

**WATER SANITATION AND HYGIENE
ADVOCACY
AND
COMMUNICATION
STRATEGY FRAMEWORK
2012-2017**

Abbreviations

ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BCC	Behaviour Change Communication
CCDU	Communication and Capacity Development Unit
CATS	Community Approaches for Total Sanitation
CLTS	Community-led Total Sanitation
DISE	District Information System for Education
DWSM	District Water and Sanitation Mission
GoI	Government of India
GP	Gram Panchayat
IAY	Indira Awas Yojana
IEC	Information, Education and Communication
IPC	Interpersonal Communication
JMP	Joint Monitoring Programme
KAP	Knowledge Attitude and Practice
MDG	Millennium Development Goal
MDWS	Ministry of Drinking Water and Sanitation
M&E	Monitoring and Evaluation
NBA	Nirmal Bharat Abhiyan
NFHS	National Family Health Survey
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
NGP	Nirmal Gram Puraskar
NRDWP	National Rural Drinking Water Programme
NSS	National Sample Survey
ODF	Open Defecation Free
O&M	Operation and Maintenance
PRI	Panchayati Raj Institution
PSA	Public Service Announcement
RSM	Rural Sanitary Mart
SBCC	Social and Behaviour Change Communication
SHG	Self-help Group
SMS	Short Message Service
SSA	Sarva Shiksha Abhiyan
SWSM	State Water and Sanitation Mission
TOT	Training of Trainers
TSC	Total Sanitation Campaign
UNICEF	United Nations International Children's Fund
VM	Village Motivator
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
ZP	Zila Panchayat

FOREWORD

India ranks amongst one of the fast-growing economies yet over half of our citizens do not use a toilet. This means that more than 600 million people still practice open defecation. Although access to improved sanitation is steadily increasing,¹ with almost 20 million new toilet users a year since 2000 the pace of change is too slow, in part due to population growth. So although open defecation rates fell from 75% to 51% between 1990 and 2010,² the actual number of people defecating in the open still remained the same.

The benefits of sanitation are evident to the health and wealth of the nation. However, perceptions about the high cost of having a household toilet and the *perceived convenience* of open defecation along with its socio-cultural acceptance have kept the sanitation status low. Despite the increase in access to toilets, many are built but simply not being used. Recent studies also confirm that there is slippage in the open defecation free status in Nirmal Gram Puraskar winning villages.³

The major obstacles in sustaining open defecation free status include inculcating sustained changes in personal behaviour; and inadequate involvement of local self-governments and communities. Poor quality construction or technological failure in the model design also contributes.

There is now an urgent need to accelerate progress to achieve the vision of "**Nirmal Bharat**" by 2022 of a clean and healthy nation.

¹ Up to 65% in 2010 as per the Ministry of Drinking Water and Sanitation reporting system: <http://ddws.nic.in>

² Progress on Sanitation and Drinking Water: Joint Monitoring Programme, UNICEF and WHO (2012)

³ Assessment study of Impact and Sustainability of Nirmal Gram Puraskars, MDWS, study conducted by CMS in 2010; and UNICEF study conducted by TARU, 2009.

Nirmal Bharat Abhiyan Goals

Creation of Totally Sanitized Environments -End of open defecation and achievement of a clean environment where human fecal waste is safely contained and disposed.

Adoption of Improved Hygiene Practices – All people in the rural areas, especially children and caregivers, adopt safe hygiene practices during all times.

The NBA guideline delineates communication as an integral component of the national sanitation programme. The communication activities need to be area specific and should also involve all sections of the rural population, in a manner, where willingness of the people to construct toilets is generated. The communication plans have to be implemented not just to create demand but also for use, maintenance and up gradation, so that sanitation and hygiene become an integral part of rural life and thereby sustainable.

Secretary

MDWS

GoI

OVERVIEW

More people practice open defecation in India than anywhere in the world – more than 600 million individuals. Although access to improved sanitation is steadily increasing in India since the year 2000 the pace of change is too slow. If the current trend continues, India will miss the Millennium Development Goal (MDG) target for sanitation, and without India the world will not be able to achieve its targets. Clearly accelerating access to and use of toilets and hygiene practices have become a national priority for India.

To accelerate the process the Ministry of Drinking Water and Sanitation (MDWS) along with UNICEF and other partners have developed the **National WASH⁴ Advocacy and Communication Strategy for 2012-2017**. The overall goal is to make sure that people have access to, *and use* a toilet and practice good hygiene, including handwashing with soap after the toilet and before food. The strategy focuses on increasing knowledge and perceived importance of sanitation and hygiene practices, with the long term objective of changing the way society thinks so that open defecation is no longer acceptable in India.

The Advocacy and Communication Strategy focuses on **four critical WASH behaviours**:

1. Building *and* use of toilets
2. The safe disposal of child faeces
3. Handwashing with soap after defecation, before food and after handling child faeces
4. Safe storage and handling of drinking water

The Communication Strategy is divided into **three phases**, each with specific communication objectives. It clearly defines,

- the audience receiving the information (the who);
- the content of the information (the what); and
- the methods to be used to convey the information (the how).

This is *achieved through* advocacy, interpersonal communication and community mobilisation with overall multi- media support including mass media, digital media and social media.

A detailed **implementation framework** lists out the key audiences, the activities to be used with each of them and the communication tools required. A **preliminary monitoring and evaluation framework** with regular assessments allows for local modification and refinement of the strategy. **Indicators** for each of the phases are organised at three levels - outcome, output and process.

A **District Communication Plan Template** supports the overall framework. It outlines the steps required for the development of a **Communication Action Plan** and for roll out at the district, block and village/GP level.

⁴ WASH Water, Sanitation, Hygiene

Using the WASH Advocacy and Communication Strategy document

Developed through a consultative process, the WASH Advocacy and Communication Strategy 2012-2017 is a framework to guide the execution of advocacy and communication efforts related to toilet construction and use and key critical WASH behaviours at the national, state and district level, including:

National level

- Increasing population-wide and mass awareness of the importance of using a toilet and practicing good hygiene, with an emphasis on the positive outcomes for health.

State level

- Contextualizing the national framework to a state-specific strategy with implementation plans to roll out of the four critical WASH behaviours at scale.
- Using a Menu of Activities at each Phase within the Implementation Framework (Annex-1) to reach different audience segments within the population. This will take account of different socio-cultural and geographic diversities, focus audiences, media penetration and reach.

District level

- Using the District Communication Plan Template to develop a **Communication Action Plan** at district level and for the roll out of this action plan (Annex-2). This will include identifying who will be responsible for driving the communication activities and capacity building at different levels and the communication tools required, together with the tentative cost for the communication activities and tools.
- Undertaking monitoring and evaluation based on an agreed matrix and taking corrective actions.

To assist the process this document is divided into four main sections, each with sub-sections:

1. Why a WASH Advocacy and Communication Strategy
 - Challenges and misconceptions
2. What is the focus of the WASH Advocacy and Communication Strategy
 - Changing an individual's behavior
 - Communication approaches
 - Communication objectives
 - The three phases of the Advocacy and Communication Strategy
 - Communication activities
 - i. National level
 - ii. National and state level
 - iii. District, block, village/GP level
3. How to implement the WASH Advocacy and Communication Strategy
 - Implementation framework (Annex-1)
 - Guidance note for developing state-specific advocacy and communication strategies
 - District Communication Plan Template (Annex-2)
4. Monitoring and Evaluation Framework
 - Suggested monitoring and evaluation framework (Annex-3)

WASH ADVOCACY AND COMMUNICATION STRATEGY

WHY A WASH ADVOCACY AND COMMUNICATION STRATEGY

The effects of poor sanitation seep into every aspect of life – health, nutrition, development, economic, dignity and empowerment. It perpetuates an intergenerational cycle of poverty and deprivation. To meet the country's sanitation and hygiene challenge there is an urgent need to focus on triggering the *demand* to build toilets, ensuring their quality, *use* and maintenance.. This is achieved by creating a culture of “social sanctions” that challenge acceptance of open defecation once and for all. Making this happen requires substantial resource and time investment to inculcate a lasting change in behaviour and adoption of key hygiene practices at the community and household level.

Challenges and misconceptions

Research in India over the past decade offers useful insights on factors leading to the persistence of open defecation and non-adoption of safe hygiene practices.

- **Open defecation is a socially accepted traditional behaviour.** Many households and communities consider toilets unclean and the availability of open defecation fields in rural areas supports the continuation of such a belief. The major challenge is to *change behaviours* established over centuries which have resulted in open defecation being considered socially acceptable. It is not.

Evidence from Tamil Nadu

A study in Tamil Nadu revealed that 50% of the surveyed population found defecating in the open cleaner than using a toilet with more than 11% reporting that it is unhygienic to have toilets near the dwelling. Almost 90% reported that they were 'habituated' to open defecation and 5% reported that it was 'not in our culture' to use toilets. A further 4% were dissuaded by household elders not to use toilets.

Source: UNICEF Study on Perception and Attitudes for Household Sanitation in Tamil Nadu; conducted by SRI-IMRB; 2010

- **Lack of awareness of the linkages between using a toilet, the safe disposal of faeces and hygiene and health.** Improved sanitation is not prioritized in many households and the links between open defecation and common diseases, including diarrhoea are not understood. Practicing open defecation creates an environment where disease transmission takes place and it is young children in particular who pay the highest price. Over 80% of all deaths due to diarrhoea among children under-five years of age are *directly attributable* to poor sanitation, unsafe drinking water and unhygienic practices. However, most communities do not view diarrhoea as life threatening.

- Acceptance of open defecation means that girls and women remain "*imprisoned by daylight.*" In the absence of toilets girls and women (be they daughters, wives, mothers, aunts, grandmothers or nieces) are forced to wait for early morning or late at night to defecate. This sees them vulnerable to harassment, rape, disease and accidents, for example snake bite.
- **Child faeces are considered to be harmless.** Many fathers, mothers and caregivers do not perceive child faeces as harmful. It is common practice to throw faeces out in the open and not ensuring its proper disposal. Caregivers also fail to wash their hands with soap after handling and cleaning soiled babies and infants. Yet, one gram of faeces can contain:

One gram of faeces contains:

- 10,000,000 viruses
- 1,000,000 bacteria
- 1,000 parasite cysts

Source: UNICEF IYS Fact Sheet 2008

- **A significant gap exists between knowledge and practice.** Even when people are aware of the health risks related to poor sanitation - and specifically not using a toilet, and critical hygiene behaviours they *continue* with unhealthy practices.

Evidence from Odisha

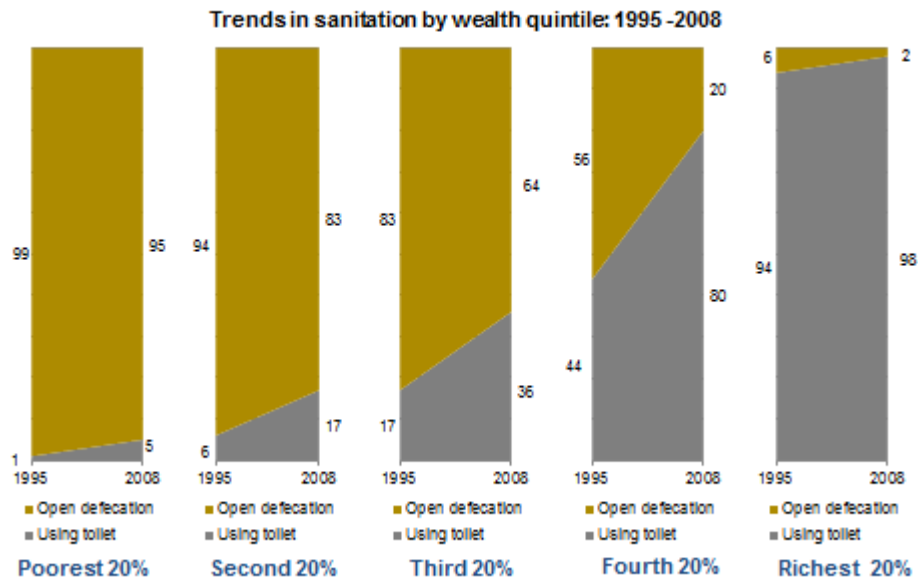
A study in Odisha revealed that 50% of households surveyed knew that water contamination causes diseases, however 64% of these households continued to draw water from storage vessels by inserting a hand. Although 92% of respondents considered washing hands to be important for personal hygiene, only in 29% households was soap/ash kept at the washing area. About 56% of respondents associated health problems with open defecation but nearly 36% did not think it important enough to build a toilet at home. Among the model Gram Vikas villages, 83% of households had toilets but only 48% were reportedly using them.

Source: Study to Assess Gaps Responsible for Low Utilisation of TSC among Tribal Population of Orissa; UNICEF and IMACS 2011

- **Access to a toilet does not always mean it is used or maintained.** Ownership of a toilet does not always lead to better adoption of sanitation and hygiene practices. Often faulty design, lack of proper maintenance, lack of knowledge about proper toilet usage and insufficient running water in the vicinity raises dissatisfaction levels, resulting in a return to open defecation. Along with highlighting the relevant benefits of constructing toilets there is an *urgent* need to provide information about the availability of improved and affordable design options and how these can easily be maintained.

- **It is considered totally acceptable for some people in society not to have a toilet.** Although access to improved sanitation is increasing the gains are *highly inequitable*. Households below the poverty line exhibit least access to sanitation – including use of a toilet. Extending sanitation to the poorest, second and third poorest quintile of the population must be done if India is to make progress in terms of equity and targets.

The use of toilet in the poorest 20% household has been stagnant

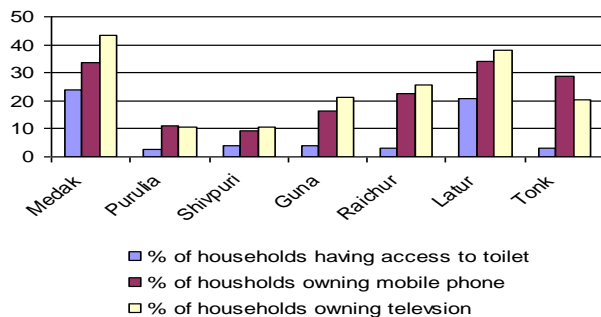


Source: NFHS (DHS) 1993, 1999, 2006

Prepared by UNICEF Statistics and Monitoring Section, May 2010

Building and owning a toilet is not perceived as aspirational. Construction of toilets is still seen as a government responsibility, rather than a priority that individual households should take responsibility for. As such people prioritise buying a mobile phone or TV rather than investing in, using and maintaining a toilet. The challenge is to motivate people to see a toilet as fundamental to their social standing, status and well-being.

More people own mobile phones and TV compared to toilets



Based on the evidence the strategy focuses on four critical WASH behaviours:

- 1. Building *and* use of toilets**
- 2. The safe disposal of child faeces**
- 3. Handwashing with soap after defecation, before food and after handling child faeces**
- 4. Safe storage and handling of drinking water**

WHAT IS THE FOCUS OF THE WASH ADVOCACY AND COMMUNICATION STRATEGY

The Strategy focuses on

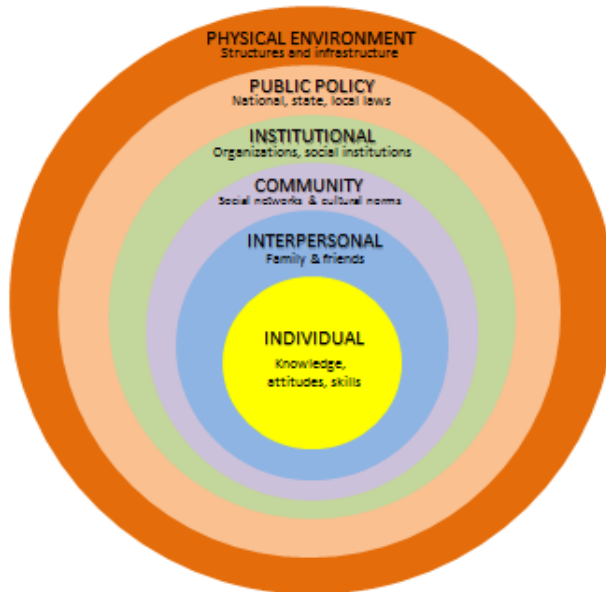
- the immediate need for individuals adults and children, men and women to change existing perceptions about the importance of sanitation and hygiene practices, and
- the long term need for the whole of Indian society to agree that it is *not socially acceptable* to practice open defecation, handle child faeces, ignore handwashing with soap or store and handle drinking water inappropriately.

It is only a change in individual practice coupled with a change in the social norm that will bring about a positive change for everyone.

Changing an individual’s behaviour

To achieve a positive change in human behaviour it is important to recognize that individual behaviour is complex. Human behaviour is determined by close social networks and also the socio-cultural and physical environment that each person lives in. Bringing about changes in an

individual's behaviour requires a look at the person's environment at different levels, from the household and community to the institutions responsible for support and the policy framework. Each of these levels influences how an individual behaves.



Focus on change at different levels

Multiple dimensions influence individual behaviour as depicted in the figure below

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

Evidence shows that the most effective approach leading to behaviour change is a combination of efforts at all levels- individual, interpersonal network, community and societal. For effective communication different levels are reached with different communication approaches.

Evidence also shows that trying to change too many behaviours does not work. This is why the WASH Advocacy and Communication Strategy focuses on only **four critical WASH behaviours**

1. Building *and* use of toilets
2. The safe disposal of child faeces
3. Handwashing with soap after defecation, before food and after handling child faeces
4. Safe storage and handling of drinking water

The main communication approaches suggested for the different levels are advocacy, interpersonal communication, community-mobilisation, supported and reinforced by mass media.

Communication Approaches

The core communication approaches available to use with different audiences are:

- **Advocacy:** to influence public and policy with information and to raise the issue of sanitation higher in the policy agenda and in the minds of the people.
- **Interpersonal Communication:** is the *key approach* of this strategy to *raise awareness* on the importance of sanitation among the rural community and support the increased interest and willingness *to uptake* sanitation and hygiene practices.
- **Community Mobilisation:** to initiate dialogue among community members to deal with critical issues of sanitation and hygiene and also provide a platform for the community to participate in decisions that affect their daily lives.
- **Mass media, outdoor media and folk media:** to raise mass awareness, promote the 4 critical behaviours and programme information. Simultaneously also provide support to interpersonal and community mobilisation efforts by reinforcing and raising the credibility of the message carried by non-professionals.
- **Entertainment Education:** to disseminate messages which are educational in substance, entertaining in structure and popular in the community, in order to promote sanitation and hygiene messages by building on and coordinating with the above efforts.
- **Social marketing:** to promote adoption of behaviours and create a demand for services and supplies that help practice that behaviour.

Communication objectives

The overall goal of the WASH Advocacy and Communication Strategy is to attain a positive behaviour change among people with respect to the use of toilets and other critical hygiene practices. This will include enhancing knowledge about improved sanitation and hygiene behaviours and encouraging conversion of the knowledge into practice.

The WASH Advocacy and Communication Strategy will meet the following broad objectives:

- Increase mass awareness levels and make the identified audiences more conscious about issues related to the importance of sanitation and hygiene;
- To influence decision makers and opinion leaders to advocate for improved sanitation and hygiene standards thus creating an overall positive environment; and
- Ensure that households have knowledge of the linkages between sanitation, hygiene and health leading to increased public demand for quality sanitation services and adoption of hygiene practices.

The long term objective is to change social norms making open defecation unacceptable and internalising the practice of safe disposal of child faeces, handwashing with soap and safe storage and handling of drinking water among all.

Social Norms

Social norms are the rules people in a society are expected to abide by. They are 'agreed-upon' rules by which a culture guides or shapes the behavior of its members in a given situation. Sanctions of different types and degrees (stigma, social exclusion, fines, etc.) are usually expected for those who do not adhere to the norms. Norms can suggest what behaviour/ practice should be followed or which behaviour/practice should NOT be followed thus providing easy guidance in a number of situations (queuing, stealing, bringing a gift when invited, etc.)

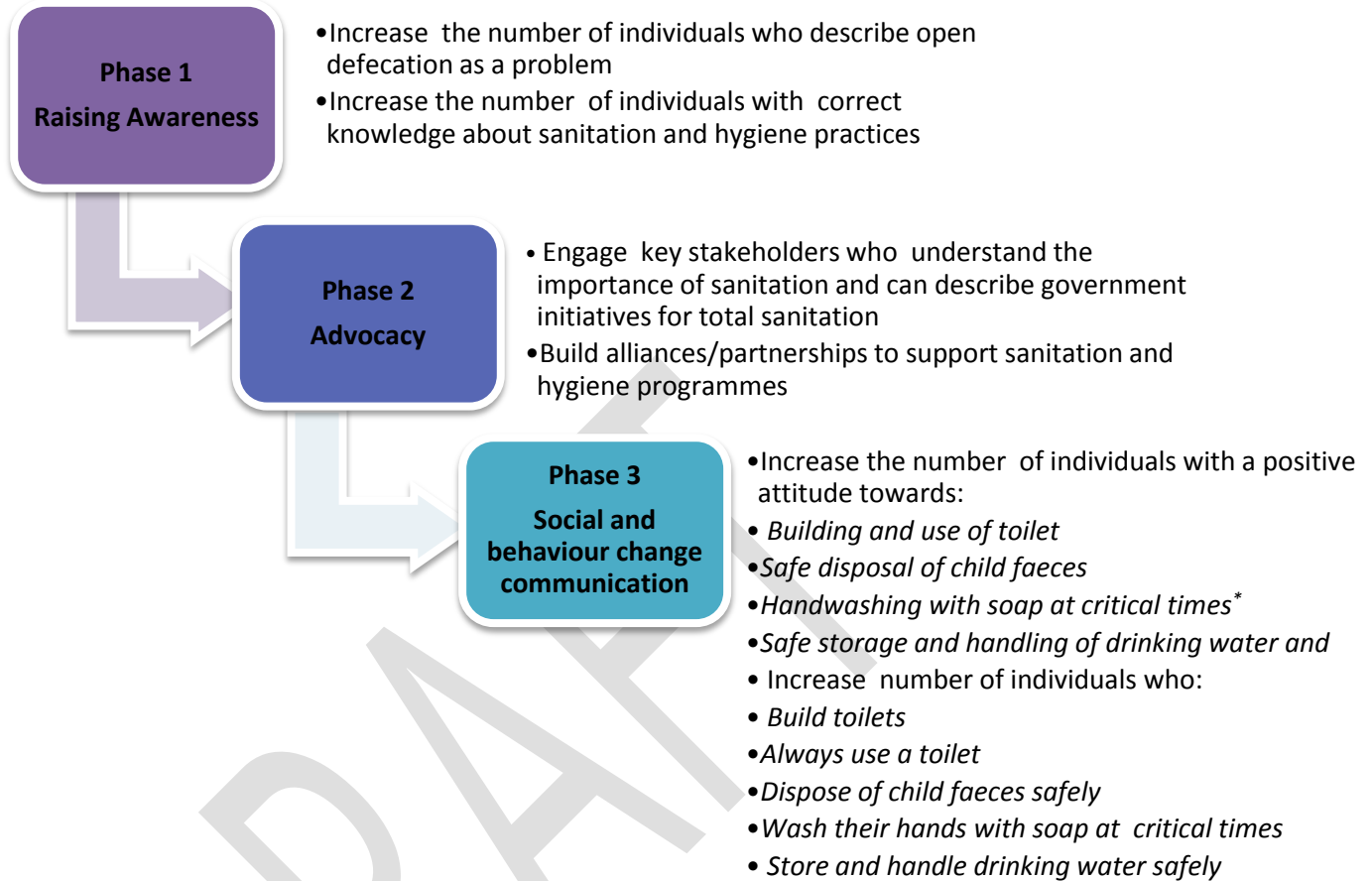
Why focus on social norms

- Most decisions and behaviours affecting individuals are interdependent, not based on individual or individual family preferences alone.
- Change cannot be achieved through strategies addressing only the individual, *as his/her decisions depend on what others think, do and expect from him/her.*

The building blocks

The strategy envisages reaching the goal of changing people's knowledge, attitudes and practices through different communication activities in a phased manner. Every phase is designed to achieve a specific set of communication objectives, each of which will act as a building block for the next.

Communication objectives for each phase



* Critical times- after defecation, before food and after handling child faeces

The three phases of the WASH Advocacy and Communication Strategy

The WASH Advocacy and Communication Strategy is divided into three distinct phases,

Phase 1: Raising Awareness

Phase 2: Advocacy and

Phase 3: Social and Behavioural Change Communication.

Phase one and two of the strategy focuses on raising understanding and visibility of sanitation and hygiene behaviours and creates an enabling environment for change. Phase Three, Social and behaviour change communication empowers individuals and family members to take decisions based on information and improved understanding; and motivates the community to play a proactive role in supporting change and influencing perceptions, beliefs and attitudes to change sanitation practices and existing social norms.

Three phases of the WASH Advocacy and Communication Strategy

- ***Phase 1: Raising Awareness-*** *Designed to raise visibility of the importance of good sanitation and hygiene behaviours and to build public support, creating an enabling environment for change.*
- ***Phase 2: Advocacy-*** *To arm influencers and decision makers with the information they need, and to encourage them to speak up and to take action for positive change.*
- ***Phase 3: Social and Behaviour Change Communication-*** *To empower individuals and families to make decisions based on correct information and improved understanding and to motivate communities to help create positive social norms.*

The three phases are not fully sequential, as there will be a degree of overlap in activities carried out through the implementation. Through these three overlapping phases, the strategy will reach out to children, women and men, influencers and decision-makers across the country, at strategically appropriate times, to create a momentum of supportive public will and a social movement for positive change.

Advocacy and Communication activities

The communication activities identified for the different phases are designed to raise awareness levels on the importance of adopting sanitation and hygiene behaviours, influence attitudes at the household and community level and promote adoption of hygiene practices. The first and the second phase of the strategy will be carried out simultaneously followed by the third phase.

National level activities

Phase 1: Raising awareness

The focus will be on enhancing knowledge of audiences on understanding open defecation as a problem and provide correct knowledge on sanitation and hygiene practices. As the objective of this phase is to raise awareness and increase knowledge the emphasis will be on increasing the visibility of the issues and keeping it firmly in the national spotlight.

Audience

General public - nationwide

Main messages:

Correct knowledge of Sanitation:

- address the nation to the dangers of open defecation and need for correct hygiene practices
- understand and acknowledge need for building and using toilet and maintaining it.

Correct knowledge of Hygiene practices:

- understanding why safe disposal of child faeces is important/ risks related to not disposing child faeces safely and ways to dispose child excreta safely
- know the critical times of handwashing with soap-after defecation, before food and after handling child faeces
- describe the benefits of handwashing with soap/risks of not washing hands with soap at critical times
- know how to safely store and handle drinking water/risks related to drinking contaminated water

Communication activities:

- Mass media campaign
- Mobile media campaign
- Engaging social media
- Promotion through Brand Ambassador

Details of the communication activities

Mass Media: This is an important medium to communicate effectively with a large number of people by leaving them with a powerful image. It can overcome barriers of literacy and language and it is ideal for delivering a simple, clear and focused message. Although there are several 'media dark' areas in the country, there has been rapid progress towards increased TV and radio coverage and penetration. In this Strategy mass media is expected to provide the type of support that has been extensively documented in public health. It can support community mobilisation and interpersonal communication efforts; promote specific behaviours through multiple activities and products such as radio and TV public service announcements, radio and TV magazines, and radio and TV shows; enhance the credibility of non-professionals such as community volunteers as reliable sources of information and services; convey important logistical information easily, e.g. about where applications for toilet construction can be submitted.

Outdoor Media: For areas that are still media-dark outdoor media such as , wall paintings, hoardings and traditional mediums like folk theatre will be used. In this strategy, mass media will be closely linked with and reinforce other communication efforts.

- **Public Service Announcements-** Appeals will be developed including some with national celebrities on hygiene and sanitation for broad dissemination through radio and television. They will be developed in different regional languages to have an all India reach.
- **Mobile Media Campaign** –The aim of the campaign would be to build awareness and create a national movement demanding adequate sanitation and hygiene standards for India, to stop open defecation. Activities will include recording a mobile voice message with a celebrity with pan-India appeal, emphasizing cleanliness and hygiene, which can be sent out to citizens via partnership with an Indian mobile telephone company. The message will be interactive by giving options to the mobile phone user.
- **Social Media** –Facebook pages, YouTube, SMS campaigns and other social networking tools to be used to engage (especially youth) in promoting the campaign and generating awareness. The objective is to get the issue of open defecation, sanitation and hygiene out in the open and talked about.
- **Print and Audio-visual communication** – Press releases and video packages to be used as communication tools to generate interest of journalists. Partnerships with key media (in print, radio, television and internet) will be leveraged to promote hygiene and sanitation issues over the duration of the campaign.
- **Celebrity Spokesperson** – A celebrity spokesperson of national stature to be identified to promote the campaign. The spokesperson will talk about the issue at appropriate forums and will be available for the duration of the campaign.

National and state level activities

Phase 2: Advocacy

The purpose of the advocacy phase of the strategy is to mobilise government, media, civil society, implementing agencies and other stakeholders to strengthen sanitation programming and policies. Advocacy will create a platform to bring about effective implementation of the programmes of the government. The focus of the communication will be to inform through evidence based advocacy to increase knowledge and influence key decision makers. The objective is to galvanize support to translate commitments into concrete actions.

Audience

Policy makers, programme managers, media, opinion leaders, youth, academia
private sector

Main messages:

Understanding the importance of sanitation and information on government initiatives for total sanitation

- NBA programme; the different components of NBA
- importance of communication within the NBA, the challenges of implementation and solutions
- key stakeholders' roles and responsibilities in implementation

Sharing relevant sector and programme information to build alliances/partnerships to bring in support for sanitation and hygiene programmes

Advocacy activities

- One to one meetings
- Sensitization workshop
- Field/exposure visits
- Seminars/ conferences
- Public private partnerships

Advocacy efforts need to be adapted for each state using the basic advocacy framework as above. Each state will identify relevant state level partners and stakeholders to implement the advocacy strategy to achieve the desired outcomes.

Details of the advocacy activities

- **Evidence- based advocacy package:** An evidence-based advocacy package to be developed, including fact sheets, human interest stories and power point presentations on relevant sanitation and hygiene issues. The package will be used for one to one meetings with policy makers and also for the orientation of elected representatives (i.e. PRIs and legislators) in order to garner their support in the implementation and lobbying with the government on hygiene and sanitation issues.
- **Media Kit for journalists** – Partnership with both national and regional media to be encouraged. Development of media kits including human interest stories, fact sheets, photo essays and stand-alone pictures on sanitation. The package creates awareness among all stakeholders on sanitation and its health implications. A CD containing photo images and graphics on sanitation for easy replication can be included.
- **State fact sheets:** Snapshots from states to be developed using census and other data. Once the baseline data is available from the districts, it can be compiled into a brief summary and a presentation made to the state and central government counterparts, particularly for district collectors.

- **Field visits:** Exposure visits to field for media, celebrity advocates and elected officials to be conducted to increase awareness on sanitation issues and increase civil society participation.
- **Process documentation** - Distinct process documentation products to be developed: 'Good Practices', 'Lessons Learned', 'Innovations', and 'From the Field.' The focus will be to choose one or two particularly valuable examples on hygiene and sanitation.
- **Seminars and conferences:** National conference/s for scaling up nationally and regionally best practices on hygiene and sanitation to be organised. District collectors from the states to meet and share initiatives at both state and district level. Lessons learned will help inform and improve implementation.
- **Strengthening institutional capacity:** One of the key focus areas of the advocacy strategy would be to strengthen the existing institutions in the state working on sanitation and hygiene. This would include strengthening the capacity of key opinion builders and policy makers, including NGO workers and nodal institutes at the state level.
- **Private Sector Partnerships** – Corporate and other partnerships to be cultivated to assist in campaign development, messaging and dissemination and support in programme implementation.

District, block, village/GP level activities

Phase 3: Social and behaviour change communication

This phase of the strategy will be based on a high level of awareness and understanding among the broader public and an enabling environment to support change. The communication interventions will focus on the changing attitudes and practices of key stakeholders through a combination of communication approaches and multiple channels. The objective is to promote *positive attitudes* towards the four critical WASH behaviours and eventually the *adoption* of the behaviours.

Audience segmentation allows for better designed, more focused and more effective messages. For this phase the audiences have been segmented into *primary and the secondary* audiences/stakeholders. Primary audiences have been identified as those who are directly being addressed to change their behaviour. The secondary audiences include people from the society or other groups who influence and support the primary audience in changing their behaviour. It also includes grass-root functionaries, agencies and leaders who need to endorse and support the programme and contributes towards making an enabling environment for the easy adoption of the behaviours.

To ensure that communication on improved sanitation and hygiene practices are internalized by various stakeholders, communication approaches used at this stage focuses more on one to one interactions, discussions, meetings and folk mediums to enhance the understanding of the risks and benefits that such behaviour can bring if adopted. The secondary audience plays a key role in influencing the primary audiences to adopt the positive behaviours ensuring that it does not

seem to be behaviours prescribed from outsiders. Advocacy with opinion leaders and influential sources will play an important role.

Audience:

Primary - family: men, women and children

Secondary- peers, school going children, teachers, PRIs, SHGs, community leaders, volunteers, religious leaders, frontline workers like AWW, ASHA, Swachchata Doots

Main messages:

Correct knowledge of sanitation and government programmes:

- understanding the benefits of using toilets regularly and acknowledge need for toilet
- describe the different sanitary options available and awareness of the cost
- awareness about government sanitation programme
- understanding of the processes involved in building a toilet

Correct knowledge of hygiene practices:

- caregivers know why safe disposal of child faeces is important/ risks related to not disposing child faeces safely and ways to dispose child excreta safely- dispose in a toilet; bury at a safe distance from home.
- know the critical times of handwashing with soap- after defecation; before preparing food; before eating; after having contact with faeces; after cleaning a child's bottom
- describe the benefits of handwashing with soap/risks of not washing hands with soap at critical times
- understand the benefits of safely storing and handling of drinking water
- safe storage and handling of drinking water so as to not contaminate it- keeping the stored drinking water covered and using a long handled ladle for drawing out water

Communication activities:

- Interpersonal communication
- Community mobilisation
- Multi media campaigns including-mid media and traditional media
- Entertainment education
- Social Marketing

Details of communication activities

Interpersonal communication (IPC): An interactive medium, it helps in providing detailed information to the audience. 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 and colleagues) 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 will be used extensively for follow-up especially after households realise the benefits of toilet to ensure toilet construction and use. Frontline workers, community leaders, volunteers and multiple social networks, including religious groups, clubs and community gatherings will promote sanitation and hygiene using interpersonal communication.

- Conduct face-to-face and small group counselling sessions to negotiate and discuss:
 - Traditional beliefs and practices that might prevent families from adopting toilets or hygienic practices; link between unsanitary practices and diarrhoea and other illnesses; toilet options and programme incentives.
- Train frontline workers to improve interpersonal communication skills, in particular in counselling/negotiation.
- Strengthen interpersonal communication skills among community volunteers so they can give information and counsel effectively during home visits.
- Organise community volunteer-led home visits and small group educational meetings.

Community Mobilisation: Most effective in rural settings, where communities form closely intertwined units and if supported by opinion leaders and other influential sources, change can be effectively introduced from within, making it stronger and more sustainable. Frontline workers can also play an instrumental part in promoting the mobilisation in favour of certain practices. Communities will be invited to actively participate in planning and implementing behaviour change communication activities to promote improved sanitation and hygiene. *Community mobilisation is essential for desired practices to become the norm in the community.*

- Activate social networks (community leaders, volunteers, women groups) and encourage peer communication to reach remote areas in order to disseminate information about the benefits of sanitation and hygiene.
- Train community leaders in facilitating public educational talks and dialogues in their communities about sanitation and hygiene issues.
- Produce a tool box, including a how-to guide for community leaders
- Promote and implement participatory planning processes to involve local stakeholders in supporting key interventions
- Reinforce information given at religious and other social gatherings
- *Dialogue Fora:* These are open meetings, both at community or block level where key stakeholders can participate in dialogue about the new practices and behaviours. Here no messages are imparted, but rather themes are raised and knowledge is shared about what will the adoption of the proposed behaviour imply and also what are the implications if those changes are not adopted. Such meetings are aimed at having stakeholders face the issue themselves and realize the need to change. Once this happens they will become agents of change providing valuable support to the overall intervention.

Using interpersonal communication and community mobilisation to promote sanitation and hygiene behaviours

Success story of Budaun (UP)

Budaun district in Western Uttar Pradesh, was a polio 'hotspot' and headed the list of 25 worst-affected districts in India with a staggering 52 cases reported during 2009. A survey by the district administration in Budaun revealed 49,000 dry toilets as the main source of poor sanitation in the district. Converting dry latrines was also seen as an urgent priority in elimination of transmission of wild polio virus (WPV) in Budaun. A campaign to convert dry latrines into flush latrines was launched in October 2009 under the leadership of the District Magistrate and more than 47,000 dry toilets were converted to pour flush toilets in less than one year and 2200 manual scavengers (mostly women) were rehabilitated.

The core elements of the strategy were:

Interpersonal communication and community mobilisation: Polio's Social Mobilization Network, block & village level motivators and village pradhans engaged to build awareness using interpersonal communication which raised awareness on the purpose of the initiative, the need for the initiative and the associated health hazards; explained the technology of the new toilets and addressed the concerns of the community. Regular village level meetings conducted by district and block level officials.

Role model initiatives -all Government functionaries- at grass root level (ASHA, AWW, ANM) asked to convert or build sanitary toilets in their houses.

Convergence of Govt. Departments- Health, Panchayati Raj, Sanitation, Education and Food and Civil Supplies

Championing the cause by the District Magistrate and strong commitment of the district administration

Involvement of media: information sharing with local media resulting in large number of stories and articles being printed in the local newspapers like Dainik Jagran and Amar Ujala

Awareness building on Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act, 1993.

Formal Ceremony to Celebrate Stoppage of Dry Latrines in the Village by burning manual scavenger baskets

Funding and linkages with other sanitation schemes- TSC, NRHM, Indira Awas Yojana, Dr. Ambedkar Gram Vikas Yojana

Impact on health:

- Polio transmission interrupted in Budaun- 52 in 2009 and none reported till June 2011
- Decline in sickness among under five from March and April in 2011 as compared to the same months in 2010
- Decline in Water Borne Diseases- not only of diarrhea but other diseases cases (such as typhoid fever, viral hepatitis A)
- Women scavengers who earlier suffered from skin diseases and respiratory ailments were free from such disorders

Source: Rapid Assessment of the Utilisation of Converted Dry Latrines in Buduan; conducted by International Institute of Health Management Research, commissioned by UNICEF 2011.

Entertainment Education: Street theatre, radio dramas, school plays, songs, games, and stories will be widely used to promote sanitation and hygiene messages. These activities will be coordinated with other communication activities so that the message sent across is consistent from all channels.

Outdoor Media and traditional media: According to the context, the stakeholders and the resources available, a mix of different media to be used to sensitize on key aspects of the NBA and promote key behaviours. The communication medium can range from the more common ones, such as hoardings and wall paintings as well as traditional ones, such as folk arts and theatre and will be used as reinforcement to IPC and community mobilisation activities.

Social marketing activities: social marketing activities will be used to promote the adoption of specific practices and products aimed at improving the sanitation and hygiene situation. This will include gaining an understanding of customer behaviours and drivers of consumer demand. Based on the understanding, products and services will fit the felt needs of the different consumers/user groups.

- Developing methods for effective distribution (such as sanitary marts) so that when demand is created, consumers know where and how to get the products and services.
- Ensuring availability of competent service providers, building their capacities and certifying them.
- Ensuring that consumers / users are willing to contribute something in exchange and keeping the pricing reasonable so that the product or services affordable

Enhancing supply to strengthen behaviours and adoption of practices

It should be noted that while the demand for improved hygiene and sanitation is created and enhanced, there is a need for corresponding capacity and supply to satisfy such demand. Infrastructure must be available, institutions functional and human resources are able to provide the needed service and have the skills to interact with public demand. This is crucial because if the strategy phases are successful and then there is no satisfactory delivery of supply and services, the increased demand can hamper any future communication initiative. If planned and implemented effectively, institutional and supply strengthening will complement the overall strategy and greatly strengthen the chances of achieving the agreed objective within the set timeframe.

HOW TO IMPLEMENT THE WASH ADVOCACY AND COMMUNICATION STRATEGY

An *implementation framework* is attached for the effective execution of the Strategy (Annex 1). The framework has three sections based on the three identified phases. Each section is further divided into three sub-sections defining the audiences and stakeholders, the communication activities which can be used to reach and influence these audiences and the communication tools which will be required to conduct these activities.

Guidance note for developing State-specific WASH Advocacy and Communication strategy

To develop state-specific advocacy and communication strategy and implementation plans certain preparatory activities need to be carried out.

These include:

1. State level consultation to:
 - Focus on four identified key WASH behaviours
 - Understand the local context/situation using secondary data
 - Adapt the national communication strategy to the state context taking into account socio-cultural and geographical diversity, media penetration and reach, social exclusion etc.
 - Develop a state-specific implementation plan
 - Adapt monitoring and evaluation plans
2. Issuing of relevant directives and guidelines to relevant department functionaries and other stake-holding departments
3. Development of training modules and communication materials as identified
4. Identification and development of partnerships for advocacy and community mobilisation
5. Capacity building of partners / frontline workers to effectively engage with communities
6. Development and implementation of media plans/material dissemination plans and its execution

Following the steps listed above will help states to develop state-specific strategies and action plans for rolling out of the strategy. The time frame for the rollout of the strategy would need to be developed by the states in consultation with other development partners.

Annex 1- Implementation framework

Model District Communication Plan Template

A District Communication Plan Template has been developed as a part of this framework. The template outlines the steps required for the development and the implementation of the communication plan at the district, block and village level. These steps identify who will be responsible for driving the communication activities at different levels, capacity building at different levels, the communication tools and materials required and the tentative cost per unit.

A monitoring and evaluation matrix is also included to help assess each of the activities implemented.

The template is divided into five sections

- Background information- of state, district, block, village/GP level
- Steps to implementation- including how to develop an action plan, identification of the resource team for implementing communication activities, capacity building at different levels, identification of funding modalities
- Fund management-funds available to the district, IEC funds and the percentage of IEC budget to be used for different communication activities
- Components of the District Communication Action Plan
 - Training of functionaries for implementation of communication plan
 - Communication materials and their costs
 - Outdoor media
 - Folk/traditional media
 - Interpersonal communication
 - Events
 - Template on Community Approaches to Total Sanitation- including activities, frequency and tentative costs for the activities.
 - Additional costs
- Monitoring and Evaluation Framework

Annex 2- District Communication Plan Template

MONITORING & EVALUATION FRAMEWORK

A system for monitoring and evaluation of the WASH Advocacy and Communication Strategy is critical so that modifications can be made as needed. Qualitative analysis will be implemented to guide advocacy efforts and assess progress towards enriching the discourse on sanitation issues. Emphasis must be placed on analysing budget allocations to make sure that money is spent appropriately and effectively and that implementers should be held accountable for their role and responsibilities.

Advocacy initiatives and campaigns will be developed jointly and have agreed indicators for measuring and monitoring progress. Key tools to monitor the implementation and impact of the advocacy and communication components will include:

- Bi-annual reporting – to inform on the strategy's progress and implementation
- Small-scale stakeholder surveys (for example, policy makers, programme managers) – to understand whether the strategy is having the intended impact
- Media monitoring tools – to identify the number of articles appearing in the media on hygiene and sanitation as a result of the campaign
- Impact assessment of mass media campaigns

A tentative monitoring and evaluation framework has been developed for the strategy organised in hierarchical levels: outcomes indicators, output indicators and process indicators.

Outcome indicators

Outcome evaluation is used to assess the effectiveness of the strategy in meeting its stated objectives. Outcome indicators can be defined by behavioural results, policy change or changes in social norms specified from the very outset.

Output indicators

Output assessment refers to 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

It is used to assess how well the advocacy and communication plan 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 mobilized and whether activities are being implemented as planned.

Annex 3- Suggested Monitoring and Evaluation Framework

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ANNEX 1

IMPLEMENTATION FRAMEWORK

PHASE 1: RAISING AWARENESS AND KNOWLEDGE ON SANITATION AND HYGIENE

Audience	Specific activities	Inputs needed
Primary – general public nationwide	Mass media – print, electronic – in Hindi and local languages • Mass Media campaign	<ul style="list-style-type: none"> • Video appeals • Audio appeals • Print advertisements • Press releases
	Outdoor and traditional media • Outdoor media such as wall paintings and hoardings at strategic locations • Folk media performances	<ul style="list-style-type: none"> • Hoardings and wall paintings • Sanitation and hygiene messages to be depicted through folk theatre and songs
	Digital and social media networks • Development and regular management of a campaign website cross-linked to MDWS & related websites • Use social networks for viral advertisements	<ul style="list-style-type: none"> • Contract web agency • Develop appropriate advertisement for social networks e.g., page on Facebook
	Mobile campaign • Partnership can be forged with a service provider for initiating an SMS campaign with messages on handwashing and open defecation	<ul style="list-style-type: none"> • Develop SMSs with a defined call to action • Mobile voice message with a celebrity with pan-India appeal emphasizing WASH issues

	<p>Celebrity outreach campaign</p> <ul style="list-style-type: none"> • Broadcast PSA on primetime across the country on hygiene and sanitation for broad dissemination through radio, TV, print. • Field visits by the celebrity • National level mega event involving celebrities etc. to give away awards to officers, political leadership and civil society organization who have made significant contribution in the WASH sector 	<ul style="list-style-type: none"> • Identify celebrities to champion the cause /select brand ambassadors • Develop appeals with celebrities/brand ambassador • Arrange field visits • Organise events on designated days/weeks/months like Global Handwashing Day, SwachchataUtsav
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PHASE 2: ADVOCACY WITH DECISION MAKERS AND KEY INFLUENCERS FOR CREATING AN ENABLING ENVIRONMENT

Audience/stakeholders	Specific Activities	Inputs needed
<p>Policy makers: parliamentarians (including ministers), members of legislative assemblies</p> <p>Programme managers- civil servants at centre, state and district level</p>	<ul style="list-style-type: none"> • Training workshops on sanitation, water and hygiene practices, including NBA and NRDWP, at the Central and state levels. At the Central level, it can involve the Parliamentarians’ Forum*. At the state level it can involve legislators’ forums. Will also include information on related programmes such as MGNREGA, IAY and SSA. • One-to-one meetings with key decision makers, including those in-charge of the government departments of ministries concerned and cross sectoral departments like health, nutrition and education. • Field visits to best practice areas 	<ul style="list-style-type: none"> • Develop training module for workshops • Evidence based advocacy package <ul style="list-style-type: none"> ○ Fact sheets ○ Video films ○ Audio programmes ○ Presentations with programme related information • Identify locations for field visits • Organise workshops, identify participants and resource persons
<p>Media</p>	<ul style="list-style-type: none"> • Training workshops for editors and journalists of both print and electronic media at national and 	<ul style="list-style-type: none"> • Develop training module for workshops • News-based media package

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	<p>regional levels on WASH issues including information on programs- NBA and NRDWP. Focus on engaging media in states with poor sanitation indicators</p> <ul style="list-style-type: none"> • Field exposure visits to locations that have performed well and under-performing areas • Media networking to keep a consistent flow of WASH information and ensuring coverage • Sensitization workshops for programmers for inclusion of WASH issues programmatically in the electronic mediums-radio and TV 	<ul style="list-style-type: none"> ○ Fact sheets ○ Human interest stories ○ Programme related information ○ Key contacts for further information <ul style="list-style-type: none"> • Ready to use material in print and electronic form • Identify locations for field visits • Organise workshops, identify participants and resource persons • Organise press conferences and one to meetings
Panchayats – all tiers		
ZilaParishad	<ul style="list-style-type: none"> • One-to-one meetings with members of the District Water and Sanitation Mission, District Rural Development Agency, District Collectors, ZP members on sanitation, water and members of other converging programmes like health, nutrition and education. • Field exposure visits along the lines of the National Learning Exchange • National convention of ZP Adhyakshas to share experiences and enhance understanding of WASH programme implementation. 	<ul style="list-style-type: none"> • Evidence based advocacy package in local language <ul style="list-style-type: none"> ○ Fact sheets ○ Video films ○ Audio programmes • Organise workshops and convention, identify participants and resource persons
Block panchayat	<ul style="list-style-type: none"> • One-to-one meetings with the Block Development Officers, junior engineer and panchayat functionaries • Training workshops 	<ul style="list-style-type: none"> • Develop training module • Information sheets on Nirmal Bharat Abhiyan and National Rural Drinking Water Programme etc. policy and execution • Other printed material such as leaflets and posters • Organise workshops, identify participants and resource persons
Gram panchayat	<ul style="list-style-type: none"> • Training workshops on roles and responsibilities of panchayats with respect to NBA and its links with other government programmes such as 	<ul style="list-style-type: none"> • Develop training module • Information sheets on NBA programme, policy and execution

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	<p>MGNREGS, SSA,</p> <ul style="list-style-type: none"> • State convention of GP members to sensitize them about the implementation of NBA and drinking water and their key role in its success 	<ul style="list-style-type: none"> • Other printed material such as leaflets and posters • Organise workshops and convention, identify participants and resource persons
Ward members – elected to panchayats from each habitation	<ul style="list-style-type: none"> • Training workshops on roles and responsibilities of panchayats with respect to NBA and its links with other government programmes such as MGNREGS, SSA, IAY and the importance of sanitation, water and hygiene 	<ul style="list-style-type: none"> • Develop training module • Information sheets on NBA programme, policy and execution. • Other printed material such as leaflets and posters • Organise workshops and convention, identify participants and resource persons
Religious leaders	<ul style="list-style-type: none"> • One-to-one meetings for informing them about the importance of sanitation water and hygiene and the initiatives of the government in the sector • Develop partnership with existing religious development organizations to ensure that their programs include messaging on appropriate hygiene and sanitation behaviours to sensitize religious followers and link the issue of hygiene and sanitation to the notion of purity and a calling of the faith as well as lead by example. 	<ul style="list-style-type: none"> • Information sheets on NBA programme, policy and execution • Other printed material such as leaflets and posters • Organise workshops and convention, identify participants and resource persons
NGOs, CBOs, SHGs, including trusts and cooperatives	<ul style="list-style-type: none"> • Training workshops on specific areas where these organizations can engage in the water and sanitation sector 	<ul style="list-style-type: none"> • Develop training module • Information sheets on WASH policy, programme and implementation • Other printed material such as leaflets and posters • Organise workshops and convention, identify participants and resource persons
Youth	<ul style="list-style-type: none"> • Engaging youth organizations like NSS and NYKS and universities • Sensitization workshops for youth leaders and youth clubs for developing a cadre of youth 	<ul style="list-style-type: none"> • Training module for youth leaders for information and peer to peer communication • Digital and other social media specifically developed for the youth

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	change agents and advocates on the importance of sanitation water and hygiene	
Academia	<ul style="list-style-type: none"> • Mapping of academia working on WASH • Sensitization workshop • Field visits 	<ul style="list-style-type: none"> • Desk research • Evidence based advocacy material <ul style="list-style-type: none"> ○ Fact sheets ○ Research papers
Line departments* from district to village level	<ul style="list-style-type: none"> • Training workshops for staff from PHED, education, health, irrigation, for convergence between water, sanitation and hygiene and other programmes 	<ul style="list-style-type: none"> • Develop training module • Information sheets on NBA policy, programme, policy and implementation • Other printed material such as leaflets and posters <p>Organise workshops and convention, identify participants and resource persons</p>
Private sector	<ul style="list-style-type: none"> • Mapping companies working in the WASH sector • Field visits • Orientation workshops for management cadre, people in-charge of new business development • Training workshops on WASH for those working in the corporate social responsibility departments so they develop plans that incorporate WASH 	<ul style="list-style-type: none"> • Desk research to map companies • Identify field visit sites • Develop training module for workshops • Evidence based advocacy package <ul style="list-style-type: none"> ○ Fact sheets ○ Video films ○ Audio programmes ○ Presentations with programme related information

Notes: * Line departments are the government departments working at the village level on issues such as water, sanitation, education, health, irrigation, etc

* Parliamentary Forum is a forum for parliamentarians that periodically organise seminars and workshops on areas of current interest. There are counterparts in states called the legislator's forums

PHASE 3: PROMOTING POSITIVE ATTITUDES AND SOCIAL AND BEHAVIOURAL CHANGE FOR SANITATION AND CORRECT HYGIENE BEHAVIOUR

Audiences	Specific activity	Inputs needed
<p>Primary audience</p> <p>Family – men, women and children</p>	<p>Interpersonal communication</p> <ul style="list-style-type: none"> • Face-to-face counselling by frontline workers and community level motivators • Small group sessions at home, • health centres, community settings and religious gatherings • Encouraging peer to peer communication among mothers and caregivers 	<ul style="list-style-type: none"> • Flipcharts • Leaflets • Posters • Educational videos for small –group discussion
	<p>Mass media, including outdoor and traditional media</p> <ul style="list-style-type: none"> • TV and radio spots / TV and radio programmes, cinema slides explaining the need for sanitation and hygiene • Folk media performances along with community dialogue in media dark areas • Outdoor media such as wall paintings and hoardings at strategic locations 	<ul style="list-style-type: none"> • TV/Radio spots • TV/Radio programmes • Cinema slides • Scripts for folk media performances • Hoardings • Wall Paintings
	<p>Community Mobilisation</p> <ul style="list-style-type: none"> • Mapping and identification of local leaders and influencers • Community dialogue and local meetings / events by community leaders, PRIs, volunteers, religious leaders, and women groups 	<ul style="list-style-type: none"> • Flipcharts • Posters • Hygiene kit for demonstration • Leaflets • Short films
	<p>Social Marketing</p> <ul style="list-style-type: none"> • Promoting toilet options through community level motivators • Community level events to create demand for 	<ul style="list-style-type: none"> • Flipcharts • Posters • Hygiene kit for demonstration • Leaflets • Caps, T-shirts, Banners, prizes for contests

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	<p>toilets and soap</p> <ul style="list-style-type: none"> • Providing families with necessary linkages to facilitate construction of toilets 	
Secondary audience		
School going children	<p>School-based activities for children</p> <ul style="list-style-type: none"> • Formation of a "task force"/child cabinets of school students to monitor sanitation and hygiene in schools. • Fun-based activities defined for different age groups • Training of identified peer educators for peer to peer communication 	<ul style="list-style-type: none"> • Develop fun based activity tools and materials on sanitation and hygiene for children • Wall paintings in schools and other printed material like Leaflets/Posters/Flipcharts etc. • Peer educators training manual
Teachers	<p>Capacity building for teachers</p> <ul style="list-style-type: none"> • Training for teachers on sanitation and hygiene promotion • Training workshops for Village Education committees' for implementation of WASH in schools • Map schools, including those run for minorities 	<ul style="list-style-type: none"> • Training modules for teachers/VEC members • Develop database of schools • Provide communication materials to teachers for promoting sanitation and hygiene
SHGs, community leaders, volunteers/NBA motivators	<p>Capacity building</p> <ul style="list-style-type: none"> • IPC training (also information on WASH) • Training workshops for SHGs, PRIs, community leaders and volunteers on WASH issues and communication skills 	<ul style="list-style-type: none"> • Development of IEC/IPC materials on hand washing • Training modules

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Panchayats		
Gram panchayat	<p>Capacity building</p> <ul style="list-style-type: none"> • Training workshops on implementation of sanitation and water programmes/schemes and links with other government programmes such as MGNREGS, SSA 	<ul style="list-style-type: none"> • Develop training module • Information sheets on NBA programme, policy and execution • Other printed material such as leaflets and posters • Organise workshops, identify participants and resource persons
Ward members – elected to panchayats from each habitation – and gram sabha	<ul style="list-style-type: none"> • Training workshops on the sanitation and drinking water programmes, their implementation and linkages with other governments programmes such as MGNREGS, SSA, IAY 	<ul style="list-style-type: none"> • Develop training module • Information sheets on NBA programme, policy and execution. • Other printed material such as leaflets and posters • Organise workshops and convention, identify participants and resource persons
Religious leaders	<ul style="list-style-type: none"> • Identify places of worship for different religions • List of local festivals that can be used as platforms for promoting WASH messages • One-to-one meetings for informing them about the importance of sanitation water and hygiene and the initiatives of the government in the sector • Develop partnership with existing religious organizations to sensitize them on appropriate hygiene and sanitation behaviours and lead by example. • Identify teachers in minority schools e.g., madrassas and conduct orientation workshops 	<ul style="list-style-type: none"> • Information sheets on NBA programme, policy and execution • Other printed material such as leaflets and posters • Organise workshops and convention, identify participants and resource persons • Desk research and mapping of religious organizations
Frontline workers – ANMs, ASHAs, AWWs.	<p>Capacity building</p> <ul style="list-style-type: none"> • IPC training (also information on WASH) 	<ul style="list-style-type: none"> • IPC and WASH training modules for frontline workers

NBA motivators/volunteers	<ul style="list-style-type: none">• Sensitization workshops to increase knowledge on WASH issues to be able to communicate the same• Learning exchange to see best practices	<ul style="list-style-type: none">• Training modules on IPC and WASH• Printed IEC material• Flipcharts• Educational videos for small group discussion
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ANNEX 2

DISTRICT COMMUNICATION PLAN TEMPLATE

1. Background Information

STATE

1. Name of the State:

2. Names and contact details of the department implementing NBA:

3. Name and contact details of the Dealing Officer at State level:

4. Management/Institutional Arrangements at State level (identify from the list)

- CCDU (Communication Capacity Development Unit)
- SWSM (State Water and Sanitation Mission)
- PSU (Programme Management unit)
- Any other

5. Define:

- Linkages between different district units
- Human resource structure
- Roles and responsibilities of unit

DISTRICT

6. Name of the District:

7. Name and contact details of the Dealing Officer at District level:

8. What are the management arrangements at District level

- DWSM (District Water and Sanitation Mission)
- DSU (District Support Unit)
- District Resource Group
- NGO/ implementing agency for communication plan
- Any other

9. Define:

- Linkages between different district units

- Human resource structure
- Roles and responsibilities of unit

BLOCK

10. Institutional Arrangement at Block level

(Who can drive the communication activities at the block level?)

- BRC (Block Resource Centre)
- BWSC (Block Water and Sanitation Committee)

GP / VILLAGE

11. Institutional Arrangement at GP/Village level

(Who can drive the communication activities at the GP level?)

- VWSC
- Who all are involved and what are their roles and responsibilities

12. Location/level at which the Village Motivators will be positioned –

- village level, or
- Gram Panchayat, etc.

13. Who is the Village Motivator?

Select who will be most appropriate

- ASHA
- AWWs,
- Youth
- Mahila Mandal members
- SHGs
- Swachchata Doot
- Any others

Both Women and Men VMs should be selected.

13. Who will be assigned for the development and execution of monitoring and evaluation plans.

14. What has happened so far: Does a communication action plan exist?

Gap analysis for existing communication plan

- Barriers/Challenges
- Learnings- Positive and negative

2. COMMUNICATION PLAN – STEPS TO IMPLEMENTATION

Given in the table below are the steps that need to be undertaken before the communication activities can be implemented at the village level. Indicate who would be responsible to carry out these steps in your district and by when they will be completed.

Steps	Responsible person/ department	Time frame	Objective of the step	Output	Output indicator
District level workshop on the communication plan			-Develop Communication plan - Understanding of key communication approaches -identification of key messages (contextual to the identified audience)	Communication plan Key messages identified	Action plan ready to roll out
Identify resource teams available for implementing communication activities at district level			To have in place a district resource group to manage/ support communication activities	Key resource team identified and engaged Roles and responsibilities identified and communicated	Team engaged
In-depth training on communication for the identified district resource group			To acquaint the group on the significance and content of the communication plan	Number of resource people trained	Number of resource people skilled on communication Individual plans developed and adopted
Select and train block level resource/ mobilizers on the communication plan and use of communication materials			Increase knowledge on WASH issues, build skills in communication, build familiarity and skills with use of facilitation material	Number of block level mobilizers trained	Number of skilled mobilizers
Duplication/ dissemination of			Identification of materials	Number of material	Number of communication

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communication materials			available/what needs to be developed/no. of copies required/identify recipients of the communication tools	developed Number of recipients identified	material-quantified with dissemination plan
Select and train Village Motivators			Individuals who will drive the communication activities at the village level	Number of motivators trained	No. of motivators trained/skilled (pre and post assessment reports)
Prioritize villages and prepare detailed communication plan for GPs			Based on the assessment identify the level of activity required	Number of villages identified Detailed action in place	Detailed action plan for identified villages ready for roll out
Put in place monitoring plan/mechanism			To review progress and get input to feed back in the communication strategy/plan	Supervisors and monitoring indicators identified	Monitoring plan with roles responsibilities (reporting lines) and frequency
Identify funding modalities			Identify which funds will be utilized for the communication activities- (IEC budget, District Collectors Fund, etc.)	Identified budget for communication activities	(fund utilization to be monitored by the relevant district unit)

3. FUND MANAGEMENT

District Project Outlay		
	Central share	State share
Funds available to the District		
Funds earmarked for IEC activities (detailed break-up of activities with percentage of allocation per activity)		

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Funds already utilized		
Balance Funds available		

Guidance note: The behaviours to be promoted under the strategy are home based behaviours and require decision making at family level. Evidence from communication research shows that interpersonal communication and community mobilisation are the most effective approaches to influence home based behaviours. Hence the following percentage weightage is suggested for IEC budget utilizations.

Medium	Percentage of IEC budget
Interpersonal Communication and community mobilisation (including all IPC print material and incentive for Front Line Workers selected for WASH)	Up to 70%
Outdoor media-(wall painting, hoarding) folk media	Up to 15%
Mass media- TV radio, print and digital media	Up to 10%
Monitoring and evaluation of IEC activities Evidence building for strategy re-planning	5%

Note:

- The Annual District Template including media plan must have the approval of DWSM before the start of the financial year.
- Independent impact assessment of IEC carried out may be done annually.
- Annual review of the activities of Swachchhata Doots or other Sanitation messengers engaged, if any.

4. CORE COMPONENTS OF THE DISTRICT COMMUNICATION ACTION PLAN

I. Training of functionaries for implementation of communication plan

	Level and functionaries	Subject matter/ issues	Trainer institution (district level/state level)	Funds required- Material required +training logistics (per batch)	Frequency
A. District level					
	District resource group Training of trainers (Note- Number of persons to be trained to be decided by number of Blocks/GPs to be reached)	To apprise all implementing agencies on the significance and content of the communication strategy including NBA programme Elements of the communication plan Communication skills Monitoring of communication activities		Training period minimum 2-3 days with maximum 25-30 participants Up-to Rs.100000 per training	At the beginning of the campaign with annual refresher
	Training on M&E Training of trainers Identified institution/s for carrying out M&E activities	Increase knowledge and skills in monitoring and supervision Build familiarity and skills with using monitoring formats Build familiarity with supportive supervision Build capacity to support research and studies for evaluations		2-3 day training With 25-30 participants Up-to Rs.100000 per training	Beginning of roll out and biannual refresher

B. Block level					
	Identified block institutional arrangement including PRIs- sarpanch Teachers VMs ASHA AWW	NBA programme and their role in its implementation Elements of the communication plan Interpersonal communication skills Build familiarity and skills to use of facilitation materials and monitoring formats Technical details of toilets		Training- minimum 2 days with 25-30 participants Up-to Rs.50000	Beginning of the campaign Biannual refresher
C. Gram Panchayats level					
	Ward members of panchayats School scouts/ Youth volunteers of the villages Community leaders SHGs	NBA and their role (motivating families to adopt hygiene behaviours) in its implementation and success		Orientation 1-2 days Up-to Rs.25000	At the beginning of the campaign Biannual refresher
Any other training					

II. Communication Material Costs

The designed template of the communication tools listed will be shared by Gol to the state government to be shared with the districts

Material to be used at village level

Communication tool	User	Audience	Numbers required	Unit Cost	Total Cost
Activity Manual	Village Motivators	Village Motivators		Up-to Rs.50	
Simplified TSC Program booklet	Village Motivators/ Block level mobilizer	key opinion leaders		Up-to Rs.50	
Brochure on sanitary toilet	Village Motivators/ Block level mobilizer	Community members Men		Up-to Rs.20	
Flip chart on sanitation and hygiene	Village Motivator	Community members		Up-to Rs.200	
Flip chart on safe water and hygiene	Village Motivator	Community members		Up-to Rs.200	
Daily activity charts for men on hygiene	Village Motivator	Men		Up-to Rs.10	
Daily activity charts for women on hygiene	Village Motivator	Women		Up-to Rs.10	
Name plate & badge	Village Motivators			Up-to Rs.25	
Posters on correct hygiene practices	Doctors at PHC	Community		Up-to Rs.10	
Correct ways of handwashing poster for Anganwadi Center/schools	AWW, Teachers	Community women		Up-to Rs.10	
Guidebook for Block	Block level	Block level		Up-to Rs.50	

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level mobilizers	mobilizer	mobilizer			
SCHOOL					
Posters/Wall charts on correct hygiene practices	School children	School children		Up-to Rs.10	
Badge	Students			Up-to Rs.10	
Certificate	school sanitation club members			Up-to Rs.10	
Communication tools produced, tested by UNICEF and ready for use					
-Facts for Life video- Meena radio episodes- Radio/ TV spots					

III. Outdoor media

Communication tool	Numbers	Unit costs	Total cost
Wall painting		Up-to Rs.1000	
Hoardings		Up-to Rs.5000 + rental	
RSM branding (rural sanitary marts)		Up-to Rs.5000	

IV. Folk and 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	Up-to Rs.2000	
Video shows		Up-to Rs.5000	
Nukkad natak		2000	

V. 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			

VI. Interpersonal communication

Activity	Frequency	Unit Cost	Total cost
Home visits	Daily		
Group meeting	Fortnightly	Up-to Rs.100	
Any meeting organized by the village motivator	Fortnightly	Up-to Rs.100	

VII. Events

Activity	Frequency	Unit Cost	Total cost
Celebration of Sanitation week and Global handwashing day	Once a year (Sanitation week can to extended to a month)	Up-to Rs.100000	
Sanitation fairs/melas			
Commendation to recognise and create champions- certificates and awards for involvement -Best sanitation leader -Best motivator/s -Best VWSC -Best AWC	Once a year (5-6 events)	Up-to Rs.25000 per event	

-Best school			
Exposure visit of PRIs/VWSC to Nirmal GPs/innovations within or outside state	Once a year	Within the state- Up-to Rs.100000 Outside the state- Up-to Rs.200000	
Competitions	1-2 in a year	Upto Rs. 5000	

VIII. Implementing CLTS⁵/CATS⁶

Activity	Frequency	Unit Cost	Total cost
District level TOT on CATS (District resource group)	Once a year 5 day training annual refresher	Up-to Rs.200000	
PRIs and block level functionaries	Once a year- 1 day orientation	Up-to Rs.50000	
Training of motivators on CATS	3-4 days at block level- Biannual refresher	Up-to Rs.200000	

⁵ **Community-led Total Sanitation (CLTS)** is an innovative methodology for mobilising communities to completely eliminate open defecation (OD). Communities are facilitated to conduct their own appraisal and analysis of open defecation and take their own action to become ODF (open defecation free). It is predicated on the premise that merely providing a toilet does not guarantee its use. Thus CLTS places a strong focus on mobilising the community to bring about sustained behavior change aimed at creating ODF communities.

⁶ **Community Approaches for Total Sanitation (CATS)** - is the term used by UNICEF for community based sanitation approaches. **CATS** encapsulate various approaches to community based sanitation such as CLTS and others. The approach allows flexibility in developing the most appropriate route for a given setting when working with government and partners. The minimum elements of this approach includes - that it is driven by collective process (as opposed to targeting individual households); that handwashing at critical times is a key component of the programme and; that community leadership includes children and caregivers.

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Engaging and providing incentive to master trainers (district facilitators) and motivators	DWSC- will engage on daily basis-	Up-to Rs.400 per person per day part of which linked to performance Up-to Rs.200 for motivators per person per day, part of which linked to performance	
Triggering and followup of wards/villages/GPs -Community meeting -focused group discussion -transect walk -mapping -demonstration	To be decided by the motivators- daily basis	200 per day per person	

IX. Additional costs

Requirements	Number	Unit Cost	Total cost
Man Power Requirements Village motivator- (Incentive pattern) Block resource (Incentive pattern)			
District resource Operational Costs Mobility Office expenses Others			
Monitoring Support Costs			
Dispatch/distribution mechanics for each tool (post printing) so that they are able to reach from the District level to the village motivator level.			

5. Monitoring and Evaluation Framework

Activities	Indicators	Means of verification
Training of functionaries for implementation of communication plan		
District level		
<p>Training of the selected District Resource Pool</p> <p>Training on M&E of the identified institution/s for implementation of M&E plan</p>	<p>Number of resource persons trained on critical WASH issues, related programmes, significance of communication and communication skills</p> <p>Number of persons trained on monitoring and supervision skills</p>	<p>Number of RP listed (participant list)</p> <p>Number of potential RPs identified</p> <p>Number of feedback forms</p> <p>Training reports</p> <p>Pre and Post training assessment (written test)</p> <p>Development of communication action plan</p> <p>Assessment of RPs before the annual refresher trainings</p> <p>Development of M&E plan</p>
Block Level		
<p>Training of PRIs and village secretaries</p>	<p>Number of sarpanchs trained on the NBA programme</p> <p>Number of village secretaries trained</p>	<p>Participant list & Training reports</p> <p>Development of action plan</p> <p>Pre and post assessment (participatory assessment)</p>
<p>Training of teachers</p>	<p>Number of teachers trained on critical WASH issues, communication skills and use of facilitation materials</p>	<p>Participant list</p> <p>Training reports</p> <p>Pre and post assessment</p>

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		(written) Development of action plan
Training of Frontline workers (ASHA, AWW)	Number of frontline workers trained in critical WASH issues and IPC skills and use of facilitation material	Addition of new indicators in the existing tracking sheets Participant list Training reports Pre and post assessment (written/participatory) Individual action plans
Training of village motivators	Number of frontline workers trained in critical WASH issues and IPC skills, technical details of toilets	Participant list (number selected/number trained) Training reports Pre and post assessment (participatory) Individual action plans
Gram Panchayat level		
Orientation of ward members of panchayats School scouts/child cabinets Youth volunteers Community leaders SHGs	Number of audiences trained	Participant list (number selected/number trained) Training reports Pre and post assessment (participatory) Action plans- School; village etc.
Communication tools		

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<p>Development and use of Communication materials</p>	<p>Number of IEC material developed and field tested</p> <p>Number of IEC materials disseminated</p> <p>Number of IPC facilitation tools developed and field tested</p> <p>Number of communication tools disseminated to FLWs/VMs</p>	<p>Number of people reached by IEC materials</p> <p>Impact assessment-Pre and post assessment of the campaign (recall percentage)</p> <p>Number of FLWs/VM using the IPC facilitation tool/s</p> <p>Pre and post assessment of HH reached by FLW/VM</p>
<p>Outdoor media</p>		
<p>Wall painting</p> <p>Hoardings</p>	<p>Number of paintings</p> <p>Number of hoardings</p>	<p>Rapid assessment of utilization/ or pre post assessment</p>
<p>Folk and other media</p>		
<p>Nukkad natak</p> <p>Video shows</p>	<p>Number of performances</p> <p>Number of screenings</p>	<p>Post assessment based on the activity theme</p>
<p>Interpersonal communication</p>		
<p>Home visits</p> <p>Group meetings</p> <p>SHG meetings</p>	<p>Number of visits (within the specified time period)</p> <p>Number of group meetings convened/held</p> <p>Number of SHG meetings held</p>	<p>Report on Supervisory monitoring of home visits every week</p> <p>Group meeting report</p> <p>Monthly report on group and SHG meetings</p> <p>Review report on overall IPC activities</p> <p>Third party validation by external agency biannually</p>

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Events		
Celebration of special week/months	Number of activities organised during this period	Number of people reached Pre and post assessment of the audiences reached (couple with KAP survey)
Exposure visits	Number of participants Number of visits	Pre and post assessment of the visit Individual reports Action Plan of participants/ replicated or new elements in the action points
Facilitation of individuals	Number of individuals facilitated	Increase in the number of similar events organised
Community Led Total Sanitation/Community Approaches to Total Sanitation		
District level TOT on CATS (District resource group)	Number of master trainers trained and have skills	List of skilled master trainers in the district
Training of PRIs and block level functionaries	Number of PRIs and block level functionaries trained and have skills	List of skilled PRIs and functionaries Block level action plan
Training of motivators on CATS	Number of motivators trained and have skills	List of identified and trained motivators & Pre and post assessment (participatory)
Engaging and providing incentive to master trainers and motivators	Skilled motivator group available and engaged in on CATS	Action plan of motivators
Triggering and follow-up of Wards/villages/GPs	Number of villages triggered	Number of new individual household toilets constructed Number of villages with

		ODF status
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ANNEX 3

SUGGESTED MONITORING AND EVALUATION FRAMEWORK

Results	Indicators	Means of verification
Outcome level		
Increase number of individuals (men and women, and children) who use toilets regularly in their homes.	<ul style="list-style-type: none"> Number/percentage of households having toilets. Number/percentage of men/women/children reporting regular use of toilets. 	<ul style="list-style-type: none"> Base line, mid line and end line survey reports. Progress reports. MDWS on line monitoring reports--
Increased number of children (girls and boys) who use toilets in schools and Anganwadi centres	<ul style="list-style-type: none"> Number/ percentage of schools having separate functional toilets for girls and boys, which are being used. 	<ul style="list-style-type: none"> DISE data reports School based monitoring reports Base line, mid line and end line survey reports
Increased number of mothers/fathers/caretakers who wash their hands with soap (ash or sand), after defecation or after having contact with faeces, before eating or preparing food, or after cleaning the child's bottom	<ul style="list-style-type: none"> Number/percentage of mothers/fathers/caretakers who wash hands with soap after defecation, after handling child's faeces, before eating or preparing food. Number/percentage of mothers/fathers/caretakers, who understand the need for Hand washing with soap and can articulate benefits of HW at critical times. 	<ul style="list-style-type: none"> Base line, mid line and end line survey reports. Sales reports of soaps.
Increased proportion of mothers/fathers/caretakers safely dispose of child's faeces in a latrine/toilet or safely bury it at a distance from home	<ul style="list-style-type: none"> Number/percentage of mothers/fathers/ caretakers who understand and can articulate the need for safe disposal of child's faeces. 	<ul style="list-style-type: none"> Baseline, midterm and end term evaluation survey reports

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	<ul style="list-style-type: none"> • Number of / percentage of mothers/fathers/ caretakers who safely dispose of a child's faeces. 	<ul style="list-style-type: none"> • KAP reports.
Increased proportion of individuals (men women and children) safely storing and handling drinking water	<ul style="list-style-type: none"> • Number of/percentage of individuals who understand the need for safely storing and handling drinking water • Number of /percentage of individual who store and handle drinking water safely 	<ul style="list-style-type: none"> • Baseline, midterm and end term evaluation survey reports • KAP reports

Output level		
Increased levels of knowledge and awareness regarding the importance of hand washing with soap.	<ul style="list-style-type: none"> • District specific baseline surveys conducted. • Number of message and communication design workshops conducted on Hand washing with soap. • Availability of soap close to latrines in houses and in schools. 	<ul style="list-style-type: none"> • Baseline survey reports • Mid line reports • Activity progress reports
Increase in the number of primary audience who are able to make linkages between hand washing with soap and diarrhoea.	<ul style="list-style-type: none"> • Number of people who are able to articulate the linkage between HW and diarrhoea. • Number/percentage of primary audience able to explain at least two critical times for hand washing. 	<ul style="list-style-type: none"> • KAP studies and reports. • Hygiene surveys.
Increased number of people who stated perceived risk of not washing hands with soap at critical times.	<ul style="list-style-type: none"> • Number/percentage of primary audience able to explain the risks of not washing hands with soap at critical times. 	<ul style="list-style-type: none"> • Base line, mid line and end line survey reports
Increased number of people, who can identify the benefits of regular use of toilets	<ul style="list-style-type: none"> • Number of HH having toilets. • Number of HHs where every member uses the toilet regularly. • Number of people able to articulate the benefits of using a toilet for safe disposal of child's 	<ul style="list-style-type: none"> • Online monitoring system of MDWS. • Base line, mid line and end line survey reports

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	faeces.	
Increased number of parliamentarians, district level functionaries who stated perceived risk of not washing hands with soap at critical times.	<ul style="list-style-type: none"> Number of parliamentarians and district level functionaries who are able to explain the risks of not being able to wash hands with soap at critical times 	<ul style="list-style-type: none"> Base line, mid line and end line survey reports
Increased number of faith-based leaders who stated perceived risk of not washing hands with soap at critical times.	<ul style="list-style-type: none"> Number of faith-based leaders who are able to explain the risks of not being able to wash hands with soap at critical times 	<ul style="list-style-type: none"> Base line, mid line and end line survey reports
Increased number of parliamentarians, district level functionaries who can identify the benefits of regular use of toilets.	<ul style="list-style-type: none"> Parliamentarians, district level functionaries who can identify benefits of using a toilet for safe disposal of child's faeces. 	<ul style="list-style-type: none"> Base line, mid line and end line survey reports
Increased number of faith-based leaders who can identify the benefits of regular use of toilets.	<ul style="list-style-type: none"> Number of faith-based leaders able to articulate the benefits of using a toilet for safe disposal of child's faeces. 	<ul style="list-style-type: none"> Base line, mid line and end line survey reports
Process level		
Sensitization of policy makers and stakeholders	<ul style="list-style-type: none"> Number of questions raised in parliament and assemblies Number of times the issue of sanitation and hygiene brought up in public speeches 	<ul style="list-style-type: none"> Monitoring of parliamentary and assembly debates Media reports on public engagement of concerned public figures
Media sensitised and motivated to report on sanitation and hygiene issues and set the policy agenda and different levels of governance	<ul style="list-style-type: none"> Number of news stories and their prominence in International, National, Regional and Local media 	<ul style="list-style-type: none"> Media monitoring and analysis
Elected representatives are engaged and motivated to spread messages and coordinate and monitor programmes.	<ul style="list-style-type: none"> No. of public and coordination meetings held by elected representatives (Zilla Parishad Adhyakshyas) in which issues concerning sanitation and hygiene are discussed 	<ul style="list-style-type: none"> Local media reports, minutes of meetings of district administration
Frontline workers, School Teachers, Self Help Groups members and influential volunteers equipped with	<ul style="list-style-type: none"> Number of frontline workers, school teachers and volunteers trained on use of IPC and community mobilisation 	<ul style="list-style-type: none"> List of tools developed Assessment reports.

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<p>the knowledge and skills to conduct interpersonal communication (IPC) and community mobilisation to promote use of toilets.</p>	<p>techniques.</p> <ul style="list-style-type: none"> • Number of tools developed as a part of the multimedia campaign. • Number of transmission programmes organized. • Number of printed material distributed. 	<ul style="list-style-type: none"> • Training reports.
<p>An education-entertainment mass media intervention strategy developed, to complement the IPC strategy.</p>	<ul style="list-style-type: none"> • Number of programmes of education-entertainment organized. 	<ul style="list-style-type: none"> • Assessment reports. • Listed number of audiences.
<p>Trainings and capacity building of key stakeholders to implement the strategy, organized</p>	<ul style="list-style-type: none"> • Number of trainings and consultations organized. • Number of people trained in use of communication techniques. 	<ul style="list-style-type: none"> • Training reports. • List of participants.
<p>Men/women/front line workers/community leaders trained and oriented about benefits of toilet use and of hand washing with soap after defecation, before food and after handling child faeces</p>	<ul style="list-style-type: none"> • Percentage of primary audience, able to identify key risky practices related to sanitation. • Percentage of primary audience, who stated positive attitude towards hand washing with soap. • Percentage of primary audience who are able to make linkages between hand washing with soap at critical times and diarrhoea 	<ul style="list-style-type: none"> • Base line, Mid line and End line surveys.