स्वच्छ भारत
एक कदम स्वच्छता की ओर

सत्यमेव जयते
Ministry of Drinking Water and Sanitation
Government of India

Community Approaches to Sanitation

CATS

Mid-level Manager | Orientation Module

Swachh Bharat Mission – Gramin

Community Approaches to Sanitation

Mid-level Manager | Orientation Module

Swachh Bharat Mission – Gramin

Two-day orientation: an overview

District-wide plans are being developed to attain Open Defecation Free (ODF) at scale. A key component of this planning is integrating activities for sanitation demand generation and ODF sustainability. The capacity of key stakeholders needs to be strengthened to plan and implement social and behaviour change communication interventions.

This two-day module is designed for mid-level managers involved in the planning, implementation and monitoring of Swachh Bharat Mission-Gramin (SBM (G)) programmes. This may include District SBM (G) coordinators, representatives of district, block and Gram Panchayat (GP) level functionaries from different departments. It can also be used for orienting Zilla Swachh Bharat Preraks, IEC consultants, programme managers and implementers from national and international civil society organisations and other agencies working in the WASH (Water, Sanitation and Hygiene) sector.

This module is part of the Community Approaches to Sanitation (CAS) training package that includes three other modules of: one, three and five days. These training modules are intended for training senior managers, trainers and community facilitators respectively. A facilitator guide has also been designed. It includes the rationale and design underpinning the design and instructions and checklists for preparing and delivering these programmes.

Objectives of the module

At the end of the orientation, the participants will have:

- Understanding of the factors that contribute to the practice of open defecation (OD)
- Conceptual understanding of Socio-Ecological Model (SEM) and Social and Behaviour Change Communication approaches (SBCC)
- Knowledge of Community Approaches to Sanitation (CAS) to achieve effective and sustainable sanitation and hygiene outcomes
- Ability to map key stakeholders and develop communication capacity development plans
- Understanding of IEC guidelines of SBM (G) and how to develop comprehensive district IEC/ BCC plans
- Understanding of the importance of integrated district level IEC/BCC planning within the District Swachhta Plan for effective implementation of SBM (G)

Structure of the module

This is a classroom-based module and has two main parts divided over a period of two days. The first section is designed to:

- Develop an informed understanding of the SBM (G) programme and its components
- Facilitate a situation analysis of the current implementation of the social and behaviour change interventions contextual to the orientation (state/district where it is being conducted)
- Present and explain the core concepts of behaviour change communication and community approaches to sanitation

The second part of the orientation takes the participants through a step-by-step process to develop a comprehensive district-level IEC/BCC plan to be integrated with the District Swachhta Plan

Training methods

The module is classroom-based and uses the following methods:

- Power Point presentations
- VIPP cards and group work
- Screening of films
- Games
- Question and answer sessions

Preparatory arrangements

The preparatory arrangements required include the following:

- Prepare PowerPoint presentations and ensure films and other aids required are accessible
- Ensure venue and space for training is appropriate and prepared
- Ensure delivery sessions are planned to fit the agreed and stipulated time
- Finalise the names of resource persons for each session and secure their availability on the scheduled dates
- Ensure copies of group work templates to be used during the orientation are readily available

Registration and feedback

Each participant is required to complete a registration form (Annex 1). This is designed to collect basic information about the participants' educational background, work experience, and professional skills and expertise. After the programme, participants are also asked to complete a feedback form (Annex 2). This will help them review what they have learnt and how it might be applied and provide comments on the facilitation and content of the module.

Annexures

Annex 1 44

Registration form

Two-day orientation on Community Approaches to Sanitation (CAS)

Annex 2 45-47

Feedback form

Two-day orientation on Community Approaches to Sanitation (CAS)

Annex 3 48-49

Templates

Training schedule: Day 1

Morning

SESSION 1	Inaugural session	7-8
SESSION 2	Making India Open Defecation Free (ODF)	9-12
SESSION 3	Status of SBM (G) implementation in state/district	13

Afternoon

SESSION 4	Social and Behaviour Change Communication for SBM (G)	14-18
SESSION 5	Introduction to Community Approaches to Sanitation (CAS)	19-26
SESSION 6	District Swachhta plan: Integrated IEC/BCC plan	27-28
SESSION 7	Stakeholder mapping	29-31

Training schedule: Day-2

Morning

SESSION 1	Recap	33
SESSION 2	Capacity development plan	34-35
SESSION 3	Messages and medium	36-38

Afternoon

SESSION 4	Introduction to Monitoring and Evaluation for IEC/BCC	39-40
SESSION 5	Development of IEC/BCC plan	41

Note:- This is a suggested training schedule which can be adapted as per training requirements.

SESSION

1 Inaugural session

Session outcomes

- Understand the objectives of the orientation
- Know each other and the facilitators
- Be part of a relaxed and enabling learning environment

Duration

45 minutes

Method

Plenary discussion, group activity and PPT Presentation

Materials required

PPT, cards, felt pens, adhesives, pins and pin board

Process

Inaugural address: Introduction and brief welcome address by representatives from state/district administration, and other development partners. The speakers will set the tone for the orientation programme and focus on the importance of planning for behaviour change communication for achieving and sustaining ODF status.

The session will begin with a warm welcome to the participants from the training team followed by an explanation of the workshop objectives and what they can expect to have learnt by the end of the training session. Emphasis will be given on enhancing their knowledge, skills and confidence to develop an effective IEC/BCC plan for SBM.

The trainer will invite participants to participate in an activity to know and get familiar with colleagues in the room. Detailed below are several suggested activities that can be used by the facilitator to engage with the participants in this opening session. This initial activity sets the tone for the participatory nature of the workshop sessions to follow and will also help to 'break the ice' within the group.

Depending on the size of the group and space in the venue, ask participants to sit in a circle. Explain that they will be asked to introduce themselves by giving their name, designation/role and one activity they enjoy doing (could be a hobby). The trainer starts the process by stating, for example, "Hello! My name is Mahesh. I am a CAS trainer and I like to watch Hindi films." The person next to the facilitator goes next. They introduce themselves and say something they enjoy or like doing. They then introduce the previously introduced persons for example, "Hello! My name is Bela and I like to sing, this is Mahesh and he likes to watch films". The game continues until each person is introduced. This game can be adapted to fit the theme of the state or district where the workshop is conducted, for example participants could introduce their name and a place in the state/district they would like to visit.

Participants pair up with someone they don't know or have not met earlier. They then have 5 minutes to find out five pieces of information about each other that they will be happy to share with the whole group. They return to the group to share all the information they have learnt from each other, each person introducing their partner.

In the remaining minutes of the session, the facilitator will thank all the participants for their participation in the exercise and will present a brief overview of the design and purpose of the orientation workshop. If time permits this could be followed by questions from participants with responses from the session facilitator.

Technical notes for trainers

The facilitator must ensure that inaugural speaker notes are prepared and the speaker briefed well in advance.

The entire training team must be present at this session to welcome the participants and then to participate in the 'ice-breaking ' games and exercises and the introduction that follows. Special care needs to be taken to ensure the participants clearly understand what the training is trying to achieve and feel comfortable in the training environment.

SESSION

2 Making India Open Defecation Free (ODF)

Session outcomes

- Why OD needs to be stopped
- Why past programmes have not worked and why OD continues in rural areas
- The Swachh Bharat Mission - Gramin and its guideline

Duration

40 minutes

Method

PPT presentation and film
Plenary discussion

Materials required

PPT presentation, cards, felt pens, adhesives, pins and pin board

Process

This session will be delivered using a PPT presentation and a film on SBM(G) guidelines. It will be interactive with questions encouraged from participants throughout.

The session facilitator will underline the enormity and complexity of OD as a development issue and challenge within India. The knock-on effects of OD on other development issues and outcomes such as nutrition (stunting), health (diarrhoeal disease), and the well-being of people in general should be emphasised. The facilitator will highlight that the most affected are women and children. The session will conclude that SBM offers a real opportunity to pursue and achieve the goal of an ODF India, sooner, rather than later.

The following technical notes for the facilitator touch upon some of the key points covered during this session.

It should be emphasised that, technical notes present only the basic content to be covered by the session facilitator, and sessions are not limited to what is suggested in the technical notes. Research into and knowledge of rural sanitation in India is growing at an unprecedented pace. Session facilitators should try and stay up-to-date with the latest approaches and strategies and bring in examples wherever possible, of practical innovations being adopted in different states and districts in the country.

Technical notes for trainers

Impact of poor sanitation

Children and women bear the heaviest burden of poor sanitation and open defecation. Almost a quarter of all children under-five years of age who died of diarrhoea in 2012 lived in India. India also has the largest number of stunted children in the world (appoximately 61 million) While investments are being made in nutrition and complementary feeding, the value of this investment is severely compromised by lack of sanitation and poor hygiene practices.

With specific relation to women and girls, the negative impact of open defecation is something women and girls experience monthly. Lack of safe and private spaces for women and girls to

wash or tend to their personal hygiene needs when menstruating severely restricts their ability to fully participate in daily activities, including attending school. Moreover, environmental enteric dysfunction and diarrhoeal diseases needlessly cost and compromise lifelong opportunities and productivity.

Despite 30 years of national rural sanitation programming in India from 1986-2016, ODF results have been persistently elusive, except in the last year. There were only 13 ODF districts at the launch of Swachh Bharat Mission - Gramin on 2 October 2014. This figure has gone up to 193 ODF districts as of 9 September 2017. However, around 488 districts (out of 681) have yet to become ODF (SBM-G MIS). The task of reaching all these districts in a matter of less than three years (2017-19) is huge and fraught with challenges.

The biggest challenge is to end the practice of open defecation and create fully ODF habitations, villages, GPs, blocks and districts across the country. However, the focus on ODF outcomes has been largely missing from the actual implementation of the programme on the ground till recently, though it has been an intended outcome in all the national programmes since TSC launched in 1999.

SBM is distinctive and historic, in terms of having the elimination of OD as one of the stated objectives of the national rural sanitation programme in India for the first time.

This underlines the need to understand the pressing reasons for working towards the elimination of Open Defecation (OD) and making India ODF.

A PPT presentation with explanatory visuals will be used to explain to the participants the nine reasons why OD must be stopped in India.

Nine reasons why OD must be stopped

01. **A national shame:** India accounts for 60 per cent of the total OD in the world. This is more than the whole of Sub-Saharan Africa. (WHO/UNICEF, 2015)

02. **Loss of dignity:** Defecating in the open leads to loss of privacy and dignity among women, men and children

03. **Environmental Enteropathy:** a sub-clinical condition leading to inflammation of the small intestine through repeated ingestion of faecal pathogens. The inflammation reduces the intestine's capacity to absorb nutrients which results in malnutrition and stunting. It also has knock-on effects on cognitive development. (Petri, 2012)

04. **Malnutrition:** One-third of all malnourished children in the world live in India (UNICEF, 2017)

05. **Stunting:** Something like 39 per cent of children under five in 2014 were stunted (Save The Children, 2017)

06. **Low-birth weight:** Poor environmental sanitation has repeatedly been suggested to be a contributor to low-birth weight, which can lead to cognitive defects

07. **Epilepsy:** In many people, epilepsy is caused by infection with the pork tapeworm which is due to a lack of improved sanitation (Garcia et al., 2003)

08. **Diarrhoea:** OD is a main cause of diarrhoea. In India, diarrhoea causes one in ten deaths of all children under five. Annually 2,12,000 children die due to diarrhoea (Liu et al., 2000)

09. **Economic loss:** In India, according to a study by WSP in 2006, OD results in an economic loss equivalent to USD 48 per person or 6.4 per cent of GDP. This figure was between 1-2 per cent in developing African countries (WSP, 2006)

Why OD continues: Bottlenecks and barriers

While access to toilets is limited, the use of toilets remains a matter of even greater concern, as many toilets that are built are not used. Low awareness of the potential health and economic benefits of better sanitation and hygiene practices, a perception of high costs of having a household toilet and the perceived convenience of open defecation along with its socio-cultural acceptance have kept the sanitation status low. Other major obstacles in sustaining the open defecation free status have been the inadequate involvement of local self-governments and communities and poor-quality construction or technological failure in the model design leading to slippage in behaviour.

Research over the past decade offers useful insights into the factors leading to the persistence of open defecation and non-adoption of safe hygiene practices in India. Some of the key challenges at the household, community and institutional levels are presented below:

Household

- The household's lack of knowledge of entitlements and pathways to access sanitation services
- Inadequate knowledge of the risks and costs of open defecation and benefits of good hygiene, especially for children who are under two and those under five as well as adolescents and women
- A perception that sanitation is the government's responsibility
- Poor knowledge and practice of appropriate toilet operation and maintenance making toilets unusable over time
- Lack of knowledge about appropriate design options (such as twin pit) and construction costs limiting household demand
- Lack of sufficient running water in the vicinity raises the dissatisfaction level and leads to continued open defecation
- Caste, belief systems, preferences, habits, and socialisation patterns undermine toilet use even when a household toilet is available. For example, men may feel that toilet use contradicts their sense of masculinity
- Lack of high-quality toilets built to a design and finishing that rural households aspire to own. Building and owning a toilet is not perceived as aspirational-more people own mobile phones and TVs than toilets

Community

- Open defecation is a socially accepted traditional behaviour. The major challenge is to change behaviours that have been established over centuries and are considered as socially acceptable. Communities find open defecation an acceptable solution in their setting and there is no social discrimination against open defecation
- Limited engagement and inadequate capacity of PRIs for programme implementation
- Inadequate involvement and engagement of the community on sanitation issues

Institutions

- The focus has remained largely on construction of toilets and not on behaviour change. Toilet designs have been imposed on people from outside the local context without community engagement. People, as end users, have hardly been involved in the construction of their own toilets
- Insufficient human resources at the state and district levels to design, plan, implement, supervise and monitor Social and Behaviour Change Communication (SBCC) interventions of the SBM programme
- Insufficient toilet technology options for all geographic conditions including soil conditions, depth of the water table, flooding, temperature variability, etc
- Lack of well-targeted information on service provision and entitlements to communities in the lowest two wealth quintiles
- No dedicated and skilled frontline workforce for Water, Sanitation and Hygiene (WASH) messaging
- Limited communication capacity of existing frontline workers engaged in SBM implementation
- Limited national and state capacity to provide WASH SBCC training

- Poor convergence (sanitation, water, health, nutrition) yet Frontline Workers (FLW) of health and nutrition are expected to deliver messages for WASH
- Environmental factors are a serious issue, be it flooding or droughts. Flooding renders toilets unusable, and droughts restrict the availability of water. The consequences being that families accord minimal water for sanitation

Opportunities with SBM (G)

Swachh Bharat Mission (SBM), an all-India mission targeting both rural and urban areas, sets the agenda for a clean and Open Defecation Free (ODF) India by 2 October 2019.

The Government of India (GOI) has committed itself to broadening its strategies to create an improved and enabling environment for the acceleration of sanitation and hygiene. SBM is distinctive and historic in terms of having the elimination of open defecation as one of the stated objectives of the national rural sanitation programme for the first time.

An ODF community is now defined by the Government of India and includes two factors:

- No visible faeces in the environment
- Safe confinement of human excrement in households and institutions adopting safe sanitation

The programme is championed by the Prime Minister and every Ministry takes responsibility for its contribution to the overall campaign to create a Clean India by 2019. When compared with the previous sanitation flagship programmes of GOI, the following four major changes in the SBM guidelines aim to create an enabling environment for the achievement of clean and ODF India:

Flexibility– States have the flexibility to design and implement the programme to suit their circumstances.

District as the unit of implementation– The change from the Gram Panchayat to the district should allow for more effective partnerships and realistic planning for implementation at scale.

District Magistrate (DM/DC) led-experience suggests that leadership of district magistrates is the key to the effective implementation of SBM on the ground. Most of the remarkable ODF results, such as in Nadia, Bikaner, Harda, Indore and Cooch Behar since the launch of SBM (G) in October 2014 have been achieved where DMs have actively led and driven the ODF campaign at the district level.

Managing the incentive–States now have unprecedented leeway to use the SBM incentive flexibly and creatively.

SESSION

3 Status of SBM (G) implementation in state/district

Session outcomes

- Understanding of the status and challenges in implementing SBM (G) in their state and district
- Understanding of the barriers to the adoption of positive WASH practices in their state/district

Duration

45 minutes

Method

PPT Presentation, group work and feedback

Materials required

PPT presentation, cards, felt pens, adhesives, pins and pin board

Process

The session will start with a presentation from on the status of SBM (G) implementation in the state/district where the orientation is being held. Representatives from the state/district will be invited to present the current status of programme implementation in SBM (G) highlighting IEC/BCC planning and implementation and challenges related to these interventions.

Group work will then be undertaken and participants will be asked to identify and consolidate the key barriers in their state/district to the adoption of positive WASH practices (toilet use and maintenance, handwashing with soap at critical times, safe disposal of child faeces and safe storage and handling of drinking water). The facilitator will divide the participants into groups and ask participants to refer to session two and the issues presented by the state/district representative.

The groups will then be asked to present their work.The session will end with the facilitator grouping barriers and bottlenecks at the individual, community and institutional level for the state/district.

Technical notes for trainers

This session will be the first step in orienting the participants for the IEC/BCC planning process. It will provide an understanding of the current sanitation situation in the state/district (depending on where the orientation is taking place and participant profile). The organisers/facilitators should ensure that a state/district government official is identified to make this presentation and briefed on the session. The presentation needs to be tailored to the state/district based on current SBM (G) data including IEC (MIS), and other programme implementation reports.

Refer to technical notes on barriers as provided in Session 2.

A template is available in the resources for this session for presentation and group work.

SESSION

4 Social and Behaviour Change Communication for SBM (G)

Session outcomes

- Behaviour change in the context of social networks and socio-cultural environment
- The Socio-Ecological Model of social and behaviour change
- Audience and stakeholder segmentation
- Different types of social and behaviour change communication approaches to reach different audiences/stakeholders.

Duration

60 minutes

Method

PPT presentation
Plenary discussion

Materials required

PPT presentation, cards, felt pens, adhesives, pins and pin board

Process

The session will begin with an introduction to behaviour change. Individual behaviour change does not happen in isolation and is influenced by social networks and the socio-cultural and physical context. For sustainable ODF outcomes, behaviour change requires the creation of a supportive environment within both immediate social networks and the broader community. A supportive environment also includes policies that enable access to quality services and committed leaders that promote and support change.

It will be followed by an introduction to the Socio-Ecological Model as understood globally.

The description of the Socio-Ecological Model (SEM) will be followed by an explanation of behaviour change communication and different communication approaches for behaviour change. This will highlight the importance of using different communication approaches to address different stakeholders in the multiple layers of the SEM.

Technical notes for trainers

The ultimate goal of the Swachh Bharat Mission is to improve sanitation practices, it is not simply about constructing toilets. However, society's deep-rooted acceptance of the practice of open defecation makes this extremely difficult.

Behaviour change

To achieve a positive change in human behaviour, it is important to recognise that individual behaviour is complex and its complexity stems from many social, cultural, psychological and environmental factors. Any behaviour or behaviour pattern could be the function of an inter-play of a number of these factors including social norms, cultural and religious beliefs, knowledge and aspirations of people and their physical environment.

Given this complexity, behaviour change is not only induced through increased knowledge. Recent experience has shown a triggering approach to behaviour change often more effective because of its inherent potential and

power to trigger transformative emotions such as shame, pride, disgust, anger and fear.

Individual behaviour is determined by close social networks, along with the socio-cultural and physical environment that each person lives in. Bringing about changes in an individual's behaviour requires an understanding of the person's environment at different levels, from the household and community to the state and civil society institutions responsible for policy and resource support of a wide variety.

Changing what one thinks, feels, believes and does is easier when everyone is part of the solutions that support the change. Therefore, the Swachh Bharat Mission calls for a peoples' movement where everyone in the society, from parents to community leaders, to government staff and those in the wider community contribute to the goal of total sanitation by 2019.

However, achieving this is not easy. As mentioned earlier, key challenges such as deep-rooted cultural traditions and socialisation that reinforce open defecation as an accepted practice, can stop people from changing their behaviour, even when they know their existing practice is harmful. Therefore, it is critical that the advocacy and communication interventions at national, state, and district level are designed in a way that encourages everyone, regardless of their age, gender, position, status, wealth, religion and practice to become champions and influencers for change.

Socio-ecological model

The theoretical framework explained here is the Socio-Ecological Model (SEM).The SEM outlines the dynamic interplay of individual, social and environmental factors that determine behaviours. It explores how communication approaches can be used to create a positive change at different levels. There are five levels in the model: Individual, interpersonal, community, organisational, and policy/enabling environment. Evidence shows the most effective approach is using a combination of communication interventions at all the different levels.

Behaviour change communication

Behaviour change communication (BCC) is the use of communication to influence positive behaviour change. It is an interactive process of working with individuals and their communities and/or societies, to promote positive behaviours that impact lives and provide a supportive environment which enables people to initiate and sustain these.

Over the years, there has been a shift in how development programme think about human behaviour. Approaches to behaviour change have expanded to focus beyond the individual and to understand the influence of their socio-ecological environment. It is in this context that SBM has been positioned as a peoples' movement. Planning for BCC from a socio-ecological perspective helps analyse personal, societal, and environmental factors to effectively achieve and sustain adoption of positive behaviours.

In this context, BCC planning will address all layers of the socio-ecological model by employing diverse communication approaches to assist individual empowerment and influence the physical, socio- economic, and cultural environment to facilitate new WASH behavioural norms and remove barriers to them. A comprehensive set of BCC activities using diverse communication approaches need to be planned at the state and district level for the effective implementation of SBM (G).

Key audiences/stakeholders

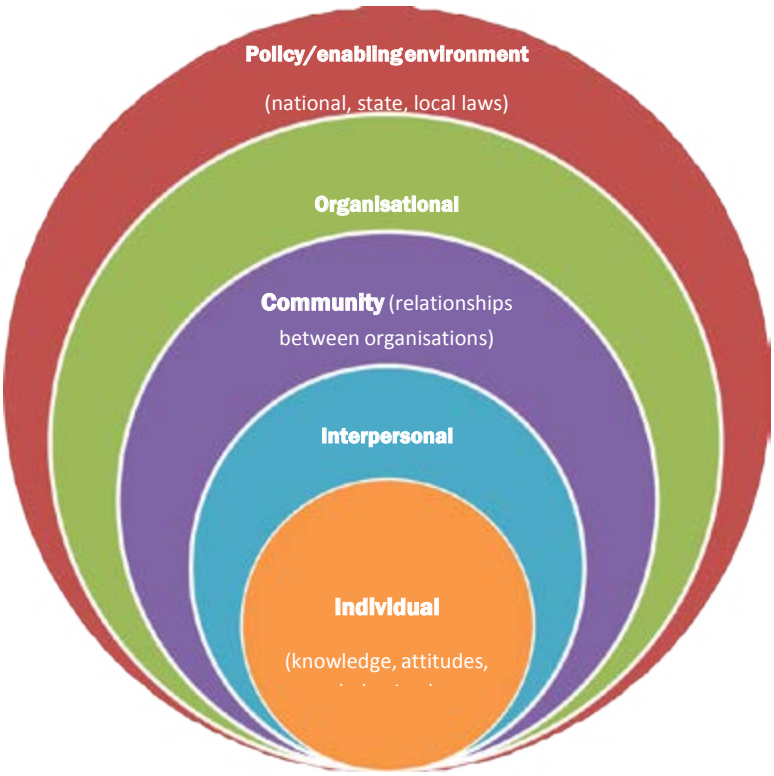
To understand communication approaches it is important to understand first who you want to reach. For any communication to be effective it is important to identify key audiences/ stakeholder groups so that the communication can be tailored to their needs. This helps in influencing and motivating them to practice and sustain desired behaviours. Different communication approaches, messages and content are needed for each of the groups. Segmentation of audiences/stakeholders allows for better designed, more focused and clear messaging. It also helps to prioritise limited resources by reaching a defined section of the population with more intensity and potentially

higher impact than would be achieved by attempting to reach everyone. Audiences/ stakeholders can be segmented into primary, secondary and tertiary groups.

Primary audiences/stakeholders are those who are being directly addressed to change their behaviour. For example, men, women and children can be motivated to adopt toilet use and handwashing with soap at critical times including after defecation and before preparing or eating food.

Secondary audiences/stakeholders are those whose behaviour or actions strongly influence the primary audiences/stakeholder's

Figure 1: The socio-ecological model



Focus on change at different levels

Multiple dimensions influence individual behaviour as depicted in the figure.

Interpersonal factors, socio- cultural and policy environments all influence sanitation and hygiene behaviours.

Description of socio-ecological model (SEM) level[51]

SEM level	Description
Individual	▪ Characteristics of an individual that influence behaviour change include: knowledge, attitudes, behaviour, self-efficacy, developmental history, gender, age, religious identity, racial/ethnic identity, sexual orientation, economic status, financial resources, values, goals, expectations, literacy, stigma, and others.
Interpersonal	▪ Formal (and informal) social networks and social support systems that can influence individual behaviours include: family, friends, peers, co-workers, religious networks, customs or traditions.
Community	▪ Influences at a community level include: relationships between organisations, institutions and informational networks within defined boundaries including the built environment, village associations, community leaders, businesses, and transportation.
Organisational	▪ Organisations or social institutions with rules and regulations for operations influence how sanitation services are provided to an individual or group.
Policy/enabling environment	▪ Local, state and national laws and policies, including policies regarding the allocation of resources for sanitation and water and access to services.

behaviour. They come from the cultural and social environment of the primary audiences/ stakeholders. For example, *Swachhagrahis,* frontline workers and government functionaries support the programme and contribute towards an enabling environment for the easy adoption and sustainability of the behaviours.

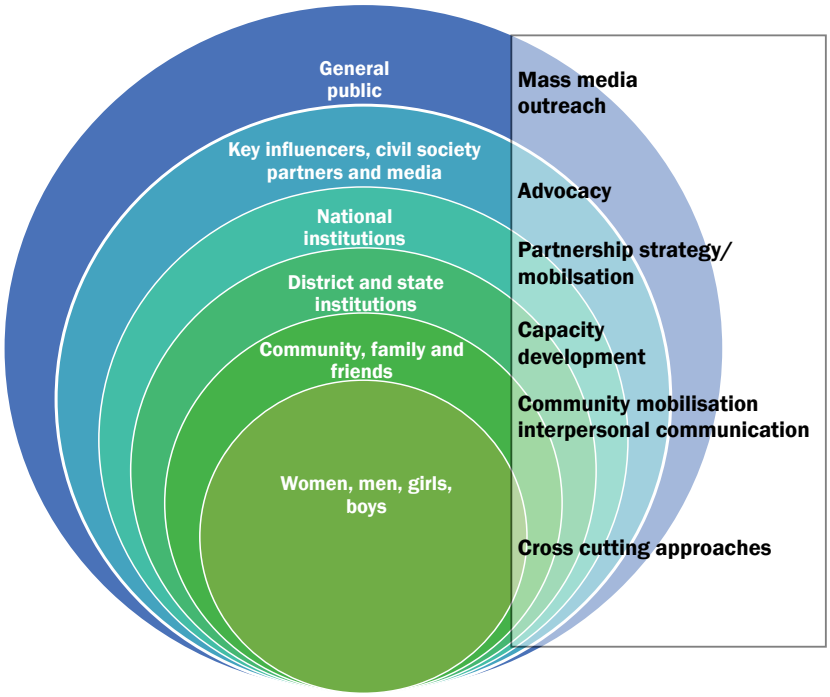
Tertiary audiences/stakeholders are those whose actions directly or indirectly help or hinder the behaviours of other stakeholders. Their actions reflect the broader social, cultural and policy factors that create an environment which supports sustained behaviour change. For example, elected representatives, policy makers, service providers or government officials, religious leaders or the media.

Communication approaches

Diverse communication approaches help engage individuals and their communities at different levels, in a dialogue for change. The figure below shows the diverse communication approaches that can be used in relation to the socio-ecological model. These correspond to specific levels of the SEM where they are most effective. However, it is important to note that the different approaches can apply to levels other than the one they are next to, for example, the advocacy approach can also be used at the community or organisational levels.

The main communication approaches suggested are: advocacy, interpersonal communication, social and community mobilisation. These

Figure 2: Audiences/stakeholders and communication approaches



should be supported and reinforced by multiple mediums.

Advocacy approaches are employed to influence and impact the policy/enabling environment level of the SEM. They focus on creating an effective policy, legal, political and leadership context for improving WASH practices. Advocacy is a continuous process where information is gathered, organized and communicated to influence and engage decision makers and provide support and commitment to an issue where there is a need for positive change. It includes the development of new policy and creating an enabling environment for its implementation, and providing funding and resources for specific initiatives. Advocacy with key stakeholders can provide high visibility to issues and help redefine public perceptions.

Social mobilisation focuses on a broader social intervention to ensure the broader community is engaged. It is a process that engages and motivates a wide range of partners/allies at different levels to raise awareness and generate demand for sanitation. Social mobilization recognizes that sustainable social and behaviour change requires collaboration at multiple levels, from individual to community to policy and legislative action, and that partnerships and coordination yield stronger impacts than isolated efforts.

Community mobilisation is primarily a dialogue among community members to deal with critical issues of sanitation and hygiene and to provide a platform for the community to participate in decisions that affect their daily lives

Social and community mobilisation (SM) are continuous processes that engage and motivate various partners and stakeholders at different levels to raise awareness of, and demand for, WASH practices. The partners may include: government policy makers, influential decision- makers, community opinion leaders, administration, professional groups, religious associations, non- governmental organisations, private sector entities, communities, and individuals themselves. This approach focuses on people and communities as agents of their own change.

Interpersonal communication (IPC) is a key approach to increase interest and willingness to uptake sanitation and hygiene practices. IPC helps in providing detailed information to the audience/ stakeholders. It also allows for immediate feedback on ideas, messages and practices. Interpersonal communication will make effective use of existing social networks or interpersonal relationships (family, friends, acquaintances, neighbours) that bind people together to enhance the communication process. IPC is a key tool in the drive for not only increasing awareness but actual toilet construction and usage. It is especially critical for follow-up, when people realize the benefits of toilet use.

Mid-media outdoor media and mass media. Mid media uses traditional forms of communication such as: puppet shows, magic shows, drama, and street theatre to deliver messages to a community. Outdoor media utilises public spaces such as: billboards, and public transport to advertise printed media. Mass media is the use of print and electronic mediums to deliver messages to a large number of people. Simultaneously these mediums also provide support to interpersonal and community mobilisation efforts by reinforcing and raising the credibility of messages.

Entertainment education approach disseminates messages which are educational in substance, entertaining in structure and use media popular in the community. They promote sanitation and hygiene messages by building on and coordinating with the above efforts.

These communication approaches are interrelated. When strategically implemented, they produce a synergistic effect through promotion and support the sustained adoption of positive WASH behaviours. It is important that the IEC/BCC plan for SBM in the district is developed keeping in mind the local contexts.

SESSION

5 Introduction to Community Approaches to Sanitation (CAS)

Session outcomes

- Understanding of the concept of community approaches to sanitation and the key steps of this approach
- Understanding of the different types of community approaches to sanitation, with a focus on Community-led Total Sanitation (CLTS) and Community Approaches to Total Sanitation (CATS)
- Understanding of the nature and use of triggering and other tools

Duration

60 minutes

Method

PPT presentation
Plenary discussion

Materials required

PPT presentation, cards, felt pens, adhesives, pins and pin board

Process

The session on community approaches to sanitation builds on the earlier sessions on issues and challenges related to making India ODF by 2 October 2019, as per the timeline set by the Mission.

The facilitator should explain that in India, many large-scale successes in terms of ODF districts have used CLTS and CATS tools and techniques. Alongside these methods, a combination of community and social mobilisation approaches have been used to influence behavioural change and generate a people's movement to bring about sustainable ODF outcomes. MDWS has coined the term Community Approaches to Sanitation (CAS) to encompass these approaches to making communities ODF in the context of India.

This explanation will be followed by a presentation to share the concept, principles, processes and tools of CAS in detail. This will include the explanation on CAS, the difference between traditional service delivery approach and CAS, core concepts of CLTS and CATS, how the approaches differ, key processes and tools for triggering.

Technical notes for trainers

Community Approaches to Sanitation (CAS)

Community approaches to sanitation is the term applied by the Ministry of Drinking Water and Sanitation (MDWS), Government of India, to encompass the service delivery approach to making habitations, villages, Gram Panchayats (GPs), blocks, districts and states in India Open Defecation Free (ODF).

The service delivery approach varies from state to state and from district to district. However, there are some elements that are common across many states. Chief among these are the participatory approaches and tools used to engender a collective decision by communities to abandon open defecation and adopt toilet use. Embedded in these approaches are elements of **Community Led Total Sanitation (CLTS) and Community Approaches to Total Sanitation (CATS).**

Therefore, CAS partly relies on the methodology of CLTS mainly in terms of the use of CLTS trigger tools, and the CATS

approach, with its added focus on creating an enabling environment for the community-led approaches to be adopted as part of the main implementation strategy at the district and state levels. The term CAS therefore is used throughout these modules to refer to the standardised approach promoted and adopted by the GOI as its preferred approach to service delivery within the SBM context.

Community approaches to sanitation are based on the understanding that sanitation is a community, and not only an individual household issue. Hence, to achieve real and sustainable ODF results, communities must be in the lead role.

The main focus of community approaches is the complete elimination of open defecation. The emphasis is on collective behaviour change rather than just toilet construction and involving everyone in the community and leaving no one behind. Hence, the use of the term 'total' in the names of these approaches, namely: Community Approaches to Total Sanitation (CATS); Community Led Total Sanitation (CLTS).

Contained within 'total' is the idea that toilets use by the community should extend beyond the home to all public places, including government buildings for example, PRI offices, Anganwadi Centres, health facilities, schools, markets and toilets for transient populations and passers-by, etc. The focus is on collective decision-making by the community and the joint development of local solutions. They rely on social and behaviour change communication approaches. They mobilise communities to create a shared demand to end open defecation in contrast to provision of a top-down, project-driven supply of household toilets.

Paradigm shift: Traditional service delivery approach to Community Approaches to Sanitation

The traditional approach to programme delivery has been one of subsidised toilet construction accompanied with a communication approach based on information, education, and communication (IEC). Both these elements of the traditional approach tend to establish the primacy of the outside actor in the intervention design and delivery.

The paradigm shifts inherent in community approaches involves (i) programme implementation being community led in its approach and (ii) the use of social and behaviour change communication (SBCC) methods.

Table 1: Key distinctions between the traditional and community approaches.

Traditional Approach	Community Approach
Focus on material, hardware	Focus on people
Process driven by outsiders	Natural leaders emerge and lead the process
Construction of toilets	Collective behaviour change
Counting toilets	Counting ODF villages
Prefixed standard design	Users design their toilets
Telling and teaching	Facilitating the process
Subsidy and reward	Trigger and self-help
IEC	Collective analysis and decision

Community-Led Total Sanitation (CLTS)

CLTS is an innovative methodology for mobilising communities to become ODF. Communities are facilitated to conduct their own appraisal and analysis of open defecation and take their own action to become ODF. It is predicated on the premise that merely providing a toilet does not guarantee its use. CLTS therefore places a strong focus on mobilising the community to bring about sustained behaviour change aimed at creating ODF communities.

CLTS process

CLTS is essentially an empowering process in which communities are engaged in a process of collective self-reflection that eventually leads them to resolve to end OD in their habitation/ village. The community members then mobilise their own resources to achieve this without waiting for external assistance or subsidies.

CLTS processes and practices have demonstrated that sustainable behavioural change requires a powerful emotional trigger. During CLTS triggering sessions, as they have come to be popularly called, women, men and children together or separately are moved by powerful emotions of disgust, shame, pride, self-esteem, and at times fear. And depending on the context, one or more of these powerful emotional triggers compel communities to rethink the age-old practice of OD, eventually leading them to discontinue it.

A range of participatory learning and action tools are used that trigger the sense of shame, pride, disgust and fear among community members across different local contexts. At some point during the triggering session, women, men and children invariably realise that they are eating each other's faeces. This generates a feeling of disgust among people.

Triggering has come to be seen as the core of community approaches to sanitation in the Indian context. However, experience suggests that triggering alone is not enough to achieve sustainable ODF results.

Follow-up is critical in consolidating the gains of a triggering exercise. Strategic and timely follow-ups need to be undertaken to convert the initial spark into a wildfire that spreads rapidly through a community, compelling it to take collective local action to make their village ODF with a sense of urgency.

There are two types of follow-ups: one that follows soon after triggering, and one that needs to be undertaken post-ODF declaration, which is about a long-term series of interventions to sustain ODF status.

The first follow-up must be undertaken early in the morning on the day after the triggering. This activity starts with Nigrani Samiti (monitoring committee) members (men, women, children) making teams to cover different OD sites, where open defecators can be met on their way to the OD sites. People are usually in a hurry and find it embarrassing to meet others during this period. Repeated requests and polite methods, using Gandhian ways of persuasion popularly known as *Gandhigiri,* such as giving a flower to the person returning after OD can have a transformative influence on the collective sanitation behaviour of people. It puts them firmly on the path of becoming an ODF community, wherein adoption and use of toilets is accepted by the whole community paving way for a new social norm.

Towards the end of the early morning follow-up exercise, which usually lasts for two and a half hours, a planning meeting is held primarily with Nigrani Samiti members to decide as to what actions would be undertaken to end OD in the village.

This approach of community triggering and mobilisation, now central to community approaches is radically different from the traditional approaches of implementing sanitation at the community level, as described in Table 1.

Community Approaches to Total Sanitation (CATS)

CATS is the term used by UNICEF for community-based sanitation approaches. CATS encapsulates various approaches to community-based sanitation such as CLTS and others. The approach allows flexibility in developing the most appropriate route for reaching ODF goals in any

given setting when working with government and partners. The elements of this approach ensure:

- It is driven by collective process (as opposed to targeting individual households);
- Handwashing at critical times is a key component of the programme;
- Community leadership includes children and care givers.

It is important to understand the distinction between CLTS and CATS, as they are often used interchangeably in a variety of contexts creating considerable amount of confusion among users and practitioners, primarily because many CLTS methods and processes are used within CATS initiatives.

CLTS precedes and informs CATS. CLTS was developed in Bangladesh in 1999 and has spread to more than 60 countries over the last 15 years or so. CLTS makes use of participatory methodologies to engage communities in a collective self-examination of their sanitation situation often leading to collective local action to eliminate the practice of open defecation. CLTS propagates a no-subsidy approach and works best when there is no provision of upfront subsidy or incentive for toilet construction at the individual household level.

CATS, the term that came to be used by UNICEF globally in 2008, uses the same participatory methodologies as CLTS, but has a couple of additional elements and is much more open and flexible in its approach. It is not averse to a subsidy/incentive regime for toilet construction, so long as it targets communities and contributes to the overall goal of ODF communities.

In the specific context of India, CLTS methods and tools have been invariably used within the given framework of a subsidy/incentive regime. This has been so mainly because all four national programmes since 1986 have had varying levels of subsidy/incentive provision for the construction of individual household toilets.

The use of CLTS tools and methods in different districts and states in India has invariably entailed addressing the subsidy/incentive issue in some form or the other. This feature of the Indian context suggests that the community-led approaches being used in India are closer in nature to CATS than CLTS.

It is important to underline here that visible differences between CATS and CLTS in the Indian context are more superficial than substantive, as both involve the use of the typical intervention cycle of pre-triggering, triggering and post-triggering follow-up as their core methodology. However, CATS accommodates a much wider methodology and is much more open to including measures that can potentially lead to ODF outcomes at the community level.

CATS' openness to operate within a context where upfront subsidy for toilet construction either in the form of money, material, or in cases where both are present, makes it more relevant in the Indian context, whereas this is not admissible and acceptable within a purely CLTS framework.

Nine principles of CATS

The nine principles of CATS are as follows:

1. CATS aim to achieve 100 per cent ODF communities through affordable, appropriate technology and behavioural change. The emphasis of CATS is the sustainable use of sanitation facilities rather than the construction of infrastructure.

2. CATS depend on broad engagement with diverse members of the community, including households, schools, health centres and traditional leadership structures.

3. Communities lead the change process and use their own capacities to attain their objectives. Their role is central in planning and implementing CATS, taking into account the needs of diverse community members, including vulnerable groups, people with disabilities, and women and girls.

4. Subsidies, whether funds, hardware or other forms, should not be given directly to households. Community rewards, subsidies and incentives are acceptable only where they encourage collective action in support of total sanitation and where they facilitate the sustainable use of sanitation facilities.

5. CATS support communities to determine for themselves what design and materials work best for sanitation infrastructure rather than imposing standards. External agencies provide guidance rather than regulation. Thus, households build toilets based on locally available materials using the skills of local technicians and artisans.

6. CATS focus on building local capacities to enable sustainability. This includes the training of community facilitators and local artisans, and the encouragement of local champions for community-led programmes.

7. Government participation from the outset at the local and national levels ensures the effectiveness of CATS and the potential for scaling up.

8. CATS has the greatest impact when they it integrates hygiene promotion into programme design. The definition, scope and sequencing of hygiene components should always be based on the local context.

9. CATS is an entry point for social change and a potential catalyst for wider community mobilisation (which can include other health and education based interventions).

CLTS and CATS, mark a radical paradigm shift from the traditional approach of providing physical infrastructure to people. This is mainly in terms of looking at sanitation as a matter of public good in the form of a faecal-free living environment for all in the community rather than as a private good in the form of a physical facility to be owned by an individual household.

Principles of community approaches

The key principles underlying CAS drawn from CLTS and CATS are:

Community takes the lead: The CAS approach is guided by the belief that the communities have to take the lead in transforming their collective sanitation situation. They have to reflect on their conditions, find that their sanitation situation is unacceptable, resolve to change it and then take concrete steps to put an end to the practice of OD. The community monitors its own progress towards an ODF status.

Solidarity and cooperation is the key: The whole community must collectively resolve to act and work together to achieve an ODF community/ village. They must realise that one person defecating in the open can contaminate everyone's living environment and endanger health.

Change from within - no external prescriptions, pressures, demands for action or incentive: Communities resolve to change because they internalise the idea that OD is unacceptable and they need to change it. It is not because of any external pressures, prescriptions, demand for action or incentive.

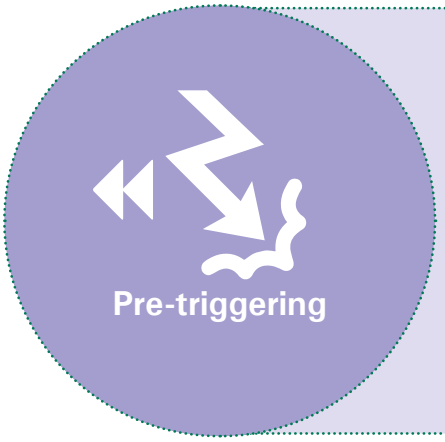
Focus on indigenous knowledge and wisdom for seeking local solutions: Communities are encouraged to come up with their own innovations, both in terms of use of local material such as stones and bamboo for construction and the design, mainly of the superstructure.

Natural leaders emerge: Natural leaders who are from local areas where ODF initiatives are being implemented are nurtured and encouraged to lead all actions.

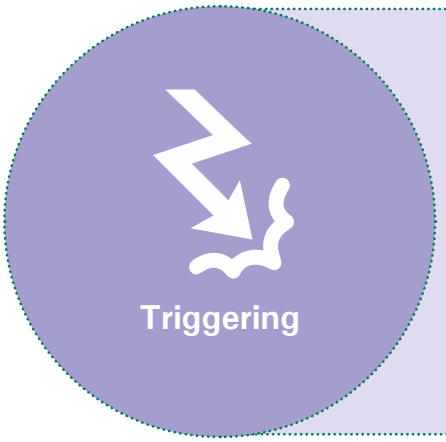
Community monitoring: The community monitors the behaviour of its members on a regular basis through community institutions such as monitoring committees.

Key processes of community approaches

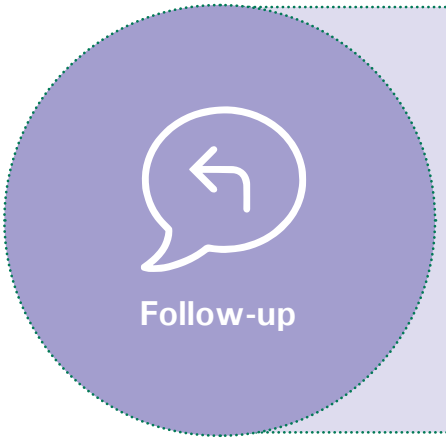
Most of the community processes currently in use in India follow the three phases of pre-triggering, triggering, and follow up, as envisaged within the CLTS approach.



During pre-triggering, facilitators introduce themselves to the community and begin to develop a rapport. The facilitators gather information to determine the best time to hold a triggering by ensuring that there are no other activities planned at the same time, so that all members of the community are available.



Triggering follows rapidly and is the phase whereby the community is mobilised to take a collective decision to abandon the practise of open defecation. This process can take a variety of forms and relies on participatory tools and approaches. The aim here is to facilitate the community to reach a decision to abandon open defecation on their own. If this does not happen, it is not forced.



Follow-up is the final phase whereby facilitators make visits to the community to support them in their action planning to make the community ODF. The facilitators will often provide technical support on toilet options, constructions and supplies.

Trigger tools

Any event, exercise, activity or idea that makes people think and act with a sense of purpose and urgency either as an individual or a community is a trigger.

Examples of some trigger tools are:

- Mapping of OD area
- Transect walk in OD area
- Calculation of faeces
- Faecal-oral routes of transmission
- Water and faeces
- Food and faeces
- Mobile tool
- Protest by children
- Monitoring map

Note:- A brief introduction of some trigger tools are available in the 5-day-training module for community facilitators/motivators.

SESSION

6 District Swachhta Plan: Integrated IEC/BCC plan

Session outcomes

- Understanding of what a district-wide approach means within the SBM (G)
- Understanding of the importance of integrated district level IEC/BCC planning within the District Swachhta Plan for effective implementation of SBM (G)
- Understanding of the key components of district IEC/ BCC planning
- Exposure to successful models of district-wide approaches

Duration

30 minutes

Method

PPT presentation and film
Plenary discussion

Materials required

PPT presentation, cards, felt pens, adhesives, pins and pin board

Process

The session will begin by reiterating the key elements highlighted in the SBM (G) guidelines especially the district being the unit of implementation led by the DC/DM/CEO. This will be followed by a PPT presentation on what is meant by the district-wide approach in terms of planning, implementing and monitoring . The importance of developing a district Swachhta Plan will then be explained and IEC/BCC planning be introduced as one of the key components of the Swachhta Plan and linkages with capacity building and monitoring component highlighted. The facilitator will then highlight the key elements of a district IEC/BCC plan.

The session will end by demonstrating how a district- wide approach to implementation is the key to achieving large-scale ODF results across the district. A film on a successful model of district wide approach will be shown to the participants.

The facilitator may refer to the national IEC guidelines released by MDWS for SBM (G).

Technical notes for trainers

District-wide approach

Districts have been identified as the key units of implementation of the SBM-G. The DMs have been identified as the lead persons to coordinate the activities under the SBM with the aim of making the district ODF.

A district-wide approach for implies that SBM(G) programme in the district is implemented under the DM's leadership primarily through the development of a plan to make district ODF within an agreed time frame. The approach goes beyond providing universal access and has the following key features:

- Strong equity focus
- Clear set of policy directions drawn from the SBM guidelines
- Clear implementation procedures, supervision arrangements, and monitoring and reporting mechanisms

It is critical that some basic steps are undertaken until the preparation of an

implementation plan for a district to implement the programme in a mission mode. These include:

- Baseline survey to understand scope of work
- Identify total number of eligible households without toilets
- Agree on an approach to address dysfunctional toilets
- Set target ODF date
- Map available days in the period to the target date
- **SMART** (Specific, Measurable, Achieveable, Relevant and Time bound) district-wide plan (backward planning design)
- Secure funding from state and other sources
- Advocacy with political leaders and other important stakeholder groups
- Prepare implementation plan (HR, capacity development, financial, communication, monitoring)

The implementation plan itself, comprises of four major planning areas:

  - IEC/behaviour change communication
  - Toilet construction
  - Capacity building
  - Monitoring

Explain planning in each area using the PPT presentation.

IEC/BCC plan integrated in district swacchata plan

Sound action planning to eliminate the practice of open defecation is critical to achieving credible and sustainable ODF results across households, villages, GPs and blocks within the district. The district-level planning process also helps in building a sense of institutional ownership of the ODF agenda at the district level. An effective District Swachhta Plan will support the supply and demand aspects of sanitation in order to achieve ODF districts that are sustainable. The real challenge most district administrations are facing is the demand component. Often there is no systematic and structured planning for IEC/ BCC. This also has implications on the utilisation of the IEC budgets which are allocated to the districts. Performance analysis of the SBM (G) MIS shows that expenditure on IEC although allocated is not reported.

The IEC/BCC planning includes the identification of key barriers and bottlenecks to the adoption of desired behaviours. It also requires identifying the primary, secondary and tertiary stakeholders and assessing the extent to which they can be mobilised and the most effective ways to engage with them. Especially important is the recognition and engagement of key change agents within the institutional setting.

Key components of district IEC/BCC plans

- **Institutional structure and functions:** Identification of the current institutions involved in the communication work at: state, district, block and village level and their roles and responsibilities
- **Message, medium and communicators:** Identification of key messages based on an assessment of the behaviours that most need to change (there can be more focus on maintenance of toilets, handwashing with soap, safe disposal of child faeces and safe storage and handling of drinking water in ODF districts); identification of the participant groups to be addressed; the medium through which these messages will be conveyed and the influencers who will communicate these messages
- **Capacity building:** Assessment of the current capacities to plan and implement the district IEC/BCC plan and the areas in which the capacities need to be strengthened
- **Monitoring and evaluation:** Design of processes for ensuring that communication activities are implemented as planned and are having the expected effects. Identification of those who will monitor the activities along with their roles and responsibilities
- **Budgetary aspects:** Identification of funding modalities and fund management according to guidelines

Successful models of ODF districts

Screening of the Nadia film or any other film on district-wide approach selected from the audio-visual list in the Facilitator's Guide.

Note:- ODEP Toolkit presentation available in the resources for the CAS package.

SESSION

7 Stakeholder mapping

Session outcomes

- Understand how to maximise people's participation for sustained behavioural change using the Spheres of Influence for Equity (siEQ) framework
- Develop the skills to map key stakeholders (organisations and individuals) and their roles, at village, block and district levels interventions in the context of IEC/BCC
- Be able to prioritise key stakeholders for the successful implementation of the programme and identify appropriate communication approaches for these stakeholders

Duration

1 hour 30 minutes

Method

PPT presentation
Plenary discussion

Materials required

PPT presentation, cards, felt pens, adhesives, pins and pin board

Process

The facilitator will present and explain the Spheres of Influence for Equity Framework (siEQ) as a tool for social mobilisation. The presentation will highlight how to use the tool emphasising the need to carry out participatory stakeholder mapping to enable the clear identification of roles and responsibilities in the social mobilisation process. During the process, the facilitator will refresh participants understanding of stakeholders from the earlier session on audience/stakeholder segmentation.

This will be followed by group work.

The facilitator will divide the participants into four groups.

The groups will be asked to choose a leader and a rapporteur. One rapporteur will consolidate the final stakeholder analysis to be included in the district IEC/BCC plan.

- The group work template will be displayed for the groups to develop the stakeholders list
- The group should list important stakeholders (individuals and institutions at village, GP, block and district levels) who are interested in communities becoming open defecation free and/or have an influence on – (1) overall implementation of the program me (SBM G); (2) change in behaviour at household and community levels
- After groups have listed stakeholders, the facilitator will ask the groups to rank each stakeholder for their interest on the issue of ODF and their influence on the programme implementation/behaviour change
- The facilitator will invite group rapporteurs to share their list of stakeholders and ratings on influence, interest and approach

- The facilitator will generate a healthy discussion to ensure all key stakeholders are identified and mapped on the matrix with influence/interest/ approach ratings agreed through consensus among all groups
- The facilitator will refresh the participants on all the communication approaches discussed in the earlier sessions and the facilitator will ask the group to identify a suitable communication approach (IPC, advocacy, etc.) for each the and other priority stakeholders identified by the group

The facilitator will end by summarizing the key outputs from the session.

Technical notes for trainers

Mapping to influence change

The following tool is called **'Spheres of Influence for Equity' or siEQ**. It is used to map out and identify key stakeholders-groups and individuals, who can support and influence positive change for others. This information can then be used to determine the strategy for working with each stakeholder to achieve the desired change, that is, toilet use by all. The siEQ tool looks at three levels- household demand for toilets, social movements and civic accountability and policy. In the tool, each level is depicted as a separate sphere.

Stakeholders are commonly spoken about as a person or group with a particular interest. However, there is no single factor that determines the behaviour of stakeholders or their degree of influence over others. Therefore, the mapping of stakeholders on the siEQ framework will vary from state to state and district to district, depending on the level of influence that one stakeholder has in any situation. A stakeholder's level of influence will be impacted by various factors including their own values, beliefs, attitudes and motivation, as well as external factors such as politics and existing governance systems, caste, gender and status.

The sphere in the centre states the wanted change – in this instance, that toilet use is the new normal. This implies that built toilets are wanted toilets and that the commitment to use a toilet has been secured. Therefore, the next sphere is about demand for toilets at the household level. This sphere represents everyone that currently does not have access to, or does not use a toilet. The following sphere represents the transformation of organisational cultures, social institutions and the initiation of social movements that are necessary to support and achieve lasting social change. It includes the wider society, as everyone can be part of the solutions that will result in India becoming ODF. The outer sphere represents the space where policy can be leveraged.

The concentric circles also show the potential synergies between the spheres. For example, influencing the wider society for social change can work both ways-it can push for required administrative/programme implementation level changes that can create an enabling environment for overall social and behavioural changes; and/or it can provide social pressure for accountability that will exert pressure on higher-level policy development and the changes required.

Using the siEQ tool at the district level

As per the SBM-G guidelines, the District Collector/Magistrate is responsible for driving ODF status in the district. The role of the DC/DM is to enable the execution of an siEQ exercise and champion its implementation, including mapping, planning and monitoring. It should also inform the District Communication Plan and Annual Implementation Plans.

The starting point should be participatory mapping workshop that engages all district stakeholders. This will help to:

- Build collective responsibility for the achievement of an ODF district
- Achieve a common understanding of:
  - The status of sanitation and issues of equity and hard to reach populations
  - The current bottlenecks to ODF and what is possible if everyone is involved
  - Reliable data and the current status of household toilet coverage
  - Stakeholder roles and expected levels of influence
  - Agreed actions and accountabilities of

the different stakeholders

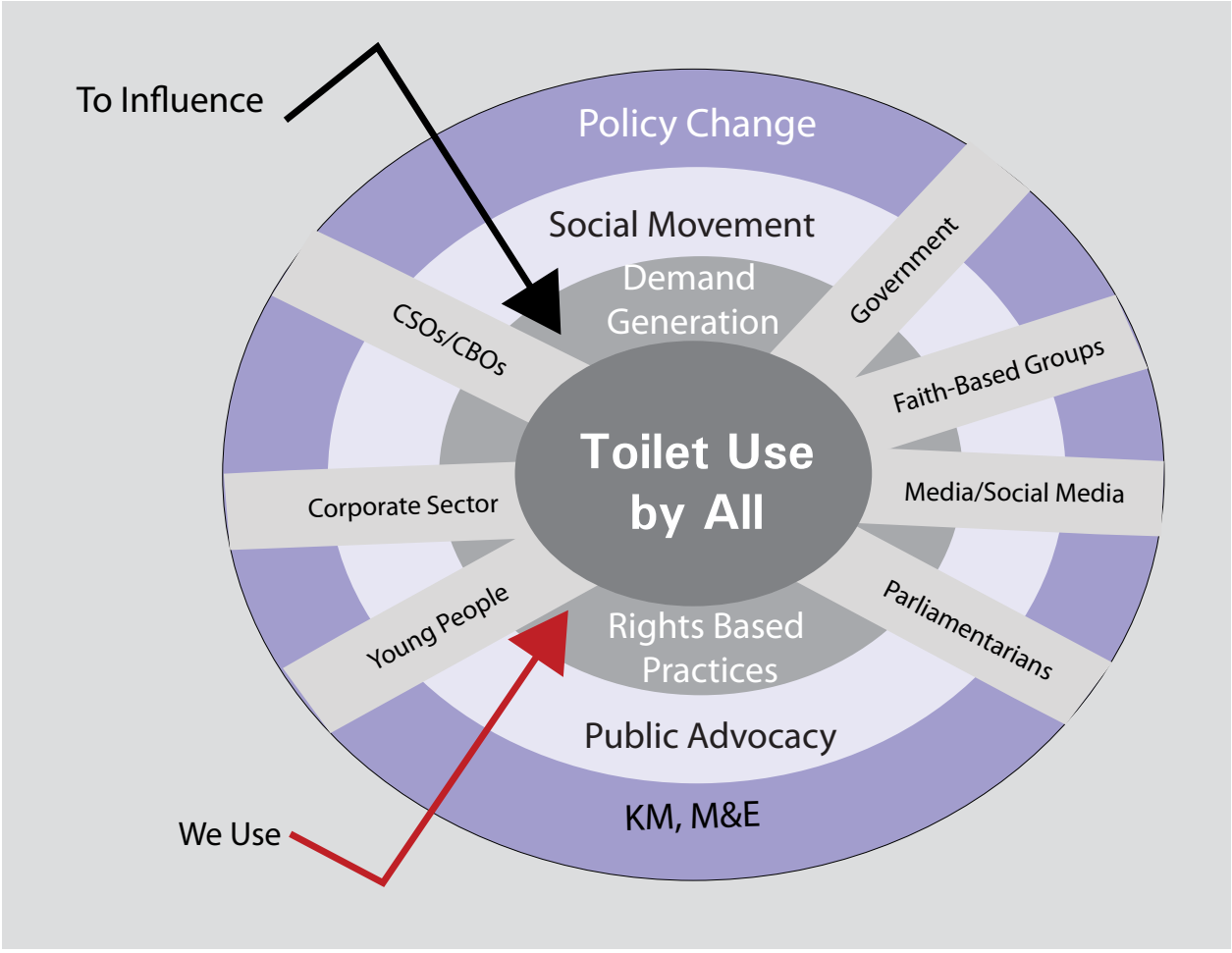
- Expected inputs for the planning and implementation of agreed actions in the context of the District Communication Plan and Annual Implementation Plans, including adequate financial allocations and utilisation

Key stakeholders and influencers are the individuals, groups or institutions that have the power to support solutions that will drive the goal of toilets for all forward. They typically include:

- Civil society, non-government and community-based organisations
- Social networks.
- Faith leaders and groups
- Government officials, departments and ministries
- Corporate and private sector companies
- Professional and/or sector groups – e.g, doctors, ASHAs, teachers, AWWs
- Children and adolescents
- The media–journalists, editors, social media and celebrities
- Local leaders, PRIs, MLAs and parliamentarians

Mapping the stakeholders and influencers on the framework provides information necessary for identifying the appropriate communication approaches for the different stakeholders within their sphere of influence.

Figure 1: SiEQ framework



*KM: Knowledge Management
M&E: Monitoring and Evaluation

SESSION

1 Recap

Session outcomes

- Revisited the key outcomes and learnings from Day 1
- An opportunity to reflect on the progress made on the plan and tasks ahead

Duration

30 minutes

Method

Rapporteur presentation

Materials required

PPT presentation, cards, paper and pen, adhesives, pins and pin board

Process

This session will begin with a warm welcome to the participants by the training team members followed by an invitation to the rapporteurs to present a recap of Day 1.

The session facilitator will thank the rapporteurs and summarise the key points from the recap and introduce the agenda for Day 2.

Technical notes for trainers

The entire training team must be present during the recap. Other participatory methods can be used to ensure that all participants share their reflections on Day 1 of the orientation.

SESSION

2 Capacity development plan

Session outcomes

- Understand the communication capacity needs and gaps among priority stakeholders for the implementation of SBM (G)
- Develop skills to map and assess the capacities of stakeholders based on identified role and responsibilities
- Be able to develop a comprehensive capacity development plan including capacity building calendar and monitoring framework

Duration

1 hour 30 minutes

Method

PPT presentation
Plenary discussion

Materials required

PPT presentation, cards, felt pens, adhesives, pins and pin board

Process

The session will begin with the facilitators dividing the participants into groups according to their district/ blocks/GPs.

One rapporteur from each group will consolidate the final capacity development plan that will be included in the district IEC/BCC plan.

The facilitator will explain that it is important to understand the capacity needs and gaps of the prioritised stakeholders for the successful implementation of the IEC/BCC plans. Based on this assessment they will develop the capacity development plans for each of the stakeholder groups through group work.

After groups (blocks/GPs) have completed their planning, the facilitator will invite a presenter from each group to share their capacity development plan, seek group feedback and receive additional suggestions for input.

The facilitator summarises the key outputs from the session—the capacity development plan and highlights from the discussions.

It is important that capacities of stakeholders are identified according to their roles and responsibilities. Inform the group that they will build on the elements of the plans developed during the day in the overall IEC/BCC planning exercise that will commence later. At the end of the micro planning exercise, they will integrate these capacity development plans into the overall district IEC/BCC plans.

Technical notes for Trainers

The capacity of stakeholders at different levels, to plan and effectively communicate to influence the adoption of positive WASH practices, is a critical component of the IEC/BCC planning process. The activities conducted in this session will focus on identifying broad thematic areas in the planning and implementation of the IEC/BCC plan in the state/district. The process will help the design and roll-out of capacity building interventions for each stakeholder group.

Key areas the facilitator can give attention to during the group activity and discussions for capacity development planning are:

- What are the stakeholder's roles and responsibilities in the implementation of SBM (G)? What communication approaches do the stakeholders employ?
- What is expected of the stakeholder to achieve through his/her/their interventions? What are the activities undertaken by the stakeholder(s)?
- Understanding capacity levels and gaps:
  - What are the desired future technical capacities?
  - What are the desired future functional capacities for communication?
  - What are the level(s) and target(s) of desired future capacities (technical and functional)?
  - What are the current capacity levels of technical and functional capacities?
  - What is the level of authority, motivation/ will/ ownership of the stakeholder?
  - What are the factors that are, or could be, supportive to the capacity development of stakeholder(s)?
  - What are the factors that have inhibited or may inhibit capacity development of stakeholder(s) including possible time restrictions ?

Different levels of training that can be conducted based on the national IEC/BCC guidelines

State level

- Training of State IEC Consultants and District IEC Consultants/Swachhta Preraks on a quarterly basis to prepare State and District IEC/BCC Plans
- Training on procurement and implementation of communication plan and monitoring

District level

- Training on community approaches to sanitation (CAS)
- Training of PRIs to familiarise them with the programme
- Training on Communication Monitoring and Evaluation

Block level

- Training of village motivators (Swachhagrahis) on community approaches to sanitation
- Training of PRIs to familiarise them with the programme
- Training of teachers/FLWs/other key stakeholders on WASH communication issues

SESSION

3

Messages and medium

Session outcomes

- Understand the core principles of developing messages for key WASH behaviours
- Understand how to use appropriate communication channels to reach intended audience/stakeholders

Duration

45 minutes

Method

PPT presentation, group work and discussion, plenary discussion

Materials required

PPT presentation, cards, felt pens, adhesives, pins and pin board

Process

The session will begin with the facilitator summarizing relevant elements of learning from Day 1. They will explain that important steps in IEC/BCC planning covered already including: the communication approaches for behaviour change in Community Approaches to Sanitation based on the siEQ model; understanding WASH behavioural barriers; mapping key stakeholders; and understanding the communication capacity needs of priority stakeholders.

The facilitator will explain that in this session they will initially focus on: (1) key elements that need to be considered while designing messages for their primary, secondary and tertiary audiences/ stakeholders; and, (2) the channels (medium) that can be employed to reach the intended audience effectively.

This will be followed by group work where participants (in the groups already identified) work on developing different messages for identified behaviours. Participants should be encouraged to draw lessons from the earlier sessions while developing messages that address the barriers to behavioural change in the most effective way.

Group work will be followed by presentations from the groups and feedback. A plenary session will follow inviting participants to discuss the choice of communication channel mix and materials for the messages developed in the context of the state/district.

The facilitator may refer to the gender guidelines released by MDWS for SBM (G) for introducing gender sensitive messaging.

Technical notes for trainers

The vision for SBM (G) emphasises the urgent need to create a social movement that demands services and defines new norms for WASH behaviours. The IEC/BCC plans developed at state/district level are the implementation strategies of SBM (G) and will determine the level of sustainability of the ODF status achieved by communities.

After stakeholders are prioritised and capacity needs mapped, designing relevant and impactful messages that reach all stakeholders is the next important element of IEC/BCC plan development. Technically accurate, culturally appropriate and creatively delivered key messages are crucial for the achievement of

sustainable changes in WASH behaviours.

As discussed in the earlier session, key messages on these behaviours should be derived from the challenges and bottleneck analysis for WASH in the state/district. Audience/stakeholder segmentation should also be kept in mind while developing messages.

Segmenting prioritised stakeholders into smaller audience groups with similar communication-related needs and preferences will help design messages and identify channels. While traditional mass media campaigns aim to reach the whole population, segmentation of audiences/stakeholders helps inform strategic choices on the channels to adopt for each communication approach discussed earlier—advocacy, social and community mobilisation and IPC—and therefore reach the defined audience/ stakeholder with more intensity and potentially higher impact.

Creative but consistent messages in the SBM (G) IEC/BCC plan can address multi-layered barriers. They can break myths and other incorrect and harmful individual and socio-cultural constructs that determine sanitation behaviours among stakeholder groups. It can stimulate thought processes to motivate or influence action among individuals and communities by providing credible and scientific information and increasing awareness, knowledge and skills of the benefits of adopting positive WASH practices. Effective messaging can provide updated and correct information on SBM (G) programme components as well as on technological options.

Elements of messages

The information age has changed how people consume information. There is an overload of unlimited and free access to diverse information platforms from all walks of life. The coverage of mobile telephones and the internet to broad population groups has made it possible and easier to share and interact with audiences in real-time. However, the challenge is to create and deliver messages in a manner that gains and retains the attention of audiences among competing priorities. In this context, it is important that messages that promote priority WASH behaviours through the SBM (G) give due attention to the following attributes:

- **Content:** Messages must deliver the core SBM (G)/ WASH messages in a simple, positive and clear language that is accurate, comprehensible and relevant to the audience
- **Context:** Ensure that messages are identifiable and sensitive to the socio-cultural context and information consumption preferences of the audience
- **Organisation:** Effective presentation and layout of messages in diverse media including innovative use of audio and visual aids to attract and embed messages in audiences' mind space
- **Acceptable:** Messages need to model the SBM(G) principles of human dignity, gender and equity and not promote unsustainable practices
- **Appeal:** Messages should engage and motivate their audience to change inappropriate WASH behaviours

Communication channels

Messages are meaningful when delivered through communication channels appropriate to the intended audience/stakeholder. Communication approaches can use a range of channels to relay the messages like mass media, mid-media and IPC-based on the objectives of engagement with the audience/ stakeholder groups.

The effectiveness of a communication channel can be measured by its ability to deliver messages in an effective manner (including parameters like timeliness and resource-friendliness). Each channel has a set of characteristics that make it more or less effective and relevant to the audience that it intends to serve. While developing the state/ district IEC/BCC plan, it is crucial to identify the appropriate channel mix.

As discussed in the communication approaches session, it might be helpful to think in terms of three basic intervention types: **(1) interpersonal channels, (2) community-based channels (mid and traditional media) and (3) mass and social media channels.** The greatest impact will be achieved by combining activities and channels strategically. Within each approach, multiple channels could be used as it helps reinforce the

message, aids recall and stimulates dialogue and action. This can be ensured by maintaining consistency of messaging including common themes and branding across all mediums/ channels.

Channels play different roles, for example, mass media helps raise awareness and reaches large number of stakeholder groups. In order to identify the channel mix, it is important to know the preferred channels, media exposure and use pattern among key stakeholders/audiences. No medium is greater than the other and no medium can achieve all communication objectives. The messages developed need customisation to the nature and scope of the medium. Print media serve a literate group and provide space for more detailed information about the topic. Digital/ social media that includes the internet and mobile-based platforms are increasingly used as effective means to spread messages. Overall, it is important to note that interpersonal channels and digital platforms provide space for dialogue and feedback and engage audiences as participants, rather than passive recipients. It amplifies the impact of communication interventions when used strategically with other mass and mid-media tools.

Channel mix: While developing the IEC/BCC plans, employing an appropriate channel mix is based on: the complexity of the content, media habits and preferences of the audience and operational feasibility for effective implementation. Among the three channels discussed above, IPC is most appropriate in several instances and provides sustained results in changing WASH behaviours. Well trained and motivated personnel should be engaged for effective implementation. New media involving digital technologies provide scope for innovative outreach and engagement with large groups of stakeholders. As state and district-level planners for SBM (G), it is important to note that developing effective key messages and planning its delivery through appropriate channel mix is vital for achievement of the SBM (G) goals. At the same time, the overall success will also depend on the quality of production and roll-out of the media outreach plan.

SESSION

4 Introduction to Monitoring and Evaluation for IEC/BCC

Session outcomes

- Understand monitoring and evaluation in the context of social and behaviour change activities
- Understand how to develop local and tailor-made monitoring and evaluation indicators and the process of tracking those

Duration

60 minutes

Method

PPT presentation and film
Plenary discussion

Materials required

PPT presentation, cards, felt pens, adhesives, pins and pin board

Process

The session will open with a presentation on monitoring and evaluation in the context of communication activities. This will be followed by group work to develop indicators.

Technical notes for trainers

A system for monitoring and evaluation of communication activities is critical for a regular flow of information on the performance of the activities and the overall programme. It helps assess gaps and required modifications within district communication plans. As discussed till now, the IEC/BCC plan in SBM (G) is a set of strategic communication activities using diverse approaches and channels that seek to trigger and sustain behavioural change on WASH practices. The ability to monitor progress in the implementation and achievement of results stated in the IEC/BCC plan is crucial to understand and present the results of SBM (G) efforts comprehensively. Monitoring of IEC/BCC activities provides critical information that will help analyse

how effectively the barriers to adoption of positive WASH practices have been addressed through the planned activities. Monitoring of communication initiatives can be done at various levels including at: inputs, outputs, outcomes and impact levels.

Monitoring primarily focuses on the following questions:

- Are activities being completed as planned?
- Are messages being delivered to the intended audience?
- Are relevant stakeholders involved and do they have adequate communication capacities?

Overall, the monitoring plan tracks whether the IEC/BCC programme is being implemented as planned and whether it is achieving what is expected. Quantitative and qualitative tools are used to get an in-depth understanding of processes involved in the implementation of the IEC/BCC plan. Quantitative tools include rapid appraisals, surveys, audits and content analysis. Qualitative tools include focus group discussions, interviews, social mapping, structured observations and appreciative inquiry processes.

To have a better understanding of the quality

and impact of IEC/BCC interventions, a district-specific IEC monitoring plan needs to be developed. Reporting annual progress will need to be on process, output, and outcome indicators.

Indicators at different levels

Outcome indicators

Outcome evaluation is used to assess the effectiveness of the SBCC plan in meeting its stated objectives. Outcome indicators can be defined as changes in behaviour (individual, household, community or institution), policy, capacity or social norms,

Output indicators

Output assessment refers to the early results of the communication interventions, while the assessment of long-term indicators may be thought of as outcome evaluation of the communication strategy. The indicators for intermediate results can be used as predictors of behaviour change.

Process indicators

Process indicators are used to assess how well the advocacy and communication plans have been implemented and to adjust communication/ advocacy activities and tasks to meet their objectives. Process evaluation assesses whether inputs and resources have been allocated or mobilised and whether activities are being implemented as planned.

SESSION

5 Development of IEC/BCC plan

Session outcomes

- Understanding of the GOI IEC/BCC guidelines
- Understand the funding modalities and management processes outlined in the guidelines
- Developed District IEC/BCC plan

Duration

2 hours 50 minutes

Method

PPT presentation, group work, plenary discussion

Materials required

PPT presentation, cards, felt pens, adhesives, pins and pin board

Process

The session will begin by highlighting the key elements of the IEC/BCC guidelines of SBM (G) through a PowerPoint presentation. This will be followed by highlighting the recent IEC data analysis from the MIS (relevant to the state/district where the orientation is organised) and linking this with the guidance.

This will be followed by group work to develop the plans.

The participant groups will be divided on the basis of their district/blocks. Every group will select a presenter, rapporteur and time keeper. The facilitator will then ask them to revisit their stakeholder analysis, capacity building plans and the communication tools and materials to bring them together into a comprehensive district plan. An indicative template will be provided to the groups.

The groups will discuss and complete the template. The facilitator and other trainers will facilitate the group discussions and provide clarifications as required.

Technical notes for trainers

Refer to the templates provided. The facilitator will explain the templates highlighting how the participants need to bring together and collate the work done in earlier sessions to develop a comprehensive plan. The focus will also be ondeveloping specific activities for stakeholder groups, their costing, frequency and timelines.

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Annex 1

Registration form

Two-day orientation on Community Approaches to Sanitation (CAS)

Name.....

Designation.....

Organisation.....

Contact Details: Email id..... Mobile.....

Educational Qualification/s.....

Work Experience: Number of years..... Sector/s.....

How long have you been working in rural sanitation and in what capacity? (In two sentences)

.....

Have you been trained in community approaches to sanitation such as CLTS/CATS/SARAR/SBCC etc

Yes/No.....

Have you been trained on the five-day module of CAS?

.....

If yes, when did you receive the training and by whom or/and which agency?

.....

How did you use your learning from the training subsequently? (In two sentences)

.....

.....

Do you have the experience of working with communities? Yes/No

.....

If yes, in what capacity and with what results? (In two sentences)

.....

.....

Please write what do you think are the key features of community approaches to sanitation? (In points)

.....

.....

Annex 2

Feedback form

Two-day orientation on Community Approaches to Sanitation (CAS)

Name.....

Designation.....

Organisation.....

Feedback

Please write at least five things that you have learnt in this programme, which you did not know earlier, or not in the manner that you know now.

Which of the following roles/tasks do you think you can carry out effectively after this training:

- Development of state/district communication plan
- Development of state/district communication capacity building plans
- Development of District Swachhta Plan
- Training on IEC/BCC plannin

What do you think were the strengths of this training programme?

.....

.....

What do you think were the weaknesses of this training programme?

.....

.....

What are your suggestions for improving the delivery of these programme in future?

.....

.....

Feedback form

Feedback on some key aspects of training.

Please mention three key lessons you have learned during the workshop.

Please mention which sessions of the workshop were the most interesting and useful to you.

Please mention sessions of the workshop which were of least value for you.

Do you think that there is a need for another training programme or workshop after this for sharpening your skills?

Any other comments.

Feedback form

S.N.	Description	Very good	Good	Average	Poor
1	Contents of the training workshop				
2	Quality of facilitation				
4	Participation in workshop activities by the participants				
5	Coordination between the facilitators and participants				
6	Discipline during sessions				
7	Accommodation and arrangements for the participants				
8	Quality of meals/food				
9	Arrangement for travel and tours during the workshop				
10	Total impact of the workshop				

Annex 3

Templates

District IEC/BCC activity plan

Audience/ stakeholders	IEC/BCC activities	Communication tools/inputs required	Responsibility (state/NGO/ partners etc.)	Target (GP/ block/ district)	Frequency	Timeline/ duration	Budget required	Means of verification (activity completion as planned)

Note: Please see the tables below for the suggested IEC/BCC activities including capacity building plan for community approaches.

Outdoor media

Communication tool	Numbers	Unit Cost	Total cost
Wall painting			
Hoardings			
RSM branding (rural sanitary marts)			

Folk, other media

Activity	Frequency	Unit cost	Total cost
Folk programmes	Once per quarter – schedule to coincide with group meetings/ VHND/Health melas/special day celebrations		
Video shows			
Nukkad Natak			

Mass media

Activity	Frequency	Unit cost	Total cost
TV spots	As per the media plan—staggered in bursts over the year	Rate to be calculated as per the media plan	
Radio spots			
Press advertisements			

Inter-personal communication

Activity	Frequency	Unit cost	Total cost
Home visits	Daily		
Group meeting	Fortnightly		
Any other			
Any meeting organised by the village motivator	Fortnightly		

Capacity building plan

Level and functionaries	Subject matter/ issues	Trainer institution (district level/state level)	Funds required—material required +training logistics (per batch)	Frequency
State level				
District level				
Block level				
Gram Panchayat level				
Any other training				

Acronyms

BCC Behaviour Change Communication

CAS Community Approaches to Sanitation

CATS Community Approaches to Total Sanitation

CEO Chief Executive Officer

CLTS Community Led Total Sanitation

DM District Magistrate

FLW Frontline Worker

GOI Government of India

GP Gram Panchayat

IEC Information, Education and Communication

IPC Interpersonal communication

KRC Key Resource Centre

MDWS Ministry of Drinking Water and Sanitation

NGT Nominal Group Technique

O&M Operation and Maintenance

OD Open Defecation

ODF Open Defecation Free

SARAR Self-esteem, associate strength, resourcefulness, action planning, responsibility

SBCC Social and Behaviour Change Communication

SBM-G Swachh Bharat Mission-Gramin

UNICEF United Nations Children's Fund

VIPP Visualisation in Participatory programmes

WASH Water Sanitation and Hygiene

Notes

Notes

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unicef
for every child