



CHANGING BEHAVIOUR

A journey through the years

Empowering Communities. Transforming Lives.





Foreword

Five years ago, we embarked upon a journey of empowerment, traversing through communities in the Indian heartlands, to foster improvements in the sanitation status of families, under the auspices of the Dettol Banega Swasth India (DBSI) campaign. At its conception, DBSI aimed to enhance the sanitation, hygiene and public health standards of 100 million people across India, by 2020. Thus, over the years, we broadened its ambit from Dettol Banega Swachh (hygiene) India to Dettol Banega Swasth (health) India.

Today, we are releasing this report with great pride and honour, to commemorate one of the strands of DBSI i.e. the Changing Behaviour: Creating Sanitation Leaders programme. The raison d'être of this programme has been the transformation of communities internally through engagement with key members to empower them as catalysts of change towards the improvement of the health and hygiene of their families and communities. Over the years, this strand of DBSI has effectively illustrated the key role played by Behaviour Change Communication in transforming the sanitation and hygiene ecosystem as well as the overall public health of the target regions.

By targeting the most marginalised sections of society, this programme has improved and saved the lives of millions of people, especially children, thereby providing the latter with the requisite health tools, needed to become responsible and productive citizens of the country. Motivated by RB's core ethos, "Purpose Led Business," this programme has sustainably ameliorated the quality of lives of the people, not only over the course of its implementation, but has also laid a solid foundation for the maintenance and augmentation of the same, in the coming years. Thus, DBSI has invaluable contributed towards the achievement of the Swachh Bharat Mission and the development of a New, Clean and Healthier India.

In the past four years, RB's expertise in developing innovative hygiene products and solutions in combination with Jagran's unparalleled reach in the heartlands of India, has nurtured a flourishing partnership that has become a force to be reckoned with, as well as a multiplier that has delivered optimal value through the DBSI programme. This is evidenced by the appreciation that the programme has garnered from the government's ministries, bureaucrats, the media and most importantly, the people.

The outcomes and sustained progress over the course of this programme has been a fruitful product of the collaborative efforts, coupled with the highest levels of commitment and sincerity, of the core teams at RB and Jagran. Thus, we would like to extend our heartfelt gratitude to all our partners for making the DBSI campaign a resounding success and translating into reality, the vision and objectives of the programme.

We hope to infuse the spirit of DBSI, across its multiple strands, into the larger sanitation and hygiene ecosystem of the country, for other stakeholders to seek inspiration from and emulate as well as replicate the programme's successes across India. Importantly, we are also looking forward to initiating new areas of focus within the umbrella of the Dettol Banega Swasth India campaign, to enable the improvement of the overall health outcomes and quality of lives of the people in India.

Gaurav Jain
Senior VP – AMESA
Reckitt Benckiser

Sameer Gupta
Executive President
Jagran PeheL

Accolades

Hon'ble President of India
Shri. Ramnath Kovind awarded
DBSI for its contribution towards
Swachh Maharashtra
2nd Nov 2017



Shri. Ram Nath Kovind
Hon'ble President of India








Shri. Narendra Modi
Hon'ble Prime Minister
of India

“NDTV has started a campaign
Banega Swachh India (Dettol Banega
Swachh India), Dainik Jagran too is
continuously running a campaign
for this cause.”

Mann Ki Baat, October 2015

Awards and Recognition



-  Awarded by the Hon'ble President of India for **Swachh Maharashtra - Urban**
-  Awarded Flame Awards Asia Global as **Best CSR Campaign of the Year**
-  Awarded **Swachh Bharat Impact Initiative** by Paras Healthcare
-  **India CSR Health Impact – Award** for Swachh Bharat
-  Cannes for **Harpic Public Health**



Special Recognition Award for
Dettol Banega Swachh Bharat at
5th IHWS Summit Awards

Awarded to **Mr. Pankaj Duhan**,
CMO, RB South Asia Health
for Dettol Swachh Bharat campaign at
5th IHW Summit and Awards



Felicitations for Women Empowerment at
Outlook India's OutlookSpeakOut



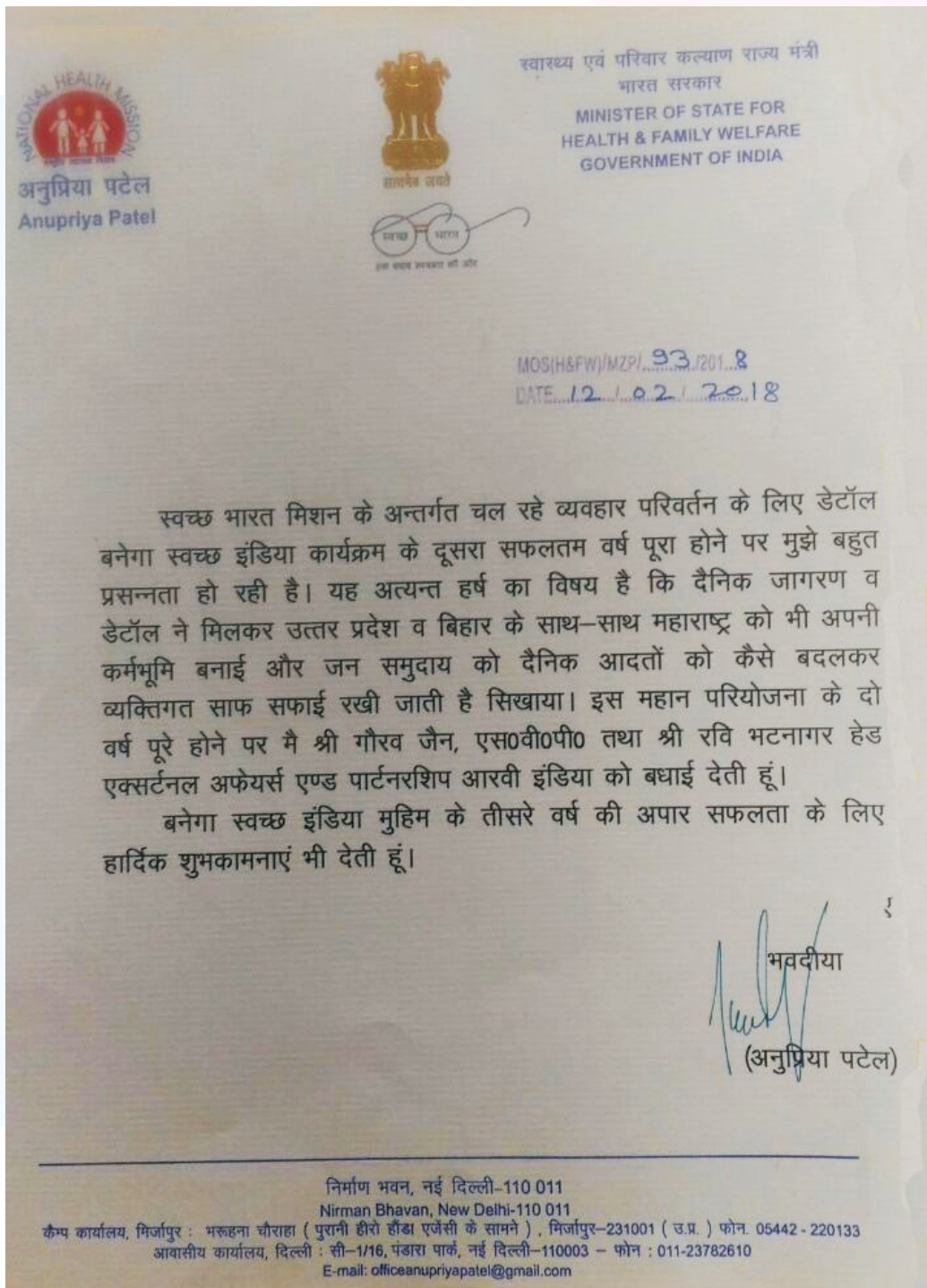
#OutlookSpeakOut
Ms. Sushmita Sen felicitated
Mr. Ravi Bhatnagar
Director, External Affairs and
Partnerships AMESA, RB

Support & Appreciation from



Hon'ble Anupriya Patel

Minister of State for Health & Family Welfare
Govt. of India.

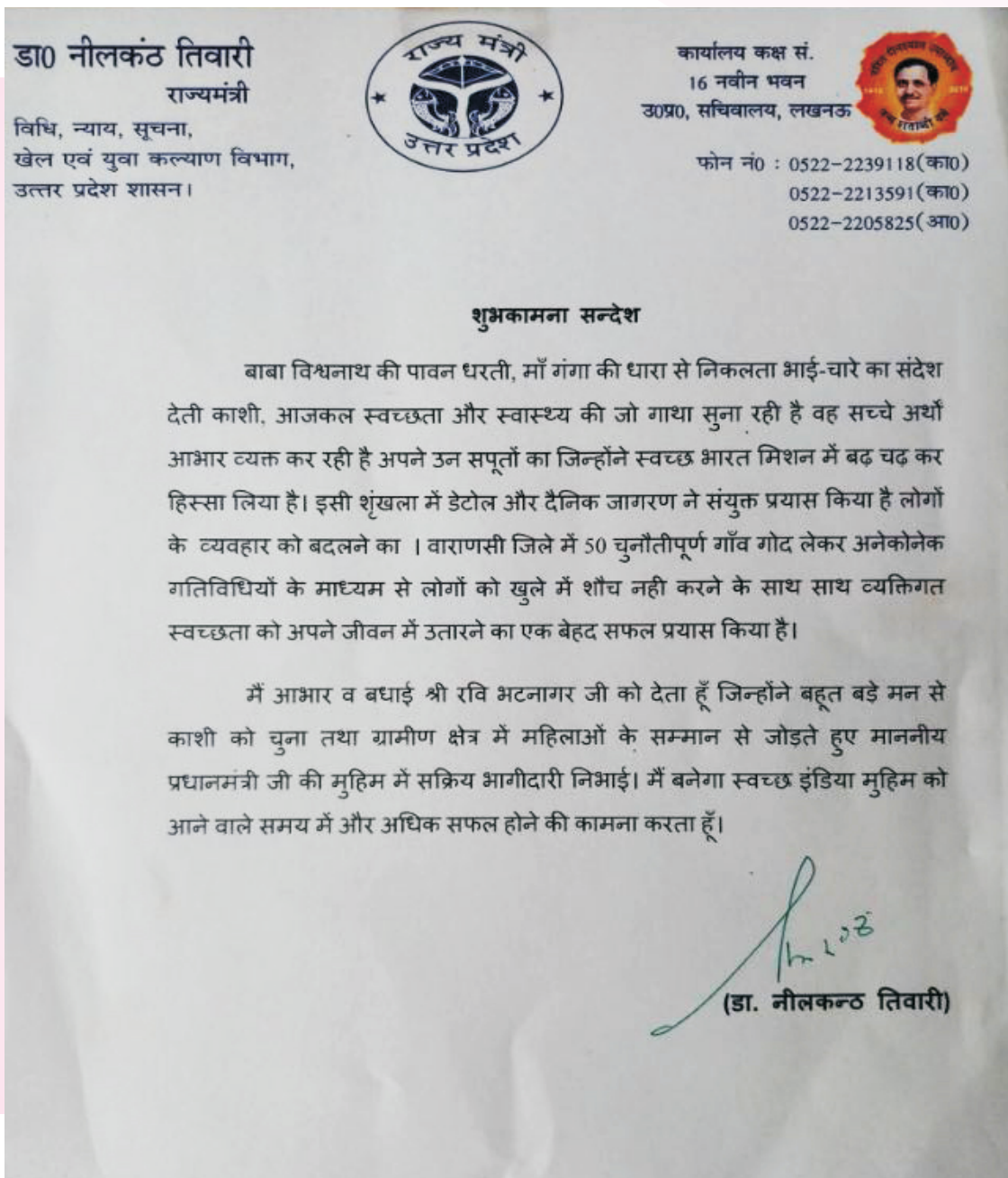


Support & Appreciation from



Hon'ble Dr. Neelkanth Tiwari

Minister of State (Independent charge) Law and Justice,
Information, Sports and Youth Welfare - Uttar Pradesh



Support & Appreciation from



Hon'ble Shri. Syed Shahnawaz Hussain
National Spokesperson, BJP

सैयद शाहनवाज हुसैन
राष्ट्रीय प्रवक्ता
पूर्व केन्द्रीय मंत्री, भारत सरकार



भारतीय जनता पार्टी
Bharatiya Janata Party

शुभकामना संदेश

स्वच्छ भारत मिशन भारतवर्ष का एक अहम कार्यक्रम है। मैं तो यह कार्यक्रम महात्मा गांधी जी के द्वारा आरंभ किया गया और काफी वर्षों से चल रहा है किन्तु प्रधानमंत्री नरेन्द्र भाई मोदी जी ने इस कार्यक्रम को किताबों से बाहर निकाल कर अमल में लाने का अभूतपूर्व, अतुलनीय तथा सफलतम प्रयास किया है। दैनिक जागरण ने डेटाल के साथ मिलकर बनेगा स्वच्छ इण्डिया की मुहिम अत्यधिक जोरों-शोरों से आरम्भ की और देखते ही देखते ग्रामीण अंचलों में इसका प्रभाव इतनी तेजी से बढ़ा कि इस कार्यक्रम का जिक्र माननीय प्रधानमंत्री मोदी जी ने अपने पसंदीदा कार्यक्रम "मन की बात" में किया।

बनेगा स्वच्छ इण्डिया में जिस प्रकार धर्म गुरुओं को प्रशिक्षण देकर इस मिशन की दिशा और दशा बदली है यह अति प्रशंसनीय है। मैं आर०बी० इण्डिया के श्री गौरव जैन जी एवं श्री रवि भट्टनागर जी को बधाई देता हूँ जिन्होंने इस महान परियोजना का लगातार दूसरा सफल वर्ष पूरा किया है। मुझे बेहद प्रसन्नता है, इस महान कार्यक्रम का भागीदार बनने पर।

डेटाल-बनेगा स्वच्छ इण्डिया कार्यक्रम को गगनचुम्बी बनाने के लिए मेरी ओर से ढेरों शुभकामनायें।

भवदीय,

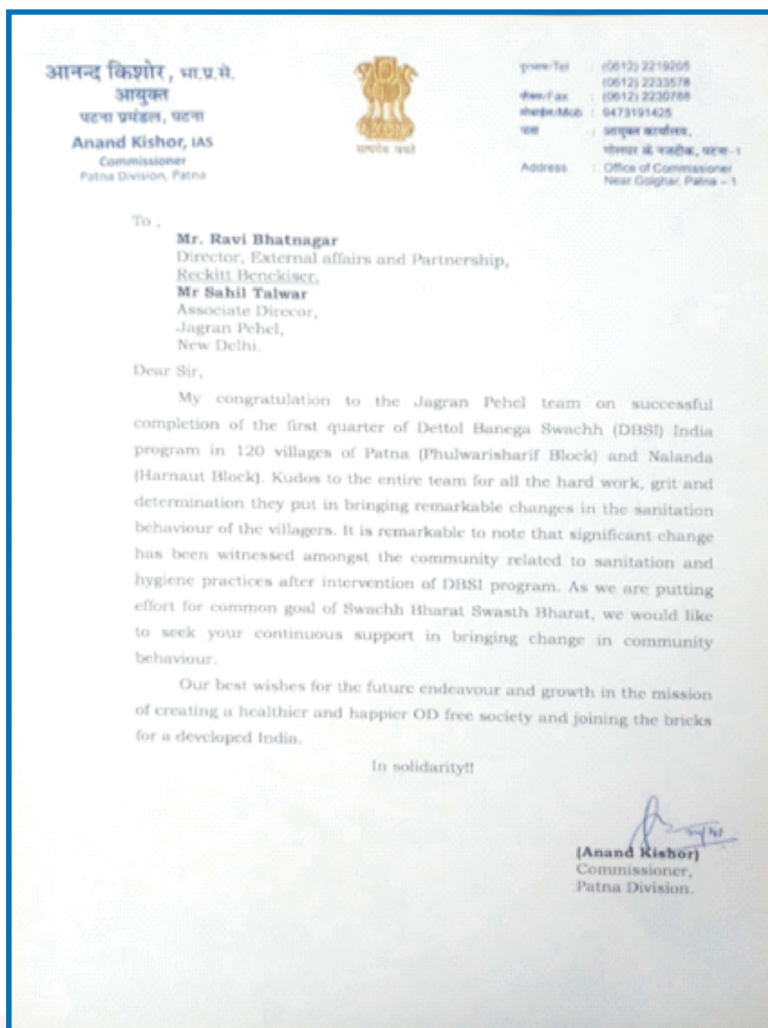


(सैयद शाहनवाज हुसैन)
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भारतीय जनता पार्टी

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Support & Appreciation from



▲ Appreciation Letter Received from the **Information and Broadcasting Ministry (Nanded Branch)** for DBSI's contribution towards behaviour change activities

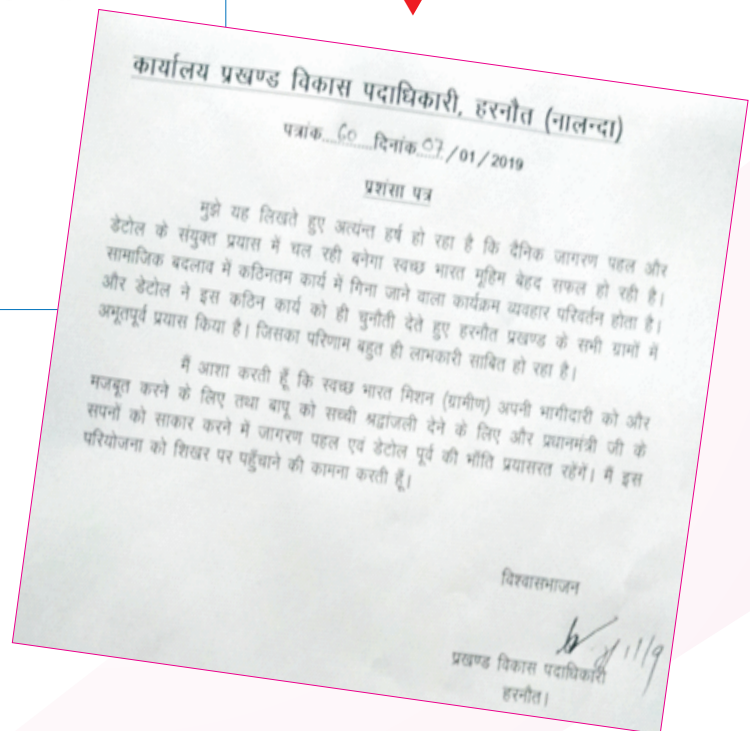
◀ Appreciation letter from **Hon Mr. Anand Kishor Commissioner, Patna**

Support & Appreciation from



Appreciation Letter
from DM, Nalanda

Appreciation Letter
from BDO, Harnaut Block,
Nalanda



NDTV covered the role of DBSI's Good Practices
in making and sustaining Malegaon ODF
Journey at Malegaon City

Malegaon NULM Received ODF award from
MoUHA, New Delhi based on
Malegaon ODF work of DBSI.

Parbhani Municipal Corporation
received 3rd prize for citizen feedback
under the SS 2018



Editor's note

What started out as a small pilot programme across 200 villages in Bihar and Uttar Pradesh has blossomed into a full-fledged and multi-strand campaign over the past five years, as we have constantly strived towards enhancing the sanitation standards as well as the health and hygiene conditions of rural and urban communities. Five years later, we have emerged as a unique and comprehensive campaign, successfully pioneering the deployment of reiterative and innovative tools of behaviour change, grounded in digital and communication technologies and geared towards improving the quality of lives of millions of people.

I am delighted to present this report, as a medium to showcase DBSI's evolutionary journey. Since its inception, the programme has continuously evolved through learning and betterment, but "Changing Behaviour" has remained the driving force of Dettol Banega Swasth India (DBSI). While changing behaviour and inculcating the best practices of sanitation and hygiene in communities inter-generationally has been the core purpose, DBSI has also ensured that the demand of infrastructure is met and that a local and sustainable economy, centred upon sanitation and waste management has been built in the target regions.

Importantly, in order to seamlessly embed DBSI and its strands into the communities, it was essential that the target audience remained involved from the beginning of DBSI's implementation. Thus, the change leaders emerged from within the communities, who were trained to effectively use the communication tools and inspire behavioural change amidst their families and neighbours. Their proactive support has successfully rendered the rapid and wide-scale transformation of the sanitation and health economy of the target regions, through the development of local and sustainable ecosystems.

Paving the path for this immensely ambitious and rewarding journey would not have been possible without the hard work, commitment and support of our partners, from the highest offices of the land to the block development officers and PRI leaders, as well as many other stakeholders, from the anganwadi workers to the religious leaders and the communities themselves, for willingly embracing and instilling change in their own lives and those of others, while recognising the importance of achieving an Open Defecation Free (ODF) status. This level of involvement from the community has been an immensely humbling and eye-opening learning, in being able to see first-hand, how the determination of these people to transform their lives has brought our interventions to life.

I would also like to extend my gratitude to the senior leadership at RB, both in India and globally, for conferring me with the privilege of leading DBSI, an experience that has truly been fulfilling, both, personally and professionally. Their continued confidence and guidance are much appreciated. This vote of thanks would be incomplete without crediting the core teams and leadership at RB, Jagran and Jagran Pehe! Our flagship programme truly epitomises the flourishing RB-Jagran partnership and our commitment towards enhancing the overall health and productivity in India.

We promise to delve deeper into committing to fruition, the vision of a cleaner and healthier India. This entails the completion of the activities that are underway in Phase 4, while widening the scope and ambit of our efforts, geared not just towards cleanliness, but holistically work towards the overall health of our society as well, as Dettol Banega Swachh India transforms into Dettol Banega Swasth India.

Ravi Bhatnagar

*Director, External Relations & Partnerships – AMESA
RB*

Partners



Executive Summary

The Swachh Bharat Mission was concluded on October 2, 2019 after five years of outreach and implementation. The much-acclaimed and people-led movement made substantive progress in addressing the inadequacy of WASH standards in the country, caused by the persistence of inadequate toilet infrastructure, knowledge about proper usage and intergenerational beliefs that supported open defecation. Thus, behaviour change played a critical role in shaping the interventions under the mission.

Taking inspiration from the Swachh Bharat Mission, Jagran Peheh and RB collaboratively launched the Dettol Banega Swasth India campaign. The underlying goal of DBSI is to institute behavior change, which will lead to an overall betterment of public health and alleviate the economic burdens caused due to the prevalence of death and diseases.

Although the programme was initially named Dettol Banega Swachh India, since inception, the emphasis has not been limited to Swachh (hygiene) and has involved the improvement of health outcomes, in relation to the reduction of impact of diseases like diarrhea etc. In addition to that, the aim of raising awareness on the best handwashing practices has also been geared towards the improvement in the health of the target populace. Thus, in order to showcase this broader focus on health and its deep inter-linkage with sanitation and hygiene, DBSI transformed into the Dettol Banega Swasth India.

One of the strands of the multi-faceted campaign aims to create Sanitation Change Leaders through sustained efforts at the grassroots level, by leveraging governance structures, community-based organizations and frontline health workers. Their capacities were built for driving sustainable behavior change in the communities of the targeted villages and urban slums.

The intellectual construct and strategy of the programme were designed to empower people to drive and become the change in the community, thereby delivering an integrated solution to the sanitation and hygiene challenge, by transforming communities in areas where the programme was deployed.

Behaviour Change Communication (BCC) tools and activities comprised the core of DBSI. The programme dispersed knowledge and information via these, to the wider community, for the reiteration of sanitation messages and conversion of this new knowledge into habit, via conscious and sub-conscious reinforcement of interventions in organised settings and the daily lives of the target audiences.

In Phase 4, the reach and efforts were reiterated in the regions targeted across Uttar Pradesh, Bihar and Maharashtra during the previous phases of the programme. 1,92,537 households (HHs) were reached in Uttar Pradesh, 45,152 HHs in Bihar and 3,24,186 HHs in Maharashtra. Uttar Pradesh had 1,38,520 beneficiaries, Bihar had 11,53,728 beneficiaries and Maharashtra had 12,96,746 beneficiaries. Across the three states, 15,34,435 individuals were reached in total and 1,20,625 additional toilets were built. Importantly, Maharashtra (Urban) was declared ODF and 7 districts of the Municipal Corporation worked towards an ODF plus model.

Across 4 years of the project's implementation in Uttar Pradesh, Bihar and Maharashtra, a population of 67,12,157 was reached and 3,47,989 toilets were constructed. In the final year of the DBSI campaign, RB



and Jagran Peheh will bring to fruition, some of the activities undertaken in the last phase of the programme, thereby, furthering the goals under the 2030 Agenda for Sustainable Development and the Swachh Bharat Mission.

The RB-Jagran partnership harnessed the collective strength of the various strands of DBSI, as well as the expertise of a wide range of stakeholders (WHO, UNICEF, World Toilet College, USAID, Global Interfaith Wash Alliance etc.), based on partnerships with the state government leadership, district/municipal/panchayat administrations and NGOs.

Estimating a 50% reduction in diarrheal cases amongst adults with an assumed economic loss of \$15 for 2 working days, over \$1440 million can potentially be saved annually in the states of Bihar, Uttar Pradesh and Maharashtra. The economic activities created through the demand for toilets by those still lacking adequate sanitation facilities could yield over 12 billion dollars. The direct economic activity in building 10 million toilets at a per cost of \$200 is \$2 billion. Conservatively estimating an economic multiplier of 3, the total economic impact of building toilets is \$6 billion in Uttar Pradesh and Maharashtra each.

This strand of DBSI demonstrated that focusing on behaviour change can and does transform communities, in relation to public health outcomes. The bottom-up demand for improved sanitation infrastructure and hygiene practices ensures their sustainability. In order to address cross-cutting behaviour change and infrastructural issues.

Targeted and reasonably small investments have led to a proactive proliferation of the programme, built on effective partnerships and on-ground implementation. Impact evaluations of the DBSI have repeatedly reaffirmed that massive economic benefits can be potentially accrued within the Swachh Bharat Mission, if the interventions under the DBSI programme are implemented across the length and breadth of the country.



**CHANGING
BEHAVIOUR**
Empowering Communities
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The Context

The Swachh Bharat Mission was launched in India on 2nd October, 2014 with the goal of achieving universal sanitation coverage and improving the sanitation and hygiene standards of 100 million Indians by 2020. The much-acclaimed mission was culminated after five years, on October 2, 2019 and has been heralded for being a success, given the scale and extent of implementation, in a country like India. Large parts of the country have achieved nearly 100% Open Defecation Free (ODF) status.

In the past, India's substantial progress vis-à-vis economic growth was offset by the persistence of inadequate WASH standards, sanitation and waste management infrastructure due to lack of toilet usage as well as the lack of resolution of the infrastructural and behavioural issues related to sanitation. The dominance of flawed intergenerational knowledge and beliefs that encourages open defecation, evidenced in the 2011 Census, has historically hampered the overall economic productivity and health of the country.

The achievement of ODF status via availability of and access to sanitation facilities is linked to the fulfillment of multiple other Sustainable Development Goals (SDGs) as well: eradicating poverty (**Goal 1**), hidden hunger and malnutrition (**Goal 2**) and inequality (**Goal 10**); ensuring public health and well-being (**Goal 3**), cognitive development of children (**Goal 8**), gender equity (**Goal 5**) and quality education (**Goal 4**) by preventing drop-outs and illnesses; creating safe and resilient cities/human settlements (**Goal 12**) with an ODF status and curbing pollution from accumulated domestic waste (**Goal 14**); promoting peace and justice (**Goal 16**) via accountable, effective and inclusive institutions responsible for sanitation facilities and finally, fostering partnerships based on innovation and technology transfer in the sanitation sector to accelerate implementation, access and sustainability (**Goal 17**).

contd..



Sustainable development in any country must be bolstered by corresponding transformations in individual and collective behaviour of the people in society. Thus, changing behaviours is key to the achievement of the SDGs. Interventions in the form of policy enforcement, infrastructural support or technological innovations must be accompanied by widespread change in the existing consumption patterns, habits, practices and behaviours of people.

This requires an in-depth understanding of the underlying complex inter-linkages as well as rethinking of core values and societal or cultural norms. Sustainable change for improved outcomes should necessarily be driven within and by the communities. The Swachh Bharat Mission and consequently, the Dettol Banega Swasth India programme has been an exemplification of this thought.



About the Programme

The **Dettol Banega Swasth India (DBSI)** was conceptualised as a comprehensive and cohesive multi-strand programme, aiming to enhance the sanitation, hygiene and public health standards of 100 million people across India, by 2020. The underlying impetus for the programme stemmed from the motivation to enable and catalyse the Swachh Bharat Mission by creating a demand-led program for sanitation financing within a sustainable sanitation and hygiene ecosystem.

Thus, Prime Minister Narendra Modi's call for action to multiple stakeholders in society (private sector, NGOs, public entities) and RB's ethos of Purpose Led Business, provided the *raison d'être* of the programme.

The thrust of the programme was the desire to facilitate changes in the behaviours, attitudes and habits of people towards sanitation and hygiene practices as well as improving public health outcomes. The underlying goal was to ensure improved WASH standards, and hence, augment the quality of lives of the people, especially those belonging to the most marginalised sections of society.

With this rationale, the DBSI programme came into being, as a collaborative effort launched by Jagran Pehel and RB for "Creating Sanitation Change Leaders through sustained efforts" through grassroots governance structures, community-based organizations and frontline health workers, by building their capacities for sustainable behavior change in the targeted rural and urban communities.



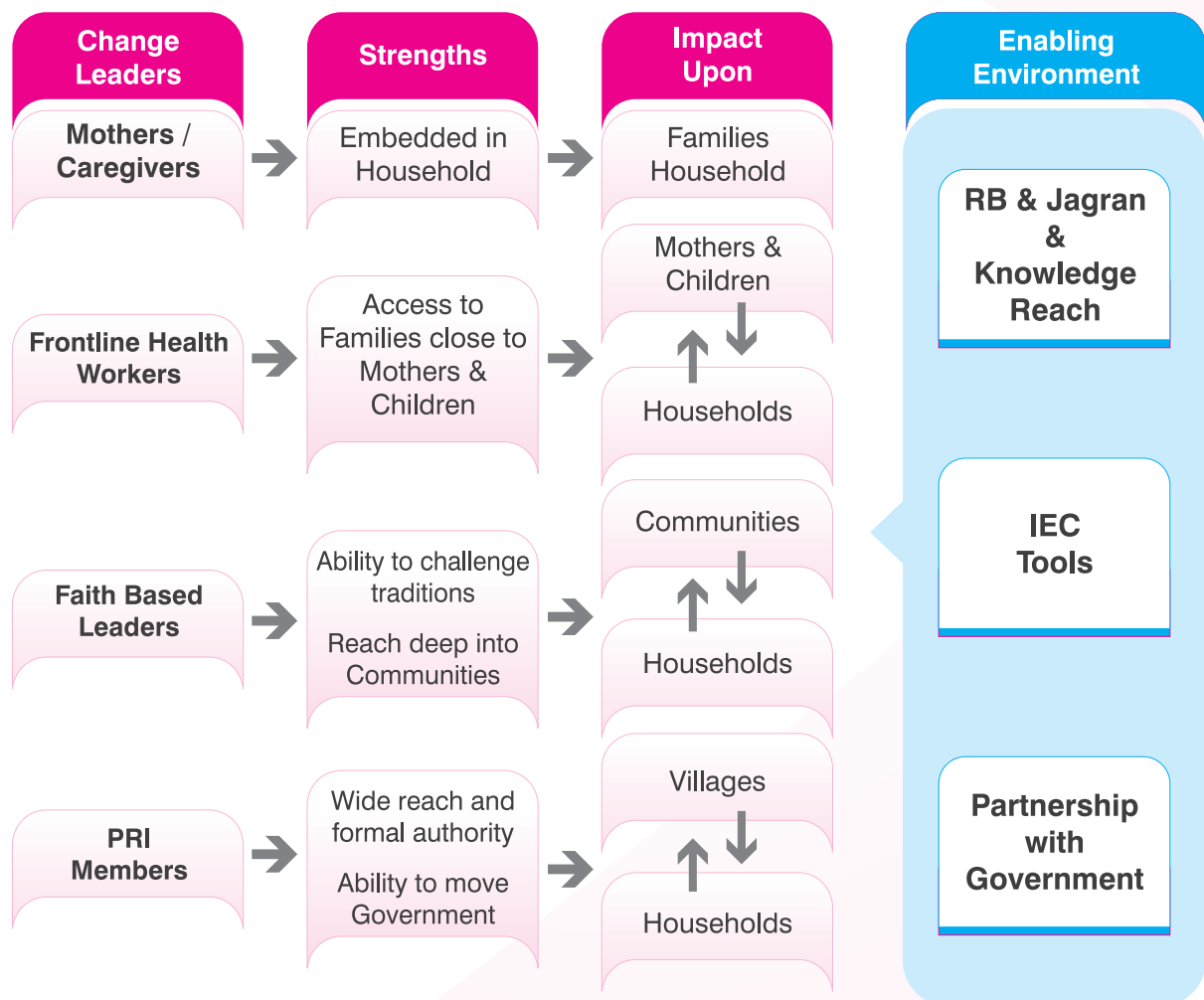
In internally transforming communities by improving their sanitation and hygiene statues, the DBSI programme hinges upon four core principles:

- Driving habit and attitude change towards hand hygiene
- Ensuring mass reach
- Ensuring best-in-class on-ground execution
- Using RB's expertise in hygiene-related products

The programme, Changing Behaviour: Creating Sanitation Leaders, is one of the many strands of the DBSI campaign

Pillars of the Programme

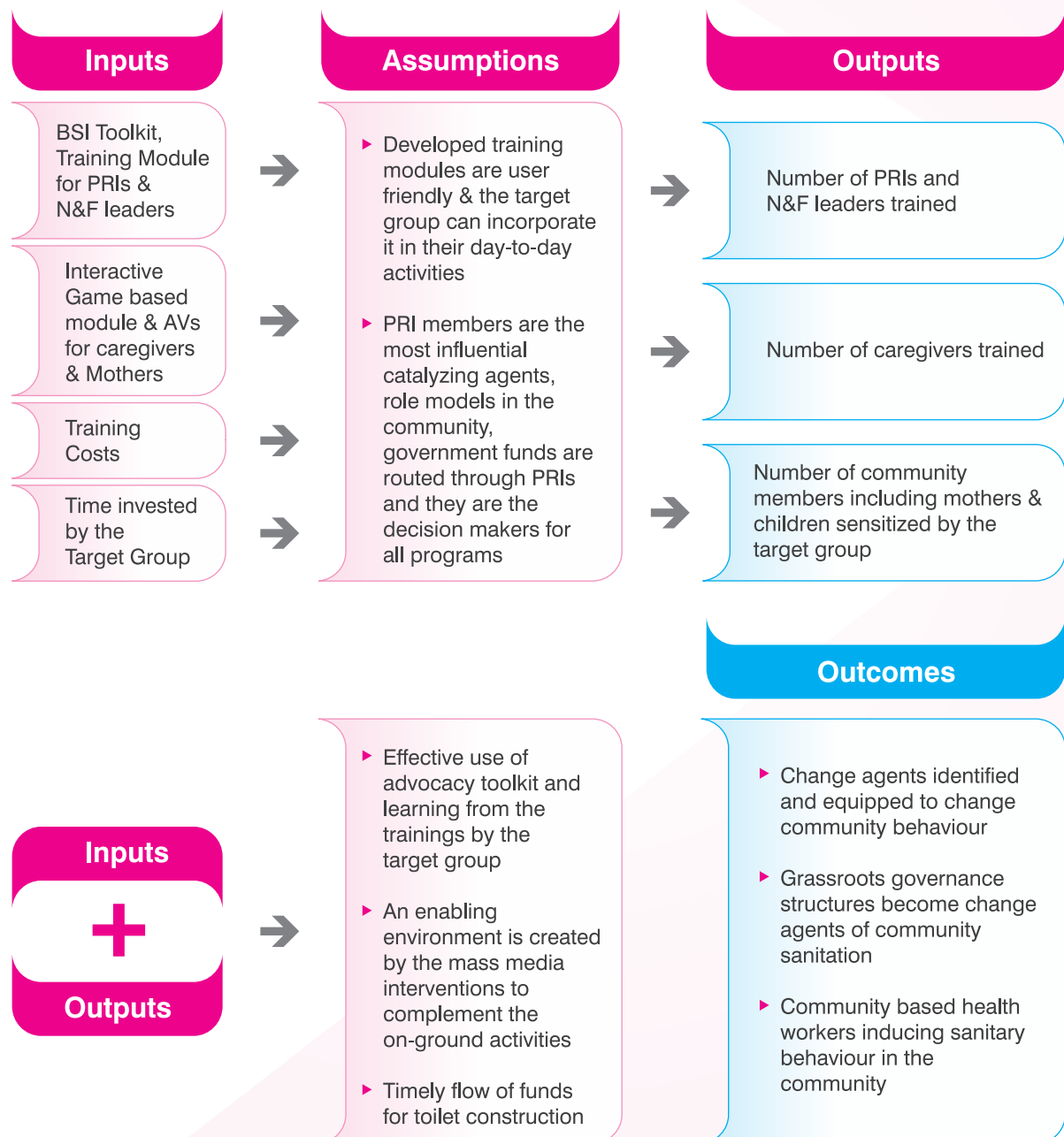
Under this strand of DBSI, the programme empowers and entrusts specific community members to become catalysts of change and improve the well-being of their families and communities. Thus, the pillars of the programme are also the target group of the programme.



Intellectual construct of the programme

The thematic construct of the programme consisted of an intertwined network of processes, based on the flow of inputs and outputs as well as the overall outcomes to be achieved. This intellectual framework thus shaped the deployment and impact of the programme.

Input Output Process Flow



Approach and Strategy

As mentioned above, this strand of DBSI was constructed around the idea of empowering people to drive and become the change within their own communities. The rationale was to deliver an integrated solution to the sanitation and hygiene challenge, by transforming communities in the areas where the programme was deployed.

Thus, DBSI recognised the potential power of the mothers and caregivers (embedded in the household) to educate their families and effectively emphasize upon issues related to safety of women in relation to open defecation. The front-line health workers had access to families (proximity and connect with mothers and children) as well as the ability to influence them with existing knowledge about the correlation between sanitation and health. Similarly, the influence and reach of natural and faith-based leaders within communities enabled them to challenge traditions and motivate people, especially those with orthodox mindsets. The formal authority bestowed upon Panchayati Raj Institutions (PRI) members allowed them to motivate and liaison with government authorities as well as support and facilitate infrastructural development.

The individual roles of the change leaders shaped the core components of the strategy. These were applied to specific communities based on the context-specific and local needs and aspirations, rather than deployment of a one-size-fits-all approach. The key criteria that drove the different deployment and delivery aspects of the programme related to shaping partnerships as per the most effective means of achieving the outlined goals and objectives.

These stakeholders acted as anchors and through innovative **Information, Education and Communication (IEC)** tool kits were trained to spread the message to the larger audience. This process of engagement helped create the much-vaunted demand for and access to improved sanitation infrastructure and related facilities. Importantly, this ensured that the populace became equipped with the resources and knowledge to maintain the sanitation facilities by using the best sustainable practices.

The programme overcame key barriers to effectively build and implement this strategy:

- Cultural mindsets inculcated through generational misconceptions about sanitation and hygiene
- Lack of knowledge of threats posed by inadequate sanitation and hygiene practices
- Low literacy rates
- Lack of participation of community leaders and panchayati raj members
- Lack of economic resources to build infrastructure
- Water scarcity
- Lack of knowledge on toilet technology
- Lack of an integrated sanitation ecosystem

The Core Components of the Strategy

- Not Just ODF but ODF ++ - Focusing on holistic improvement of health & hygiene not just ODF but improvements across waste management, personal & community hygiene
- Developing effective cross sector partnerships at all levels from secretariats & board rooms to the block / village & ward level without duplication of effort
- Evidence based policies using data to ensure effective targeting and resourcing to ensure optimal ROI; the data from Swachh Survekshan along with the detailed dipstick survey enabled DBSI to target specific interventions based on the local needs & aspirations
- Effective usage and enriching existing knowledge bases such as the Swachh Sangraha and Hygiene Index would be imperative to avoid duplication of mistakes while adopting best practices
- Putting community leaders & key influencers both at home & community at the heart of the strategy to ensure long term sustainable change

DBSI aimed to tackle key sanitation, health and hygiene issues to prove that the DBSI model of behaviour change induced demand creation and improved sanitation and hygiene practices. A localised approach was developed to address specific challenges of each of the selected villages. The model and process of engagement has been outlined below.

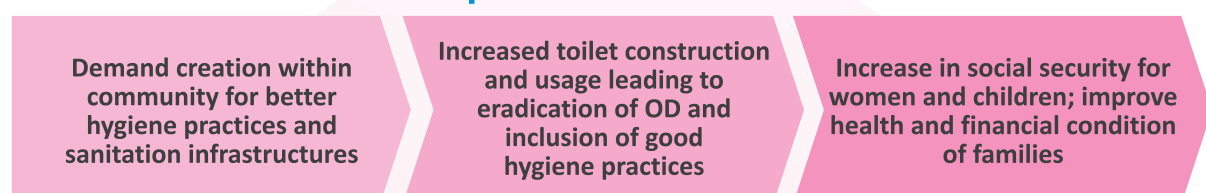
Structural strategy and implementation plan formulation



Approach of Delivery



Expected Outcome



Behaviour Change Communication

Behaviour Change Communication (BCC) tools and activities comprise the most critical elements of the programme. These disperse knowledge and information to the wider community and reiterate sanitation messages to convert this new knowledge into habit, via conscious and sub-conscious reinforcement of interventions in organised settings as well as quotidian lives.

Objectives

1. Support the government in achieving ODF and ODF+ status via:

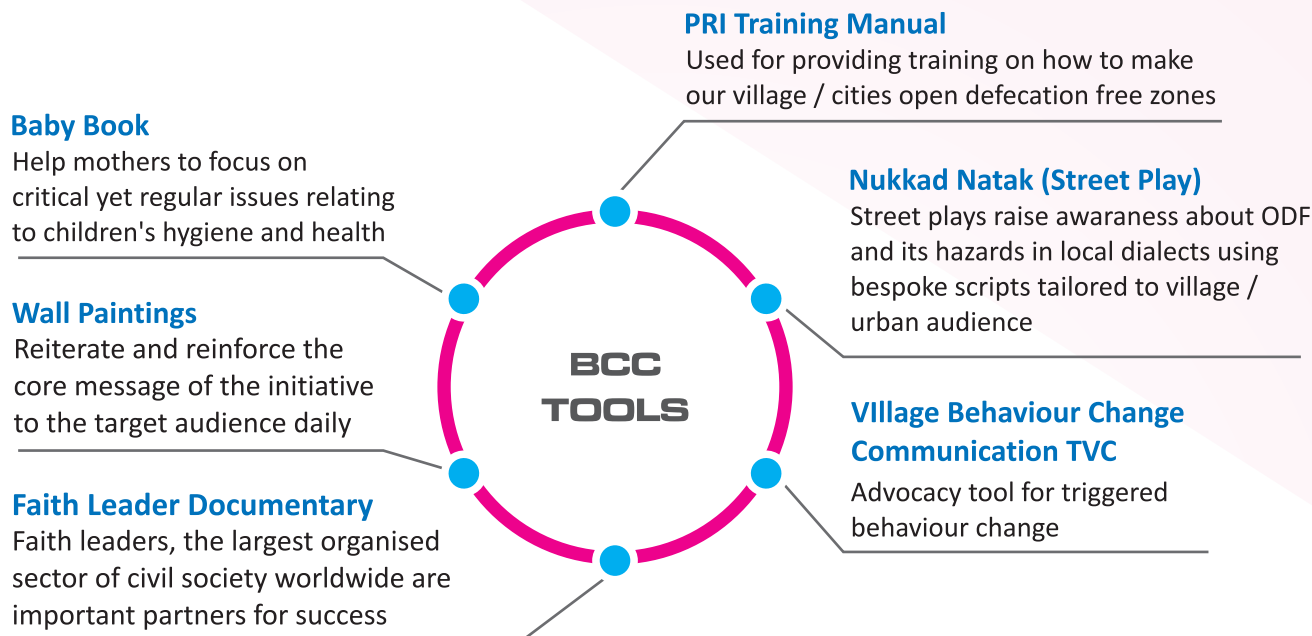
- Motivating community to build, use and maintain toilets
 - Segregating and managing waste at source
 - Supporting the government in achieving time-bound targets like pit digging, toilet construction and construction of sewage lines etc.
-

2. Stakeholders' advocacy and capacity building

- Advocacy with administration and line department and key stakeholders
 - Orientation of FBL, PRIs and FLHWs
 - Facilitation of meetings with mothers and care givers on health and hygiene
 - Identification and promotion of Change Leaders
-

3. Promotion of hygiene and sanitation practices to reduce mortality and morbidity amongst children under 5 years of age

- Meetings with the community and specifically, mothers
- Meeting with ASHAs, ANMs and AWWs
- Demonstration of best hand-washing practices
- Meetings with FBL and PRIs
- Behaviour Change Communication (BCC) through NukkadNatak, Swachhata App, Baby Book and cleanliness drives



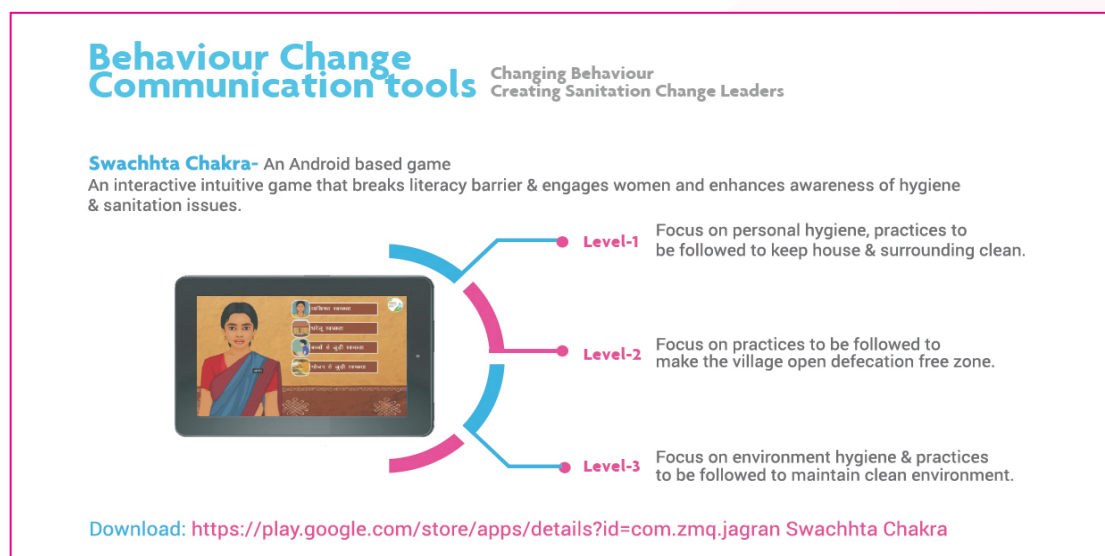
DBSI collaborated with noted experts like Prasoon Joshi from the McCann World Group to develop communication modules. The message “**Ensure Mass Reach - For a Swachh India – Swasth India**” had to reach millions of people across India.

Thus, RB and its partners such as Dainik Jagran, NDTV and Facebook, along with DBSI’s campaign ambassador, Amitabh Bachchan, leveraged their collective reach and credibility to achieve this mass dissemination. RB and Jagran Peהל collaborated with NGO partners such as Water Aid and CAF India for world-class on-ground execution of DBSI, based on their expertise and insights related to the successful implementation and maintenance of sanitation infrastructure.



BCC Toolkits:

The programme made significant investments in developing the appropriate Behaviour Change Communication (BCC) tools that attracted interest and participation from various target audiences.



Imagery & Promotional Material

Swachhata Chakra App



Baby Book (Marathi)



Handwashing Demo Chart



Swachhata Selfie Point



Nukkad Natak



	Maha	Bihar	UP	Total
No. of Nukkad Natak staged	200	200 + 50	300	750
Individuals reached	55,000	1,10,000	85,000	2,50,000+

Swachchata Hi Sewa Abhiyaan in DBSI Districts



ULB Level Workshops



Deployment and coverage in the last 3 Phases

In the first phase of the programme, the implementation of the last mile approach and the achievement of the sustainable ODF status in a limited period of time, were two critical factors that determined the selection of the 200 villages in Uttar Pradesh and Bihar, where the programme was launched. Thus, maximum possible resources were targeted towards households that were the most likely to achieve ODF status i.e. the low-hanging fruits or the committed adopters.

For those who were committed but needed government assistance, interventions were geared towards the proactive pursuance of an ODF status, with the effective utilisation of the members of the Panchayati Raj institutions. Strategic relationships with the government enabled the facilitation of government aid for the building of toilets. The levels of awareness amongst the target audience that remained indifferent, about the threats of open defecation were increased, through behaviour change communication that was adapted in a culturally sensitive manner.

A Hygiene Index was developed as an evidence-based policy tool, to provide a longitudinal analysis of data for the decision-makers rather than the general population, in order for them to have access to reference points of each city's sanitation and hygiene standards. This enabled them to focus on more efficient allocation of resources and investments for optimal outcomes and outputs. The Index comprehensively analysed indicators like provision of water, sewage, solid waste management, health and behaviour change. As a pilot, it was deployed in 10 cities (Ahmedabad, Allahabad, Bhopal, Gandhinagar, Pune, Nagpur, Raipur, Udaipur, Varanasi and NDMC). Scores were allocated to each city's sanitation and hygiene environment along with highlights related to areas of improvement, best practices available and return on investment.

In Maharashtra, DBSI conducted a detailed and representative dipstick survey, in order to understand the specific challenges that needed to be addressed at the local level, across 1200 rural and urban households in 6 districts (selected based upon their dismal performances in the government's Swachh Survekshan 2017) i.e. Bhiwandi, Malegaon, Jalna, Parbhani, Buldana and Nanded. The survey was designed to assess the state of hygiene and sanitation coverage across a range of criteria, including, ODF, waste management, awareness of the Swachh Bharat Mission as well as the knowledge and practices of hand-washing, amongst others. While the results of the dipstick survey reaffirmed the findings of the Swachh Survekshan 2017, it identified in granular detail, the underlying causes of the performance results, in a bid to specifically target those for improvement.

Overall, the lack of understanding of the co-relation between the hygiene and sanitation practices as well as the diseases, showed that behaviour change communication tools and proactive interventions needed to be deployed, alongside a viable infrastructural ecosystem, in order to ensure that the chosen districts reversed their performance and more importantly, the lives of the residents were improved, for a healthier and productive community.

Following the completion of the activities in the first year, DBSI undertook rigorous internal assessments with stakeholders, for the development of a common purpose and vision in the second year. These indicated that while significant benefits were being delivered, a more holistic approach was required for



DBSI to be able to make a transformative impact within the sanitation and waste management ecosystem. This led to the development of a strategic framework of transformation around an evidence-based model and a pilot project for the same was implemented in Maharashtra to determine its effectiveness.

In Phase 3, the goal of deployment was to enable villages to sustainably achieve an ODF status. The programme's efforts were reiterated in the regions targeted during the previous phases, in addition to implementation in certain new areas. In order to build a sanitation and hygiene ecosystem in Maharashtra, based on demand generation, focus group discussions were held with Self-Help Groups (SHGs) and capacity-building workshops were conducted in the Urban Local Bodies (ULBs). In Bihar, all the 120 focused villages and two focused blocks (Nalanda and Patna) were declared ODF. In Uttar Pradesh, all 150 focused villages and 22 wards in Lucknow were declared ODF.



CHANGING BEHAVIOUR

Empowering Communities
Transforming Lives

Deployment and coverage in Phase 4

In Phase 4, the reach and efforts of the program were reiterated in the regions targeted across Uttar Pradesh, Bihar and Maharashtra. These exemplified DBSI's mainstay of driving mass changes in habits and attitudes through insightful communication.

The prime agenda was to target 75 districts, including 25 priority districts that included the reiterated deployment of the ASHA workers. The previous phases had also witnessed a similar implementation with outreach activities in the selected villages and districts.

The goal remained the achievement of sustainable and complete ODF status and hence, the deployment of the campaign continued to be cohesive and value-based in Phase 4. The rationale remained the targeting of low hanging fruits or the committed adopters for efforts to deliver substantial value and outcomes.

As in the past, the interventions resulted in multi-fold consequences, which enabled households to become proactive in pursuing and more importantly, in maintaining an ODF status, with the consistent and reiterative efforts of change agents at the grassroots level.

During Phase 4 of the programme, DBSI's strand aimed at **"Creating Sanitation Change Leaders through sustained efforts"** focused on the following:

Project on Diarrhea Prevention/ Management: ASHA Initiative program for all 75 districts in Uttar Pradesh on Creating ASHA Champion

The 75 districts that were targeted, included 25 high-priority districts. The aim of the ASHA initiative was to address a specific problem i.e. as per the NFHS Survey 2015-2016, while management of diarrhea is focused upon via increased usage of ORS and zinc, there has not been much focus on the prevention of diarrhea.

Our approach to solving this problem focused upon training, engaging with and rewarding ASHA workers for promoting the measures for diarrhea prevention, through hand-washing, usage of toilets and safe drinking water. This involved enhancing awareness and driving behavioral change amongst families to prevent diarrhea by following three simple steps:

- 1 Proper hand-washing with soap**
- 2 Drinking clean water and storing it safely**
- 3 Oral Rehydration Therapy (ORS / Zinc)**

A multiple touch point-based digital community was built for the ASHA workers, as a platform of learning and training. The platform of digital content also included features of view and functionality to enable a linked influencer based engagement and outreach model. The ASHA workers were rewarded for the completion of training (consuming the online modules on diarrhea) as well as outreach and engagement within their communities.

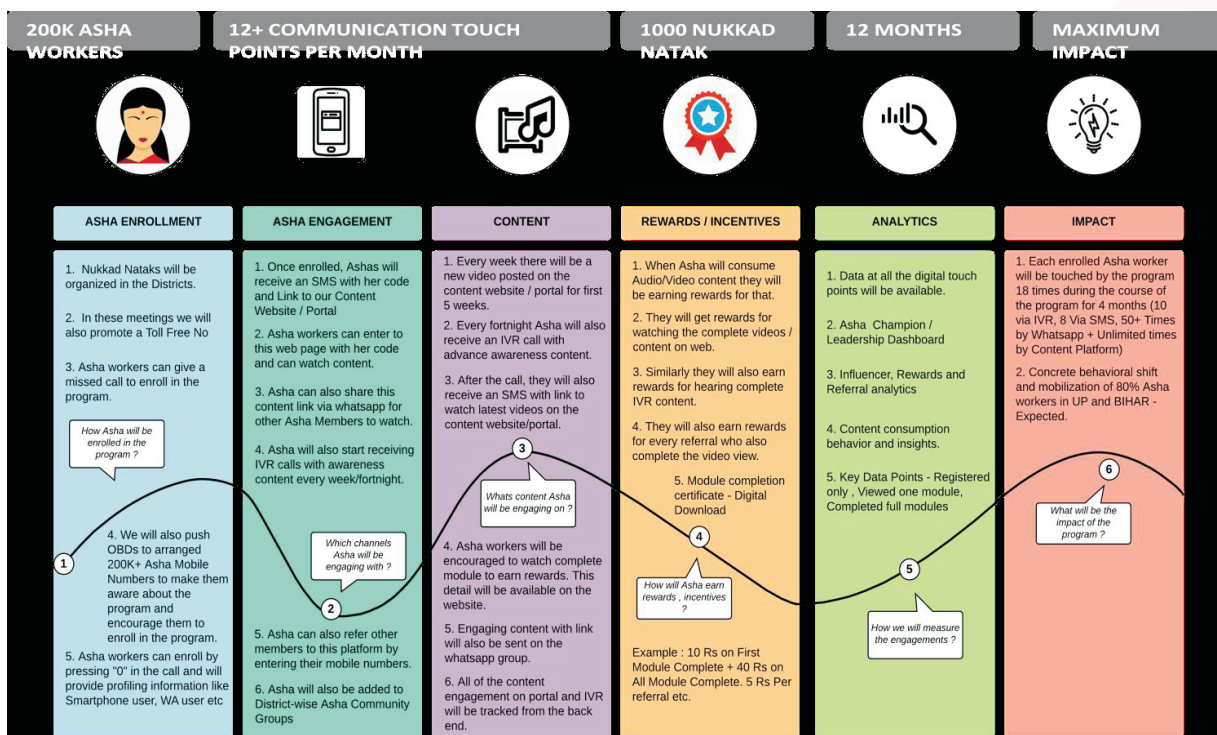
In phase 4, the program involved reaching 1.5 lakh ASHA workers, either through district-level ASHA meetings or digitally, through the Banega Swachh India app. The coordination with the team of IT experts and advisor, Ms. Ritika Arora, led to the digitalisation of the program and software. 64 districts

have already submitted their ASHA-related data to the IT team for digitalisation. 6000 boxes of soap were received and stored for the ASHA program. This included 700 boxes for Plan India.

Activities related to planning and action further included liaising and meeting with Uttar Pradesh's Mission Director, NHM for briefings about the program and data collection of all 75 districts of ASHA. This was followed by a meeting with the General Manager (CP) for a brief on the program and collection of all 75 districts' data. This process is still underway, as the details related to the collection of data have been submitted to the Mission Director.

Analytics for this program involved the following components:

- Live data captured from the entire activity will also enable us to view the near real time progress and impact of this program
- Live ASHA Leader-board
- Location Based Analysis
- Enrolment Analysis Dashboard
- ASHA Stage Analytics
- Content consumption Analytics
- Asha Referral Analysis



Distribution of Dettol Liquid Handwash Soap to beneficiaries for prevention of infection through **Changing Behaviour** on hand washing practices. (UP, Bihar and Maharashtra)

This component of the program entailed the distribution of free Dettol Liquid Handwash (DLHW) soaps, as incentives, through the deployment of change leaders, with the aim of raising much-needed awareness, educating/sensitizing people about and changing behaviour/attitudes and related to good handwashing habits.

13,85,280 Dettol liquid soaps for handwashing across four districts in Uttar Pradesh and 11,53,728 liquid soaps across three districts in Bihar, were distributed. This was done through the NRLM (SHGS), Education (Schools), ICDS (AWW), Health (ASHA) and NGOs to ensure that handwashing as a regular habit and practice (before eating food, after defecating etc.) is inculcated for the avoidance of diseases and the potential saving of lives.

In order to effectively spread this message of handwashing amongst a large number of people, handwashing was linked to spirituality. The related message was that **“Since, food gives us strength and energy to live, we should touch the food with a clean hand, just as we touch God with a clean body.”**

Thus, the **“Haath Dhona Har Baar”** campaign aimed to ensure that the responsibility of maintaining cleanliness and hygiene remained at the top of the mind of each person. Some examples of the taglines that were used are:

“Har Dharam Ka Bhojan Sanskar, Haath Dhona Har Baar”

“Shauch ka sahi vyahvhar, Haath Dhona Har Baar”

“Bimariyon Se Bachne Ka Upchaar, Haath Dhona Har Baar”



Dettol Liquid Handwash (DLHW) Soaps Distribution

UTTAR PRADESH

Dettol Liquid Handwash Distribution in Uttar Pradesh							
S.No.	District	Distributor	Number of boxes	Pouches Distribution	Reached to People	Number of hand washing	Number of Beneficery
1	Varanasi	NRLM, ICDS, SBM, Education and Health Deapartment	1096	157824	157824	4734720	157824
2	Lucknow	Nagar Nigam, NRLM, ICDS, SBM, Education and Health Deapartment	500	72000	72000	2160000	72000
3	Mirzapur	NRLM, ICDS, SBM, Education and Health Deapartment	996	143424	143424	4302720	143424
4	Gorkhpur	NRLM, ICDS, SBM, Education and Health Deapartment	1503	216432	216432	6492960	216432
6	ADRA India	ADRA India for UP	2350	338400	338400	10152000	338400
8	Maharajgunj	ITV foundation (ITM collage)	695	100080	100080	3002400	100080
9	MADRSA	Madrsa	100	14400	14400	432000	14400
12	Jagran	Dainik Jagran School	520	74880	74880	2246400	74880
13	Varanasi	Pvt. Schools	1160	167040	167040	5011200	167040
14	Varanasi	AK Soch NGO	285	41040	41040	1231200	41040
15	Varanasi	Maa Durga Balika Inter Collage, Kamla Pati Tripathi Balika Inter College, SR School	415	59760	59760	1792800	59760
Total			9620	1385280	1385280	41558400	1385280

A total of 9,620 boxes and 13,85,280 pouches were distributed to 13,85,280 people across 13 districts in **Uttar Pradesh**, leading to 4,15,58,400 hands being washed.

BIHAR

Dettol Liquid Handwash Distribution in Bihar							
S.No	District	Distributor	Number of boxes	Pouches Distribution	Reached to People	Number of hand washing	Number of Beneficery
1	Patna	NRLM, ICDS, SBM, Education and Health Deapartment	3878	558432	558432	16752960	558432
2	Chitoor (A.P)	Chitoor, Andhrapradesh	1000	144000	144000	4320000	144000
3	Nalanda	NRLM, ICDS, SBM, Education and Health Deapartment	2734	393696	393696	11810880	393696
4	Bhaglpur	ADRA India for Bihar	400	57600	57600	1728000	57600
Total			8012	1153728	1153728	34611840	1153728

A total of 8,012 boxes and 11,53,728 pouches were distributed to 11,53,728 people across 14 districts in **Bihar**, leading to 3,46,11,840 hands being washed.

Dettol Liquid Handwash (DLHW) Soaps Distribution

MAHARASHTRA

Dettol Liquid Handwash Distribution in Maharashtra						
S.No.	District	Number of boxes	Pouches Distribution	Reached to People	Number of hand washing	Number of Beneficiary
1	Aurangabad	1255	180720	180720	5421600	180720
2	Jalna	900	129600	129600	3888000	129600
3	Parbhani	950	136800	136800	4104000	136800
4	Nanded	1000	144000	144000	4320000	144000
6	Buldhana	650	93600	93600	2808000	93600
8	Malegaon	865	124560	124560	3736800	124560
9	Latur	1000	144000	144000	4320000	144000
12	The Greater Mumbai Municipal Corporation	200	28800	28800	864000	28800
13	Nandurbar- Plan India	500	72000	72000	2160000	72000
14	Amravati- Plan India	500	72000	72000	2160000	72000
	Total	7820	1126080	1126080	33782400	1126080

A total of 7,820 boxes and 11,26,080 pouches were distributed to 11,26,080 people across 14 districts in **Maharashtra**, leading to 3,37,82,400 hands being washed.

The plan of action for this component of the programme entailed liaising with the DM, Commissioner, CDO, other officers, related employees and other stakeholders (PRIs, Schools, AWW, ASHA, Sanitation worker, SHGs, NGOs etc.), who were directly connected to the general public at the grassroot level.

This was followed by the identification of areas with unhygienic conditions and low levels of awareness about the importance of sanitation and health, especially handwashing. Institutions like the Nagar Nigam, schools, panchayat, offices, NGOs (ADRA, Ak Soch, societies etc.) were also sensitized and involved in the program.

The major activities included triggering people regarding the effects of hand washing practice, promoting handwashing through the use of Dettol Liquid Handwashing (DLHW) soaps. Demonstrations of best practices of handwashing were conducted with students, SHGs, AWWs, NRLM and people in the slums. Free DLHW was distributed to these people, as they became change agents for the improvement of the health, hygiene and sanitation statuses of people. All these activities were effectively leveraged with news collection and media coverage.

The expected outcomes of these activities are:

Changing the behaviours of people, leading them to adopt good habits

Reducing the number of cases communicable and infectious diseases

Improving the status of life and changing the unhygienic conditions of people

Reducing the number of open defecation (OD) cases

Improving the handwashing practices of a large number of people

Nukkad Nattak for creating Change Leaders for improving of health, hygiene and sanitation

Nukkad Nataks were conducted across two districts (Nalanda and Patna) in Bihar and seven districts in Maharashtra, in order to educate people about handwashing, usage of toilets and maintenance of cleanliness. The artists aimed to raise awareness by highlighting messages related to the importance of safe health, hygiene and sanitation practices through the plays. They visited both, the urban and rural areas. These plays garnered a lot of attention and praise for Dettol Banega Swasth India.

The street play was titled **“Swachh Raho-Swasth Raho”** and its key message related to the inculcation of the habit of maintaining cleanliness across villages, avoiding open defecation and handwashing before taking meals and after defecation.

The artists also put on an impressive show to highlight the benefits of maintaining cleanliness at public places and also described the magnitude of the problems, emerging out of unclean surroundings. This activity also provided a platform for infotainment, for the participants and audiences of the show.

Other activities included the **implementation of a sanitation drive** in the Motihari (Areraj)-Bihar mela, through a team of 60 members. Sanitation drives and events were also conducted at Maharaj Ganj in Uttar Pradesh. Toilets were constructed in Itahari and Anantpur–Mohaniya in Bihar.

Distribution of Harpic Power Pack- Toilet Cleaner to beneficiaries through changing behaviour on toilet cleaning (UP, Bihar and Maharashtra)

Harpic Power Pack- Toilet Cleaner Received and distribution report UP and Bihar

Harpic Power Pack- Toilet Cleaner Received Varanasi, UP					
S.No.	District	From	Number of boxes	Number Pouch	Distribution
1	Varanasi	Jaipur	76	29184	0
2	Varanasi	Haldwani	884	339456	0
3	Varanasi	Hassangarh	140	53760	0
4	Varanasi	Kanpur	1005	385920	0
6	Varanasi	Tepla	2400	921600	2000
	Total		4505	1729920	2000

Harpic Power Pack- Toilet Cleaner Received Patna, Bihar					
S.No.	District	From	Number of boxes	Number Pouch	Distribution
1	Patna	Patna	386	148224	0
2	Patna	Howrah	1380	529920	0
3	Patna	Silliguri	2250	864000	0
4	Patna	Raipur	734	281856	0
	Total		4750	1824000	0

4,505 boxes and 17,29,920 pouches of Harpic were distributed in Varanasi (Uttar Pradesh).

4,750 boxes and 18,24,000 pouches of Harpic were distributed in Patna (Bihar).



Nukkad Nattak



Impact of the programme: Snapshot of Phases 1, 2, 3 and 4

Detailed qualitative and quantitative assessments were conducted throughout each phase of the programme, via extensive pre and post-field work. The following table provides a comparative overview of the campaign, in terms of outcomes, in order to showcase the massive success of the programme over the years.

	PHASE 1	PHASE 2	PHASE 3
REACH	States: 2 (UP, Bihar) Districts: 4 Villages: 200 Households : 85,205 Individuals : 3,40,820	States: 3 (UP, Bihar, Mah) Districts: 13 Urban Local Bodies : 40 Villages: 200 Households : 5,61,876 Individuals : 22,47,504	States: 3 (UP, Bihar, Mah) Districts: 16 Households : 8,88,157 Individuals : 25,89,398
OUTCOMES	<ul style="list-style-type: none"> • 6120 additional toilets (12% increase) • 13,000 change leaders identified, trained & deployed (7 households per change leader) • 75 villages attained ODF status • 100% awareness of importance and process of handwashing • 22% increase in handwashing in critical moments • 77% households in Bihar and 66% households in UP are washing hands at critical moments • Conservative estimate of \$1.5 million added to national economy at a cost of INR 28 per person Villages: 200 Households : 85,205 Individuals : 3,40,820	1,20,625 additional toilets built in total Uttar Pradesh <ul style="list-style-type: none"> • 73% villages declared ODF • 36 Change Leaders identified • 29,562 toilets constructed Bihar <ul style="list-style-type: none"> • 77% villages declared ODF • 20 Change Leaders identified • 31,960 toilets constructed Maharashtra <ul style="list-style-type: none"> • All 40 ULBs declared ODF • 100% target audience reached • 100% target audience knowledge enriched and empowered on improved hygiene, ODF & handwashing • 3134 PRI members and frontline health workers trained • Spearheaded focused initiative on Solid Waste Management 	1,00,619 additional toilets built Uttar Pradesh <ul style="list-style-type: none"> • All 150 focussed villages (100%) declared ODF • Mirzapur district declared ODF • Lucknow Urban declared ODF • 117 Change leaders identified • 80,582 toilets constructed Bihar <ul style="list-style-type: none"> • All 120 focussed Villages (100%) declared ODF • 150 change leaders identified • 20,037 toilets constructed • Nalanda District declared ODF Maharashtra <ul style="list-style-type: none"> • 65 ULB workshops done • 15067 stakeholders oriented • 1384 beneficiaries applied for WASH product loan



Phase 4

Impact of the programme: Snapshot of Phases 1, 2, 3 and 4

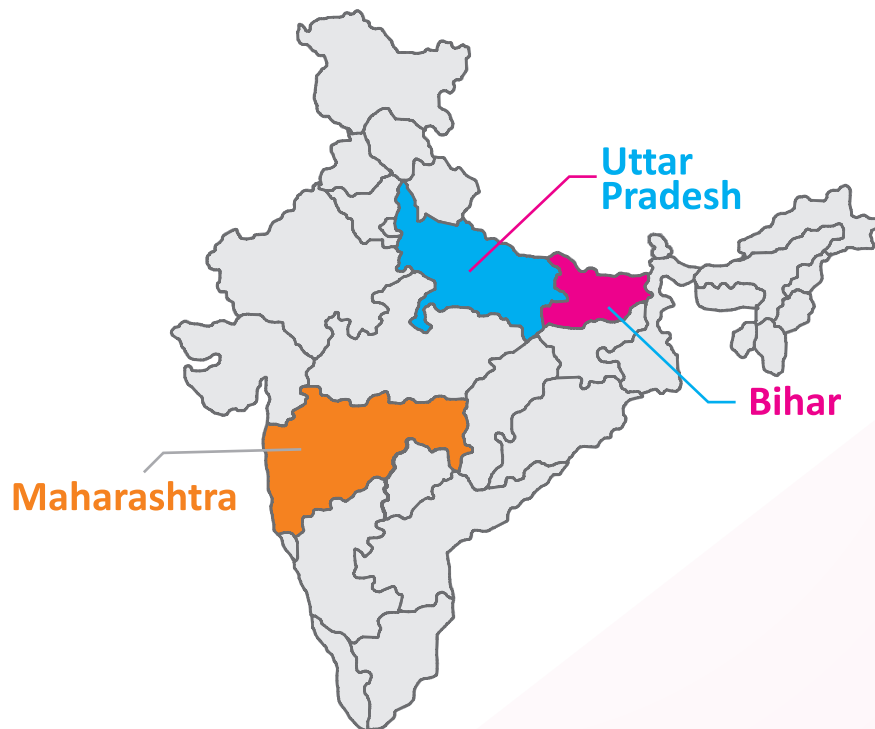
Detailed qualitative and quantitative assessments were conducted throughout each phase of the programme, via extensive pre- and post-field work. The following table provides a comparative overview of the campaign, in terms of outcomes, in order to showcase the massive success of the programme over the years.

	P 1	P 2	P 3	PHASE 4
REACH	▶	▶	▶	States: 3 (UP, Bihar, Mah) Districts :75 Households : 2,37,689 Individuals : 15,34,435
OUTCOMES	▶	▶	▶	1,20,625 additional toilets built Around 3589 frontline health workers trained UTTAR PRADESH <ul style="list-style-type: none"> • 192537 Households reached • 417 PRI members trained • 302 FBLs Trained • 36 change leaders identified • 587 Health Workers Trained • 29,562 toilets constructed DLHW campaign <ul style="list-style-type: none"> • 9,620 boxes distributed • 1,38,520 beneficiaries • 1,92,537 households reached <hr/> BIHAR <ul style="list-style-type: none"> • 59,103 toilets constructed • 20 Change leaders identified • 143 FBLs trained • 45152 households reached • 572 PRI members trained • 510 Frontline Health workers Trained DLHW campaign <ul style="list-style-type: none"> • 8,012 boxes distributed • 11,53,728 beneficiaries • 45,152 households reached <hr/> MAHARASHTRA <ul style="list-style-type: none"> • Reached 12,96,746 people • 31,960 toilets constructed (31,734 individual HH latrines and 226 community toilets) • 642 PRI members trained • 2492 Frontline Health workers trained • Received a Presidential award as Maharashtra (Urban) was declared ODF • 7 districts of Municipal corporation worked towards an ODF plus model DLHW campaign <ul style="list-style-type: none"> • 7820 boxes were distributed • 11,26,080 beneficiaries

Outcomes and Impact Assessment

TOTAL POPULATION REACH IN 3 STATES IN 4 YEARS

$$\begin{array}{ccccccc} \text{Phase 1} & + & \text{Phase 2} & + & \text{Phase 3} & + & \text{Phase 4} \\ (3,40,820) & & (22,47,504) & & (25,89,398) & & (15,34,435) \\ & & & & & & = 67,12,157 \end{array}$$



TOTAL ADDITIONAL TOILETS BUILT IN 3 STATES IN 4 YEARS

$$\begin{array}{ccccccc} \text{Phase 1} & + & \text{Phase 2} & + & \text{Phase 3} & + & \text{Phase 4} \\ (6,120) & & (1,20,625) & & (1,00,619) & & (1,20,625) \\ & & & & & & = 3,47,989 \end{array}$$

Economic impact of reduction in cases of diarrhea amongst adults

In 2014, it was estimated that 700 million adults (or approximately 75% of the adult population) suffered from diarrhea in India.

Based on India's population demographics, **Uttar Pradesh's share** would be **140 million** and **Maharashtra's share** would be **70 million cases**.

It is assumed that one incident of diarrhea costs 2 working days and the total economic loss for each case of diarrhea incidence is \$7.5 per working day = **\$15**



Number of people having diarrhea incidents in

Bihar = 7,80,74,589

Uttar Pradesh = 7,49,29,628

Maharashtra = 4,21,40,375

Even if a 50% reduction (not 63%) in diarrhea cases is assumed,



Potential reduction in diarrhea incidents in

Bihar = 3,90,37,295

Uttar Pradesh = 3,74,64,814

Maharashtra = 2,10,70,188



Economic impact of potential reduction in diarrhea cases in

Bihar : \$ 58,55,59,425

Uttar Pradesh : \$ 56,19,72,210

Maharashtra : \$ 31,60,52,820

This is just a part of the potential impact of one disease on a part of India's population.

Economic impact of toilet building

Access to safe and clean toilets is an important criterion of the Swachh Bharat Mission. The estimates from National Family Health Survey (NFHS)-4 (2015-16) estimate that open defecation was at approximately 55% across all states, with wide inter-state disparities.

According to the World Bank research, in 2015, roughly 7.5% of the population practiced open defecation in urban India.

For the purpose of this study, the following assumptions have been made:

1. There is roughly a 50-50 divide in the rural and urban populations in **Bihar, Uttar Pradesh and Maharashtra**
2. Approximately 50% of the populations in Bihar, Uttar Pradesh and Maharashtra lacked toilets in the rural areas and roughly 5% of the urban population lacked toilets in 3 states
3. Each household is estimated to have 4 family members

Bihar



Rural population: **5,20,49,726**

Rural population without toilets
2,60,24,863

Number of rural households without toilets
65,56,216 = 6.5 million (approx.)

Urban population: **5,20,49,726**

Urban population without toilets
26,02,486

Number of urban households without toilets
6,50,622 = 0.6 million (approx.)

Uttar Pradesh



Rural population: **9,99,06,171**

Rural population without toilets
4,99,53,086

Number of rural households without toilets
1,24,88,272 = 12 million (approx.)

Urban population: **9,99,06,171**

Urban population without toilets
49,95,309

Number of urban households without toilets
12,48,828 = 1.2 million (approx.)

Maharashtra



Rural population: **5,61,87,167**

Rural population without toilets
2,80,93,584

Number of rural households without toilets
70,23,396 = 7 million (approx.)

Urban population: **5,61,87,167**

Urban population without toilets
28,09,359

Number of urban households without toilets
7,02,340 = 0.7 million (approx.)

For the purpose of this study, it is assumed that 10 million toilets are built in Bihar, UP and Maharashtra in their rural and urban areas. It is also conservatively estimated that the cost of building a SMART/EcoSan toilet is \$200.

The direct economic activity in building 10 million toilets at a per cost of \$200 is \$2 billion. Conservatively estimating an economic multiplier of 3 implies that the total economic impact of building toilets is \$18 billion in Bihar, UP and Maharashtra.

Approximate Figures at a Glance

POTENTIAL IMPACT	BIHAR	UTTAR PRADESH	MAHARASHTRA	TOTAL
Potential lives saved from stunting / malnutrition	10 million + annually	230 million + annually	10 million + annually	250 million + annually
Potential economic impact of reduction in cases of diarrhea	\$580 million + annually	\$560 million + annually	\$300 million + annually	\$1440 million + annually
Potential economic impact of toilet building	\$6 billion	\$6 billion	\$6 billion	\$18 billion

The assessment of impact and outcomes is based on ballpark figures. The underlying assumptions have been made using data from national and global studies, by recognised entities. Also, conservative estimates have been made.

Thus, in the scenario that the broader demographic and sanitation conditions follow the same trends, the Swachh Bharat Mission will continue to accrue massive economic benefits, not just in Uttar Pradesh, Bihar and Maharashtra, but throughout the country as well.





Way forward

The Swachh Bharat Mission came to an end this year, but its reverberations will continue to be felt, as a tremendous force of change that transformed into a people's movement, galvanizing communities in every part of the country, to pay heed to the call of action, take charge of their lives and bring about transformations in the quality of their health and lives.

The Mission garnered support across all segments of society ranging from NGOs, think tanks, multilateral institutions and also, the corporates. Thus, simply in terms of raising awareness and spurring motivations towards achieving sanitation and hygiene goals, the impact of the Swachh Bharat Mission has been and will be felt not just amongst the marginalised sections across rural and urban India, but in the Indian society as a whole.

Under the Swachh Bharat Mission, the **Dettol Banega Swasth India** campaign has assumed a novel space over the last four years, in enabling India's achievement of its sanitation goals. The campaign has actively progressed towards enhancing the lives of millions of people, especially of those belonging to the marginalized sections of society.

DBSI, in its contributions to the Swachh Bharat Mission has not only helped in the development of sanitation infrastructure, but has also been crucial in effecting positive change in the mindsets and behaviours of people, related to health and sanitation. In this manner, it addressed the sanitation and hygiene problem, from the base to the apex, while deriving corresponding solutions for each level of action.

Prolonged and widespread change across the country has effectively shown that collective interventions must be made in a manner that is evolutionary and sustainable. Targeted and reasonably small investments have led to a proactive proliferation of the programme, built on effective partnerships and on-ground implementation. This has led to the transformation in sanitation and hygiene through well-entrenched and easily replicable interventions.

In DBSI's final year, RB and Jagran Peהל sustained and cemented the progress made in the previous years by infusing the spirit of DBSI into India's sanitation and hygiene culture, thereby paving the way for future community members and stakeholders, who can then take this cause of empowerment forward, through inspiration and emulation.

Importantly, DBSI has illustrated the benefits of partnerships and the criticality of changing mindsets and behaviours of people, in addition to building sanitation infrastructure, to achieve the goal of ODF (open defecation free) status in India.

Thus, DBSI emerged as a crucial stakeholder in achieving the goal of ODF status in India.

Success stories



Sumitra Devi and her husband are daily wage labourers. One incident changed her life completely. Once, while defecating on a railway track, she was about to be hit by a speeding train, but luckily, she moved away from the track. This experience shook her and she realized that the lack of a toilet could cost her life and create many dangerous problems as well. She decided to stop OD (open defecation) and construct a toilet in her house.

As she was a daily wage laborer, she did not have sufficient funds for toilet construction. With the help of the DBSI team, she borrowed toilet construction material from the village sanitary mart and constructed a toilet. Now, the toilet is an integral part of her life. “Earlier we were leading a stressful life where we were bound to go out early morning or late evening for defecation. But after having toilet, it gives us freedom and also saves us from humiliation,” she said. She thanked the DBSI team for supporting and motivating her for taking such a bold step. Despite coming from acute poverty, she has set an inspiring example by adopting safe sanitation practices. She was awarded by the District Magistrate of Patna for her participation and important role in a cleanliness drive.

Most importantly, it has illustrated the criticality of changing mindsets and behaviours of people, in addition to building sanitation infrastructure, to achieve the goal of ODF (open defecation free) status in India.

- ▶ ***Triggering tools like public humiliation and women safety are more likely to be useful in the community sensitization process .***
- ▶ ***Mass mobilization and inter personal community play a vital role in breaking the social stigma of poverty with open defecation practice.***

Success stories



Chameli Devi, wife of Satish Majh, belongs to the musahar community. They do not have a proper house to live (one thatched house where man and animal live together) at Amarpuri village in Kolawa GP of Nalanda.

As they are daily wage laborers, they do not have any fixed resources for daily income. They used to go for open defecation to a nearby road/field. The DBSI team used to routinely organize meetings in her villages. After attending these meetings, Chameli Devi realized that they too should have a toilet. But the problem was a lack of funds.

They neither had savings nor assets, which could be used as a resource for funding the toilet construction. So, she contacted Jeevika's Community Mobiliser and arranged INR 5,000 as a loan. To continue the construction, she also sold one of her calves and fulfilled her dream of having her own toilet. Though it seems really difficult for them to pay the loans, they have started working overtime and selling rice puff and other village snacks items to alleviate the burden of the loan and live a dignified life. They are happy that they do not have to face humiliation and go to roadside for open defecation.

- ▶ ***If sensitization and hand holding support are provided at the right time, poverty cannot curb the determination of having a toilet.***
- ▶ ***Best practices can set an example where poverty cannot hinder behaviour change.***

Media coverage

Coverage location	Total Coverage (sq cm)
BIHAR (Patna, Nalanda)	1,800
UP (Lucknow, Varanasi, Mirzapur, Gorakhpur)	13,260
TOTAL	15,060

Press coverage



Press coverage



Events



Eid celebrations
in DBSI Project
districts



Global
Hand Washing Day
15 October 2018



Press coverage

वाराणसी, 29 जून 2019 दैनिक जागरण 11

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महाराजगंज जागरण

स्वच्छता अपनाएं, बीमारी दूर भगाएं

'डेटाल बनेगा स्वच्छ इंडिया' कार्यक्रम के तहत छात्रों को दी जानकारी, हैंडवास के इस्तेमाल पर दिया गया जोर

जागरण संवर्धन, महाराष्ट्र: डेटाल बनेगा स्वच्छ इंडिया कार्यक्रम के अंतर्गत जागरण पहल द्वारा मंगलवार को आईटीएम कालेज में छात्र-छात्रों को स्वच्छता अपनाने और बीमारी दूर भगाने के प्रति जागरूक किया गया। इस दौरान छात्र-छात्रों को डेटाल हैंडवास भी वितरित किया गया।



कार्यक्रम को संबोधित करते हुए उत्तर प्रदेश के राज्य प्रबंधक ओमप्रकाश ने कहा कि ग्रामीण खाना खाने से पहले और शौच के बाद डेटाल से हाथ अवश्य धुलें। गंदगी के कारण हमारे हाथ के

माध्यम से भोजन के साथ अनेक कीटाणु पेट में चले जाते हैं, जिससे विभिन्न

प्रकार की बीमारियाँ होती हैं। इसलिए, स्वच्छ रहकर ही हम बीमारी को दूर भग सकते हैं। डेल्टा हैंडबॉल के इस्तेमाल से स्वच्छता रहेगी और लोग बीमारी कम पढ़ेंगे। उन्होंने कहा कि बीमारी से आर्थिक क्षति के साथ शारीरिक नुकसान भी होता है। इसलिए, हम सभी को स्वच्छता के प्रति सजग रहने की जरूरत है। अगर सभी अपने गाँव में जाँच और लोगों को इसके प्रति जागरूक करें, ताकि कोई बीमारा न हो और स्वच्छ भारत, स्वास्थ्य भारत की परिकल्पना साकार हो। कार्यक्रम में जागरण फ्लैग से प्रवीण

पर्यावरण संरक्षण के लिए पौधारोपण जरूरी

[illegible]

कमार सहित बड़ी संख्या में कॉलेज की छात्र-छात्राएं उपस्थित रहीं।

महिलाओं को सफाई के लिए किया जागरूक

जासं, पिंढरा: राष्ट्रीय आजीविका मिशन के तत्वावधान में शुक्रवार को अहमक पश्चिमपुर गांव में महिलाओं को आत्मनिर्भर बनाने और साफ सफाई को लेकर गोष्ठी का आयोजन किया गया।

आरबी इंडिया व जागरण पब्लिक के माध्यम से डिजिटल बनेगा स्वच्छ इंडिया कार्यक्रम के तहत महिलाओं को निःशुल्क डिजिटल पैकेट वितरित किया गया। इस दौरान अंकित सिंह, मोहन मुरारी, श्रवण कुमार, सुमन पांडेय और रीता शर्मा ने गोष्ठी को संबोधित किया।

[illegible][illegible]

ग्रामीण मिशन आजीविका बेरोजगारी दूर करने में सहायक - अनुर्जन सिंह

मडिहान (मीरजापुर)। मुख्य विकास अधिकारी प्रियंका निरंजन के निदेश पर पूर्व माध्यमिक विद्यालय मडिहान के परिसर में राष्ट्रीय

ग्रामीण मिशन आजीविका के
ग्राम आम सभा की बैठक हुई।
आजीविका मिशन के
अनुर्जन सिंह ने स्वच्छता पर
विशेष बल देते हुए उपस्थित
समूह के महिला सदस्यों को
विस्तार पूर्वक हैंड वॉश के
सात तरीके बताए तथा हैंड
वास करने की सामग्री भी



सभी उपस्थित महिलाओं को वितरित किया गया। समूह की महिलाओं को स्वावलंबी बनने के लिए जोर देते हुए कहा कि आर्थिक स्थिति को मजबूत करना एवं बेरोजगारी को जड़ से समाप्त करने के लिए यह मिशन सरकार द्वारा चलाई जा रही है। आत्मनिर्भर बनने के लिए भैंस पालन, मुर्गी पालन, बकरी पालन, मछली पालन, सिलाई प्रशिक्षण आदि के लिए धन आवंटित कर महिलाओं को स्वतः रोजगार देने के लिए यह राष्ट्रीय ग्रामीण मिशन योजना तत्पर है क्योंकि अपनी आजीविका चलाने के लिए आत्मनिर्भर बनना होगा तभी महिलाओं की आर्थिक स्थिति में सुधार संभव है। खंड विकास अधिकारी रामचंद्र राम एवं आयुक्त स्वतः रोजगार दीनदत्त जाजी के संरक्षण में यह योजना चलाई जा रही है इस कार्यक्रम में उपस्थित साधना भारती सीनियर सीओआरपीओ, शीला देवी सीओआरपीओ सविता देवी समूह सखी सहित दर्जनों महिलाएं कार्यक्रम में उपस्थित रहीं।

12-14 વર્ષના બાળકો અને 15 વર્ષનાથી વધુ વયના બાળકો માટે ફોલો-અપ કરવામાં આવે છે. આનાથી બાળકોના શારીરિક અને માનસિક વિકાસમાં સુધારો થાય છે. આનાથી બાળકોના શારીરિક અને માનસિક વિકાસમાં સુધારો થાય છે. આનાથી બાળકોના શારીરિક અને માનસિક વિકાસમાં સુધારો થાય છે.



આનાથી બાળકોના શારીરિક અને માનસિક વિકાસમાં સુધારો થાય છે. આનાથી બાળકોના શારીરિક અને માનસિક વિકાસમાં સુધારો થાય છે. આનાથી બાળકોના શારીરિક અને માનસિક વિકાસમાં સુધારો થાય છે.

વિશ્વભારતીય શ્રુતિ મંત્ર સંસ્થા

આનાથી બાળકોના શારીરિક અને માનસિક વિકાસમાં સુધારો થાય છે. આનાથી બાળકોના શારીરિક અને માનસિક વિકાસમાં સુધારો થાય છે. આનાથી બાળકોના શારીરિક અને માનસિક વિકાસમાં સુધારો થાય છે.



આનાથી બાળકોના શારીરિક અને માનસિક વિકાસમાં સુધારો થાય છે. આનાથી બાળકોના શારીરિક અને માનસિક વિકાસમાં સુધારો થાય છે. આનાથી બાળકોના શારીરિક અને માનસિક વિકાસમાં સુધારો થાય છે.





આનાથી બાળકોના શારીરિક અને માનસિક વિકાસમાં સુધારો થાય છે. આનાથી બાળકોના શારીરિક અને માનસિક વિકાસમાં સુધારો થાય છે. આનાથી બાળકોના શારીરિક અને માનસિક વિકાસમાં સુધારો થાય છે.





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