Strategic Communication

For

Total Sanitation Campaign

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1. Introduction

Unsanitary practices, primarily open defecation, and the use of contaminated water remain major causes of child death, disease and malnutrition in India, especially affecting the poor. Only 19 per cent of rural households have toilets, and the rate of increase is a low one per cent per annum. Of India's more than 700,000 rural primary and upper primary schools, only one in ten have toilets and this situation is a factor in deterring children more so girls, from attending schools. The problem of sanitation is hence one of improving the use of toilets, closely linked to improving personal, home and community hygiene practices across society.

People's access to protected sources of drinking water has dramatically improved over the years. With near-universal "coverage" declared, the proper use and maintenance of water systems, acceptable standards of water quality, and sustainability of sources are the urgent priorities. Protecting drinking water from faecal contamination remains a challenge.

Consistent with the principles of decentralization and in recognition of the above problems, the Government has initiated reform in the rural water supply and sanitation sector, which aims to strengthen community-based approaches, and thereby achieve greater sustainability.

Years of effort by the Government machinery, partner organizations & NGOs have helped in improving the situation related to safe water, sanitation and hygiene but the progress has been slower than desired. Since sanitation can not be limited to toilets; a holistic definition would include personal hygiene, home sanitation, safe water, garbage disposal, excreta disposal and wastewater disposal too as failing to ensure any one of these can have direct implications on the individual/family/community health. Hence, efforts at both individual and community levels are a must to achieve the optimum sanitation levels.

Different State Governments are trying various methodologies to promote sanitation with varying degrees of success. One classic example is the Sanitation Programme in West Bengal, which has achieved near 100% sanitation in certain areas. The Maharashtra Government via the Sant Baba Gadge Scheme - leveraging the traditional social equity of the social reformer - has adopted an incentive driven strategy with sanitation-linked message. This initiative has resulted in excellent adoption of positive behaviors in certain villages, but has also resulted in some cynicism, coercion and fatigue in certain areas. Though the approach taken under each program is different, one thing is common i.e. encouraging people's participation in the entire sanitation drive. Hence a significant emphasis is being given to make people aware of the key issues.

While women are more interested in improving sanitation than men, they often have fewer resources. It is thus important to convince men that sanitation improvements are worth their inputs. The improvements must furthermore be feasible for women-headed households. They often have less money and labor than in households with two household heads, a man and a woman. In order to promote sanitation, information sharing and decision-making must take place with men **and** women, recognizing that women and men differ not only in their areas of interest but also in literacy levels, knowledge of the official language and mobility.

2. Assessment

Poor sanitation and unsafe water, leading to diarrhoeal deaths, are among the major contributors to the high infant mortality rate. While dramatic improvements have been made in the last decade in the provision of safe drinking water, the use of toilets remains low, as does hygiene behaviour in terms of handwashing, environmental sanitation, food hygiene and proper disposal of children's excreta. About 80% of the rural households' donot have access to toilet facilities and continue the practice of open defecation. Among toilet users, 80% have it for the exclusive use of the household, 20% share it with other households. There is a wide variation in the use of toilets across states. Only 6% of rural households in Madhya Pradesh use a toilet compared with over 80% in Kerala, Manipur and Mizoram. 41% of urban households in Orissa do not use a toilet compared with less than 5% in Delhi, Mizoram and Manipur. (MICS 2000)

While literacy and toilet use are correlated: only 10% of households with all members illiterate use a toilet compared with 73% in which all are literate, wealth in not necessarily correlated with high toilet use. According to NCAER's India Development Report, in rural Haryana, only 8% of households have a toilet, while 40% have a TV; in rural Punjab, 20% have toilets and 39% have TV; in rural Kerala, 63% households have a toilet but only 18% have a TV, quite like in rural West Bengal where 22% households have a toilet, but only 8% have a TV. It is clearly a question of allocating priority to household expenditure.

In order to understand the motivations for toilet use, one needs to look at the reasons cited for toilet use: convenience, privacy, health protection and the convenience of the old and the infirm rank high. The fact that health features low on people's agenda suggests a cause that needs addressing. The primary barriers include perceived cost, lack of materials and lack of knowledge.

Anecdotal evidence gathered in field visits points to the social acceptability of open defecation. It is a morning ritual that has carried on forever! Open defecation is seen to be OK as long as it is not in one's own backyard or in front of the house; people defecate near water sources like ponds and streams, thus contaminating them. Culturally, children's excreta are not seen to be harmful, and little attention paid to their disposal. Even among those who have toilets at home, its usage is not universal. Sometimes, it is even a status symbol, to be used by guests and outsiders, but not by the women and children at home.

Use of safe water

According to Government reports about 98% of households (94% urban, 79% rural) have access to an improved source of drinking water – tap, sanitary well, tubewell with motor, handpump or rainwater harvesting. Yet, a large proportion of households (20% according to MICS), particularly in rural areas, draws its drinking water from an unprotected well, river, canal or stream.

Safety is more a visual issue (most people think that water that looks clean is safe to drink), only a small proportion think of germ-free water as safe. The link between water source and disease is felt, but not articulated, and contamination after collection is rarely perceived as an issue. Dipping glasses and fingers into the vessel in which drinking water is stored is common practice. Studies have shown that contamination increases substantially between the source of drinking water and its consumption.

Hygiene Behaviours
Washing hands with soap after defecation is not a universal phenomenon – only a small proportion of the people use soap or ash to wash hands after defecation. Handwashing before eating is more of a ritual – only a few drops of water are used to symbolically wet and 'purify' the hand.

Surveys have found that handwashing with soap/ash and water after disposal of child's stools is not a very common practice. A baseline survey across five districts found that, on an average, 30-40% of the women reported washing hands with water & soap or water & ash. A large percentage of the respondents gave no response to the question, indicating that either they did not wash their hands at all or did not understand the question.

Children defecate in the areas around the house. Their excreta is not considered harmful by most of the mothers. According to the MICS survey, 2000, among the households having children under 5 years, only 4 % use a latrine for the disposal of the child's stools.

The above stem from individual behaviours, and need to be addressed at that level. Improving domestic hygiene is potentially one of the most effective means of reducing global burden of diarrhoeal diseases in children. If hygiene promotion is to succeed, it needs to identify and target only those few critical practices, which are the major source of risk in any setting.

While these are some of the overall indicators of the seriousness of the problem, it must be emphasized that the remedial measures must be taken at the local, village level. Each district, indeed, village might have its own set of issues pertaining to the availability and management of water; as well as cultural codes and soil conditions governing the use of sanitary latrines. Solutions must therefore be found at the grassroots level.

3. Communication Analysis

Development Communication has to play a very important role in making audiences realize the benefits accruing from investing in right practices keeping in mind the barriers and variables related to infrastructure, socio-cultural traditions and beliefs. The task becomes much more difficult if no immediate tangible benefit is being offered to the audiences and the communication is expected to be effective enough to surpass all kind of barriers!

The last few years have seen an increasing emphasis on improving the water, hygiene & sanitation situation in rural parts of the country, as years of persistent efforts have been able to yield only limited results. Hence a formative research was conducted in the 4 districts of Medinipur East (West Bengal), Sangli (Maharashtra), Jhansi (UP) and Chhindwara (MP) to **assess the barriers and motivations for adopting the right hygiene-sanitation practices.**

3.1 Problem Analysis

The **formative research** conducted in 4 districts revealed some interesting facts. The inter-village and intra-village status of sanitation and hygiene was found different across the areas studied. ***There was apparent lack of awareness and misconceptions about the correct hygiene, water and sanitation practices among the villagers***. ***Villagers are not much motivated to follow the right practices due to lack of appreciation of benefits accruing from the correct practices.***

Women and girls face greater problems – increased workload, privacy and safety - for maintaining hygiene and sanitation than boys and men. Women are therefore more often interested in and motivated for sanitation improvements than men. Men have a lower personal need and economic demand to improve the sanitation situation. They are, however, motivated by other factors, e.g., protection for their wives and daughters and a higher value of their house. Both sexes may appreciate a higher social status from the presence of sanitary facilities (women and men) and better hygiene (women).

Most often, the collection and usage of drinking water is entrusted to women or young girls of a household while men have a role to play in the maintenance and upkeep of water sources. The handling of child feces is a job that women are supposed to do.

The formative research findings suggest a **gap** in the understanding of the oral fecal route of contamination – how diarrheal disease are spread and the negative effects of unhygienic behaviors; even in the apparently well sanitized villages. The **key hurdle** seems to be the fact that the evident benefit of better hygiene & sanitation behaviors is be delayed, and will ***maximize only once everyone in the community participates and practices the preferred behaviours!***

Moreover, another important point to consider is the **'*transmission loss'/miscommunication*** of the desired healthy behaviors in the previous communication exercises. For example, talking of ash and/or mud as a viable alternative to soap may have resulted in further re-enforcement of a potentially contaminating habit while missing out on the opportunity to educate the population on the microbiology of hand/water contamination.

The main factors responsible for the present scenario with regard to behaviours related to hygiene sanitation and the use of safe water can be broadly classified as –

Infrastructural factors:

- The numbers of protected water sources are limited in villages.
- The water sources are distantly located from the household premise.
- Lack of availability of space in the household premise is also a problem for sanitary latrine construction.
- Lack of access to running water/ tap water is contributing to improper usage and maintenance of sanitary toilets.

Socio-Cultural factors:

- Certain practices are being followed since ages e.g. open defecation, use of ash to wash hand and utensils, cow dung to clean house etc.
- Comparatively large family size.

- Cultural & religious significance at some places e.g. household ponds in West Bengal. Almost every household in the village has a pond which offers multiple benefits from being the source of water to perform daily chores like bathing, washing etc to the source of food.
- Less/no say of women in any financial decision.

Attitudinal factors:
- The issue is low on their priority list, as the benefit is not understood/under estimated.
- Beliefs likes all germs get killed during cooking and are visible through naked eyes etc. primarily due to lack of awareness.
- Alienation – sanitation is meant for the urban people.

Though all the three reasons stated above are equally important, the extent to which each impacts the behavior of audiences varies across regions e.g. in West Bengal the socio-cultural reasons are contributing more in poor safe water practices as compared to the other two reasons.

The **attitudes** can be categorized under varied heads ranging from ignorance to indifference to complacency. Various government schemes and subsidies in the past have not succeeded in generating positive changes among the people, mainly due to a target driven, top-down approach and diluted efforts on the parts of the service providers. The handling of various schemes at the grass root level have been mostly marred by nepotism, which has further added to the misery – it has in fact lead to inertia among the intended beneficiaries. It is now being seen as the 'duty of the government' to take care of hygiene, sanitation and water issues.

The age-old **traditions and beliefs** have helped in establishing the unhealthy practices, which is further aggravated by the infrastructure problems. The prevalent daily activities/practices such as non-usage of soap, the practice of using ash or mud to wash hands, of walking around barefoot, open defecation, etc. has serious health implications, especially for vulnerable children.

Many of these practices also find their reason in the prevalent circumstances and **infrastructural** factors. While it is convenient to motivate the population for adoption of positive hygiene, water safety and sanitation behaviors, we cannot overlook the very real daily struggle the target audience has to endure each day because of **lack of basic** amenities like piped water supply.

3.2 Behaviour Analysis

The audience is not following certain basic hygiene practices and reasons are not as simple as lack of awareness. Various socio-economic and cultural factors contribute to the practices being followed by the audience. The audience has been following certain practices since ages, which has become way of life for them over the years e.g. open defecation, lack of maintenance of personal hygiene, washing hands with mud/ash etc.
In some instance the concerned behaviour is compulsive due to lack of appropriate options e.g. lack of safe drinking water source, lack of household sanitary latrine etc. Moreover, the desired behaviour is different for different audiences depending upon the role they play at a household and community level.

An analysis of the desired behaviours in terms of its antecedents or what events or conditions trigger the behaviour, and its consequences, or what events or conditions are seen as resulting from having performed the behaviour is necessary to narrow in on the most important and easily changeable behaviors. Behavioural analysis also looks more closely at programme participants and their environment to see what other barriers must be overcome, what might motivate people to perform or support the performance of priority behaviours, what might attract attention to solving the development problem, etc.

It can be hypothesized that the use of key communication planks like **health,** in a *sub-optimal* manner has resulted in *desensitization & audience fatigue*, without achieving the desired impact. The situation is compounded by the presence/absence of various *other factors* that are responsible for this state of affairs, and some of these are not particularly amenable to a communication intervention alone:

Some community level institutions like village school and PHCs helps disseminating the information and promote correct hygienic practices. The children and youth are more sensitive towards the issue and could be agent of change to further support the issue.

The issue is also not a priority among the secondary audience that mainly comprised of Key Opinion Leaders at community, district and national level. In most of the places relevant information is not available to the facilitators (secondary audience) of behaviour change. At a district level the secondary audience (relevant office bearers) is overworked and handles 4-5 projects simultaneously, which are considered to be higher on priority.

3.3 Participant Analysis

In order that a communication intervention is effective, it should be relevant to the participant groups. Therefore it is important to analyze the characteristics of the participant groups and determine what resources each group can access to bring about and maintain the practice of desired behaviours. Different communication strategies, messages and content for dialogue will be needed to address programme objectives for each group.

The table below analyses the participant behaviour link, which is used for determining the primary and secondary audiences as well as the support groups.

Participant – Behaviour Link

Primary Audience	
Programme Participants	**Recommended, Feasible Behaviour**
Men	1. Construct sanitary latrine in the household 2. Use sanitary latrine for defecation 3. Wash hands with soap before eating and feeding 4. Wash hands with soap after defecation 5. Differentiate between safe and unsafe water 6. Retrieve water appropriately; take necessary precaution to keep water safe 7. Understand the effects of unsafe drinking water and stop collecting water from open/contaminated source 8. Recommend correct hygiene, safe water and sanitation practices

Women	1. Use sanitary latrine for defecation 2. Wash hands with soap before eating and feeding 3. Wash hands with soap after defecation 4. Differentiate between safe and unsafe water and collect drinking water from safe source 5. Store and retrieve water appropriately 6. Persuade their children and elders in the family to follow correct practices
Youth	1. Use sanitary latrine for defecation 2. Wash hands with soap before eating and feeding 3. Wash hands with soap after defecation 4. Differentiate between safe and unsafe water 5. Retrieve water appropriately 6. Understand the effects of unsafe drinking water and stop collecting water from open/contaminated source 7. Disseminate knowledge about incorrect sanitary practices and its linkage with disease 8. Recommend correct hygiene, safe water and sanitation practices
Secondary Audience	
Programme Participants	**Recommended, Feasible Behaviour**
Key Opinion Leaders at the community level e.g. Pradhan, Teacher, RMPs etc.	1. Encourage the correct practices with respect to safe water, hygiene and sanitation. 2. Disseminate knowledge to the primary audience 3. Bridge information gaps
Govt. officials, relevant office bearers e.g. BDO, PHD dept. etc.	1. Create a positive environment by addressing the issue on various public forums 2. Ground level implementation issues needs to be addressed to further emphasize upon the seriousness of the issue 3. Take initiative at the district level to spread awareness.
Policy Makers – Parliamentarian, Assembly Members etc.	1. Help build a positive environment for the issue to be addressed by owning the issue and addressing it at public forums 2. Initiate ground level initiatives to corroborate commitment of the Govt. towards the issue

A. Primary Audiences

Since the focus of the communication is on household **awareness, sensitization and motivation** to follow proper hygiene, sanitation and water handling practices, three primary audiences have been identified,

1) **The woman of the household:** The woman of the household appears to be the most critical audience going by the task in hand. Woman plays a **caretaker's role** in a household and spends majority of her time in tracking and meeting the requirement of each member in the family especially incase of Indian rural women. Further, the issues related to safe water and sanitation are within the domain of a woman's

responsibility – collection and storage of drinking water, cooking and feeding is her foray. She looks after the children. Women exercise more **control on children** especially in their early days of learning and which is also **important from the point of view of inculcating right practices/habits in them** Hence, the communication on hygiene and safe water will speak to the woman in the household. While she may not have the financial power to take any investment-related decision like construction of toilet, she can be a major influencer provided she appreciates the need of having an in-house sanitary toilet. Her role as an influencer in final decision-making will be highlighted while dealing with the issue of sanitation..

2) **Head of the household -** He is a passive recipient who keeps distance from day to day household activities. He is the decision-maker in the household; **every investment** is made post his approval. Hence he needs to be sensitized towards the requirement of his family. Further, he is also expected to change his own personal hygiene habits like washing hands after defecation, before eating meals, proper retrieval of water etc.

3) **Young adolescent children of the household** – They are usually the **early adopters** of new trends by virtue of a natural curiosity and their relatively greater exposure vis a vis the elderly, via media, travel and education. They could be treated as the agents of change as well as a medium to sensitize the other two key audiences and the next generation.

The elders are respected but usually do not have monetary control to initiate construction of latrines. Moreover, they have traditional mindsets, which may actually work against change, and some may actually reinforce negative behaviours in their households. However, if they can be made aware and motivated, then they may be useful to influence the household members as well as the educated elders may become influencers.

A **demand responsive approach (DRA)** takes into account that different communities and user groups - better off men, better off women, poor women, and poor men - are likely to have different wants and needs. They may also differ in capacities and forms in which they can support water and sanitation: in kind or in cash, in lump sums or installments. In a demand-responsive approach, in exchange for their contributions, users also have options and opinions in technology and levels of service, service provider, financing arrangements and management systems, arrangements for sharing benefits and burdens, and decisions on service adjustment and expansions. To elicit and respond to the demands of various user groups for satisfactory and more sustainable services, DRA must be sensitive to dimensions of both gender and poverty.

Gender and poverty are also essential dimensions that must be considered in all water and sanitation communication. This is so because men and women have different roles and responsibilities in society. They may attach different values to services and the benefits to be derived from them. Consequently, their demand for and use of services and their economic behaviors differ. Similarly, the poor and the well off have different expectations from their services, different needs and demands. In addition, they have very different levels of influence on community decision-making processes.

In most developing countries, the poor comprise the majority in communities, but they and the women lack the voice and power to make them heard and heeded. For the same reasons, they often do not benefit to the same extent from water projects as do

men and better off households. Their burdens may increase disproportionately with the improved services.

Since the grassroots level communication would, by design, involve considerable interaction and participation from the stakeholder groups, it must therefore take into account the gender and poverty sensitivities – at conceptualizing as well as at the delivery stage.

B. Secondary Audiences

Although the primary target audience and the focus of the communication strategy will be the woman, chief wage earner and the young adolescent of the rural household; this strategy also has the potential to create an awareness and currency for the issues in the minds of the following important secondary audiences (who shall be the centre of attention with the District level communication activities):

1) The community: including Teachers, RMPs, Pradhans are the third party facilitators and opinion makers, who are usually more educated, informed and socially conscious individuals. These people can exert peer pressure as well as be role models for the majority of unaware and resistant population.

2) The Government: including the various program administrators and policy makers at National, state and district levels. The government is generally benevolent and supportive at the center/states and trying to decentralize the technical and financial support. These officials face a mountain of work in a tight human resource scenario and attempt their best for the **numerous developmental schemes** they have to implement. Although they realize the importance of water, hygiene and sanitation issues, this issue may not be the topmost priority for a number of them. Moreover, they may come from different backgrounds and serve tenures, which may prevent one from feeling totally committed and motivated at all times.

3) Support Institutions: NGOs and CBOs are also dedicated motivators but do not get enough community support consistently, leading to some cynicism and demotivation. They usually look to the government for support as they are good at interpersonal communication, but work in the absence of mass media cover to boost their efforts at the ground level.

4.4 Channel Analysis

The selection of any communication channel is driven by the programme objective. The issue of safe water, hygiene and sanitation is relatively low on priority amongst the various stakeholders. Since this programme, talks to various sets of audiences whose requirement is different in terms of information needed and the manner in which it is required, multiple channels are essential to harness optimum results. The key audiences and the merits of a media will be the key factors in prioritizing the various channels.

1. Mass Media – Audio-Visual (TV Spots & Radio Spots)

Mass media is important as it has the ability to communicate effectively with a large number of people at the same time. This medium leaves the audience with an image, which has more shelf life than a text or only a voice driven message. This also increases the credibility of the message being delivered. The barrier of illiteracy is removed and the communication can be understood by all – literate as well as illiterate. Though it is an expensive medium but considering its reach and speed is a suitable medium to meet the

objectives. The other advantage with this medium is the imagery created. Media innovations and strategic buying of media can help in optimizing the results. This medium is most effective in delivering a simple, clear and focused message. Communicating a lot of information using this medium has high the cost implications and can create confusion.

2. Mass Media - Print

Print media is an effective medium as it, too, reaches to large number of people at the same time. Further this is a credible and relatively less costly medium. The existence of various vernacular print mediums also helps us customize the communication as per the language understood by the people. This medium is useful in giving detailed information but to optimize the impact of the communication the focus should be on the key message. In the use of print media, the use of visuals is more effective. This media has restricted use - only among the literate audience.

3. Interpersonal Communication

It is an interactive medium and provides credibility to messages. It also helps in providing detailed information to the audiences and helps in building a supportive environment. This medium allows for immediate feedback on ideas, message and practices. It also helps in addressing specific important issue instantly, which has been missed in other medium. It can reach to areas not covered by mass media. The message can be communicated to illiterate audience also. This is a time consuming with a high cost per person/contact. One of the critical elements of this medium is that it requires practical skills training and support of field workers. It reaches to small number of individuals in one stroke. This strategy envisages extensive use of interpersonal communication techniques.

4. Graphics and Audiovisual (as support material primarily)

This medium provides for timely reminders and attracts attention of the participant group at the place of exposure. It provides basic information on the issue (behavior/practice)/product and its benefit. It is handy and reusable. It provides accurate standardized information all across and I give confidence and credibility to person communicating messages. It can be distributed to areas not penetrated by mass media. Training of implementers would be necessary for effective design, development and production and it might not be cost effective.

5. Traditional Media (Street theatre, puppets, story telling, folk dances etc.)

The main advantage of this medium is that communication can be customized as per the audience need by using local jargon and slang. Familiar messages and situations can be selected to generate empathy. This medium is more personally relevant than other medium. One can use local talent and involve community. It has the potential to be self-sustaining at low/no cost. It helps in stimulating discussion of topics among families, friends, neighbours etc. within the community. The restricted reach is a problem coupled with the need of training and support to such media at local level.

4. Communication Objective

The overall objective of a communication strategy is to **attain a positive behavior change** among the stakeholders with respect to hygiene, sanitation and use of safe water. This will include **enhancing knowledge regarding safe water, hygiene and sanitation and encouraging conversion of the knowledge into practice.**

Strategic communication for sanitation and hygiene will meet the following broad objectives to help achieve the programme goal of increasing coverage with of household toilets and improving hygiene practices, especially use of safe water, handwashing with soap before handling food and after defecation as well as after disposal of child excreta.

- Increase mass **awareness** level and make the identified target audiences **more conscious** about the issues related to hygiene, sanitation & safe water; thus creating an overall **positive environment to facilitate** community mobilization.

- Ensure that households are **aware of the linkage between safe water, hygiene and sanitation and health.** To have maximum desired impact the communication will have to be structured in a manner where on one level it delivers the necessary information aiming to increase the awareness levels while on the other it deals with the necessary cues and motivations to elicit the behavior change.

- Increase toilet coverage by **establishing and informing demand for sanitation options,** especially in the TSC districts. 'Demand' is a term now commonly used in relation to sanitation that conceals a complex background of meanings and issues. In many circumstances there is little overt demand for sanitation in the way that there is usually a strong demand for other services such as water and power supply. For sanitation, a key issue is therefore the need to actually create and stimulate demand through promotional campaigns. Demand based approaches focus on what people want, but are limited by what they know. This implies a need for a two-stage process:
    - ***Establish demand*****:** assessments need to be made to see whether households want improved sanitation; where people do not show through their actions that they want sanitation it will be necessary to stimulate demand through promotion campaigns
    - ***Inform demand*****:** demand may not be realistic once it has been established. Potential users may have an incomplete understanding of options open to them, the likely costs and benefits. Unrealistic expectations about who pays for the desired service will also need to be addressed.

- Maximize the impact of communication efforts at the national, state, district and block level by **strengthening coordination** amongst partners and effective **advocacy**

The recommended audience to be targeted at various levels will help in creating a positive environment at the community, district and state levels.

5. Design

The communication activities endeavor to *raise awareness levels* the importance of adopting hygiene and sanitation behaviors, *influence attitudes and beliefs* at the household and community level in support of adoption of sanitation implements (like the HH toilet, use of the long handle ladle), and *promote practices* (like use of the toilets, use of soap for handwashing after defecation) that ensure that households adopt hygiene behaviors.

The strategy will build on a *mix* of communication activities, including **advocacy**, **programme communication** and **social mobilization**.

The communication activities should be rolled out in phases with specific objectives. It is recommended to have a phased roll out of the communication strategy starting with the 'Re-introduction phase'.

5.1 Introduction Phase

While State Governments have undertaken different schemes to supply safe water, and sanitation services, these programmes have lacked priority among people. In the public domain, other social and economic issues have taken precedence over health and hygiene. Therefore, the first step should be to ***reintroduce hygiene and sanitation*** at various levels more prominently among the audiences (people who are suppose to take action after exposure to communication) and the implementers which includes policy makers and relevant office bearers.

Government support is crucial to establish the priority and commitment for the issue. The endorsement by the Government also helps relevant office bearers to prioritize their plan of action. **Advocacy** will play a key role in ensuring that there is a positive environment in which the Total Sanitation Campaign can be implemented effectively. The primary area for advocacy focus would be on working with new partners (like MLAs, parliamentarians, media, etc) who can **increase visibility and credibility for the programme**.

In order to extend the reach and impact of the TSC there should be a focused effort to bring in **new partners** who can increase visibility and impact. Partnerships can be initiated and be strengthened by making efforts to engage the partners actively in communication for sanitation and hygiene. The private sector (e.g., pan and trap manufacturers, soap promoters, business houses) can also play a crucial role in maintaining visibility and the partners will work through key federations to reach out to potential partners. The strategy can also seek to work closely with academic and professional groups to provide technical inputs to the programme.

Some techniques that can be used to increase visibility and credibility are –

i. Public Relations (PR) – PR will play a very crucial role in this stage. The thrust of PR will be to establish the context and relevance of the cause. An effective PR campaign can also get support from media and can keep the issue alive for a longer period of time in public domain.

a. **PR campaign in print media** – Implications of incorrect hygiene and sanitary practices on health. Stories highlighted the health-related hazards like incidences of diarrhea, jaundice, cholera etc in the country, human productivity loss etc. The PR campaign can also run the story on the progress made by the other countries in this area. The views of prominent welfare economist and columnist like Prof. Amratya Sen, Arundhhati Roy can also be highlighted as part of PR campaign. The fact stories from WHO can further build the credibility and it can force the machinery to get into action.

b. **PR campaign in electronic media** – The reach of electronic media has increased many folds and its power can not be under estimated. A news channel can be asked to produce a program specific to these issues. This will help in bringing the issue in public domain, generating the hype and possibly creating demand. The program can highlight the national level scenario followed by the state specific programs (on the line of election coverage). This would pressurize the policy makers and implementers of laggard state to improve situations at the ground level. We as a country have this habit of forgetting things and this helps in building inefficiency in the system. This program can run for a year where in first phase the exact status of each state will be uncovered. After the launch of the campaign, states will be given 6 months to perform and then report card of each state will be released. The continuous monitoring can bring in accountability as well as it will put pressure on relevant office bearers to perfor.

ii. Direct Marketing. Mailers specific to the issues can be sent to the policy makers and implementers. The mailer will reiterate the context and relevance of the issue in present scenario.

iii. Designating a day in a year as 'Rashtriya Swachhata Diwas'. Gandhi Jayanti can be linked with the 'Rashtriya Swachhata Diwas' as Gandhi dreamt for the ideal village in India and he was the one who initiated the fight against un touchability by cleaning the Harijan colonies.

iv. Launching of a commemorative stamp on 'Rashtrya Swachhata Diwas'. Special messages from Prime Minister, President and relevant Ministers can be highlighted in the print and electronic media.

5.2 Awareness Building Phase

This will be the most crucial stage of the campaign, as successful implementation of the same will ensure the desired impact. During the formative research conducted across four states, it was identified that the awareness of the issue is comparatively low among the people as well as implementers, especially in some remote and far flung areas. Awareness building exercise will be different for different audiences.

A. Programme communication to the Primary audiences. The role of programme communication is to provide strategies and means of effectively communicating directly with families about the need to adopt hygiene practices and sanitation interventions.

The focus areas for communication directly with families will be:

(1) a **national and state-level mass media campaign** involving television, radio and print media

(2) **)**

(3) **interpersonal communication tools**, and implementation of effective interpersonal communication activities

(4) a rational approach to the design, production and dissemination of **appropriate outdoor media (IEC materials)**

(5) **Identification and training of effective volunteers and local motivators** who come in direct contact with families and communities. This level of inter-personal communication will be critical in engaging families in a constructive dialogue about the need to adopt hygiene practices, including toilets.

i. **Mass Communication via Audio-Visual Medium –** Mass media remains a powerful tool for mobilizing large segments of the population, while addressing important information gaps. As part of the strategy, research-based, professionally designed broadcast mass media materials and newspaper advertisements are being produced.

The key issues related to Safe Water, Sanitation and Hygiene will be addressed through **relevant Television and Radio Spots** which will run on National Terrestrial and Satellite Channel and Radio Stations. Since the formative research conducted revealed the fact that the issue is not a priority among the primary audience, the communication on mass media will help create a conducive environment for the issue to become a point of discussion among the primary audience.

Awareness via Dedicated Programming on Popular News Channel- News channel such as DD News, NDTV and Aaj Tak can be roped in to do dedicated programming on Safe Water, Sanitation and Hygiene issue. The program can be divided in three phases. The first phase should make the audience aware of current status of the country w.r.t. safe water, sanitation and hygiene practices. A nation wide perspective should be followed by a state wise analysis of the situation. This will force the laggard states to make necessary amends to improve the situation at the ground level. The second stage can highlight the 'Sampoorna Swachhata Abhiyan' program emphasizing upon the program objective, its design and target set for it. These channels can also be used as a regular monitor of the program and can produce report card of each state every 4 months highlighting the progress made by each state. The continuous monitoring will not only help in motivating the implementers at the ground level by highlighting their achievement but it will force the others to match the pace with the early adopters.

ii. **Inter Personal Communication-** Inter personal communication and district level is required to deal with the community and region specific issues. Further, it will help in disseminating detailed information on the issues e.g. the models of sanitary latrine can be elaborated, the disease cycle can be explained etc. This is also an interactive medium where the doubts can be tackled instantly and audience can be persuaded to take action. IEC materials like flipcharts, skits, event calendar etc could be used as tools to initiate dialogue with the community, etc. **Community Mobilization** is a critical element especially in a scenario where the large number of people are insensitive towards the issue. Community meetings, Block meetings, rallies etc. will be organized to mobilize the community and drive them towards the issue

iii. **Outdoor Media**. The IEC materials/outdoor media for sanitation and hygiene will support the interpersonal communication and give credibility to the communicators. Efforts will be made to promote synergy between the use of tools and community consultation, while recognizing their distinctiveness. In the development of outdoor media and the IEC materials, the following principles will be followed:

- *Proper branding* - partners producing IEC materials in support of the strategy need to work within the framework of a coherent branding policy. A branding policy paper should be finalised so that all partners are clear on the basic components of the look and identity of the campaign.
- *Coherent, holistic design* - IEC materials should be taken as a coherent whole (i.e., a set of materials that work together to achieve various communication objectives) and should be designed accordingly. A well-developed IEC strategy will exploit recall value, brand identity, etc, across platforms in attempting to ensure as broad a consciousness of the campaign as possible.
- *Pre-testing* - special emphasis is placed on pre-testing and formative research in the development of all IEC materials, new or old, prior to re-production and circulation

iv. **Training.** The development and implementation of training packages to strengthen interpersonal communication skills of front-line workers, volunteers and motivators who communicate directly with families about sanitation and hygiene will form part of the part of the strategy. These approaches to IPC focus on ensuring that communicators have the requisite skills to engage families in a meaningful dialogue, using appropriately designed communication materials. For sanitation and hygiene, the emphasis is on addressing families' concerns about technology choices and costs.

B. Policy makers. While communication with policy makers is important, it will not be the focus of this phase of implementation. Some techniques to communicate with policy makers are listed below –

i. **Direct Marketing-** A mailer elaborating the "Sampoorna Swachhata Abhiyan" campaign can be sent to the policy makers and the relevant office bearers. The mailer will highlight the finer aspects of this programme e.g. emphasis on increasing the number of sanitary latrines in rural India, the process etc.

ii. **Workshops & Seminars –** Workshops and seminars can be organized where the officials of Public Health Dept. can be invited and updated on the program. The workshop can also be organized for training the trainers to disburse the information at grass root level. An audio-visual aid can be developed which will highlight the objective set in programmes. The communication support being provided by the Ministry of Rural Development, Dept. of Drinking Water Supply. It can also highlight the implementation-related aspects.

iii. **PR –** Coverage of various initiatives are important in print and electronic media to build a positive environment to support this programme. PR can

highlight the various efforts/initiative taken by different state governments and the outcome of the same

5.3 Persuasion Phase

A. Communication to the policy makers

iv. **Direct Marketing-** A mailer highlighting the progress made can be sent to policy makers. It can also include the way forward to achieve optimum results.

v. **Seminars –** Seminar of State Secretaries can be organized to take stock of the progress made and lesson learned. This will help in modifying the campaign if necessary to achieve the desired results. Innovative ideas, which have worked, can be shared at this forum and members can be persuaded to adopt these ideas in order to achieve optimum results.

vi. **PR –** At this stage PR can highlight the achievement of implementers at various levels from district to village to motivate them and to persuade the non-performers to learn from them. PR can also maintain release a state wise record of measurable performance which can be directly linked to this programme e.g. construction of sanitary latrine, incidences of diahhorea, cholera etc.

B. Communication to Primary Audience

i. **Mass Communication via Audio-Visual Medium –** The mass communication at this stage can be modified depending upon the feedback from the audiences on the communication made in second stage. The communication at this stage can be made more persuasive and it can highlight any other issue of importance, which emerges later on or has been missed in earlier communication.

ii. **Persuasion via Dedicated Programming on Popular News Channel-** This is the stage where popular news channel start sharing the report card of various states. It can be done in a very effective and dramatic manner to gather maximum mileage out of the program starting from a countdown something on the line of election coverage.

iii. **Inter Personal Communication-** The inter personal communication at this stage can focus on 3-4 key issues of concern among the primary audience and try to address it. At this stage ground level implementers can also identify if there are any region/community specific overriding issue which needs to be tackled differently. The implementers can also highlight the progress made by the other nearby villages and the appreciation they have received in media to motivate the audience.

iv. **Community Mobilization-** The key influential members of the community should be targeted to help mobilize the community. The experience in other states e.g. West Bengal and Maharastra has demonstrated the strength of peer pressure to mobilize the laggards in the community.

v. **PR –** PR at this stage is required to sustain the momentum generated in the second stage. Further the frequent publishing of positive results of various districts/villagers can build pressure on other district/village to meet the targets.

5.4 Monitoring Phase

This stage will help us analyze the output delivered by the entire communication package. The successful and unsuccessful elements of the communication will be assessed on the parameters of reach, effectiveness, and impact and will provide the platform for future course of action.

Coordination

Coordination of communication activities for sanitation and hygiene will need to merge with efforts to strengthen communication activities for Swajaldhara. To strengthen coordination and to facilitate the merger in communication planning and implementation the following mechanisms are being put in place:

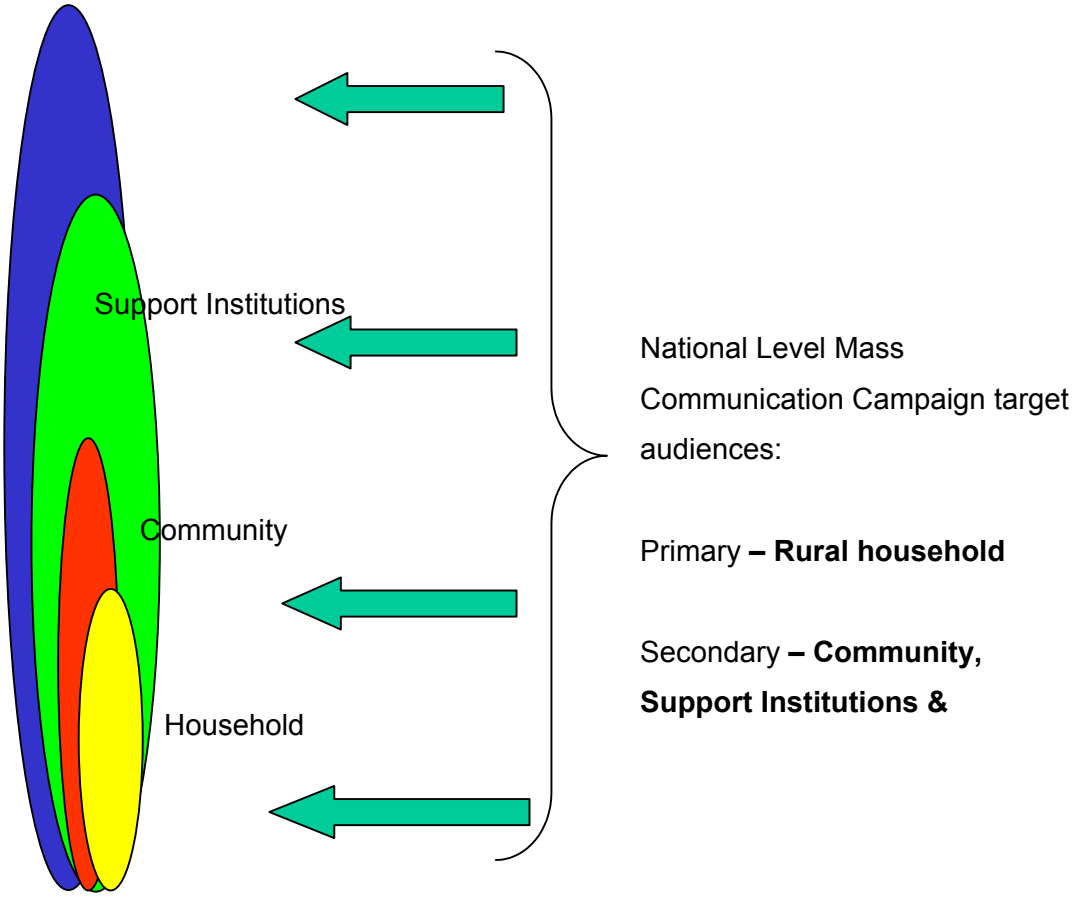
- At the **Centre**, the RGNDWM capacity to manage national level mass communication strengthened (with Consultants, communication and social mobilization). Further, advocacy efforts would be strengthened to ensure that policy makers and parliamentarians prioritize water and sanitation issues.

- At the **State** level, the SWSM is the formal mechanism to coordinate planning and implementation. The SWSM can be strengthened through formal/informal mechanisms to plan and implement the communication interventions. UNICEF State offices can play a lead role in coordinating these processes, providing support to the overall leadership of the Department of Panchayati Raj/PHED/ PR&RD. Planning sessions for both communication/social mobilization and operational activities can be carried out jointly between the SWSM and UNICEF.

- In TSC **districts**, the DWSM and DWSC are responsible for the overall implementation of the programme. The IEC funds exist for creating demand for sanitary facilities for households, schools, Anganwadis/Balwadies and Community Sanitary Complexes. In states with a large number of TSC districts, UNICEF (through the strengthened Sanitation Coordination Cell/CCDU) can assume responsibility for communication coordination in the districts. UNICEF can also provide support to district communication planning through NGOs, consultants and the local administration.

6. Treatment

The recommended strategy will impact at various levels in the **external environment** influencing audience's behaviour to a great extent. The focus will be to empower the audiences with information at a micro level. The national level mass communication campaign will be helpful in establishing the magnitude/ seriousness of issues and thereby creating the currency for the programme among the diverse set of audiences. At the household level it will primarily create awareness. At the community level not only it will create awareness but it will also help KOLs to persuade with late adopters or reluctant households. It will also motivate the support institutions like NGOs working in the areas, RSM etc to gear up for changing situation and build upon the awareness created by the mass communication campaign. At the administrative level, communication will help in attracting the attention of relevant of office bearers associated with the project.



For arriving at the **motivational cues** that will trigger off the required behavior changes across the audiences, it is necessary to arrive at a *common binding link* that can address issues of Safe Water, Sanitation and Personal Hygiene under a single *umbrella* campaign at the **national level**. The other communication elements of the national and district level plans can then address the disparate issues of each in a more elaborate and focused manner.

The following **treatment options** have been evaluated as the possible directions for developing a strong profile of the umbrella campaign:
Health
Pride
Shame
Convenience

Health has been used as a motivation for adoption of right practices in almost all communication done over the last few years. However, it does not seem to have delivered the desired results over time sparking the debate that it should probably be discarded at this stage! However, it actually seems to be the **strongest connect** between the elements of safe water, sanitation and hygiene and we strongly feel the need to establish the elusive relationship between the desired behaviors and the expected outcome/benefit.

While *pride and shame* are strong emotions that work at the bulk of the target audience, they seem to work strongly only in the area of sanitation and controlling open defecation. *Convenience* does not seem to be an effective pull for an audience that is used to hardships and stress, and some of them actually view ***behaviour change as the biggest inconvenience.***

Taking a cue from the fact that many stakeholders tend to give 'politically correct' answers, but unofficially question these recommendations on the basis of " lack of tangible benefits or returns", etc., it is felt that the time has come to **put the onus of action on the audiences themselves.**

The suggested treatment is to represent health with a direct benefit connect to ensure that the people **reevaluate their priorities** and practices and thereby develop a sense of ownership for individual and community hygiene. Health and hygiene need to be seen as a 'worthwhile investment' even for the poorest and underprivileged, and the people need to be shaken out of their complacency. We must show them a powerful attractive vision that the desired **improvement in the quality of life of their present and future generations** can only be brought about by their own actions.

It is proposed therefore to present health and hygiene in the context of progress and prosperity and well being of children and the next generations. In order to accommodate the heterogeneity of administrative structures and the various schemes in the country, we need to propagate self-reliance by inspiring the masses to be proactive and avail of the local resources to achieve their goals.

Interestingly, many issues are related to the hands of the target audience – whether it relates to washing of hands or handling of food/ feces. Metaphorically speaking, it relates to owning issues like water source management, construction and maintenance of household and community toilets, getting toilets constructed, treatment/decontamination of water and being responsible for the health **and prosperity of our family.**

The above leads us to the single minded proposition of Water, Personal Hygiene, and Sanitation under the unifying thought:

Apna swasthya, apni khushali, apne haath.

(Our health, our prosperity, in our hands)

The overriding thought and *emotional* connect will be the power of one's own hand – in either making a healthy future or spelling one's own downfall! The thought when translated into a communicable message would become:

Khush-hali ho ya swasthya
Hai apne hi haath.
(Whether health or prosperity, ultimately lies in our own hands)

Rational support is proposed in the context of presenting healthier living as a lower cost option vis-à-vis the cost incurred on treatment of diseases and the productivity loss associated with recurrent illness.

After reassessing the proposition, it was observed that though 'Health' is a common binding link across all issues, this proposition may not be enough to generate motivation for construction of sanitary latrines as the audience does not see a strong, immediate connect between health and open defecation. Further, we realized that "Prosperity" is a much bigger platform and too big a promise to make via the adoption of desired behaviours & practices. Therefore, it was decided to arrive at a proposition that is focussed and delivers on the benefits being promised.

Further reevaluation of issues, suggested that "Hygiene" is a higher order platform and the other two issues i.e. Safe Water & Sanitation can be dovetailed into it. Hence, it was decided to use ***"Hygiene" as the umbrella platform*** to deliver all benefits captured by the thought:

"Safai mein bhalai"

The thought is simple and focussed. The rational way to look at it is to draw a parallel with the *cause* (safai – hygiene) and *effect* (bhalai – goodness) theory where the cause has been clearly defined, and the effect has been kept ***open ended*** for interpretation. This gives us the flexibility to highlight different issue-specific relevant benefits through the various communication elements.

All information needs will be addressed through issue specific communication at both the national and local levels.

On ground implications

While the overall approach of communication would be to bring about a positive behavior change - practice and maintenance – at the household and consequently at the community levels, with regard to the issues of Safe water Sanitation and Hygiene. However, at the micro level the focus of communication would transform towards 'construction of toilets', 'delivery of safe water' and 'adoption of better hygiene practices' in area of Sanitation, Safe water and Hygiene respectively.

The stakeholder groups, basis our formative research, who would lead the 'Action' would be 'Men/CWE', 'Women' and 'Household/Community' with regard to Sanitation, Safe Water and Hygiene respectively. The communication framework for sanitation therefore would be focussed to result into more and more people (mainly men) going in for construction of toilets. Likewise, for Safe Water, the communication would aim primarily towards leading more and more people (mainly women) into collecting, storing and handling water safely. For Hygiene the 'Action' would relate to practicing hygiene by self (every individual in the household and community).

Since all three issues are very closely linked together, it would not be possible to segregate each issue from the other while communicating with the masses at the ground level. The interactive sessions (IPC) that would happen with various stakeholder groups therefore would be carried under a single theme of 'health/prosperity in your own hands'. The sessions/interaction would be lead by 'Sanitation program' (TSC) and would relate to the other two issues (Safe Water and Hygiene) as integral parts of the entire program, in its delivery.

7. Action

For communication strategy to succeed it is imperative that all elements of communication should work in tandem and complement each other. The mass communication campaign to generate awareness will not be able to meet the target on its own unless and until it is supported with relevant communication/information at the grass root level. The continuous monitoring and supervision of the communication as well as the entire process is important to understand the elements that are working and also to get an idea to modify the communication if needed. Following activities needs to be ensured to achieve optimum results

1. **Training and Capacity Building of Implementers** – Since the program involves various partners who might not be communication specialist, it is important to train them with the help of necessary inputs to ensure the right message is communicated in the right manner to the audiences. Workshops and seminars can be organized to train the implementers.

2. **Implementation of communication strategy-** The implementers will be mostly involved with the inter personal communication input which needs to be supported with mass communication via TV and radio spots to build a conducive environment for the issue to be raised and addressed. Each element of the communication should be made active from mailer to policy makers to PR coverage of the issue in print and electronic media to the mass communication campaign on national terrestrial and private satellite channels.

3. **Supportive supervision –** Provision for supportive supervision should be made to ensure the quality. In field supervision of the process is important to standardize and customize the process. This will also help the communication expert to understand the ground realities; its basis and a practical solution to deal with it keeping in mind the socio-cultural background.

4. **Monitoring of communication activities and behaviour change-** The communication activities needs to be monitored as per the national and district communication plan. The behaviour change can be monitored phase-wise. This will help us analyzing the difficult behaviour to change and how to address that. The monitoring of communication activities and behaviour change together will also provide an indication of change in communication strategy if it is not delivering on the objective set under the program in a given duration.

5. **Evaluation of communication program during follow up period –** The entire communication program can be evaluated during the follow up period. This will not only help us in prioritizing the communication element but the effective medium too.

7.1 Recommended Elements of National Communication

Given the specific tasks under National Mass Media Campaign, we propose the following:

Purpose	Audience	Communication Unit/ elements	Medium
• To highlight the points of contamination of drinking water due to the dipping of fingers and how to prevent this act.	Primary TG: Women in the household Secondary TG: Men & Children	Issue based film and Radio Spot – Safe drinking water (1)	Television/ Radio
• To create awareness regarding the diseases caused by unclean water.	Primary TG: Women in the household Secondary TG: Men & Children	Issue based film and Radio Spot– Safe drinking water (2)	Television/ Radio
• To highlight the need for washing hands with soap before eating a meal or feeding.	Primary TG: Women in the household Secondary TG: Men & Children	Issue based film and Radio Spot – Hygiene (1)	Television/ Radio
• To present the relevance of washing hands properly with soap after defecating and handling child feces.	Primary TG: Women in the household Secondary TG: Men & Children	Issue based film and Radio Spot – Hygiene (2)	Television/Radio
• To highlight the need and relevance of sanitary toilets.	Primary TG: Women & Children Secondary TG: Head of he household	Issue based film and Radio spot – Sanitation (1)	Television/ Radio
• To highlight the fact that the construction of a sanitary toilet at home is affordable.	Primary TG: Head of the household Secondary TG: Children & Women	Issue based film and Radio Spot – Sanitation (2)	Television/ Radio

• To build currency for the issue • To create positive environment • To impact the educated KOLs this will have chances to trickle down to household level • Reinforcement	Primary TG: Relevant office bearers & support institutions Secondary TG: Grass root level institutions and workers	Combining all issues under consideration	Press
• To sensitize the audience	Primary TG: Policy makers, relevant office bearers	Highlighting the status on safe water, sanitation and hygiene and its implication	Mailer to policy makers
• To build currency for the issue • To sensitize the audience	Primary TG: Policy makers, relevant office bearers, and implementers, grass root level organization etc. Secondary TG : Masses	PR covering status on safe water, sanitation and hygiene	PR in press and electronic media
• To build currency for the issue • To sensitize the audience • To generate momentum by motivating the audience • Continuous monitoring by the media	Primary TG: Policy makers, relevant office bearers, and implementers, grass root level organization etc. Secondary TG : Masses	Current status of the situation can be highlighted followed by the launch of 'Sampoorna Swachhata Abhiyan'. These channels can release report card of each state on the progress made on a 4 monthly basis.	A dedicated program on safe water sanitation and hygiene in popular news channel like DD News, NDTV and Aaj Tak.

The communication campaign will be further supported by print activity via press ads, targeted to office bearers and key opinion leaders.

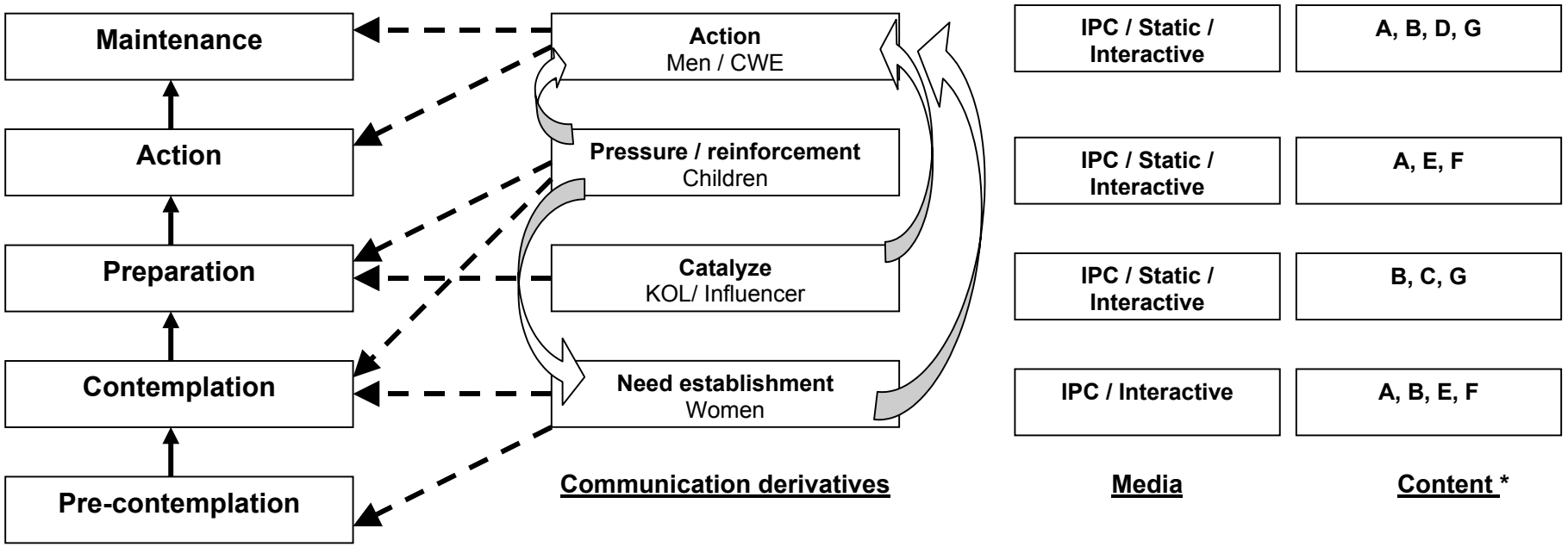
7.2 Elements of the District Communication (tentative)

Purpose	Audience	Communication Unit(s) **	Medium
• Sensitizing towards water, hygiene and sanitation • How Health is the bast way to prosperity • Awareness about the cause of ailments and diseases – epidemiology • Education regarding points and modes of contamination of drinking water • Information regarding methods of prevention contamination • The need for washing hand before and after meals and after defecation • The relevance of sanitary toilets and need for proper maintenance • Options and costs of SLs • Provide for women /children's needs • Waste management • Motivate & encourage people to come forward and take appropriate action in their capacity – **redefine capacities (authority), responsibilities and accountabilities with respect to gender and poverty sensitivities.**	Men / CWE	Flip Charts Leaflets Information booklet Banners Games Folk / Skits	IPC / Interactive
• Sensitizing towards water, hygiene and sanitation • How Health is the best way to prosperity • Awareness about the cause of ailments and diseases – epidemiology • Education regarding points and modes of contamination of drinking water • Information regarding methods of prevention contamination • The need for washing hand before and after meals and after defecation • The hygiene criticality / relevance of sanitary toilets • Waste management • Motivate & encourage to assert their	Women / adolescent girls	Flip charts Information booklet Leaflets Banners Folk / skits	IPC / Interactive

needs • **Redefine capacities (authority), responsibilities and accountabilities with respect to gender and poverty sensitivities.**			
• Sensitizing towards water, hygiene and sanitation • How Health is the bast way to prosperity • The need for washing hand before and after meals and after defecation • The hygiene criticality / relevance of sanitary toilets • **Motivate & encourage to assert their needs with their parents**	Children	Flip Charts Leaflets Skits / Street Plays To Do Workbooks Games Banners Stencils Health / Good Habit Charts	IPC / Interactive
• Sensitizing towards water, hygiene and sanitation • Highlight their role and responsibility towards the society • Encourage to contribute their time effort and energy towards this good cause • Encourage to spread education and correct awareness/info on the subject • **Encourage locally based solutions**	KOLs/ RMPs etc.	Leaflets Info booklet Flip Charts	IPC / Interactive
• Awareness of the subject • **Reinforcement** of the issues	Men/CWE, Children, KOLs	Wall Paintings Posters Tin Plates	Static

***** The communication units are still indicative/proposed and will be finalized only with respect to the final communication plan and subsequent pre-testing in the field.***

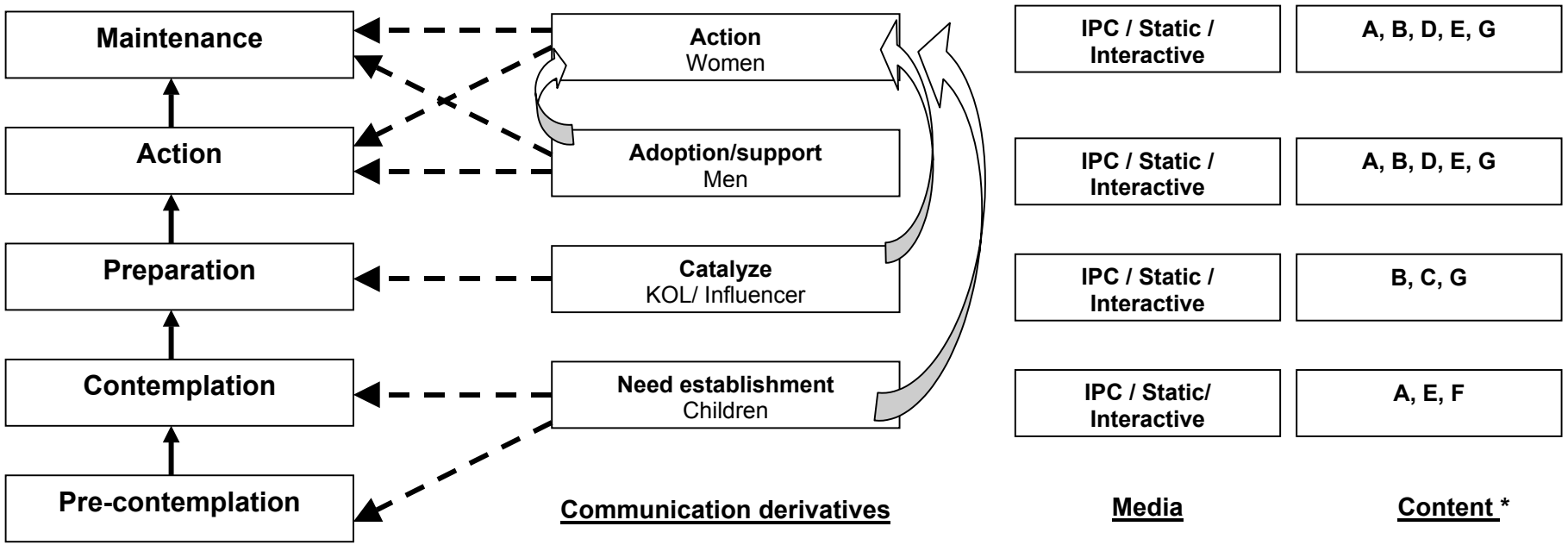
Strategy Illustrated (Sanitation)



* Communication content -

A - Correct methods and benefits
B - Epidemiology
C - Advocacy for issues
D - Pride (Asset, providing protection)
E - Hygiene criticality
F - Need to assert their choice
G - Schemes and Options

Strategy Illustrated (Safe Water)

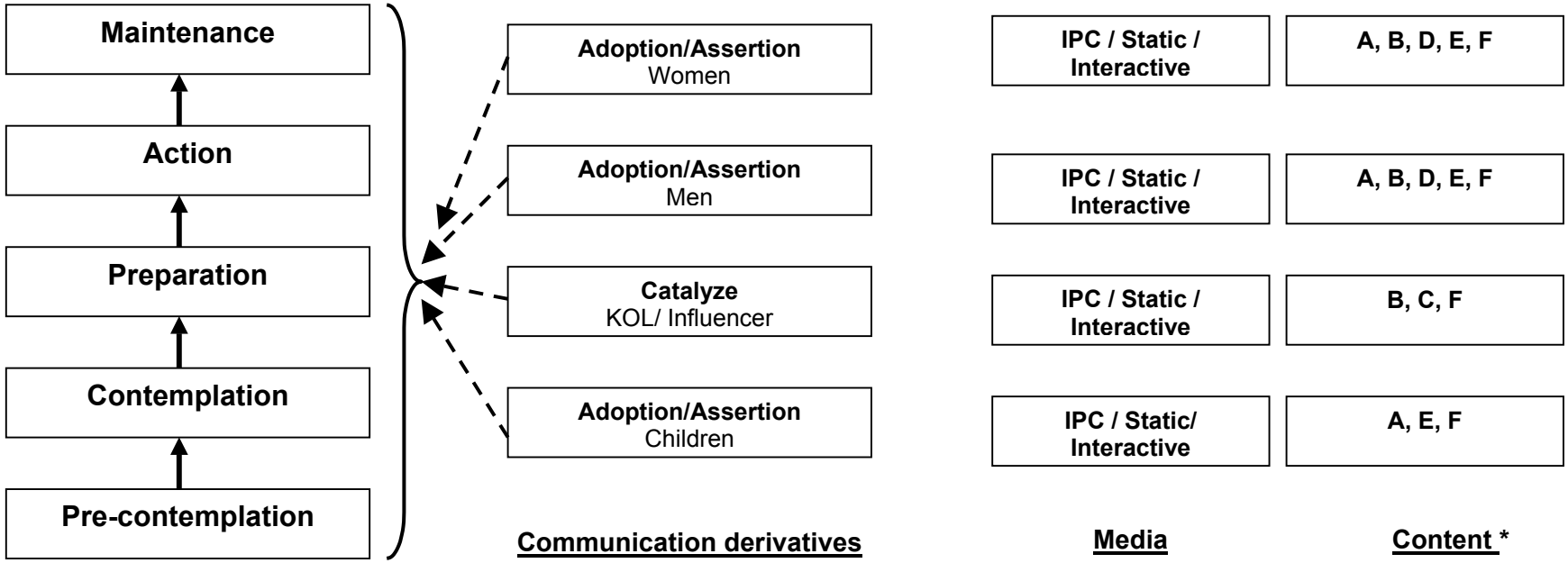


Behavior Change model

* Communication content -

A - Correct methods and benefits
B - Epidemiology
C - Advocacy for the issues
D - Responsibility of family
E - Cleanliness and safety
F - Need to assert their choice
G - Waste management

Strategy Illustrated (Hygiene)



* Communication content -

A - Correct methods and benefits
B - Epidemiology
C - Advocacy for the issues
D - Responsibility of family
E - Hygiene criticality
F - Point out incorrect behavior