and accelerate the processes

9.2 Community-led Monitoring

Monitoring lies at the heart of post-ODF sustainability. It helps identify slippage.

Community and participatory monitoring enables to find not only problems in the sustainability efforts but also enables the community to figure out solutions and systems together. The key is to use the potential of the community and peer support groups to monitor and promote sustained maintenance, improvement and use of toilets.

- Preparation of special tools for ODF sustainability assessment
- Activation and Capacity building of Nigrani Samitis

It is important to carry out the frontline monitoring of activities through the identified community members as it helps in avoiding day-to-day glitches of the

→ *Pic: GP level monitoring activities*

Pic: GP level monitoring activities

interventions. Monitoring plays an effective role to ensure progress towards said goal if aligned with precision and suitability.

Participatory monitoring can be used to ensure that community members are aware of what is monitored and reported and can ensure the accuracy of data as well as the sustained success of programmes post-ODF. NGOs can also be involved, and there can be combinations of Government, NGOs and communities. Children and teachers; youth clubs, SHGs have a very important role to play in monitoring sustainability.

9.3 Nigrani Samiti

Through the monitoring plan Nigrani Samiti is to be evolved. The composition of Nigrani Samiti to be the following persons- Sarpanch and GP Members, VWSC Chairman & Members, CBO representatives, paraprofessionals, Community Leaders, Faith Leaders, government department staff. The number of Nigrani Samiti members could be based upon the size of the GP (but not less than 12). Women, Youth and vulnerable communities must be included. The resource team members who have worked for community assessment (part of ODEP process) need to be included in the Nigrani Samiti.

Roles and responsibilities of the Nigrani Samiti:

- The committee would bridge the gap between block level officials, community and Grampanchayat
- The committee would take necessary actions for ensuring improved sanitation
- To seek coordination between various stakeholders at the village level
- Take proactive steps to influence communities to recognize the value of sanitation

In order to supplement the efforts by Sarpanch who may have taken a lead role in the implementation, focused efforts to strengthen the Nigrani committee through training and other support may be useful to ensure usage of toilets constructed and sustainability.

It is imperative for districts to further formulate/strengthen a decentralized, community driven monitoring mechanism, wherein emphasis is on formation, strengthening, and steering village level institutions like VWSCs with the active involvement of community.

9.4

At the block level, a monitoring unit can be formed to evaluate SBCC programme output and outcomes; the Team can consist of BDO, BRC/CRC. The committee would be responsible for timely report submission, necessary action to ensure effective monitoring in consultation with CEO and dy. CEO (WATSAN). In addition, the Samiti shall support to formulate effective mechanisms for monitoring. Use of technology to be incorporated in monitoring. Mechanisms for engagement and community and peer pressure to encourage and motivate HHs to use toilets regularly at all times by all HH members and adopt SLWM, to be determined at the GP level by the Nigrani Samiti.

9.5

Apart from the above, the monitoring system can be based on pyramid with a three tier structures in place. The ZP CEO would monitor and evaluate the programme with the support of the Dy. CEO and DWSM. The cell shall be primarily responsible for preparing project plan, executive, and monitor and evaluate various programmes under SBM-G Phase 2, with particular focus and dedicated time on SBCC interventions. Sustainability checklist for monitoring purposes can be prepared by the district level team in consultation with sanitation experts and on-ground champions that would be suited to the district level realities and context.

At the block level, BDO would be responsible to carry out monitoring with the support of BRC and CRC. At the gram Panchyat level, Village Development Officer, Gram Sevak would implement various activities and monitor with the help of VWSC, Nigrani Samiti, Swachhgrahis and local leaders. The said structure is already in place, only needs to be reoriented regarding roles and responsibilities.

9.6 Feedback system

Feedback is essential to learning, building capacity and improving performance. Constructive feedback is very critical in SBCC programs. Feedback mechanism should be built into the program for effective management. Those involved in monitoring should be informed that lack of feedback mechanism is a missed opportunity for learning. Lack of feedback mechanism implies that performance monitoring is not considered important. M&E and IEC officers, as core team for monitoring, should work on the feedback system suitable to the district and GPs.

The provision of constructive feedback should be taken as an indicator of better monitoring system. The review meetings held within the block is an opportunity to provide feedback and reorientation to address the gaps and consider course corrections.

The key elements of feedback are:

- It should be based on sound and structured assessment, for example, based on an analysis of data obtained from various checklists.

- It can be verbal or written with key action points.

- It should be given with a positive attitude to motivate and reduce future barriers. Negative attitude can make the worker defensive and damage the working relationship.

- It should include a dialogue starting with the communicators (those responsible for the communication activity) sharing their own strengths, weaknesses and challenges

- It should be a regular and timely to improve performance.

- Feedback to the worker responsible for SBCC activity is easier if they maintain a standardized SBCC activity report

→ *Pic: Review, sharing and feedback meetings at the district level*

9.7 Social Audit as per the SBM-G Phase 2 Guidelines

Social Audit meeting will be held in each GP once in six months. The GP will organise and assist in organizing Social Audits of the programme. The District and the Block to ensure review of SBCC status and outcomes as per the monitoring indicators.

9.8 Monitoring Indicators

- Number of HHs know the importance of use of toilets at all times
- Number of individuals that know the importance of use of toilets at all times
- Number of individuals who can state the link between sanitation, health and nutrition
- Number of HHs use toilet at all times by all members
- Number of individuals aware that child faeces is harmful
- Number of individuals who can describe appropriate disposal of child faeces
- Number of HHs demonstrate proper handling and disposal of child faeces
- Number of new HHs have constructed and use toilets
- Number of HHs with toilets that need retrofitting, understand the importance of retrofitting
- Number of HHs can explain the meaning of safe toilet
- Number of HHs expresses the need/motivation for upgrading their toilets.
- Number of HHs that understand the importance of O&M of toilets
- Number of HHs are aware of the appropriate ways for O&M of toilets
- Number of HHs with sanitation facilities that practice adequate maintenance to keep them operational
- Number of individuals can identify health risks associated with not practicing HWWS
- Number of individuals can identify all critical times of HWWS
- Number of HHs where cleaning material was visible/shown
- Number of HHs with soap and water at a hand washing station inside or within 10 paces of latrines

- Number of HHs with space to wash menstrual cloths

- Number of HHs with arrangement for disposal of menstrual waste

- Number of HHs include menstrual absorbents as part of house grocery list

- Number of individuals who can make linkages between safely storing and handling drinking water and diarrhoea

- Number of individuals who can identify the correct ways of storing and handling drinking water

- Number of individuals who can identify the correct ways of treating drinking water

- Number of individuals who can demonstrate the correct ways of treating drinking water / practicing correct use of recommended household water treatment technologies

- Number of individuals who know at least one location where they can obtain recommended household water treatment product(s)

- Number of individuals who can identify specific personal health risk associated with not practicing safe storage and handling of drinking water

- Number of households with covered drinking water storage vessels

- Number of households with drinking water storage vessel with tap/ladle to take out water

- Number of individuals who can identify specific personal health risk associated with not practicing safe storage and handling of drinking water

- Number of individuals who can identify health risks for children associated with not practicing safe storage and handling of drinking water

- Number of individuals understand garbage types and how to segregate

- Number of individuals understand the importance of HH level garbage segregation

- Number of HHs demonstrate and are practicing garbage segregation

- Number of HHs aware of the importance of grey water disposal

- Number of HHs are aware of grey water disposal methods and are keen to practice them

- Number of HHs aware of the concept of the 3Rs – Reduce, Recycle, Reuse

Distribution of Materials

- Type of media source airing/disseminating material (such as print media, radio, TV, Internet)

- Number of hoardings/posters/wall paintings disseminated in catchment area

- Number of materials disseminated by peer educators, Swacchagrahis, by type (e.g., educational pamphlets, booklets, etc.)

Mass Media

- Time spot or program is aired

- Extent to which a news release was covered accurately, positively framed, or strategically placed

- Percent of target audience who saw/heard/read the material (PSA, news article, radio program, and so on)

- Number of website page views of messages/material

- Number of views on AVs on YouTube (item wise)
- Number of materials downloaded

Mid-Media Activities

- Number of activities where scripts are followed and key messages are consistent
- Number of mid-media activities conducted as planned
- Number of community members who participated in dialogues by session
- Level of peer educator/ Swacchagrahis /mason– audience interaction during contacts
- Percent of target audience satisfied with peer educator/ Swacchagrahis /mason contact
- Ability of community members to access mid-media activities
- Number of village level Demonstrations (House hold soak pits, vermi pits, Pit emptying)
- Number of villages covered with folk performances

Reach

- Percent of target audience who saw/heard/read the material (news article, radio program, and so on)
- Number of community members who participated in communication activity by session
- Percent of the target audience who saw the hoardings/posters/wall paintings
- Number of unique website page views of messages/material
- Percent of target audience who were able to recall the communication message of the WASH communication material/media (on radio, TV, billboard/poster, print material)
- Number of HHs reached through HH visits
- Number of HH visits made in a month
- Number of nukkad/corner meetings
- Number of individuals participated in the meetings

> **Monitoring for SBCC program:**
>
> ✧ *is a continuous process of data collection and analysis at multiple points throughout the program cycle, including a baseline at the beginning*
> ✧ *is used to determine if activities are implemented as planned*
> ✧ *helps in taking decision on midterm correction based on evidences, if required;*
> ✧ *alerts and guides utilization of planned resources and timely execution*
> ✧ *requires data collection tools and quality assessment checklists*

9.9

While monitoring is a continuous process that consists of overseeing the proper execution of the program's activities, evaluation is a periodic activity that involves assessing whether stated objectives are being met.

Evaluation:

- Attempts to determine the relevance, effectiveness, and impact of activities in relation to the intended objectives

- Can be conducted during or at the end of the project and measured against baseline indicators
- Can estimate the reach, diffusion effects, and process of behavior change
- Involves data collection of both quantitative and qualitative measures

The following are factors often monitored in BCC interventions (FHI, 2006):

- **Reach:** Is an adequate part of the target group being reached over time?
- **Coordination:** Are messages adequately coordinated with service and supply delivery and with other communication activities? Are communication activities taking place on schedule and at the planned frequency?
- **Scope:** Is communication effectively integrated with the necessary range of audiences, issues and services?
- **Quality:** What is the quality of communication (messages, media and channels)?
- **Feedback:** Are the changing needs of target populations being captured?

> **Evaluations of SBCC programs:**
> ✧ *requires a well-planned evaluation study design and data collection tool*
> ✧ *require data collection at the start of a program (to provide a baseline) and again at the end to assess the extent the proposed program outcomes or impact of the SBCC interventions have been achieved*
> ✧ *it gives insight into causal factors and implication to change in future*
> ✧ *determine the quality of the program*

9.10 Legal framework for reinforcing and facilitating sustained behaviour change

Public Health Sanitation is mentioned as a State Subject under the Constitution of India. In accordance with the constitution, the responsibility for Health and Sanitation in their areas is on the GPs. The Maharashtra Village Panchayat Act 1958 has elaborated the role of GPs in this regard. It mentions, cleaning of roads, removal of rubbish and sanitation as the responsibility of the GPs. This is regulated by the Water (Prevention control protection) Act 1974 and the Environment (Protection) Act 1986. The Government of India, using the enabling provisions of EP Act 1986, notified Municipal Solid Waste Management Rules in 2000 and subsequently Solid Waste Management Rules 2016. The GR of 19th July of the Government of Maharashtra has applied these rules on all the GPs. These rules cast responsibility of SWM on all the local bodies including the GPs to plan and implement different elements of the rules. The rules also place responsibility on the waste generators including rural citizens to segregate and store the waste and support collection and transportation of the waste and also in waste reduction at source.

Gram Panchayat Act does not have provision to act against persons/institutions for lack of cleanliness. There is a need for such a provision within the Gram Panchayat Act for action against the persons / institutions violating the cleanness rules. A statutory provision to ensure cleanliness, use of toilets by all , etc. will give the much needed impetus to establish and sustain new social norms around ODF and total sanitation. This push will be much more acceptable at the hands of the GP rather than outsider's enforcement.

Panchayats are taking action under the provisions of the IPC (Indian Penal Code), however, this would instill fear and may not be productive in the long run. The authority to fine/define consequences for non-compliance under this provision should be with the Gram Panchayat administration.

9.11

To conclude, the challenges of achieving sustainability are multiple and complex. Habits are hard to break and so sustainability of behaviour change will remain a major preoccupation. Action learning is critical. Grounding in field realities, open-mindedness, mutual respect, and sharing are fundamental. For the future, more and more feedback, focused and up-to-date, on what is really happening on the ground is the way forward. Practitioners can share more of their experience in meetings and conferences, and do more to help others learn. There will be no last word on sustainability, only continuous learning and changing. This is the most useful way to monitor and adopt course corrections.

annexures

Annexure - 1

Stages of behaviour change

According to the 'stages of behaviour change' model, the following six steps make up the complex process a person uses to change their habits and behaviours and integrate changes into their lives.

1.   Pre-contemplative/unaware

2.   Contemplative

3.   Preparing

4.   Action/trying

5.   Maintaining

6.   Termination/advocacy/transcendence

1. Pre-contemplative/unaware

In this stage, people are not interested in change, can't see the need to change and have no intention of doing anything differently. They defend their current behaviour and are not aware that their life could be better. This group tends to avoid information, discussion or even thought about change and the need for it. Some observers would characterise this group as 'resistant', 'unmotivated', or 'in denial' and not focussed on the need to change or the actual change itself.

Communicator's Actions

•   Provide information

•   Recommend solutions

2. Contemplative

In this stage, people start to think about the issue and the possible need to make some changes. They recognise that there is a problem and that they can and should do something to make their lives better. There may have been a trigger event like an older person who is a friend or neighbour having had a bad experience or there may be some other form of prompt that starts the process of considering change. This group is now beginning to see that their behaviour needs changing. People in this group are often seen as procrastinators and ambivalent, however what they are actually doing is weighing up the pro's and con's (including the costs and benefits) of any possible behaviour change. Giving up an enjoyed behaviour causes them to feel a sense of loss despite the perceived gain. At this stage, people are very open to information and scour sources for options and strategies.

Communicator's Actions

•   Tell them the risks and benefits

•   Connect recommended behaviour to social norms

•   Look for ways and other people to model recommended behaviour

3. Preparing

A change is about to happen. The person concerned has realised how serious their situation is, has made a decision or a commitment to change and is currently completing any 'pre-change' steps

with a view to making the required change within the next month. This stage is also an information gathering period. This stage is typified by determination, making plans, introspection about the decision to change as well as a reaffirmation of the need and desire to change. This is typically a period of transition. It is not seen as a stable time and is usually quite short.

Communicator's Actions

* Predict together the kind of problems that may arise and think about how to solve them

* Link the new behaviour to social norms

* Find Satisfied Acceptors or Positive Deviants to give advice and testimonials

4. Action/trying

This stage applies to those people who have made real and overt changes or modifications to their lives and are starting to live their 'new' life. While the chances of relapse and temptation are very strong, there is also openness to receiving help and support. This stage is the 'willpower' stage and short-term rewards to sustain motivation are commonly used. This group is also prone to analyse any behaviour changes to enhance their self confidence and to help make better plans to deal with either personal or external pressures. Usually, after about six months, the person moves from the action stage to the maintenance stage.

Communicator's Actions

* Provide user further information on correct use

* Praise user on the correct use

* Identify problems with use and offer suggestions

5. Maintaining

By this stage, people are working to consolidate any changes in their behaviour, to maintain the 'new' status quo and to prevent relapse or temptation. The former behaviour is now seen as no longer desirable and a number of coping strategies have been put in place and are working. This group needs to be patient and avoid personal and environmental temptations. There is a need for them to remind themselves of the progress that has been made already and to stay on the course of change. The risk of lapsing is substantially less than in earlier stages.

Communicator's Actions:

* Find all the positive aspects new users and long term users are experiencing about repeating the behaviour

* Arrange for current user to meet other long-term users

* Identify the barriers and brainstorm together about solutions

6. Termination/advocacy/transcendence

This stage is the continuing part of any behaviour change and includes the understanding that going back to old habits or behaviours would 'feel weird' and that former problem behaviours are no longer perceived as desirable. This stage can also have an element of advocacy about it with some people committed to spreading the word to their neighbours, family members or the public at large. This sort of advocacy plays an important part in helping move other people along the behaviour change path and needs to be encouraged and supported. During this stage, relapse can occur, but it

is not seen as a failure but rather as a learning opportunity to help strengthen coping strategies and support mechanisms.

Communicator's Actions

- Ask user to speak about the benefits. What should they say?
- Make a plan with the users to approach other people
- Make a plan with the users to speak of their experiences

Annexure - 2

Steps of Behaviour Development		Communicator's Actions	
	6. Becomes Advocate for the adoption of the behaviour by others	- ASKS user to speak about the benefits. What should they say? - Makes a plan with the users to approach other people - Makes a plan with the users to speak of their experiences	Relapse — Analyze together the causes of the relapse, plans solutions, encourage the new user · Strategy or a mechanism for dealing with rumours · Find opportunities to model behaviours at each stage · Improvement of services
	Practices behavior routinely; Becomes promoter or advocate		
5. Maintainance	Repeats behaviour over short term	- Finds all the positive aspects the current user and other users have had about repeating the behaviour - Arranges for current user to meet other long term users - Identifies the barriers and brainstorm together about solutions	
4. Action	Tries out the new behaviour	- Provides user further information on correct use - Praises user on the correct use - Identifies problems with use and offers suggestions	
3. Deciding to Act	Is motivated to change	- Predict together the kind of problems that may arise and think about how to solve them - Links the new behaviour to social norms - Finds Satisfied Acceptors or Positive Deviants to give testimonials	
2. Contemplation of the decision	Is concerned, is informed, perceives risks and knows about benefits	- Tells them the risks and benefits - Connects recommended behaviour to social norms - Looks for ways and other people to model recommended behaviour	
1.Precontemplation	Is not aware of the problem. Has not thought about it yet	- Provide information - Recommend solutions	

Strong Drivers in Behaviour Change

Motives are evolved psychological mechanisms that help us to choose the appropriate behavioural response to a situation – that is, the response most likely to lead to a satisfactory outcome in terms of the benefits accruing from that interaction with the environment (including other people).

Drives are those motives which provide direct changes to the state of the body; Emotions are motives which modify the state of the environment in ways that facilitate later satisfaction of evolved needs, while Interests are motives whose primary function is to provide information to the brain that can be used to eventually satisfy needs.

Drives

Comfort. Because terrestrial niches vary in terms of physical conditions such as temperature, elevation and moisture levels, maintenance of the body's physiology requires behaviour such as relocating to shade when the sun is hot, covering the body with warm, dry clothes and finding shelter when it is not, removing thorns, tending injuries, saving energy by sleeping.

Hunger. Like all organisms, humans have basic metabolic needs to sustain bodily tissues. These are met through the acquisition of resources such as nutrients, water, oxygen and sunlight.

Fear. Humans, like most animals, face threats from the environment. Fear drives behaviour that avoids 'hurt-from-without' threats, including predators, but also aggressive conspecifics and the chance of accidents like falling from a cliff.

Disgust. Animals also need to avoid 'hurt-from-within' threats – that is, parasites –which are able to sneak undetected into the body. This motive causes the avoidance of bodily fluids, sick others, 'off' foods, disease vectors and contamination. It has been linked to our reasons for avoiding people who violate social norms as well in the form of 'moral disgust'.

Lust. The need to maximize the production of gene copies in the next generation causes people to engage in copulatory behaviour, because humans reproduce through sexual intercourse. This requires a search for and pursuit of appropriate candidates and the consummation of sexual union.

Emotions

Nurture. Mammalian offspring are born dependent, requiring provisioning, protection and education. Nurture is the motive to rear offspring and aid kin. The Nurture motive drives feeding,

cleaning and protective behaviour, providing opportunities for play learning, and attempts at influencing the social world in favour of kin (nepotism).

Attract. Humans have to compete for mating opportunities. Making sure one is attractive can help secure one-time copulations or long-term pair-bonds. It causes individuals to produce displays of sexual attractiveness through body adornment, painting or modification, provocative clothing or through activities that display mate quality such as sport and dancing.

Love. Human mothers need to keep men around long enough so that they can share the burden of rearing highly dependent offspring. Love causes both males and females to invest in a pair-bond that ensures this investment with tactics that include making costly gifts, offering tokens of commitment and the jealous driving away of rivals.

Affiliate. To gain the benefits of group life, humans invest in membership in groups. We are motivated to participate in social activities, to form alliances, to conform to group norms, to display our intentions to cooperate, to seek to engender trust, and to share resources, including knowledge about others.

Status. In hierarchically organized groups, individuals seek to enhance their relative social position so as to have priority access to resources. This is achieved by tactics such as flattering superiors, submitting to authority, drawing attention to one's one contributions, displaying wealth, ability and 'taste' and seeking recognition and title.

Create. One's habitat can be improved such that it is more conducive to survival and reproduction. Tactics include building dwellings that are safe and dry, removing dangers such as predator or parasite habitat, planting, weeding and irrigating, cleaning, tidying and repairing habitat and making artifacts such as bows and ploughs that aid the diversion of energy towards survival and reproduction.

Hoard. Actions can be taken now to ensure that resources are available later, when they may be required, but less readily available. Hoard motivates behaviour that involves the accumulation of resources, either directly by growing, collecting and storing, or more indirectly, by negotiating the rights to territory, or the fruits of group production. It may also require the guarding of resources from pilfering by others.

Justice. Only humans live in very large groups of unrelated individuals. Cohesion in such groups appears to be regulated by people's willingness to punish not only those who mistreat them, but those who mistreat others in the social group. The Justice motive causes humans to enjoy punishing those who behave antisocially.

Interests

Curiosity. Because the environment is constantly changing, it is necessary to update one's information about current conditions. The function of the Curiosity motive is to collect and codify information, thus reducing a gap in knowledge about some facet of the world. Curiosity motivates exploratory behaviour and results in brain structures being created or updated, such as world-maps and situational expectancies.

Play. Time can sometimes be spent acquiring skills to be used later in contexts important to biological fitness. Play drives the acquisition of embodied skills and knowledge of one's own physical competencies through the repeated practice of particular behaviour sequences. Play-driven behaviours involve simulating activities such as nurturing babies, fighting, hunting, or courting, without its related dangers.

Annexure - 3
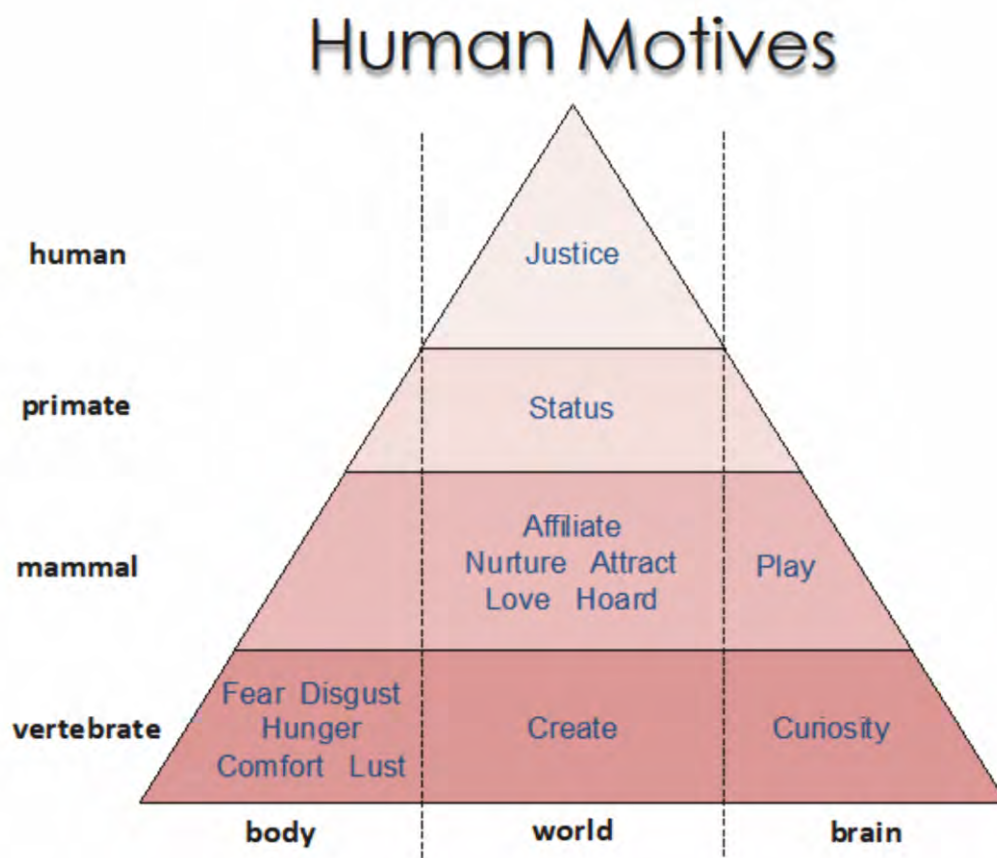
Interpersonal Communication (IPC): Key to behavior change

Interpersonal Communication (IPC): Person-to-person communication, verbal and non-verbal exchange, that involves sharing information and feelings between individuals or in a small group. It is face to face, and all parties involved are senders and receivers at the same time (two way communication process) on a particular topic for establishing trusting relationships.

The purpose of interpersonal communication is to:

- To help clients and service providers develop mutual respect, cooperation and trust
- To increase client satisfaction
- To inform and educate clients
- To help clients adopt and continue desired change in behaviors.
- To improve the quality of services provided

Role of Interpersonal Communication in Behavior Change:

Interpersonal communication is one of the key communication components influencing behavior change. This setting is typically the critical juncture where individuals decide what behaviors they will adopt or will not adopt. The experience of a satisfied client is a powerful influence. How potential clients are treated during this critical point impacts greatly on the decisions of the clients.

- It facilitates the decision making process
- It creates a forum for clarification of issues

- It complements, reinforces and elaborates messages presented from other sources of information

IPC channels are most important when an individual is in the intention phase of behavior change – IPC channels can be the difference between that person actually moving to practice or not.

IPC takes the form of-Individual counseling, "satisfied acceptors," community level animation/motivation sessions, small group discussions, peer education, home visitations, role-plays, etc.

Strengths

- Provides credibility to messages
- Provides detailed information
- Helps beneficiary group develop complex skills with demonstrations, modeling
- Creates supportive environment
- Provides opportunity to discuss sensitive, personal topics
- Creates support at community level for recommended behaviours, ideas, products
- Motivates individuals
- Counteracts negative ideas and beliefs and supports positive action
- Involves beneficiaries in a participative process
- Allows immediate feedback on ideas, messages, practices, etc.
- Helps individual overcome personal obstacles
- Reinforces and sustains recommended behaviours

Limitations

- Time consuming
- Reaches small number of individuals
- Requires practical skills training and support of field workers
- High cost per person/contact

Interpersonal communication skills:

Verbal skills-

- Active listening
- Questioning skills
- Acknowledge and Reflect feeling
- Paraphrasing clients concerns
- Summarizing clients concerns
- Encouraging and praising
- Empathizing
- Providing and asking for feedback
- Giving needed information – not too much nor too little

- Encouraging client to ask questions

- Repeating key messages

- Dispelling rumors and misinformation

Non-verbal skills-

- Open and friendly facial expression

- Smiling and head nodding

- Lean forward towards client

- Eye contact

- Relaxed and friendly manner

- Space between the client and provider that makes the client comfortable (depends of cultural considerations)

- Friendly tone of voice

Characteristics of IPC

Interpersonal communication is a skill we use every day; at work, with our families, with our friends and most importantly with our clients. We often think of it in terms of knowledge exchange, but there is much more happening than pure information sharing. Interpersonal communication is not merely exchange of information as most people think of it.

Interpersonal communication has some basic elements, which can be divided into three main areas:

- Foundational elements (Respect, values, non-verbal behaviors, being non-judgmental)

For any interaction between two persons to be meaningful, there has to respect amongst the two and the interaction is generally guided by the values of the two persons. The non-verbal behavior that is shared helps to guide the course of the interaction. For e.g., if two people do not have any respect for each other, then the interaction between the two will not be meaningful. If the two people have different sets of values, then it may be difficult for them to come to an understanding. If a person approaches another to have a conversation, and if the other person is in an angry mood, and displays utter displeasure at the person approaching, it is unlikely that the person will start a conversation. Unless a person is satisfied that non-verbal behavior of another person is conducive, the person may not start an interaction

- Interaction (verbal reassurances, two way communication and feedback)

It is only after these foundations are laid that the interaction between people will begin. During an interaction, the elements of importance are the verbal reassurance between the people interacting. For e.g., imagine you are talking to someone on the telephone. If the person at the other end does not respond to you in any way, you will not be reassured that the person is listening to or understanding what you are saying. Thus two-way listening, involvement and feedback are the essential components of a successful interaction.

- Knowledge (ideas, emotions, information, experience)

Only after a successful interaction has been established will knowledge become of importance in IPC. Sharing of ideas, experiences and information only happens after the foundation has been laid and interaction established. From the above discussion of the characteristics of interpersonal communication we can say that if a provider is exhibiting no pleasure in his/her face and

unacceptable behavior physically and also he has lack of verbal interaction skills but at the other hand he is so expert in his professional life he is very weak from IPC perspective as he has the knowledge but not the skills to transfer the knowledge to the others, meanwhile if another provider is an expert as well as very good in interaction but has poor nonverbal communication skills, he will be able to transfer knowledge but cannot get the acceptance and confidence from the others, thus he/she does nothing in making people change their behaviors.

Therefore we should not merely take interpersonal communication as exchange of ideas, information and emotions.

The skill of listening
Hearing alone is not listening!
Steps of listening:
- Know what you are listening for
- Listen to specific content (who, what, where, when, why)
- Suspend your personal judgment
- Resist distractions, thoughts, imaginations which take your attention from the client

Establishing rapport

Establishing rapport means establishing a relationship that is harmonious or sympathetic. It implies building trust, having each others' best interest in mind and having mutual respect.

Importance of rapport in client-provider interaction

- Establishing rapport is a critical step in effective communication.
- It's enables clients/patients to express themselves adequately.
- When rapport is well established, information is well understood, and clients are more likely to comply with advice

Annexure - 4

Format: session plan on use communication material for IPC

Name of the tool:

Setting:

Target Audience:

Time needed:

- Introducing self and the project

- Opening conversation once the introductions are over

- Introducing the tool, placement, name of the tool used, method of using the tool, etc.

- Conveying the message: what will be said with the help of the tool, key words, script

- What questions will be asked to the audience?

- Summarize: Take away messages

- Follow up plan

Handling distractions:

What questions may be asked by the audience and preparing the answers in advance:

Annexure - 5

How to effectively use discussion tools during IPC: For Facilitators

The following simple basic points are intended as a guide to stimulate productive group discussions with rural people, that is, on how to use discussion tools effectively:

- Read the stories in the flipchart users guide to yourself and study all the pictures ahead of time, so that you do not have to read the stories in front of the interaction group; memorize the stories and classic questions picture by picture.

- Adapt and relate the message to the local interaction group by changing the names of the people and places to suit the areas you move in. Add other details about the characters' backgrounds to make them more personal. (Involve the interaction group; ask them to give local names to the characters and places.) Plan your work, make notes, find ways (ask leading questions. "Does this happen here?") to link the stories to local examples based on the pictures.

- Have the interaction group sit near you and make sure that they are comfortable; this can take place in any location as long as they are free from distractions. Make sure it is a suitable time and place for the particular groups and only spend 30 to 60 minutes showing and discussing the pictures at any one time.

- Make sure that everyone can see the pictures. A Flipchart could be hung from a tree, fence or house.

- Do not lecture, use the pictures to prompt and encourage discussions and most important, get people to think, find and understand the solutions for themselves.

- Help the interaction group "see" the message/concepts in the pictures by always pointing out the critical details of the subject. Ask questions that let the interaction group explain and give their experience on the subject. Get the interaction group to talk about the pictures by asking them what they see in the picture.

- Do not let the more outspoken dominate the discussion; instead seek out opinions from all members of the group across age, gender and status.

- Use the language that is simple and most understood by your interaction group avoiding difficult words. Remember some of the interaction group may be illiterate which is one of the reasons we are using pictures.

- Listen and observe the interaction group's reactions and comments. Ask them for possible solutions and think of the consequences of each one of them.

- Let the interaction group argue and give answers but do not lose control in the direction of the discussion.

- Be sensitive to feelings and reactions of your interaction group, be supportive and polite when talking.

- Remember that discussion tools are for:
    - storytelling;
    - asking questions;
    - getting others to ask questions and
    - sharing information

- Make notes on people's reactions and comments soon after the discussion. List the common questions asked on each picture and concept with your own comments. When you use the discussion tools to ask questions, remember to adapt your approach according to the

situation. Sometimes you need to make questions as open and unbiased as possible, thus avoiding leading people to give you the answer you want. In other instances you might need to ask leading questions to steer the discussion in the intended direction. The kind of questions asked and the way they are asked are instrumental to achieving the intended results.

- Remember: guide the discussion on the relevant topic, its causes and solutions.
    - Common questions to ask the interaction group should be along these lines:
    - What do you see happening in the picture?
    - Why is it happening?
    - Does this happen in real life?
    - What problem does this lead to?
    - What are the root causes of the problem?
    - What can be done about it?

Annexure - 6

Checklist for SBCC planning and implementation on-ground

WHAT information needs to be communicated?

WHY does this information need to be communicated?

- Why is the message important?
- How will people benefit if they change their behaviour?

HOW will the information be communicated?

- How can the message be most effectively communicated?
- Which materials/channels can be used to communicate the message?

HOW OFTEN does the message need to be communicated?

- How often should the message be repeated?
- What type of reinforcement can be given for positive actions and behaviour change?

WHEN should the information be communicated?

- Is the individual or group ready to initiate behaviour change?
- What time of day or year is best to communicate the message?

WHO will communicate the information and who will receive it?

- Who is the best person to communicate the message?
- Who is the most informed or knowledgeable on the topic?
- Who speaks the local language and understands the cultural expectations?
- Who should receive the message?
- Who has access to the groups that need to hear the message?

Annexure - 7

Options for technology/toilet type in rural sector

Type of toilet technology	Components	Important features	Suitable for soil conditions	Water requirements	Land requirement	Safety/ disposal
Single pit pour flush	Superstructure, Squat pan with single hole, water seal, Pipe connecting to the pit, leach pit with honey comb, covering lid for pit.	Inclination of Squat pan-(25-35°), water seal-20mm size, water bucket (No WC)	Suitable for permeable soil Ground water level should be more than 3 m Not suitable for coastal area and area with higher water table, not suitable for rocky soil (Rocks in less than 10 cm. depth)	Medium-1.5-2 lts	Low	Not Safe, Scavanging is required
Twin pit pour flush	Superstructure, Squat pan with single hole, water seal, 2 Pipes connecting to two pits, Y port, knob for regulation of flow, leach pit with honey comb, covering lid for pit.	Inclination angle, Water seal-20mm(preferable), Y port and knob, twin pit with honey comb and no sealing of the base near the squatting platform, size of pit	Suitable for permeable soil, where ground water level is more than 3 m, not suitable for coastal area, rocky area and higher water table	Medium-1.5-2 lts	Medium	Yes, Safe to reuse as compost after complete digestion (2-3 yrs) in the closed pit where new fresh flow of excreta is there.

Type of toilet technology	Components	Important features	Suitable for soil conditions	Water requirements	Land requirement	Safety/disposal
Tiger Toilets	Superstructure, Squat pan with single hole, water seal, Pipe connecting to the pit, leach pit with honey comb, covering lid for pit.	Similar to the twin pit toilet, uses earth worms (Tiger worms) for digestion of sludge.	Moderate water table.	Medium-1.5-2 lts but if the retrofitted toilet-double pit (it may require addition of some water in dry areas)	Low	Yes, Converts the organic waste to vermin in 60 days
Biogas plant with toilet	Superstructure, squatting pan, single hole, underground structure-Digester, gas holder or dome, Ilet pipe, outlet pipe/tank, mixing tank, gas outlet pipe, inlet & outlet displacement chambers, Inlet & outlet gates.	Type of model (Floating gas/Fixed dome), The position or location of digester, Sun direction, Land Base soil type, Outlet pipe-gas-positioning with reference to user point.	All soil types, except coastal areas or water logged areas.	Medium-1.5-2 lts	High	Yes, Safe use as biofuel for generating energy, use in cooking and sludge as fertilizer
Septic tank toilet	Superstructure, Squat pan with single hole, water seal, Pipe connecting to the septic tank, Tank with 2 chambers , RCC/iron cover with lid/handle	Pour flsh type or with the Cistern/WC, 2-4 tanks (settling tank and baffled reactor) in series for settling of waste	Suitable for any areas except for rocky soil	Medium (Pour flush type), High (WC)	Medium	Yes, Desludging and disposal is required

Annexure - 8

Technology options for Waste Water Treatment in rural areas at HH level

Type of technology	Treatment objective	Important features	Land requirement	Safety/ disposal
Kitchen garden with piped root zone system	Solid-Liquid separation, BOD/COD reduction, nutrient management	The treated water can be used for growing vegetables, flowers, fruits etc. in courtyard of house; strong detergents should not be used.	Adequate courtyard in house	The runoff water from bathrooms and kitchen passes through grease trap and then passes through perforated PVC pipes laid in the trench covered with polythene sheets layered by soil-the excess water goes in the leach pit.
Kitchen garden without piped root zone system	Solid-Liquid separation, BOD/COD reduction, nutrient management	The treated water can be used for growing vegetables, flowers, fruits etc. in courtyard of house; strong detergents should not be used.	Adequate courtyard in house	The runoff water from bathrooms and kitchen passes through grease trap and then passes through PVC pipes to the leach pit.
Leach pit	Ground water recharge	Brick lined pit with honey comb having capacity of 0.75 cum.	Low, but not suitable for rocky terrain	Safe disposal of water, recharges the ground water level, prevents breeding of vectors
Soak pit	Ground water recharge	Dug out pit filled with stones or burnt bricks, thus increasing the surface area for biological and chemical action.	Low, but not suitable for rocky terrain	Prevents direct contamination of ground water sources. It may overflow if waste water flow exceeds design flow.

As per SBM Guidelines: Technology options to be shared during household level SBCC intervention

- Soak Pit - Dug out pit filled with stones or preferably over burnt bricks. The large numbers of stones increase the surface area over which biological and chemical action takes place.

- Leach Pit – Leach Pit is a brick-lined pit constructed in honeycomb masonry having a volume of about 0.75 cubic meters.

- Magic Pit - A Magic pit is a covered, porous-walled chamber that allows water to slowly soak into the ground. Pre-settled effluent from a collection tank is discharged to the underground chamber.

Annexure - 9

Outline of a state wide IPC and HH Contact Drive Campaign

State IPC Campaign on creating demand for sustainable and safe sanitation

Maharashtra State level IPC and Contact Drive Campaign focus to be largely on Household visits especially to those not having toilets, dysfunctional toilets, lack of proper disposal of fecal sludge and grey water.

To be conducted for a period of 35-45 days. Can be done annually or biannually.

Suggested objectives:

1. Convey importance of using toilets by all HH members at all times during the family visit and appropriate disposal of child faeces

2. Encourage HHs to build/retrofit/upgrade toilets with proper O&M and appropriate disposal systems for fecal sludge and grey water

3. To make available information related to toilet technology, retrofitting needs, O&M methods

4. To explain methods / options for appropriate disposal systems for fecal sludge and grey water at the HH level

5. To provide information on related data base of service providers

6. To create a positive attitude around safe sanitation and ODF sustainability, making it a dignity and prestige issue

The focus of such a campaign is largely on HH visits.

The implementation strategy for this Campaign can be designed around below stated areas:

*   Household (door to door) Visits to encourage toilets construction/retrofitting and use of toilets

*   Push towards building a new social norm around safe sanitation and ODF sustainability

*   Creating an enabling environment through convergence with other government departments and activate social accountability of CSR bodies, representatives from different NGOs to be involved

*   Connecting all within the 'swacchata' movement.

This kind of campaign can reach a big scale wherein a huge number of HHs in can be reached in a very short frame of time wherein frontline teams can engage them in a dialogue at their doorstep within their homes. The campaign methodology relies heavily on interpersonal interaction with families and the engagement of various government frontline cadre and swacchagrahis that work on-ground in the villages. Such a campaign because it is on such a huge scale, it can provide an opportunity to the teams to reach far flung GPs (that are usually not visited due to mobility hurdles) so mobile vans can be used to increase and maximize coverage.

Such a campaign has the potential to enhance community engagement and provided a much needed push and momentum to the SBM-G Phase 2. The campaign can further strengthen the cadre (government frontline machinery) and swacchagrahis to help push for ODF-Sustainability and

ODF+ attainment within the various GPs and provide further impetus to involvement of local leadership.

The Campaign requires preparation at all levels (State, district, block and GP levels) meticulous planning is the key. Convergence of line departments at all levels is the basis of the campaign for efficient coordination and engagement of the on-ground functionaries of the various line departments.

Annexure - 10

Socio-Ecological Model for Change

SBCC applies a socio-ecological model that examines several levels of influence to provide insight on the causes of problems and find tipping points for change. A tipping point refers to the dynamics of social change, where trends rapidly evolve into permanent changes. It can be driven by a naturally occurring event or a strong determinant for change—such as political will that provides the final push to —tip over barriers to change. Tipping points describe how momentum builds up to a point where change gains strength. It has two parts:

- Behaviors are influenced by personal and environmental factors and multiple levels of influence, which include:

    - Individual (the person)

    - Interpersonal (partners, family members, peers)

    - Community (leaders, health workers, media, policy-makers)

The immediate people of influence are partner/spouse and other family members and peers (second ring in figure). Their interactions with the individuals influence the behavior of the individuals. Both the interpersonal and community rings shape community and gender norms, access to and demand for community resources, and existing services. The people represented in the outer two rings community level influencers including health care providers, community leaders and influencers, and others outside of the community like government officials, NGOs, and private providers. They exert influence through policies and legislation, political forces, private sector market environment, economic conditions, religion, technology, and the natural environment.
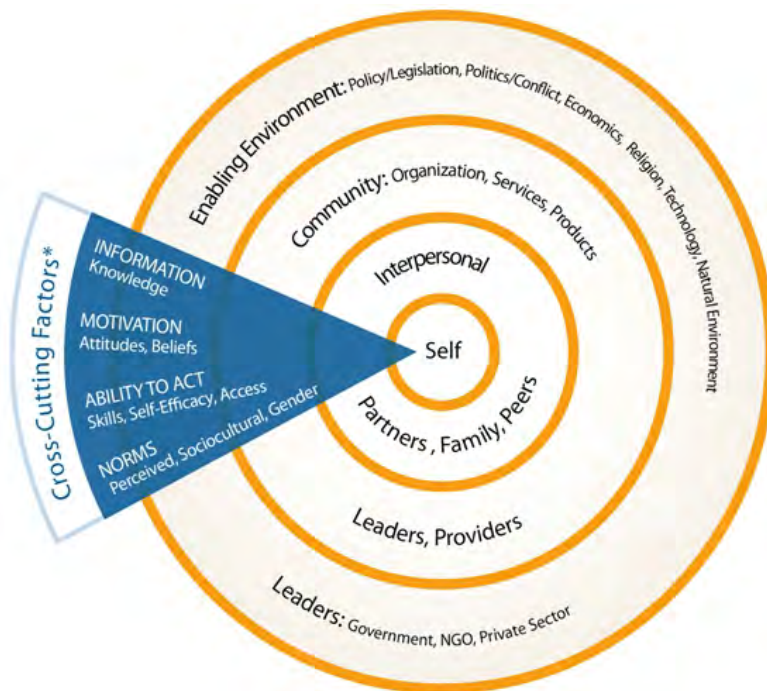
*These concepts apply to all levels (people, organizations, and institutions). They were originally developed for the individual level.

SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)

- Behaviors are also influenced by a number of cross-cutting factors such as:
  - Information (knowledge, education)
  - Motivation and attitudes
  - Ability to act (access, efficacy)
  - Norms

Cross-cutting factors (in the triangle) influence each of the actors and structures in the rings. The cross-cutting factors are information, motivation, ability to act and norms. It is on these cross-cutting factors that SBCC interventions may be able to generate change. People need information that is timely, accessible and relevant. Motivation is determined by attitudes, beliefs or perceptions about benefit and risks. For some women motivation may not be enough and they need self-efficacy to decide ability to act. Further, individuals may be governed by perceived norms which are followed by others individuals and socio-cultural norms that the community follows. So the same is expected from him or her. There are gender norms which shape the behaviors of men and women.

Annexure - 11

SBCC ACTIVITY REPORT											
Name of worker responsible for SBCC activity						Name of the official monitoring					
District						Block					
Gram Panchayat						Date (day/month/year)					
Specify SBCC activity	Village	Time	Theme	BCC Activity conducted Yes/No	Reasons for not conducting activity*	*No of Adults 20 above*			Children <11	Adolescent 11-19	Total No of people t
						male	*female*	*others*			
Film show											
Street show											
Nukkad/corner meeting											
IEC materials distribution											
TOTAL:		na	na	na							

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Glossary and definitions

Gram Panchayats: *the lowest tier of Local Self Government in rural India.*

Open Defecation Free (ODF): *the termination of faecal-oral transmission defined as: No visible faeces found in environment/village; Every household, as well as public/community institutions, using a safe technology option for disposal of faeces.*

Retrofitting of toilets: *defined as "adapting the existing toilet without direct contact of sanitation workers or users with excreta, to the standards of safe technology options and users' convenience". This is the definition used by the Swachh Bharat Mission-Gramin (SBM-G).*

Safe technology option: *refers to no contamination of surface soil, ground water or surface water; excreta inaccessible to flies or animals; no handling of fresh excreta; and freedom from odour and unsightly conditions.*

Substructure of toilets: *the toilet platform and on-site treatment technologies below it. This includes Pan, P Trap, Water Seal, Footrest, Junction chamber, leach pits, septic tanks with soak pits and so on.*

Superstructure of toilets: *the walls, doors, latches, roof, ventilators, lighting arrangement, special arrangements for person with disabilities, old people, children and women, water arrangements and hand washing facilities.*

Swachhagrahis: *persons who champion the cause of sanitation promotion voluntarily with rural communities in India and are supporting the implementation of SMB-G.*

Barriers: *obstacles that prevent an audience from making a change*

Client interactions: *face-to-face communication where information is shared or exchanged between health care workers and their clients*

Communication: *interpersonal, group, mass media*

Communication channel: *how people are reached through communication*

Implementing: *conducting planned activities*

Interpersonal Communication: *a person-to-person, two-way, verbal and non-verbal interaction that includes the sharing of information and feelings between individuals or in small groups. It is face-to-face, with all the parties involved sending and receiving information to and from each other.*

Monitoring: *the routine process of data collection and measurement of progress*

Small group communication: *involves give-and-take exchanges among a small number of people, like a group counseling session or a local village meeting*

Social and behavior change communication (SBCC): *is the systematic application of interactive, theory-based, and research-driven communication processes and strategies to address tipping points for change at the individual, community, and social levels*

Stigma: *refers to unfavorable attitudes and beliefs directed toward someone or something*

Indicator *is a quantitative or qualitative factor or variable that provides a simple and reliable means to measure achievement, to reflect the changes connected to an intervention or to help assess the performance of a development actor.*

Monitoring *is a continuing function that uses systematic collection of data on specified indicators to provide management and the main stakeholders of an ongoing development intervention with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds.*

Evaluation *is the systematic and objective assessment of an on-going or completed project, program or policy, its design, implementation and results. The aim is to determine the relevance and fulfillment of objectives, development efficiency, effectiveness, impact and sustainability.*

Stakeholder *is a person or group with an interest in the outcome of an intervention.*

Behaviour change communication *is an approach to hygiene promotion that uses an indepth understanding of people's behaviour to design persuasive communication.*

Behavioural determinants *are the factors that may influence whether an individual has the opportunity, ability and motivation to engage in a given hygiene or sanitation behaviour. Behavioural determinants can either facilitate or inhibit behaviour of interest among a certain population and can be internal or external.*

Community Led Total Sanitation (CLTS) *is an innovative methodology for mobilizing communities to completely eliminate open defecation (OD). Communities are facilitated to conduct their own appraisal and analysis of open defecation (OD) and take their own action to become ODF (open defecation free).*

Drivers *are strong internal thoughts and feelings that motivate behaviour. They can be positive or negative, and can stem from unmet physical, emotional, or psychological needs. In CLTS for example the negative driver of disgust is used as the driver.*

IEC *has been defined as an approach which attempts to change or reinforce a set of behaviours in a "target audience" regarding a specific problem in a predefined period of time using information, education and communication.*

Motivation: *The drives, wishes, urges or desires that influence an individual to act out certain behaviour. Determinants within motivation include attitudes and beliefs, values, emotional/physical/social drivers, competing priorities, intention and willingness to pay*

Routine: *a learned sequence of behaviours performed regularly, and typically in the same order, to fulfill a role*

Script: *an individual's knowledge of a routine – that is, a set of mental instructions about how to behave (which may be implicit), in a particular behaviour setting, to play a role*

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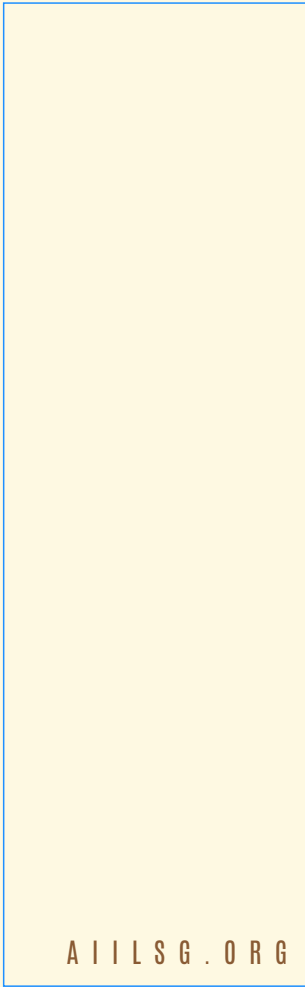
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