



# ***Changing Behaviour: Creating Sanitation Change Leaders***

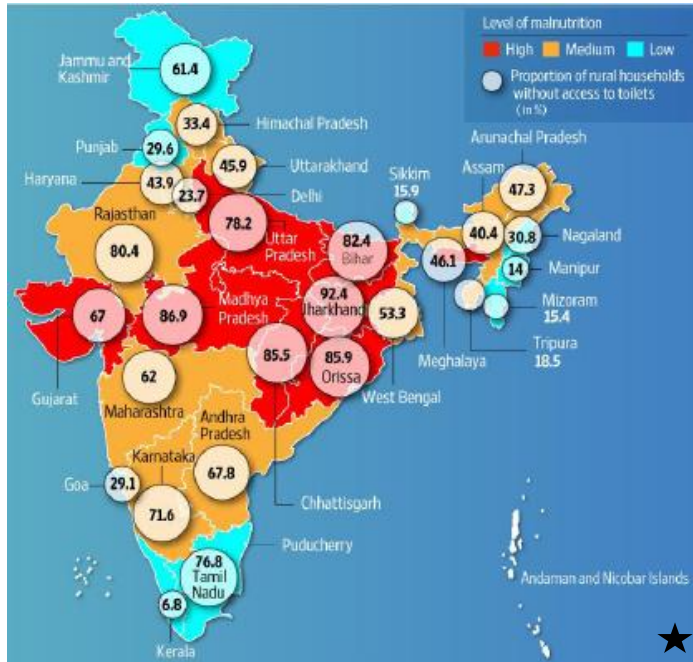
***An initiative towards changing behaviours***

***Project Presentation***

# Current Scenario

## Background

**< 50 %** of India's population does not have access to toilets. The situation is even more dire in rural areas leading to negative health impacts



Over **1600** People die daily due to unhygienic condition (*World Health Organization*)

Almost **600 million (48%)** people practice open defecation in India (*UNICEF*)

Poor sanitation and hygiene costs India's economy **\$50 billion each year** (*The World Bank*)

**Behaviour change** among people regarding use of toilet will be top priority for the government

(*Swachh Bharat Mission, Ministry of Drinking Water & Sanitation*)

# Current Scenario

## Background

The Sanitation crisis is severe in two of the most populous states in India: *Bihar and Uttar Pradesh*

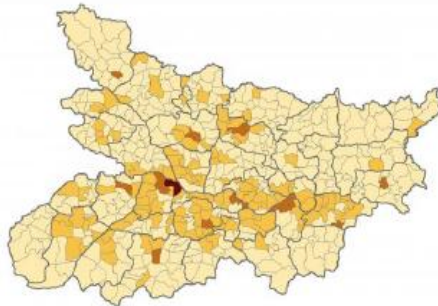
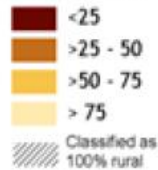
**83.1 % of households**

Practice open defecation in Bihar

**54.2 % of households**

from which at least one person practice open defecation despite having a working latrine

Coverage (%)



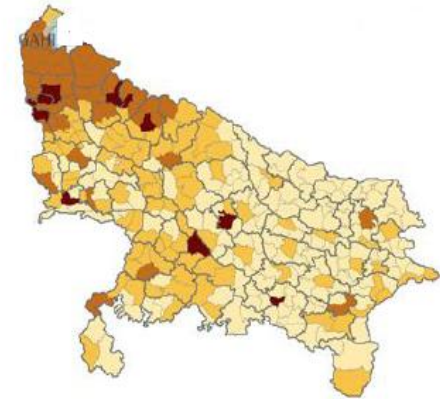
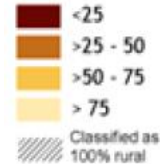
**80.7 % of households**

Practice open defecation in Uttar Pradesh

**42.5 % of households**

from which at least one person practice open defecation despite having a working latrine

Coverage (%)



# Setting the Context

*The need*

**Behavioral change is the key to addressing the sanitation crisis in India rather than infrastructure development**

**47%**

Almost half of India's population that defecates in the open say they do so because it is "pleasurable, comfortable, or convenient" (*SQUAT Report*)

**20- 49%**

Percentage of households that have toilets but still has a member that defecates in the open (*SQUAT Report*)

**47%**

Percentage of population which does not wash hands with soap after defecation (*UNICEF*)

**40%**

Percentage of mother's who dispose of their children's feces in the open (*UNICEF*)

**25%**

Percentage of allocation of Bangladesh's sanitation budget toward awareness building (*Bangladesh is a ODF country*)

**Need of the hour:**

***To accelerate change through developing innovative solutions and promoting practices that can improve hygiene situation in India***

# 'Be the Change'

*Banega Swachh India: A nationwide campaign towards a healthier and cleaner India*

RB (erstwhile Reckitt Benckiser) launched '**Banega Swachh India**' (BSI)

Goal: Reach to **100 million people** to improve health hygiene by **2020**



- **Modular School Education**
- **Creating Sanitation Change Leader (BCC Program)**
- **World Toilet College** to address training needs of Urban and Rural India
- **Mainstreaming Hygiene Practices in India Program (MHPI)**
- **Project HOPE** to improve hygiene and health in Bottom of the Pyramid (BoP) communities
- **Promote hygiene and health** through interventions including provision of toilets, safe water and capacity building

*These initiatives developed are cross cutting and addresses all the age group*

# Initiatives by Government

*Swachh Bharat Abhiyan (SBA), Gramin*

Over the years GoI has undertaken several programs to improve hygiene and sanitation status of RURAL India through Central Rural Sanitation Program, Total Sanitation Campaign, Nirmal Bharat Abhiyan

***Additionally, GoI has launched the Swachh Bharat Abhiyan (SBA)***

*'To create Clean India by October 2, 2019 (tribute to Mahatma Gandhi on his 150<sup>th</sup> birth anniversary)*

## ***Components of SBA (G)***



***Construction of Individual  
toilets***



***Information, Education &  
Communication (IEC)***



***Production centre/Sanitary  
Mart***



***Capacity Building***



***Waste Management***



***Revolving Fund/Micro finance***

# Creating Sanitation Change Leaders

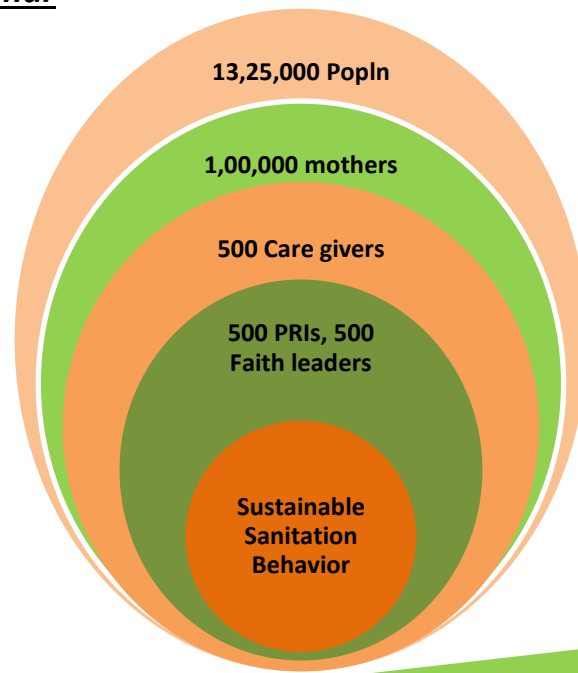
*Support towards Govt's initiative*

***In order to support and compliment Government's initiative***

***Dettol in collaboration with Jagran Pehel to drive behaviour change towards hygiene and sanitation across 200 villages of Uttar Pradesh & Bihar***

## ***Objectives of the project:***

- ❖ Drive behavior change of the community through key stakeholder, such as
  - Panchayati Raj Institute (PRI) members
  - Frontline workers (ASHA/AWW/ANM)
  - Faith based Leaders
  - Village Health & Nutrition/Sanitation Committees
- ❖ Reach out to 200 villages in Uttar Pradesh and Bihar (100 each) through various innovative IEC tools
- ❖ Reach out to 1,00,000 mothers in influence there behaviour
- ❖ Create an ecosystem to establish need for improved hygiene and sanitation



# Launch of the program: Uttar Pradesh

*Glimpses of launch at Lucknow*

**The project : 'Creating Sanitation Change Leader' was conceptualized and launched in August 2015**





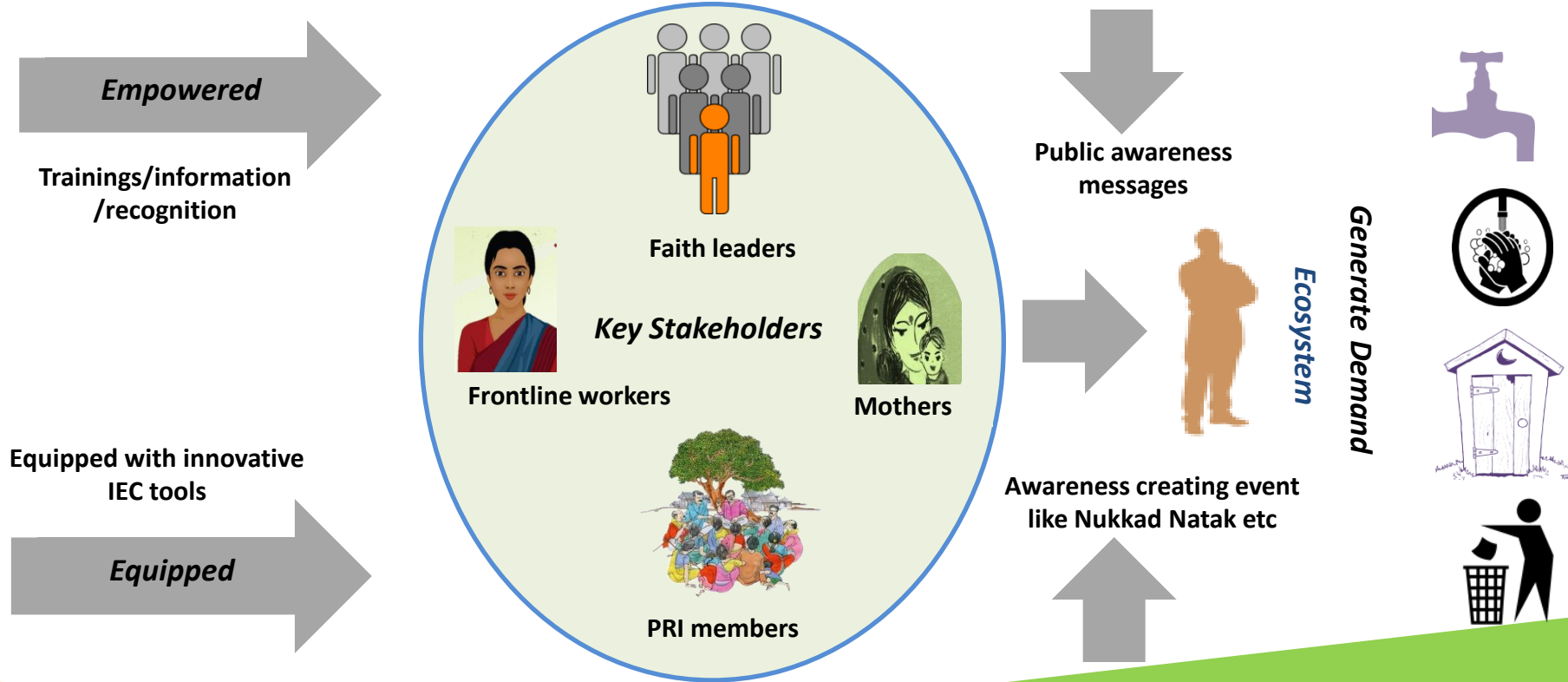
# Launch of the program: Bihar

*Glimpses of launch at Patna*



# What do we want to achieve

*Driving behaviour to transform lives*



# Baseline assessment

## Landscape mapping

### Baseline Assessment

***In order to monitor and measure the impact of the project, a baseline was conducted, which will be assessed against the  
endline***

***The baseline followed Knowledge, Attitude, Belief & Practice (KABP) survey before and after to provide a 'Proof of Concept'***

### ***Rapid Behaviour Assessment and Ranking of PRI Members, Natural and Faith Based Leaders and Dipstick Assessment of ASHA, Anganwadi Workers***

The aim of the study was to assess the behaviour and knowledge of the PRI members and ASHA, Anganwadi workers on issues such as open defecation, hand washing practices, and awareness towards Government's flagship program 'Swachh Bharat Abhiyan'

#### **Rapid Behaviour Assessment and Ranking of PRI Members, Natural and Faith Based Leaders and Dipstick Assessment of Asha, Anganwadi Workers**



March 2016

#### **Executive Summary**

The aim of the study is to assess the behaviour and knowledge of the PRI members and ASHA Anganwadi workers on issues such as open defecation and hand washing practices and also their awareness about the Swachh Bharat Program of the Indian Government. For the purpose of the study, a survey was carried out in 4 districts of UP and Bihar in which respondents from over 201 villages were interviewed.

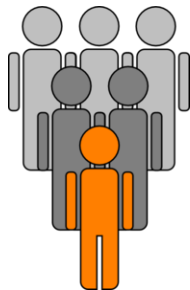
Amongst the ASHA and Anganwadi workers, almost all have received some sort of formal education and also hygiene training and all of them are home-makers. On the other hand, primary occupation of most of the PRI members is farming with very few of them engaged in business or self-employment. On asked about the time given by these workers and leaders in interacting and solving issues of the fellow villagers, over 57% in Bihar and 52% in UP said that they devote somewhere between 1 to 2 hours every day.

In the survey conducted, lack of proper facilities was found to be the major reason behind open defecation with more than 75% of the respondents in both states saying so. Among other major reasons were lack of government effort and awareness among the villagers. Also, more than 50% of mothers interviewed throw the feces of their children in open in both states while only around 30% use household toilets for disposing it. Also, on hand washing practices, most of the respondents were found aware of the critical moments of hand washing, with 86% and 92% of them doing so after defecation in Bihar and UP respectively, and 56% and 43% washing hands before having food in Bihar and UP respectively.

After assessing the behaviour of the respondents, the study also tries to rank individuals on the basis of their knowledge about open defecation and Swachh Bharat Programme, motivation, social commitment and self-efficacy, the factors which are found most significant in analysing individual attitude towards becoming a change agent. For carrying out the Ranking, logistic regression with the above said variables was used.

# How to engage with faith/religious leaders

*Driving behaviour change*



***Faith leaders are the largest organized sector of civil society worldwide so, whatever social change you wish to achieve, they could be important partners for success.***

*To tap their potential in promoting hygiene and sanitation practices through religions gather, an orientation training workshop was organized in Varanasi, Etawah, Kannauj (Uttar Pradesh) and Bhagalpur (Bihar)*

## IDENTIFY

*Workshop in Bhagalpur ( 3 blocks)  
Bihar*

*Sensitized more than 300 faith leader*

*All pledged to take the messages to  
their respective community*

## CREATE

*Developed a short documentary  
(featuring faith leaders) disseminating  
messages on cleanliness*



**Video Documentary**

## ACTIVATE

*Faith leaders further disseminating  
information to the community during  
religious gathering, chaupals, institutes  
etc*

# Documentary (Hindi)

*Faith leaders*







# How to engage with frontline workers

*Driving behaviour change*



*Frontline workers (Accredited Social Health Activist, Anganwadi Worker, Auxiliary Nurse Midwives are the last connect with the mothers and women hence have a great role to play in promoting and creating awareness on hygiene and sanitation practices*

*To tap their potential in promoting hygiene and sanitation practices through them, the frontline workers will be training using innovative and interactive Information, Education and Communication tools developed under the project in Varanasi, Etawah, Kannauj (Uttar Pradesh) and Bhagalpur (Bihar)*

## Tool Created

Digital Interactive game: Swachhta Chakra



**'Swachhta Chakra'** is an interactive android based game, which is developed to create awareness on hygiene and sanitation practices among the community members especially mothers, caregivers etc.

# How to engage with frontline workers

*About the game: Swachhta Chakra*


---

**'Swachhta Chakra'** encompasses questions around situations and decisions undertaken by an individual pertaining to hygiene and sanitation in daily life. The game titillates the interest of the audience through a pre game test and builds the tempo throughout the game with situational questions, which get evaluated by end of the game. The game has been divided into 3 levels:

**Level 1:** Includes information on personal hygiene, practices to be followed to keep house and surrounding clean

**Level 2:** Includes information on practices to be followed to make the village Open Defecation Free (ODF)

**Level 3:** Includes information on environment hygiene and practices to be followed to maintain clean environment





# Game Element: the component

*Level 1 (ready for launch and roll out)*



In the Game, a set of questions are asked by the Trainer or Health Worker around hygiene & sanitation practices

At the end of each level a Post-Test appears in the form of an icon based quiz. This quiz helps in monitoring the change in knowledge and increase in the understanding of player/s about hygiene and sanitation practices. In the end a scoreboard appears.



# How to download

---



## *Swachhta Chakra*

<https://play.google.com/store/apps/details?id=com.zmq.jagran>

*Play store link for download of Level 1 of Swachhta Chakra  
Content development of Level 2 is underway*

# How to engage with mothers

*Driving behaviour change*

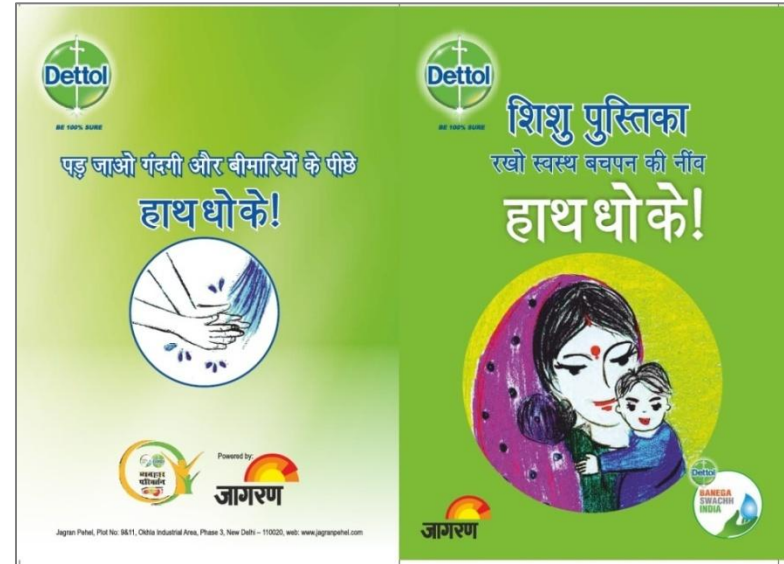


## Tool Created

Digital Interactive game: Swachhta Chakra

The Baby Book is an informative tool to be given to the mothers and women during the VHSC/VHND meeting, which helps them to understand the importance of hygiene and sanitation at various stages of motherhood (from pregnancy till the child turns 5)

***Mothers and women play a very critical role in nurturing the family and working towards their wellbeing. Hence it is imperative to educate them on various hygiene and sanitation practices.***



# How to engage with mothers

Driving behaviour change (contd...)



बचपन को प्यार, पोषण और स्वच्छता से सींचो  
तो यह एक हरे भरे बुध के समान  
फलता फूलता है, और इसकी शुरुआत है गर्भावस्था से...

चाहिए अगर जख्मा और बच्चा स्वस्थ  
तो पड़ जाओ गंदगी के पीछे

**हाथ धो के!**





**खुशखबरी का दिन**  
आज मिली अच्छी खबर  
बांटो मिठाई गाँव भर, मगर...

**हाथ धो के!**





भगवान से दुआ, डॉक्टर से दवाई  
नियमित डॉक्टरों जॉब जरूरी है, अम्मा  
बहू को दवा देने में होना ना कभी लेट, मगर...

**हाथ धो के!**





**खान-पान सोच विचार**  
सासू मौं, दूध, फल एवं हरी सब्जियाँ,  
रोजु खिलाएँ गर्भवती को, मगर...

**हाथ धो के!**





**बीमारियों का झाड़-फूंक**  
गर्भवती के आस पास रहे साफ सफाई  
घर-आँगन और शौचालय की हो रोज़ धुलाई  
करो बाकी सारे काम

**हाथ धो के!**





**खुशियों का दिन**  
मुबारक हो सबको मुन्ना प्यारा/मुन्नी प्यारी  
पर नवजात को गोद में लेना केवल

**हाथ धो के!**





**मौं का दूध है सम्पूर्ण आहार**  
अम्मा जी, शहद चटाई करवाना 6 माह बाद  
अभी बच्चा को करवाओ केवल स्तनपान...

**हाथ धो के!**





**समेट लो खुशियाँ**

बच्चे के हाथ का छाप  
यहाँ लगवाएँ (हल्दी से)

बच्चे की उम्र  
दिनांक:

बच्चे के पाँव का छाप  
यहाँ लगवाएँ (आलता से)

बच्चे की उम्र  
दिनांक:



# How to engage with mothers

Driving behaviour change (contd...)



The Baby Book takes the mother through things to be followed from pregnancy to the delivery of the baby.

Additionally, it also has immunization schedule to be followed (post consultation with the doctor) for the baby along with helpline numbers to enquire about specific health related issues

टीकाकरण तालिका			
जन्म	टीका	वैद्यक	टीकाकरण की तिथि
जन्म	बी टी सी		
	ओरल पोलियो	पहला	
4-6 हफ्ते	हेपेटाइटिस बी	पहला	
	ओरल पोलियो	दूसरा	
6 हफ्ते	बी टी सी	पहला	
	MMR	पहला	
10 हफ्ते	ओरल पोलियो	दूसरा	
	बी टी सी	दूसरा	
	MMR	दूसरा	
14 हफ्ते	ओरल पोलियो	तीसरा	
	बी टी सी	तीसरा	
6 माह	हेपेटाइटिस बी	तीसरा	
9-12 माह	ओरल पोलियो	चौथा	
	टीकाल		
15-18 माह	(एचएचव्हाई)		
	टीकाल, एचएचव्हाई		
	कैल्स		
	ओरल पोलियो	पांचवा	
18 माह	बी टी सी	पहला सुदूर	
	MMR	पहला सुदूर	
24 माह	टीकाल		
4-5 वर्ष	ओरल पोलियो	छठा	
	बी टी सी	दूसरा सुदूर	

अत्यंत महत्वपूर्ण है जन्म के पश्चात साल पाँच चाहिए सलाह या जानकारी  
पूछें हमसे 9220092200 पर

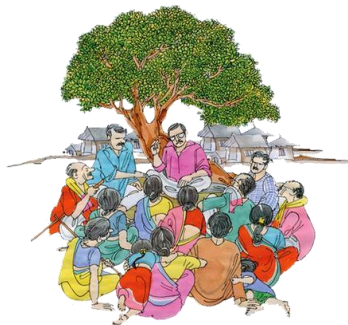
विषय	गर्भावस्था/पिछु की उम्र	एस.एच.एस कोड
जन्म की तैयारी	गर्भावस्था की तीसरी तिमाही	<BabyProp1>
स्वच्छता	गर्भावस्था की तीसरी तिमाही तीन माह से कम (पिछु) तीन माह से अधिक (पिछु)	<Hygiene1> <Hygiene2> <Hygiene3>
टीकाकरण	तीन माह से कम (पिछु) तीन माह से अधिक (पिछु)	<Vaccine1> <Vaccine2>
पिछु की देखभाल	तीन माह से कम (पिछु) तीन माह से अधिक (पिछु)	<BabyCare1> <BabyCare2>
पिछु की संभालना	तीन माह से कम (पिछु) तीन माह से अधिक (पिछु)	<BabyHand1> <BabyHand2>
पिछु का विकास	तीन माह से कम (पिछु) तीन माह से अधिक (पिछु)	<BabyGrow1> <BabyGrow2>
पिछु प्रबंधन	तीन माह से कम (पिछु) तीन माह से अधिक (पिछु)	<BabyMng1> <BabyMng2>

गर्भावस्था से लेकर अपने बच्चात एक पाँच साल तक के बच्चे की देखभाल संबंधी कोई भी जानकारी या सुझाव चाहिए तो ऊपर दिये गये कोड्स को 9220092200 पे एस.एच.एस करें।



# How to engage with PRI members

*Driving behaviour change*



***Panchayati Raj Institute Members such as Sarpanch/Pradhan is the local administrator who has a major role to play in development of the villages.***

*Hence it is imperative to train and inform the PRI members to promote and take initiatives towards making their villages clean (hygienic and Open Defecation Free (ODF))*

**Tool Created**

**PRI Training of the trainers (ToT) & video documentary**

***Modules on:***

***Module 1:*** Various government schemes

***Modules 2:*** Importance of hygiene and sanitation in improving health

***Module 3:*** Governments' flagship program: Swachh Bharat Abhiyan

***Module 4:*** Components under SBA

***Module 5:*** Process to be followed to make a village ODF



# How to engage with the community

*Driving behaviour change through other outreach activities*

Creating awareness on hygiene and sanitation practices through public messages on wall (Wall Paintings) in all the four districts

**600** wall painting (public messages) in **200** villages , **4** districts, **2** States (Uttar Pradesh & Bihar) covering more **120724** sq ft (area)



City	No of walls
Varanasi	171
Etawah	77
Kannauj	64
Bhagalpur	309

# How to engage with the community

*Driving behaviour change through other outreach activities (contd...)*

Creating awareness on hygiene and sanitation practices through 'Nukkad Natak' in all the three blocks

**100** Nukkad Natak (delivering messages on good health , need for toilet and how to achieve ODF) in **100** villages,  
**2** States (Uttar Pradesh & Bihar)





# How to monitor activities

Monitor, Track, Help, Facilitate (contd...)

## Track

***An online Management Information System (MIS) has been developed, which not only helps in tracking activities on ground but also helps track the progress against the set timelines***

The image displays two screenshots of the Banega Swachh India Management Information System (MIS) interface.

**Left Screenshot (Login Page):**

- Logo: A circular logo with a green and orange border, featuring a stylized figure and the text "CHANGING BEHAVIOUR".
- Text: "Welcome to Banega Swachh India".
- Form Fields: "Username" and "Password".
- Button: "Login".

**Right Screenshot (View PRI Master Page):**

- Header: "Welcome to Banega Swachh India. Log out".
- Page Title: "View PRI Master".
- Breadcrumbs: "Home / Reports / View PRI Master".
- Form Fields: "Employee Name" (dropdown menu).
- Button: "View Report".
- Dropdown Menu Options: "Select", "Bhagat Singh Yadav", "Dhananjay Kumar", "Nagendra Kumar Yadav", "Prem Kumar", "Ravindra Kumar Mishra", "Santosh Mishra".

# How to measure the impact

*Impact assessment: Performance, key learning, success stories*

## Sample size determination

### Direct Impact Parameters

- Open defecation and hand washing awareness
- Maintenance of sanitation infrastructure
- Consumption of sanitation products
- Availability of soap and water near toilets

### Indirect Impact Parameters

- Hygiene related diseases
- Women safety
- School drop out rates (girls)
- Quality of water bodies

### Approach for impact assessment

- Assess impact through personal interview with community change leaders, Implementation partners and other stakeholders
- Conduct focus group discussion with beneficiaries of the BSI campaign (household, students, mother and retailers of sanitation products)

## Village selection framework

Behaviour Change Continuum

Consistency in behaviour

Action

Awareness

Unawareness

### Indicative list of Community Change Leader for Personal Interview

PRI members

Religious leaders

Community volunteers

Health activists and Anganwadi workers

# Glimpses from the field

*Workforce in action*



# Project Partners

*Collaborate: Co-design & Co- invest*

## Govt. Partner



सत्यमेव जयते

Ministry of Urban Development  
Government of India

## Knowledge Partner

GIWA



## Technical Partner



## Knowledge Partner



## Founding Partner



HEALTH ▾ HYGIENE ▾ HOME

## Implementing Partner



## Strategic Partner



*Project Partners*



