



DETTOL BANEGA SWACHH
INDIA PROGRAMME: IMPACT
ASSESSMENT REPORT
PERIOD: August 2015 –
August 2016)

15 August 2016

Submitted to:



Submitted by:





Perfect sanitation makes an 'ideal village'
-Father of Nation, Shri. Mahatma Gandhi

Jahan soch wahan Shauchalay.
-Prime Minister, Shri. Narendra Modi



The approach adopted by Dettol's BSI will surely result in the form of remarkable success"
- Minister of Health and Family Welfare,
Shri. Jagat Prakash Nadda

Sanitation is not a civil engineering activity but it is about changing attitudes and mindsets"
- Ex-Prime Minister, Dr Manmohan Singh



You have to make toilets fashionable, you have to make it as desirable as the television or the cellphone.
-Founder, World Toilet Organization, Jack Sim

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Acknowledgement

This report shares findings from the impact assessment of the first year of the Dettol Banega Swachh India Programme. The assessment was conducted by Intellectap Advisory Services with support from RB India and Jagran Pehel. The Intellectap team is grateful to Mr Ravi Bhatnagar (RB India), Mr Sameer Gupta (Jagran Pehel), Mr Sahil Talwar (Jagran Pehel) and Mr Sayyed (Jagran Pehel) for facilitating this study. It has been a wonderful experience for the Intellectap team to be a part of an assignment which is complementing the Gol's flagship, "Swachh Bharat Mission."

The findings in the report are entirely based on field-work for which the assessment team received support from Progressive Foundation in Uttar Pradesh and Home Remedies Private Limited in Bihar. We are very thankful to both organizations for ensuring smooth field-visits and round-the-clock assistance.

Our special thanks to Mr Vijay Kiran Anand (District Magistrate of Varanasi), Mr Nitin Ramesh Gokarn (District Commissioner of Varanasi, Dr Nitin Bansal (District Magistrate of Etawah), and Mr. Amit Kumar (Deputy Development Commissioner of Bhagalpur) for giving us their valuable time to share insights on sanitation and related topics in their respective states.

We are also very grateful to the 87 Sanitation Change Leaders and 311 Programme beneficiaries who gave us time for interviews and focus-group-discussions that helped us better understand the approach and impact of the Dettol Banega Swachh India Programme.

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Executive Summary

In India, changing sanitation behaviour is about changing mind-sets. On 2nd October 2014, the Government of India launched the Swachh Bharat Mission (SBM) with the objective of making India Open Defecation Free (ODF) and provide universal access to basic sanitation facilities by the year 2019. Understanding the importance of the Government's initiative and the need to provide support to this nationwide Programme, RB India in partnership with NDTV launched a 5 year Programme on the same day the SBM was approved.¹ This Programme which is called 'Dettol Banega Swachh India' aims to create awareness about the importance of hygiene and sanitation across the country in order to achieve a cleaner and healthier India. The Programme is based on 4 key pillars: driving habit change and attitude towards hand hygiene, ensuring mass reach, ensuring best-in-class on-ground execution, and using RB India's expertise in hygiene related products to improve the state of sanitation in the country.

As part of the initial phase of the Programme, RB India partnered with Jagran Pehel in August 2015 to drive behaviour change and improve hygiene and sanitation practices across 200 villages in Uttar Pradesh and Bihar.² RB India's partnership with Jagran Pehel makes for a strong consortium with expertise in hygiene and sanitation and experience in rural on-field implementations. This makes the Dettol Banega Swachh India Programme an initiative capable of nurturing and supporting long-term sustainable behaviour change. In addition, Jagran Pehel's media backing has provided the Programme with the ability to ensure mass reach as Dainik Jagran is the highest read daily in the entire world with a readership of more than 5.59 crores in 11 Indian states. The Programme with its core objectives woven around bringing about behavioural change among the rural villages through effective communication tools embarked on the mission of ensuring villages in Uttar Pradesh and Bihar are open defecation free.

As the Programme completed a year in Uttar Pradesh and Bihar in August 2016, Intellectap Advisory Services was mandated to conduct an assessment of the impact created through the Programme in these two states. This report encompasses the findings from the impact assessment.

The districts covered in the Programme include Etawah, Kannauj and Varanasi in Uttar Pradesh and Bhagalpur in Bihar. The RB India and Jagran Pehel consortium is exploring the option of adding more villages under the Programme's scope. The approach used in the Programme is unique as it mainly focuses on creating sanitation change leaders from within rural communities in order to increase awareness and create change at the grassroots. For a holistic transformation, the Programme works with four categories of change leaders: Panchayati Raj Institution Members, Faith-Based Leaders, Frontline Health Workers, and Mothers. In Uttar Pradesh and Bihar, the prime focus is to reach out and work closely with 500 PRI members, 500 natural and faith based leaders, 500 ASHAs/AWWs and 12,000 mothers with children below the age of 5 directly to drive a positive behaviour towards sanitation practices and enable both states to be ODF. The Programme also uses four key information, education and communication (IEC) tools that enable faster knowledge dissemination while ensuring stickiness of thoughts with respect to sanitation. These IEC tools have been tailored for different audiences and include *nukkad nataks*, *wall paintings*, an android-based game '*Swachhta Chakra*', and a *Baby Book*.

The impact was assessed in a sample of 25 villages across the two states. The Intellectap team met with 311 Programme beneficiaries through focus group discussions and personal interviews, and also conducted detailed discussions with 87 change leaders across Uttar Pradesh and Bihar. The results

¹ NDTV News Coverage on the Dettol Banega Swachh India Launch, September 2014


² Dainik Jagran Coverage, August 2015

highlighted that the Dettol Banega Swachh India Programme is complementing the Swachh Bharat Mission in creating large-scale impact, although it is only the first year of the Programme. 12 of the 200 villages in which the Programme operates have been certified ODF while at least 20 other villages have applied for ODF resolution and are awaiting verification. On an average, there has been a 30% reduction in open defecation in the targeted 200 villages. There has also been significant behavioural change with respect to other sanitation activities such as a 22% increase in the number of people who use soap for hand washing and a 38% increase in the number of people who are aware of the health hazards of unhygienic sanitation. The number of beneficiaries from the first year of the Programme was almost 5 lakhs who came from around 85,205 households.³ As the Programme moves into its second year of operations in the two states, the impact is likely to multiply and effectively support the Swachh Bharat Mission in attaining an ODF and clean India by 2019.




³ Intellectap Impact Assessment Analysis


IMPACT




12
Villages certified ODF




20+
Villages passed resolution for ODF certification




~ 5 Lakh
Total beneficiaries in 200 villages




~ 85,000
Total households impacted




30%
Reduction in Open Defecation




22%
Increase in usage of soap for handwashing






89%
Of Change Leaders recognize the contribution of Community Mobilizers









12%
Increase in toilet coverage



38%
Increase in awareness about health hazards of unhygienic sanitation

	<p>Over 5 lakh people benefited from the Programme. Benefits include improved perception of the importance of sanitation, construction of toilets, and increase in awareness with respect to sanitation related diseases.</p>
	<p>Beneficiaries from the Programme span across age groups and genders from around 85,205 households in the four districts: Etawah, Kannauj, Varanasi and Bhagalpur.</p>
	<p>Almost one-third of the Programme beneficiaries stopped practicing open defecation since the inception of the Programme. This has led to a fall in water-borne diseases and improved the level of cleanliness across villages.</p>

	<p>There has been a shift in the handwashing behaviour amongst the Programme beneficiaries. There has been a 22% increase in the number of people who use soap for handwashing since the inception of the Programme. This change has mostly been driven by mothers.</p>														
	<p>89% of the change leaders suggested that the community mobilizer has been a keystone element in driving behaviour change and improving sanitation in their villages. 73% of the PRIs felt that the most effective method of driving behaviour change was through chaupals organized by the mobilizer.</p>														
	<p>There has been a 12% increase in the coverage of toilets in the 200 focus villages since the inception of the Programme. Nationally, however, since 2014, the annual average increase in toilet coverage has been 7.55%.⁴ This represents that beneficiary villages of the Dettol Banega Swachh India have performed better than the national average in terms of improvement in sanitation infrastructure coverage.</p>														
	<p>People who were earlier unaware of the health hazards of impure sanitation are now aware. There has been a 38% increase in the awareness related to diseases such as cholera, malaria, typhoid and hepatitis.</p>														
	<p>12 Villages out of the 200 villages under the Programme have already been certified Open Defecation Free (ODF)</p> <table border="1" data-bbox="568 1239 1429 1480"> <thead> <tr> <th data-bbox="568 1239 998 1270">Uttar Pradesh</th> <th data-bbox="998 1239 1429 1270">Bihar</th> </tr> </thead> <tbody> <tr> <td data-bbox="568 1270 998 1302">○ Sayyedpur Shekri</td> <td data-bbox="998 1270 1429 1302">○ Bahbalpur</td> </tr> <tr> <td data-bbox="568 1302 998 1333">○ Bahadurpur Ujjaina</td> <td data-bbox="998 1302 1429 1333">○ Bhimkitta</td> </tr> <tr> <td data-bbox="568 1333 998 1365">○ Madharpur</td> <td data-bbox="998 1333 1429 1365">○ Kanjhia</td> </tr> <tr> <td data-bbox="568 1365 998 1396">○ Sakri Khurd</td> <td data-bbox="998 1365 1429 1396">○ Mohammadpur</td> </tr> <tr> <td data-bbox="568 1396 998 1428">○ Mitrasenpur</td> <td data-bbox="998 1396 1429 1428">○ Puranisarai</td> </tr> <tr> <td data-bbox="568 1428 998 1459">○ Taramau Gadi</td> <td data-bbox="998 1428 1429 1459">○ Rampur Khurd</td> </tr> </tbody> </table>	Uttar Pradesh	Bihar	○ Sayyedpur Shekri	○ Bahbalpur	○ Bahadurpur Ujjaina	○ Bhimkitta	○ Madharpur	○ Kanjhia	○ Sakri Khurd	○ Mohammadpur	○ Mitrasenpur	○ Puranisarai	○ Taramau Gadi	○ Rampur Khurd
Uttar Pradesh	Bihar														
○ Sayyedpur Shekri	○ Bahbalpur														
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○ Sakri Khurd	○ Mohammadpur														
○ Mitrasenpur	○ Puranisarai														
○ Taramau Gadi	○ Rampur Khurd														
	<p>In addition, to the above mentioned 12 villages, at least 20 other villages have passed an ODF resolution from their end and are awaiting verification and certification from the Government.</p>														

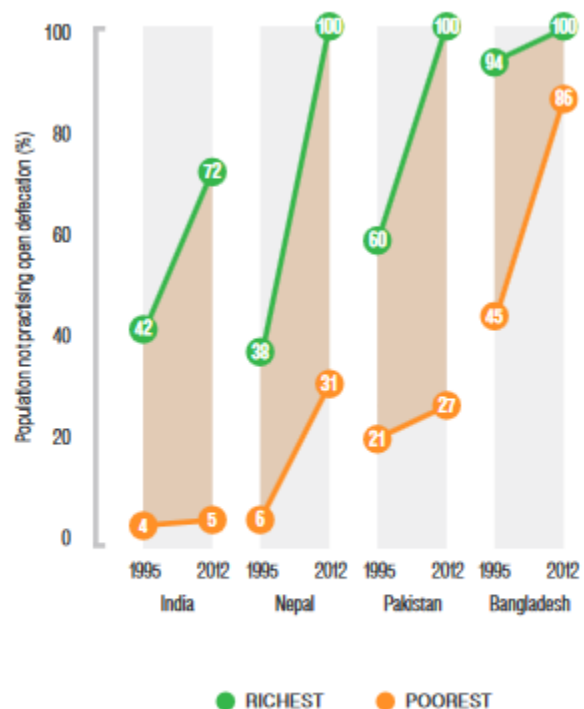
⁴ Official Website Swachh Bharat Mission

Sanitation in India

In 2015, India achieved to meet some of the important targets set in the millennium development goals. While we successfully halved poverty rates from the 1990 levels, ensured gender parity in primary school enrolment, and reversed incidence of HIV/AIDs, we failed to achieve the targeted increase in access to basic sanitation infrastructure. Half of the country's population did not have access to a toilet.⁵ A large part of the rural population still prefers to defecate in the open. While the reduction in open defecation was commendable among the richest rural wealth quintile, there was hardly any improvement in the poorest rural wealth quintile. Countries like Nepal, Pakistan, and Bangladesh fared much better than India. United Nations estimates that by 2015, on an average, 10% of India's urban population, 61% of India's rural population, and 44% of India's total population practiced open defecation.⁶ A study at the Delhi School of Economics estimates that a 10% increase in open defecation was associated with a 0.7% increase in both stunting and severe stunting.⁷

Inadequate sanitation infrastructure has considerable economic impacts. The Water and Sanitation Program of the World Bank estimated that in the year 2006, the economic impact of inadequate sanitation infrastructure was around 6.4% of the country's GDP. As per the study, in 2006, the economic impact amounted to INR 2.44 trillion (US\$53.8 billion) or a per capita annual impact of INR 2,180. This lack of sanitation infrastructure causes fatal diseases, creates environmental pollution and diminishes well-fare, all parameters which were included in the estimation. Of the total economic impact, the health-related economic impacts was the highest at INR 1.75 trillion followed by the impact of productive time lost to access sanitation facilities or sites for defecation at INR 487 billion.⁸

According to the UNICEF-WHO Joint Monitoring Report on Water and Sanitation, India has a GDP per capita which is higher than 55 countries, but 46 of them have a lower open defecation rate than India. Similarly, 28 countries have lower adult literacy rates that India, yet 23 of them have lower open



Trends in reduction of open defecation in the richest and poorest rural wealth quintiles 1995-2012

Source: Progress on Sanitation and Drinking Water, 2015 Update and MDG Assessment, UNICEF, WHO

⁵ Millennium Development Goals Report, UNDP

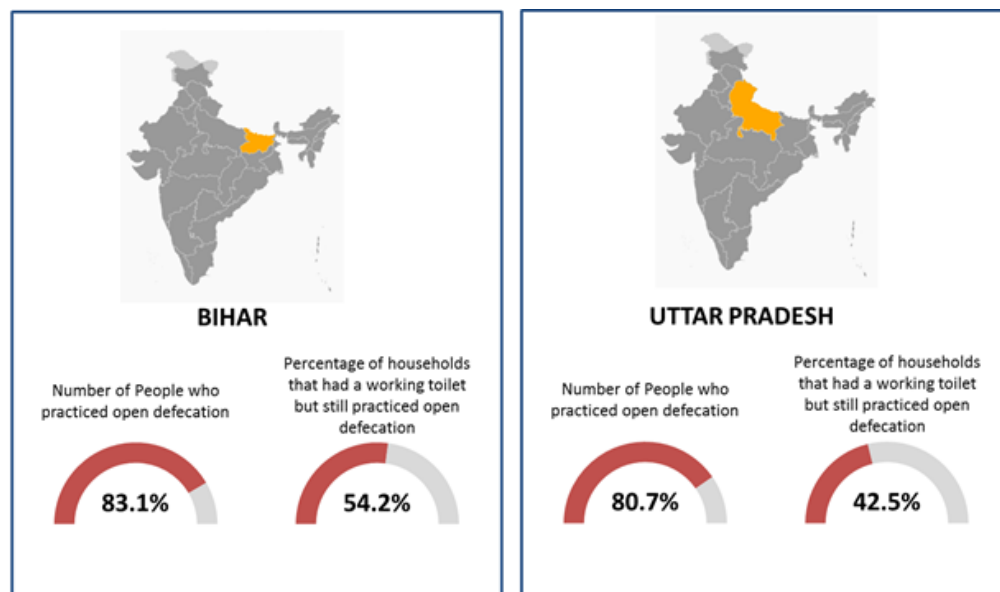
⁶ Progress on Sanitation and Drinking Water, Update and MDG Assessment, UNICEF, WHO, 2015

⁷ Open Defecation Leads to Stunting in Indian Children, Down to Earth, July 2015

⁸ The Economic Impacts of Inadequate Sanitation in India, Water and Sanitation Program

defecation rates.⁹ The findings suggest that it is not poverty or illiteracy which is the underlying cause for open defecation in India.

While some of the states in India have fared well in terms of use of sanitation infrastructure, some states with a relatively high population are yet to catch up. In 2011, states of Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh and Haryana were home to 40% of India's population and 45% of the households in India without a toilet or a latrine. Shockingly, people from these 5 states amounted for more than 30% of the worldwide population that practiced open defecation.¹⁰ The 2014 SQUAT report on sanitation in India presented a few more interesting insights. 78% of the of India's population who don't own a toilet cited cost as the main limiting factor that causes them to defecate in the open, however the latrines they described would have costed INR 21,000 on an average. This indicates that people who practice open defecation in India have an expensive concept of an acceptable latrine. The study also estimated that 66% of the population in these five states was still likely to practice open defecation if they received a toilet whose construction was fully supported by the Government. Among the five states, in UP and Bihar, 42.5% and 54.2% of the households that have a working latrine still defecated in the open. Overall, on an average in 2011, 80.7% of the population in UP and 83.1% of the population in Bihar practiced open defecation. 47% of the people who defecated in the open did so because it is pleasurable, comfortable, or convenient. 12% stated that it is because of culture or tradition while others regard open defecation as a part of a wholesome, healthy and virtuous life.¹¹



Source: Revealed Preference for Open Defecation, SQUAT Report, June 2014

⁹ Joint Monitoring Program on Water and Sanitation , UNICEF, WHO 2013

¹⁰ Revealed Preference for Open Defecation, SQUAT Report, June 2014

¹¹ Revealed Preference for Open Defecation, SQUAT Report, June 2014

Although India's sanitation crisis can be partly attributed to the absence of the required infrastructure, it is primarily the lack of awareness and orthodox behaviour restricts the demand for sanitation products. A number of campaigns and policies have been introduced in order to address the crisis across India including Government of India's flagship Swachh Bharat Mission.

On similar lines, in a bid to address this challenge, in August 2015, RB India in a bid to complement the Swachh Bharat Mission launched the Dettol Banega Swachh India Programme. The Programme is a one-of-its kind initiative that uses a holistic approach to drive behaviour change through the use of change leaders and customized Information, education, and Communication (IEC) tools. This report provides an assessment of the impact created by the Dettol Banega Swachh India Programme in the first year of its operation.

Dettol Banega Swachh India: About the Programme

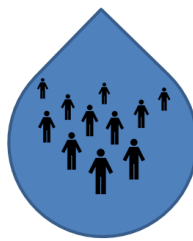
Open defecation and unhygienic sanitation has several health impacts such as diarrheal deaths among children of less than 5 years of age (India tops the rank), and other water borne disease such as cholera, typhoid and paratyphoid.¹² Although development of sanitation infrastructure is important for addressing these health issues, it is equally important to drive behavioural change in terms of using the existing infrastructure and creating awareness about the negative impacts of poor sanitation. In a bid to create the necessary awareness and behaviour change, RB India launched a 5-year Programme called the “Dettol Banega Swachh India (DBSI)” in 2014.

This Programme which seeks to drive behavioural change within rural communities is designed on four core pillars:

CORE PILLARS OF DETTOL BANEGA SWACHH INDIA



Drive Habit Change and Attitude towards Hand Hygiene



Ensure Mass Reach



Best-in-Class On-ground Execution



Expertise in Hygiene-related Products

The Programme is meticulously designed to drive behavioural change by using effective communication tools (*Swachata Chakra, baby book, wall paintings, nukkad natak etc*). All these tools are unique in their messaging and have been very effective. RB adopted a multi-fold approach to reach the masses. For an effective on-ground execution of the objectives, RB has collaborated with Jagran Peהל as being one of the key partners due to the latter’s outreach and understanding of the grassroots in Uttar Pradesh and Bihar. Jagran apart from bringing in the expertise of undertaking effective communication among the rural poor, also provides mass reach through its print media. On the other hand, RB’s experience and research in this field provides the expertise required in designing information, education and communications tools and consumables required to drive positive behavioural change with respect to hygiene and sanitation.

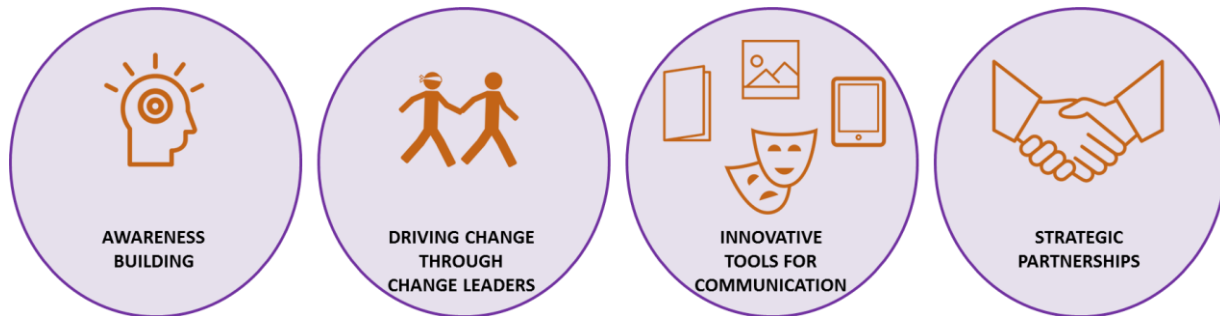
The two states rank the lowest in India with respect to open defecation.¹³ In the first year the Programme identified 200 villages with a cumulative population of around 5 lakh people in the two states with the objective of making them Open Defecation Free (ODF) by the year 2019. In the following years, the Programme intends to include more villages, thereby impacting more beneficiaries. The prime objective / focus of the Programme in Uttar Pradesh and Bihar to reach out and work closely with 500 PRI members,

¹² Statistics from the United Nations Children Emergency Fund

¹³ Revealed Preference for Open Defecation: Evidence from a new Survey in Rural India, SQUAT Working Paper

500 natural and faith based leaders, 500 ASHAs/AWWs and 12,000 mothers with children below the age of 5 directly to drive a positive behaviour towards sanitation practices and enable the villages covered to be ODF.

The Programme is unique in its approach to addressing the sanitation crisis in India and is the much needed alternative to infrastructure construction. What sets it apart is the methodology which follows four distinct yet effectively integrated activities.



- Firstly, the Programme emphasizes on the need for creating awareness rather than supporting toilet construction directly. Its operations are based on the fact that to improve sanitation in India it is important to inculcate the demand for sanitation products at the grassroots rather than just increase the supply of sanitation infrastructure.
- Secondly, the Programme has adopted a holistic approach to behaviour change. The method used is now commonly referred to as *Changing Mind-sets through Sanitation Change Leaders*. The Programme has strategically chosen four key change leader groups: Panchayati Raj Institution Members, Faith-Based Leaders, Frontline Workers (Accredited Social Health Activists, Anganwadi Workers and Auxiliary Midwives), and Mothers. This approach enables the consortium to ensure that on-ground execution is flawless while ensuring mass outreach.
- Thirdly, in order for efficient and prolonged habit formation, innovative education communication (IEC) tools have been designed. These tools have been tailored for the rural population and help trigger behaviour change. Tools that have been developed include a customizable book for mothers '*Baby Book*', an android based game '*Swachhta Chakra*' to engage Asha/Anganwadi workers, oath banners inspired from holy books of various religions, street plays – '*nukkad nataks*', wall paintings in villages, etc.
- Fourthly, in order to ensure efficiency and further strengthen on-ground implementation, RB India has explored strategic partnership models at different levels of implementation. Jagran Peהל is the core implementing partner for the Programme driving this change in UP and Bihar and works with on-ground implementation agencies - Progressive Foundation in Uttar Pradesh and Home Remedies Private Limited in Bihar.

RB – JAGRAN PEHEL PARTNERSHIP

Dainik Jagran is the most widely read daily in the world.¹⁴ It is also the most read newspaper in India with a readership of more than 5.59 crores, covering 11 states in India.¹⁵ Given the vintage of the newspaper and the wide coverage, the Jagran brand has garnered respect from a large population, including those from the absolute grassroots. With their head office in Uttar Pradesh and a large readership in Bihar, Dainik Jagran has a strong understanding of the demographics and consumer behaviour in both states making it a force ideal for the Dettol Banega Swachh India Programme. Consequently, RB India strategically collaborated with Jagran Pehel, the NGO arm of Dainik Jagran, for the implementation of this Programme.

The decision to partner with Jagran has provided the Programme the required media boost and on-field implementation experience. An important aspect of the Programme is not only to bring about behavioural change but to ensure that it is sustainable. This aspect can only be brought in by constant and rigorous knowledge dissemination and education. Jagran through its print media been ensuring that regular communication is undertaken on the Programme and the core message of ‘hygiene and sanitation’ through news articles. The news articles have been in various formats and include regular coverage of the Programme activities, coverage on ODF villages, issues faced by villagers, government schemes that support infrastructure development, and success stories, thus providing the much required information to create sustainable long-run behavioural change.

Programme Requirements		
Financial Support	✓	✗
Health and Hygiene Expertise	✓	✗
Brand Image	✓	✓
Rural Reach	✓	✓
Media Backing	✗	✓
On-field Behavior Change Expertise	✓	✓
Support of Government Bodies	✓	✓
Ability to Mobilize the Grassroots	✗	✓
Experts in rural consumer behavior in North India	✗	✓

As the name, Pehel (meaning “initiative”) suggests, the organization has been a keystone change agent for inclusive and sustainable social development. Since its establishment, Pehel has been actively involved in awareness generation aimed towards behavioural change and advocacy on social issues through innovative means of mass communication throughout the country. Pehel works across a diverse spectrum spanning sustainable livelihood, hygiene and sanitation, health, education and gender making it the perfect implementation partner for a massively scaled project catering to rural India.

Ever since the start of the Dettol Banega Swachh India Programme, Pehel has been the implementing partner mobilizing and driving behaviour change across the 200 villages. Thanks to their expertise in behaviour change, Pehel has been critical to developing the holistic strategy that the Programme uses. Since Dainik Jagran was established in 1942, it has been able to harness support from governmental and non-governmental bodies across districts in the two focus states. It is often the case in the rural areas that Programme beneficiaries are eager to attend Chaupals and community meetings when they hear the name Jagran associated with it. The process of on-





¹⁴ World Association of Newspapers


¹⁵ Indian Readership Survey

Change Leaders: *The Warriors*

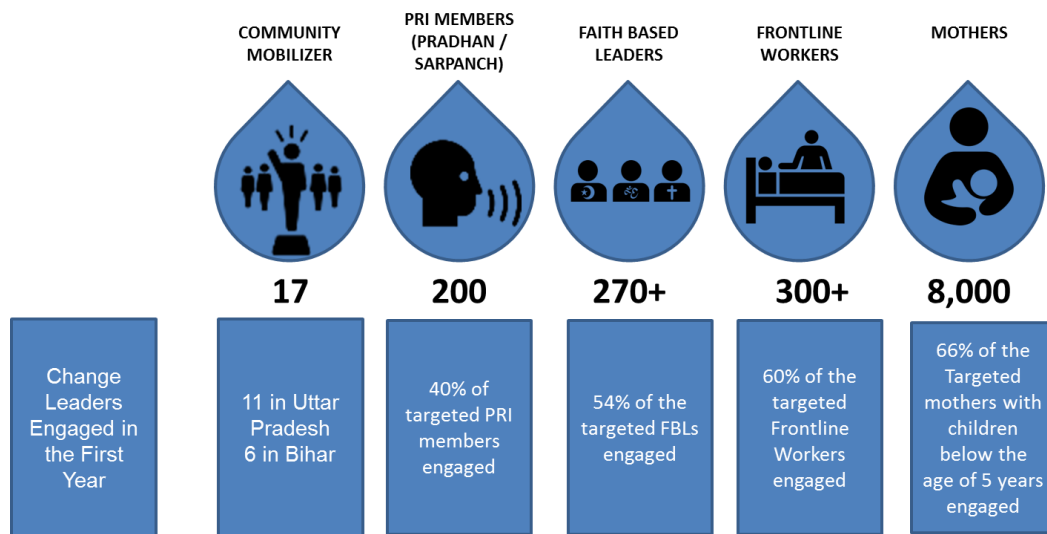
People at the grassroots have a faster tendency to change their habits when they are positively inspired by a third party. The process of change and awareness creation requires the support of leaders who have a stand in society and the power to persuade. Keeping this in mind, the Dettol Banega Swachh India Programme has identified a holistic range of change leaders. These change leaders are responsible for creating an enabling environment, persuading the rural community, and triggering a sense of pride among last-mile beneficiaries in order to help villages achieve an Open Defecation Free (ODF) status. The four categories of change leaders selected in the Programme include Panchayati Raj Institution members, Faith Based Leaders, Front-line workers and Mothers.

Each leader has the capability to create large-scale influence and have hence been strategically chosen. In addition, the Programme uses a fifth set of leaders, the community mobilizers. These mobilizers have a tailored mandate which requires them to facilitate and support other change leaders while also creating awareness at the grassroots. It is the unique skillset of each category of change leaders, which allows them to make a difference and advocate behaviour change.

	Change Leader	Strengths	Support Received from RB India and Jagran Pehel
	Community Mobilizer	<ul style="list-style-type: none"> • Credibility because of Association with RB India and Jagran Pehel; • Strong communication skills; • Ability to become a part of the community. 	<ul style="list-style-type: none"> • Training to organize chaupals and community discussions; • Training in sanitation and government programmes; • Provided tablets to ensure faster communication and the use of audio-visual tools.
	Panchayati Raj Institution Members	<ul style="list-style-type: none"> • Can liaison with Government authorities; • Elected representative with the power to motivate; • Can support infrastructure development. 	<ul style="list-style-type: none"> • Training on ODF certification process; • Support on claiming toilet construction subsidies; • Strategy creation for ODF certification.
	Faith-Based Leaders	<ul style="list-style-type: none"> • Can reach orthodox and traditional beneficiaries; • Strong influencing power; • Ability to motivate both genders. 	<ul style="list-style-type: none"> • Training on diseases related to sanitation; • Training on connecting good sanitation practices to religious books.
	Frontline Health Workers (ASHA's, Angadwadi worker's, and Auxiliary Midwives)	<ul style="list-style-type: none"> • Already have knowledge about the correlation between sanitation and health; • Strong influencing power; • Potential to connect with women and mothers. 	<ul style="list-style-type: none"> • Specialized course on the impact of poor sanitation on health; • Training on knowledge dissemination with respect to hygienic sanitation; • Tablets to ASHA workers for the use of audio-visual IEC tools.

	Mothers	<ul style="list-style-type: none"> • Can educate the entire family; • Can drive good hygiene at the household level; • Can emphasize on the issues related to safety and security with respect to Open Defecation. 	<ul style="list-style-type: none"> • Dissemination of knowledge with respect to good sanitation; • Guidance on taking care of children till the age of 5; • IEC tool on handwashing, vaccination and emergency health line numbers.
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Before the start of the Programme, RB and Jagran Pehel had the target of reaching out to engage almost 500 PRI members, 500 natural and faith based leaders, 500 ASHAs/AWWs and 12,000 mothers with children below the age of 5 years directly. Given these targets, the numbers at the end of the first year seem very encouraging.



Community Mobilizer:

The community mobilizer is responsible for the day-to-day functioning of the Dettol Banega Swachh India Programme. Each mobilizer is assigned a fixed number of villages and is responsible for improving sanitation in the village and driving it toward ODF status. The mobilizers are selected through a rigorous screening process. Post-selection, they undergo training which is facilitated by RB India and Pehel. The training teaches the mobilizer on a diverse range of subjects such as efficient communication strategies, ODF certification process and Government policies and programs with respect to sanitation. They are also taught about organizing chaupals and community discussions in a manner which is



Community mobilizer with Programme beneficiaries in Kurban, Bhagalpur

likely to appeal to the rural population. In addition, the community mobilizers are given tablets which enables to communicate efficiently with Jagran Pehel and its partner implementing agencies. The tablets allow the community mobilizers to use audio-visual tools during their village visits to efficiently disseminate information. Currently, the Programme has 17 community mobilizers, 11 in Uttar Pradesh and 6 in Bihar. The mobilizers are sent targets on their tablets and they are responsible for providing updates on a daily basis.



3.2

*Average number of visits
by a community mobilizer
in a village in a month*



89%

*Of Change Leaders
recognized the contribution
of Community Mobilizers as
a behavioral change agent*



73%

*PRI Beneficiaries termed
the Choupals conducted
under DBSI to be very
effective*

Source: Intellectap Impact Assessment Analysis

The mobilizers are also responsible for ensuring that the other change leaders in the Programme receive whatever support is required from RB India and Jagran Pehel. They are also the stakeholders that ensure that that the various IEC tools used in the Programme are well disseminated and the Programme beneficiaries can access them with ease. Consequently, the Focus Group Discussions conducted during the impact assessments suggested that the community mobilizer is the most important change-making agent in the Programme.

SWACHHATA DOOT

Mohammad Nasir Hussain, Community Mobilizer, Kannauj



Nasir (Left) with the Pradhan of Mitrasenpur an ODF village in Kannauj



One of the Streets inside Mitrasenpur

The smooth day-to-day functioning of the Dettol Banega Swachh India Programme is highly dependent on the 17 community mobilizers that work across Uttar Pradesh and Bihar. The mobilizers are driven by passion and some have managed to be so good in their work that they are treated as a part of the family in every household of the villages assigned to them. Nasir is one such individual who almost everyone in Kannauj knows. He has been responsible for making 3 villages in Kannauj ODF in a very short span of time and is one of the most important change makers in the Dettol Banega Swachh India Programme.

Nasir was born and brought up in Kanpur and continues to reside there. Prior to joining the Dettol Banega Swachh India Programme, Nasir worked as a freelance journalist for Asian News International. Although, he had the choice to cover a wide range of topics, Nasir diligently wrote about social issues in order to bring the troubles of the masses to the public and generate awareness. His dedication towards this cause has earned him many well-wishers in Kannauj who respect the change Nasir is trying to bring. Once while writing a piece for Dainik Jagran, Nasir heard about the Dettol Banega Swachh India programme, and volunteered to work for the cause of the Programme. He saw an opportunity to create social change and continue to bring stories about people from rural India to a wider audience. Currently,

Nasir is the community mobilizer for 9 villages in Kannauj, of which 3 have received ODF certification. Taramau Gadi, one of the leading villages in the Dettol Banega Swachh India Programme, was mobilized by Nasir.

Initially when he joined the programme, Nasir found that the biggest challenge was to create a sense of

ownership for toilet construction amongst the rural population. People would push for the Government to create toilets for them, and would never invest their own funds. Changing this mind-set is the biggest challenge, and Nasir tried many different methods to identify the most effective approach. He realized that the concept of safety and security for women through toilet construction does not appeal to people, as much the fear of diseases did. Nasir then started visiting households individually, creating connections with the household members, and educating them about the various diseases that unhygienic sanitation causes. He would often refer to anecdotes of families where a member succumbed to diseases such as diarrhoea or malaria.

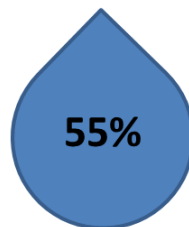
On an average day, Nasir reaches the field by 10 a.m. He makes it a point to contact all the Pradhans of the villages he handles in order to maintain a healthy relationship. He believes that the Pradhan is the strongest change agent in the Programme and only with their support can ODF certification be achieved. Besides conducting the mandated tasks in the Programme, Nasir, also often engages with the monitoring committee from the CLTS programs in order to give them whatever support they require. When asked if he has some advice for fellow mobilizers, Nasir suggests that it is equally important to monitor ODF villages in comparison to other villages, and the process of monitoring has to be consistent. People often have a tendency to slip back to their old habits. In the future, Nasir plans to continue being engaged with the Programme in order to drive social change while also bringing the stories and pains from rural India to the masses through his writing.

Panchayati Raj Institution Members:

The process of change is faster if it supported by someone who holds power or has some authority which is vested by the Government. This was the rationale for selecting PRI members as key change leaders in the Dettol Banega Swachh India Programme. In addition to their ability to influence people, having the support of PRI members allows the community mobilizers to access households, organize chaupals, and deliver the message of change.



Tennese, Pradhan of Taramau Gadi, an ODF Village in Kannauj



Beneficiaries admitted that they received support from PRI Members

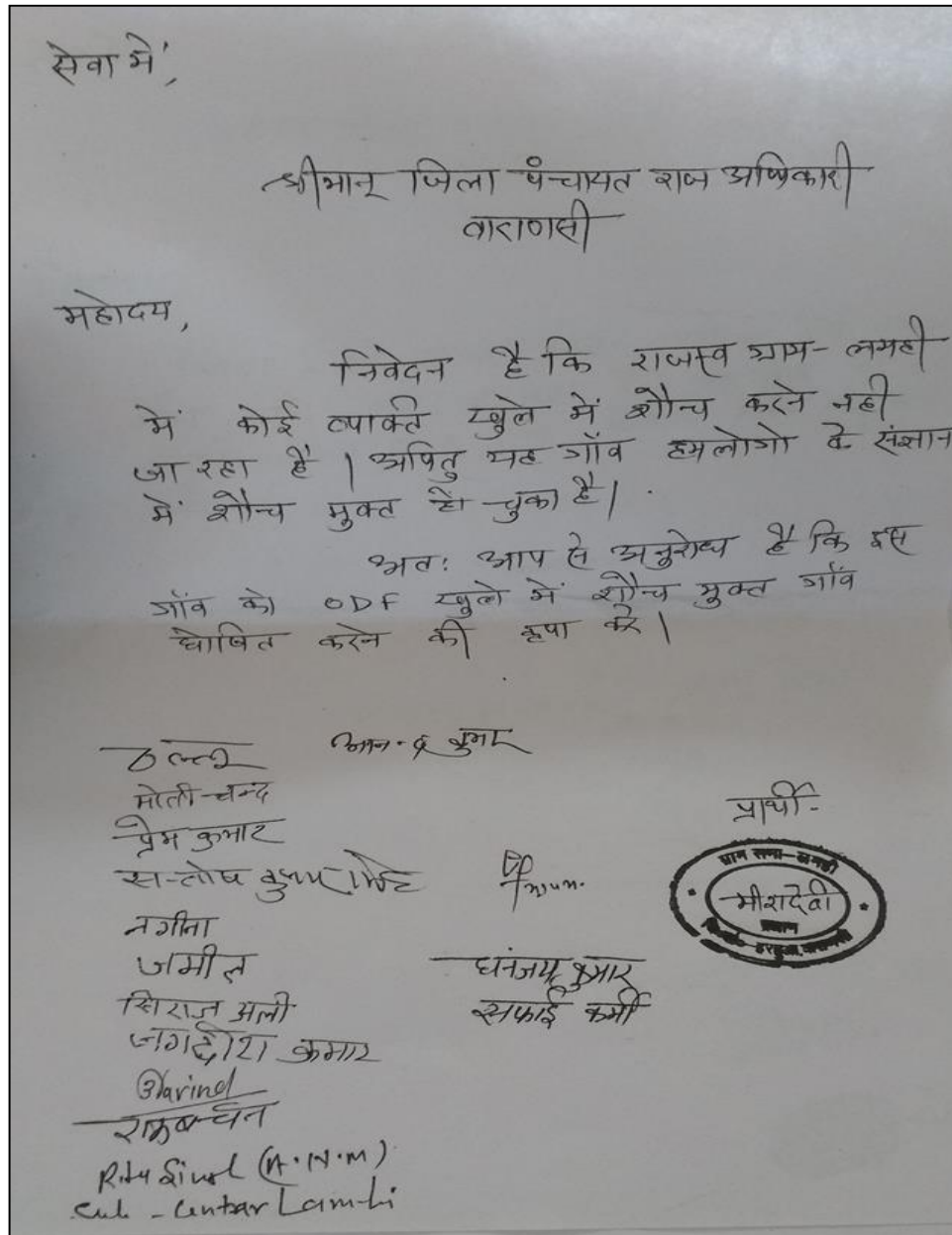


The toilets of the Panchayati Bhawan in Sayyedpur Shekhri, Kannauj

In fact, it is only the PRI members who can help infrastructure construction such as building toilets. For examples, more than 90% of the Programme beneficiaries in two open defecation free villages, Mitrasenpur and Tarmau Gadi, of Kannauj attributed the ODF certification to the respective village pradhans.¹⁶ In both these villages, the PRI members have used their own money to support BPL families with the initial capital required to construct toilets. In some villages such as Sayyedpur Sekhri, the Pradhan opens up the toilets in the Panchayat Bhawan early in the morning to prevent open defecation.

¹⁶ Intellectap Impact Assessment Analysis

Community mobilizers also work with the PRI members of each village to help them frame the ODF resolution that is forwarded to the respective Government Authorities. During Intellectap's field visits, Pradhans from three villages in Varanasi drafted the ODF resolution with support from the community mobilizers.



An ODF Resolution Prepared by the Pradhan of Lamhi, Varanasi

Faith-Based Leaders:

Faith-based leaders are some of the most respected people in the Indian community which makes them extremely powerful change agents. The idea to use FBLs in the Programme was inspired by the increasing use of religious leaders to promote the acceptance of vaccinations. In order to effectively reach target populations, public health promotion efforts across the globe have tried to engage faith-based organizations and leaders.¹⁷ The use of FBLs has seen most success with respect to the penetration of polio vaccines especially in Africa.



The FBL of Mitrasenpur, an ODF village in Kannauj

On similar lines, the Dettol Banega Swachh India Programme is using the support of FBLs to educate the masses about the health hazards of poor sanitation and open defecation. These leaders are chosen from within the target villages without any bias with respect to their religion. Once chosen, the leaders attend an orientation which is organized by RB India and Jagran Peהל. This orientation teaches the FBLs to connect good sanitation practices with the different religious books, hence training them to efficiently disseminate information among their followers. 100% of the FBLs interviewed in the impact assessment thought that the orientation was a perfect refresher course to their knowledge in sanitation and helped them understand how to effectively communicate with their followers¹⁸. Post-orientation, FBLs start including a few pointers on the importance of maintaining hygiene and sanitation in each meeting they have with their followers. In addition, the community mobilizers interact with the FBLs on a weekly basis to understand if they need any additional support for the cause of the Programme. The Programme now has support from more than 270 FBLs in the 200 targeted villages.¹⁹

¹⁷ Health programs in faith-based organizations: are they effective?, Am J Public Health, 2004

¹⁸ Intellectap Impact Assessment Analysis

¹⁹ Intellectap Impact Assessment Analysis

**SWACHHATA
DOOT**

Faith Based Leader, Alampur

In a country where there are more than 330 million Gods, a leader who can connect religious teachings to sanitation has tremendous power to inspire and create change. Consequently, Jagran Pahel and RB India chose faith-based leaders as key behavioural change agents in the Dettol BSI campaign. Their ability to mobilize the local community is phenomenal and this has been seen in the last one year in Alampur, Etawah District, Uttar Pradesh.



Shri Ram in his house in Alampur

In rural India, orthodox thought processes and ignorance, often lead to a patriarchal society, and such was the case with Alampur. In August 2015, 100% of the village's population resorted to open defecation.²⁰ When the Dettol Banega Swachh India campaign started work in Alampur, the community mobilizers struggled to improve awareness as the entire population was content with the

status quo. There was absolutely no willingness to understand and accept the importance of using toilets. A key activity that the community mobilizer engages in order to build awareness is to conduct chaupals. However, in Alampur, women were restricted from attending these chaupals and the men would disregard the knowledge that the mobilizer disseminated. Things however changed after Jagran Pahel in association with Progressive Foundation and RB India conducted the orientation session of faith based leaders in Etawah. Shri Ram was chosen to be the Faith Based Leader for Alampur.

Ever since, Shri Ram joined the cause of the campaign, community mobilizers have seen their chaupals being attended by both women and men. The attendees spare time for these chaupals based on the instructions of Shri Ram, who himself speaks about the importance of good sanitation in everyday life. He says that he was always aware of the benefits of good sanitation; however the orientation helped him recall important aspects related to preaching good sanitation. Shri Ram, now in his speeches, connects the importance of sanitation to Indian Gods and Goddesses, motivating people to adopt a hygienic life.

²⁰ Intellicap Impact Assessment Analysis

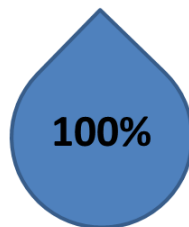
He states that, people, even in rural India, want money in life, and hence, he questions, “Why will Lakshmi think about coming to a village or a house which is dirty?” Shri Ram is also well adept in teachings of other religions and consequently, his ability to communicate with followers is tremendous. In addition, to being a key part of every chaupal conducted in Alampur, Shri Ram has been so much motivated by the Dettol BSI campaign, that he has offered individuals money from his own pocket to construct toilets. Over the last year, open defecation in Alampur has reduced by 28%, and Shri Ram has been a key force driving this change.²¹

Frontline Health Workers (Accredited Social Health Activists, Anganwadi Workers, and Auxiliary Midwives)

In rural India, where access to quality healthcare infrastructure is often limited, it is the frontline health workers that provide the last-mile delivery of critical health services. These workers mostly work directly with women and children and hence are critical change leaders in the Dettol Banega Swachh India Programme.



An ASHA worker using the Swachhta Chakra for awareness Building



Mothers and ASHA workers reported a fall in water-borne diseases since the start of the project



Jagran Pehel in Discussion with an ASHA

Once selected, frontline workers attend a training which is organized in all districts in which the Programme operates. In addition, frontline health workers receive operational support from the community mobilizer as and when required. Among the frontline health workers, ASHAs are trained in using and equipped with a tablet with preloaded apps. One of the apps on the tablet is an android-based game called Swachhta Chakra which communicates the message of proper sanitation through an interactive question-answer platform. ASHAs use this game to engage with women groups and drive behavioural change. In addition to the Swachhta Chakra game, Frontline Health Workers are mandated to distribute a tool called the Baby Book to mothers with children below the age of 5. The book has been designed by RB India and propagates the message of the importance of handwashing prior to and after day-to-day activities. Both these tools are discussed in detail in the next chapter.

²¹ Intellectap Impact Assessment Analysis

SWACHHATA DOOT

Kumari Lata, Asha Facilitator

When access to quality healthcare was a matter of grave concern in rural India, the National Rural Health mission in 2005 planned to create a set of women, picked from local communities, and train them as



Kumari Lata (extreme right) in a VHN day in Baigani, Bhagalpur

health educators and promoters. These special women on which tremendous responsibility was entrusted are referred to as the Accredited Social Health Activists or ASHA. In Hindi, the word ASHA means hope, and very rightfully, ASHA workers are the hope and go-to-person for thousands of rural households in India. ASHAs are driven by passion and often require support and handholding to better

plan their activities and increase outreach. This is where the ASHA facilitator steps in and makes a difference. Given the magnitude of their responsibility, ASHA facilitators have incredible power and some facilitators are using this to change the way the villages in which they work perceive sanitation. One such facilitator is Kumari Lata.

Kumari Lata was employed as an ASHA facilitator in August 2015, almost the same time when the Dettol Banega Swachh India Programme started in Bihar. She learned about health and hygiene in the Government's orientation program but post orientation she mostly concerned herself with assisting ASHAs deal with their mandated work only. Once the Dettol Banega Swachh India Programme was in full swing, Kumari Lata had a detailed discussion with one of the community mobilizers who educated her about the campaign's objectives. She, moreover, attended the training that RB India and Jagran Pahel had conducted and to her it was an eye-opener. Being from a village where sanitation related health problems had always been very high, she could relate to the campaign and very enthusiastically committed to teaching about sanitation. Ever since, Kumari Lata has been using her network of ASHA's to spread the campaign's message. There have been multiple instances where Kumari has personally communicated with various PRI members to raise initial investment required to construct toilets for the Below Poverty Line population. Once constructed, she through her network of ASHA workers has

monitored the subsidy claim process.

Kumari Lata now facilitates the activities of 24 ASHA workers across 21 villages in Jagdishpur block of Bhagalpur, Bihar with a combined population of more than 20,000 people. Many of these villages are on the verge of passing their ODF resolution. Kumari Lata is seen in every Village Health Nutrition Day meeting where she ensures that all new mothers are given the baby book with the infant's footprints and photographs. She believes that the Baby Book has a tremendous impact on the behaviour of mothers and having the imprints helps establish an emotional connection that lasts forever. She believes that, "People change fastest, when they see others around them change. No-one wants to be left behind." Consequently, to leapfrog the cause of the campaign, she is currently planning to identify success stories from her villages and use them as examples in village health and nutrition day meetings to drive behavioural change and create an ODF Jagdishpur.

Mothers:

When men in focus group discussion were asked about where they learn about good sanitation practices from, most would either accredit the community mobilizer or the women in their house. Mothers play a very critical role in nurturing families and ensuring everyone's wellbeing, which makes them a critical force in the behavioural change process through the Dettol Banega Swachh India Programme. It is the responsibility of the community mobilizers and the frontline health workers to educate mothers about good sanitation.



Mothers in a community meeting organized by Jagran pehel

After this knowledge dissemination occurs, mothers take their learnings back to their households and educate every single member. Mothers are addressed in gatherings such as chaupals or Village Health Nutrition Day meetings, while community mobilizers also attempt to interact with them during their door-to-door visits. The Programme has seen a number of examples where mothers have been the driving force behind the construction of a toilet in their household and hence, are rightfully chosen change leaders in the Programme.

SWACHHATA DOOT

Geeta Devi, Taramau Gadi, Kannauj

Taramau Gadi is an ODF declared village in Kannauj. Although, a lot of credit for this feat goes to the Pradhan, the Faith Based Leader, the Community Mobilizer, and the Monitoring Committee, some individuals in the village also set an example that inspired behaviour change among the masses. Geeta Devi is one such individual who single handedly broke a key stigma associated with constructing toilets in rural India.



Geeta Devi and the Toilet she Constructed

There are two trends which are still observed with respect to sanitation in rural India. Firstly, the culture of open defecation still exists. Secondly, for those who construct toilets, a common perception is to undertake the construction outside their household or even as far as where their compound ends. Such was also the case in Taramau Gadi a year back in August 2015, when most people who had toilets, constructed them as far as they could from their household. Geeta Devi not only broke this norm by constructing a toilet within her household; she constructed it inside the kitchen area and moved the brick-stove outside.

The motivation for constructing a toilet had grown stronger as Geeta Devi's daughters were growing up. She was utmost concerned about their safety and security issues with respect to open defecation. The absence of space in her house however was a restricting factor. She with support from her husband daringly, decided to replace the kitchen in their house with a toilet. They moved the brick-stove from the kitchen just outside the toilet in the walkway. Due to the close proximity of the kitchen to the toilet, Geeta Devi ensures that the toilet is absolutely clean. Her children often sit on the three stairs that lead to the toilet while eating food. Geeta Devi believes that a toilet is a very important component of a household's wealth, and people should be proud of owning one.

The Dettol Banega Swachh India Programme also made her aware about the benefits of maintaining high hygiene levels and the government support in constructing toilets. She says that prior to the Programme, women and children had to face several issues related to safety and security and being a mother, she feels that it is extremely important to increase awareness with respect to sanitation. She has been diligently communicating with people in her village and even nearby villages and has inspired many households to construct toilets. As an individual, she can be considered as one of the keystone factors that has helped identify Taramau Gadi as a paragon village for others desiring to achieve ODF status. Geeta Devi's feat is now very well-known and she been recognized by global organizations. Even adults in neighbouring villages know her by name and she is often considered the pride of Taramau Gadi.

A common perception among villagers is to construct a toilet outside their household or even as far as where their compound ends.

Information Education & Communication (IEC) Tools: *The Armoury*

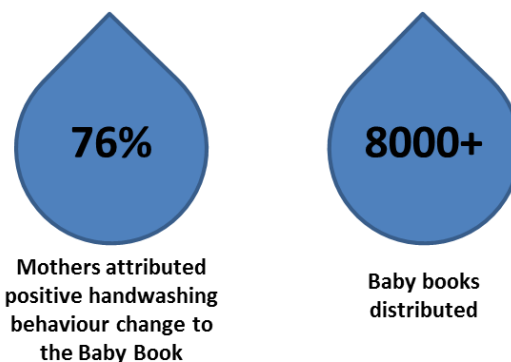
Information Education Communication (IEC) refers to a public-health approach aiming at changing or reinforcing health-related behaviours in a target audience, concerning a specific problem and within a pre-defined period of time, through communication methods and principles.²² The use of IEC tools tailored to the socio-economic characteristics of the Programme beneficiaries has helped leapfrog the impact of the Dettol Banega Swachh India Programme. The first year of the Programme saw the use of four IEC tools: a Baby Book, an android-based game Swacchta Chakra, Wall Paintings and Street Plays. All these tools have been designed by RB India and Jagran Pehel and are targeted to assist change leaders in improving sanitation in their villages. The Baby Book targets mothers and enablers them to understand the importance of handwashing while the Swacchta Chakra is designed to help Frontline Health Workers educate beneficiaries about the hazards associated with open defecation and poor hygiene. The consortium is planning to introduce a new set of tools in the coming year such as a manual for PRI members that will entail information and guidelines on the various Government Programmes in the sanitation space and procedures to file for ODF certification.

Baby Book:

In a bid to cultivate critical handwashing behaviour, RB India and Jagran Pehel introduced a Baby Book in the Programme. The Baby Book is an informative tool that is distributed among mothers and women in the Village Health and Nutrition Day meetings. The book seeks to help mothers understand the importance of hygiene and sanitation at various stages of motherhood: from pregnancy to when the child turns 5. In addition, it also entails an immunization/vaccination schedule to be followed for the baby along with helpline numbers to enquire about specific health related issues. A keystone aspect of the Baby Book is that it allows parents to have the hand and foot imprints of the babies along with photographs. Frontline Workers or Community Mobilizers assist the parents in getting the imprints and the photographs on the book. The rationale behind this strategy is to create an emotional connection between the mother and the Book. This ensures that the book is not misplaced and continues to drive change in the household.



The cover page of the Baby Book



²² World Health organization



A mother with the Baby Book in Mohamadpur, Bihar

Swachhta Chakra

Illiteracy in rural India continues to be a key factor that limits the impact of traditional channels of communication such as print media. To overcome this challenge and take advantage of the rapid digitalization that India is undergoing, RB India and Jagran Pehel have designed an Android-based interactive game referred to as the Swachhta Chakra. The game which has a scoring system uses a question and answer format to educate villages about hygiene and sanitation. Currently, the community mobilizers and the ASHA workers use the game as a behaviour change tool either in households or Village Health and Nutrition Days (VHNDs) or through household to household visits. RB India however plans to launch the game as an open-source app in the near future. The game has been designed in such a way that it creates interest of the audience through a pre-game test which assesses the level of knowledge of the participants. Post the test, as the player progresses in the game, the questions get harder and evaluate more holistic aspects of sanitation. Currently the game has three levels:

- Level 1 includes information on personal hygiene and practices to be followed to keep the household and surroundings clean;
- Level 2 includes information on practices to be followed to make a village open defecation free;
- Level 3 includes information on environment and hygiene and practices to be followed to keep a clean environment.

Beneficiaries who participated in the Focus Group Discussions reported the game to be an entertaining alternative for knowledge dissemination. Although the target audience of the game is Mothers, even children have benefitted a lot from the game.



Women who thought that the Swachhta Chakra increased awareness about good sanitation practices and the hazards of OD

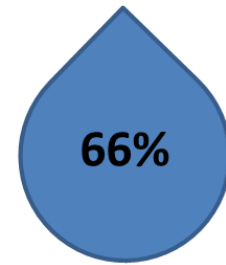
An ASHA trying out the Swachhta Chakra

Wall Paintings

Once a change leader teaches beneficiaries about a good sanitation habit, to ensure that the habit is cultivated, it is necessary for the idea to be reinforced from time to time. Wall paintings have a tremendous potential to reinforce ideas in a short duration of time while people continue to work on their day-to-day activities. Under the Dettol Banega Swachh India Programme, 1,20,724 square feet of wall has been painted in



Wall Paintings in Parsua, Etawah



Program beneficiaries that felt that the wall painting reinforced what change leaders had taught them about sanitation.

UP and Bihar with messages related to good hygiene and sanitation. There are at least 3 wall paintings in each of the targeted villages and they have been strategically placed so that people can view them while commuting for their daily chores. Another advantage of the wall painting is that it does not target a particular group of stakeholder but in fact triggers thought in anyone who sees them. 66% of the Programme beneficiaries who had seen the wall paintings claimed that they reinforced learnings relevant to good hygiene and sanitation.

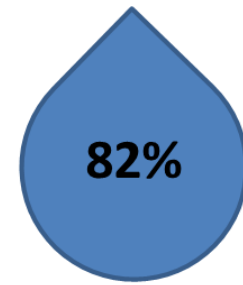
Nukkad Nataks

Another tool that RB India and Jagran Peהל has been intensively using to drive awareness is the street play or *nukkad natak*. The consortium has already conducted street plays that target the problem of open defecation in 100 villages across Uttar Pradesh and Bihar. The plays are organized in such a way that they are interactive and appeal to the local crowd. The actors in the play do so by using local dialect and words which are commonly used among the audience. These street plays have seen large audiences from all age groups, both men and women. A few days before a street play is organized in a village, the community mobilizer informs the Programme beneficiaries from the village and nearby villages about the time and date of the street play. Most of the targeted beneficiaries found the street plays extremely entertaining while also being very informative. 82% of the Programme beneficiaries that attended the street plays report it to be extremely informative, while also having the potential to rapidly trigger behaviour change with respect to good hygiene and sanitation.²³

²³ Intellectap Impact Assessment Analysis



A Jagran Pehel Nukkad Natak in Progress



Program beneficiaries that felt that the nukkad natak triggered anti open defecation behavior

Complementing the Government's initiatives

The community-led total sanitation approach is a crucial strategy that the Government of India is using to trigger behaviour change with respect to sanitation and open defecation. In a few targeted villages of the Dettol Banega Swachh India Programme, the CLTS methodology was used hand-in-hand with the Change Leaders approach of the Dettol Banega Swachh India Programme. Both methodologies complemented each other leading to extremely high rates of success, than when the programs were used in silos. The CLTS approach, however, teaches a number of lessons with respect to triggering behaviour change.

The CLTS approach was first used in Bangladesh by Dr. Kamal Kar, a keystone person who had himself contributed to the development of the approach. Similar to the methodology used in the Dettol Banega Swachh India Programme, the CLTS approach is not intended to provide subsidies for toilet construction. Instead, it also focuses on behavioural change to motivate people to invest their own money in constructing toilets. The approach helps communities to understand and realize the negative effects of poor sanitation and empowers them to collectively find solutions to their sanitation situation. In the process, the community is sensitized of the consequences of poor sanitary practices, commits itself to finding own solutions, and finally is liberated from open defecation.²⁴

The CLTS approach to behavioural change can be divided into three phases: pre-triggering, triggering and post-triggering.

- In the pre-triggering stage, facilitators understand the depth of issues related to sanitation in the concerned village and also build a rapport with the community members. This phase should ideally take anytime between a day to a week, depending on how receptive the village seems;
- As the name suggests, the triggering phase is concerned with creating a sense of disgust among the community members with respect to open defecation and the state of sanitation in

²⁴ Community Led Total Sanitation in Rural Areas: An Approach That Works, Water and Sanitation Program, 2007

their village. This enables the villagers to realize that there is a real sanitation problem which has adverse health effects in their community.²⁵ Some of the methods used for triggering include the mapping of the village and OD areas to show the community who extensive the problem is, transect walks through OD areas, and showing how flies transmit faeces onto food and water;²⁶

- In the post-triggering phase, the CLTS facilitators motivate members of the community and volunteers to take a stand toward solving sanitation issues in their village. Ideally, a monitoring committee comprising of community members is set up which works to prevent OD. In poorer villages, the facilitators also share information on constructing low-cost toilets. Facilitators also conduct follow-up visits to provide assistance to the community and the monitoring committee.

Both the CLTS approach and the Dettol Banega Swachh India Programme can complement each other for rapid behavioural change. While the CLTS approach instantly triggers disgust, the Dettol Banega Swachh India Campaign can ensure stickiness of thoughts in order to ensure that people don't slip back to their old habits. Both approaches together can ensure that behaviour change is fast, consistent and permanent.

²⁵ CLTS Fire Ignited in DRC, Philip Vincent Otieno.

²⁶ Handbook on Community Led Total Sanitation, Kamal Kar and Robert Chambers, Plan

Support from common public: *The multiplier effect*



Taramau Gadi, Kannauj, Uttar Pradesh



A road in Taramau Gadi



Members of the Monitoring Committee with the FBL (Left)

The first question that the local doctor asked the Pradhan of Taramau Gadi when he ran into him after a long time was, “What have you done in your village? The number of patient visits from Taramau Gadi has reduced so much over the last year that it is affecting my livelihood.”

This very sentence demonstrates how community engagement under the guidance of efficient change leaders can help transform a village in short span of time. It is not only the leaders that made the difference but there are so many individual cases from the village that it has the potential to inspire change across rural India.

A year back in August 2015, although the village had 30% toilet coverage, around 74% of the population used to defecate in the open. In addition, only 68% of the population used soap for handwashing, while only 63% of the population was aware of the health hazards related to unhygienic sanitation.

Consequently, the Frontline Health Workers from the village reported a high incidence of diarrhoea and cholera. Now, a year later, the village has been declared Open Defecation Free, and 100% of the adult population uses soap for handwashing and are aware of the health hazards of unhygienic sanitation. The level of sanitation in the village is not only restricted to being open defecation free but the streets within the villages are also spotlessly clean. While speaking to the villagers, all confessed that a year earlier, it was impossible to even go out because of the level of hygiene. Now, people with larger families are creating more than one toilet in their household. In June to July 2016, more than 100 toilets have been constructed in Taramau Gadi.

A key element that drove the village to that status it currently enjoys is Tennese, the Pradhan of the village. Tennese, who is often referred to as the guiding light in ODF process, ensured that every poor person from the village gets the initial investment required to construct a toilet. He also helped them apply for Government subsidies once the toilets were constructed. Tennese himself is one of the leading members of the 30 member monitoring committee in the village. Since the committee was formed six months back, it has helped keep a check on open defecation and create awareness about sanitation. The members of the committees are all volunteers and include mothers, children, elders above 60 years, and even the village's faith based leader, Shahshank Tripathi. Even after the village was declared ODF, the monitoring committee is still active and continues to motivate people to stick to their new healthy sanitation habits.

Some of the individuals from the village have also set examples and inspired others to construct toilets. Neelu Saxena, who married a person from Taramau Gadi but refused to come to the in-law's house until they constructed a toilet. Her in-laws were building a house during that time and since they were low on capital, they stopped constructing the house and instead built a low-cost toilet. Every member from their house now uses the toilet. Similarly, Geeta Devi replaced the kitchen in her house with a toilet, since she had very limited space. She moved the brick-stove just outside, in the walkway leading to the toilet.

Taramau Gadi is now looked upon as an example by almost all villages striving for an ODF status in Uttar Pradesh. Tennese, the Pradhan, states that, "Being ODF is very important. We have seen our lives change after we attained the certification. The roads are cleaner, diseases are fewer, girls have started going to schools, and it is even easier for our farmers during harvest season. In short, everyone in the village is happier and I strictly encourage other villages to strive toward making their village ODF."



Wall Paintings in Taramau Gadi



The toilet constructed by Neelu Saxena's in-laws

SWACHHATA DOOT

Ghanshyam Prasad, Gosaipur, Varanasi

Behavioural change at the grassroots is an outcome of both increased knowledge and inspiration. While the four categories of change leaders in the Banega Swachh India campaign continue to take commendable efforts to improve awareness and knowledge, certain individuals have also stood out to set examples for the masses. One such individual is Mr. Ghanshyam Prasad from Gosaipur, Varanasi.



Ghanshyam Prasad

Ghanshyam Prasad was born in a poor family in Gosaipur in 1966. At a very young age of six, he suffered from measles and due to a lack of awareness and access to proper medical care; Ghanshyam lost his vision to the disease. He had a limited support system around and had to find different ways to earn a living. Since most of rural India was and is still engaged in agriculture and related activities, Ghanshyam found it difficult to procure long-term employment. The pension which the Indian Government provided to the visually impaired was his only source of income.

Being a small village, Gosaipur had its own problems, illiteracy topping the list. Till the early 2000s, the village did not have a single toilet.

There was an absolute lack of awareness and consequently an extremely high incidence of water and vector-borne diseases. Health clinics were often flooded with complaints of chronic diarrhoea and cholera and parents would not know the cause. In one of the primary health clinics near the village, Ghanshyam learned about ill effects of unhygienic sanitation, resulting from open defecation and improper disposal of waste. In a bid to make a difference and address the criticality of the situation, he saved money from his pension to construct the first toilet in Gosaipur in 2006. Since then, he has made it a point to educate people about the importance of good hygiene and the need for a toilet in every home. He has also advocated the construction of toilets in the Anganwadis in Gosaipur and neighbouring villages.

Since the Dettol Banega Swachh India campaign started in his village, Ghanshyam has volunteered to go from village to village with the community mobilizer and speak at the chaupals and other events organized to improve awareness with respect to sanitation. The community mobilizers consider him a strong force in the behaviour change process acknowledging that Ghanshyam has done what many mobilizers still struggle to do. The mobilizer's statement is validated as a number of families have constructed toilets after listening to Ghanshyam talk about the importance of good sanitation in order to lead a healthy life. "Even after being blind and not having a regular source of income, I constructed a toilet, why cannot you do so after receiving so much support?" Ghanshyam makes this very strong point while educating people about the various Government schemes with respect to toilet construction.

Even after being blind and not having a regular source of income, I constructed a toilet, why cannot you do so after receiving so much support?

-Ganshyam during one of the coupals conducted by Dettol BSI

SWACHHATA DOOT

Tanak Toti, Bhagalpur

In some of the poorer villages under the Dettol Banega Swachh India Programme, people often complain about the lack of money as the limiting factor that prevents them from constructing toilets. Some people have however, managed to construct simple working toilets despite living in absolutely poverty. Tanack Toti from Bhagalpur Bihar constructed a toilet for his family without receiving any support from the government or the PRI members in the village and how he did so is interesting and inspiring.



Tanak Toti




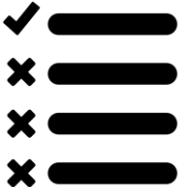


The Toilet that he made

Living with a family of ten people, Tanack claims that he often finds it difficult to get two square meals for his family members. He lives in an unfinished house with very limited space. In February 2016, he attended a Chaupal organized by the Dettol Banega Swachh India Programme and understood how unhygienic living can lead to a number of diseases which can lead to unprecedented expenses in the future. Moreover, as the population of his village was increasing, he felt insecure about the safety of the women in his house. As such, he wanted an alternative to prevent his family members from going outside for defecation. Tanack made several attempts to get financial support or even loans for constructing a toilet, but when he couldn't, he decided to make one himself.

Tanack says that since he did not have the money to pay up front for the toilet, he would often go to construction sites and ask people for a couple of bricks or some cement. He even claims to have picked up cement from abandoned construction sites and putting in his own labour to construct a pit latrine in his own household. Overall, he claims to have spent less than INR 2,000 on constructing the toilet and now advocates all his neighbours to do the same. Tanack says that although he lives in poverty, after having a toilet in his household, he now feels richer than a number of his well-to-do neighbours. He believes that the toilet has given him a sense of security and he is proud of the fact that he could construct it without receiving any form of financial support.

The way forward

The Dettol Banega Swachh India Programme has complemented the Swachh Bharat Mission and leapfrogged the process of achieving a cleaner India. In the first year of the Programme in Uttar Pradesh and Bihar, it has benefited almost 5 lakh people across 200 villages of which 12 have been declared open defecation free while at least 20 more villages have applied for ODF certification but are awaiting verification from the Government. The use of sanitation change leaders and IEC tools customized for different groups of beneficiaries has made the Programme very effective and unique. There are, however, a few initiatives that the Programme plans to include for increasing the impact of the Programme in the coming years:

Dettol Banega Swachh India Programme	
	<p>Partnerships with SHG-lending companies:</p> <p>Since most below poverty line families quote the lack of money as a restricting factor to toilet construction, the Dettol Banega Swachh India Programme plans seek to partner with self-help group lending companies. Such a partnership will ensure that the initial capital required for toilet construction is met.</p>
	<p>Monitoring and Measuring Outcomes</p> <p>In the first year, the Programme concentrated on creating awareness and identifying the best possible partners for this purpose. Going forward, more concentrated efforts will be put in for effective monitoring and measurement of outcomes.</p>
	<p>Partnership with Government</p> <p>In many ODF villages under the purview of the Programme, the Dettol Banega Swachh India Programme has worked hand-in-hand with the Government's initiatives under Swachh Bharat Mission. Possibilities of partnerships with Government in order to make the Programme more effective shall be explored.</p>
	<p>Addition of a new set of Sanitation Change Leaders:</p> <p>In order to create an entire ecosystem of change leaders, doctors and teachers may be included based on feasibility. Both these stakeholders have the potential to drive behavioural change, without having any training costs associated with them.</p>

The Dettol Banega Swachh India Programme has already started seeing favourable results in its first year of operations. As both RB India and Jagran Peהל learn more from the field about rural consumers, behavioural change and awareness creation, it is certain that the Programme will achieve the desired results and aid the Swachh Bharat Mission in successfully achieving an ODF and clean India by the year 2019.

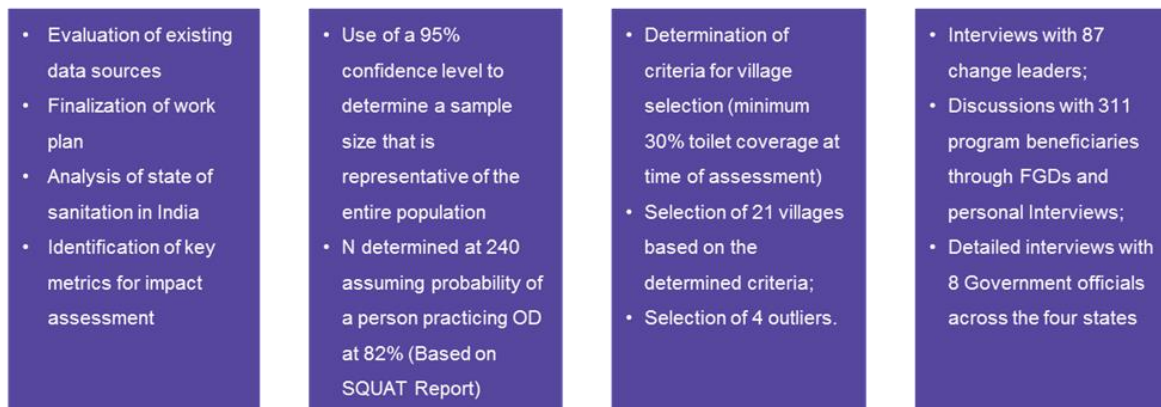
Annexure: Approach and Methodology

The Intellectap Team approached the impact assessment of the Dettol Banega Swachh India Programme through a four phase approach. The first phase reviewed existing data sources and Programme documents for a holistic understanding of the Dettol Banega Swachh India Programme. The understanding was used to determine the metrics used for impact assessment. This was followed by the determination of appropriate sample size based on a 95% confidence level and 82% probability of a villager from UP or Bihar choosing to defecate in the open (Based on SQUAT report, June 2014). Post determination of the sample size, Intellectap selected 25 villages for on-field assessment. Intellectap then conducted discussions with 311 Programme beneficiaries, 87 change leaders, and 8 Government officials for a detailed assessment of the impact created by the Programme.

Phases in Impact Assessment



Activities Undertaken in Each Phase



Villages Visited through the Impact Assessment

Bihar Villages visited:

Jagdishpur	Shahkund	Nathnagar
1. Kurban	1. Juakhar	1. Rampur Khurd
2. Salimpur	2. Shahkund	2. Purani Sarai
3. Baijani	3. Bariyarpur English	3. Mohamadpur
		4. Jamin Kita

Uttar Pradesh Villages visited:		
Etawah	Kannauj	Varanasi
1. Parsua	1. Sayyedpur Shekri	1. Bhataouli
2. Kakrahi	2. Taramau Gadi	2. Aayar
3. Alampur	3. Mitrasenpur	3. Lamhai
4. Larkhaur		4. Madhwa
5. Shahajahapur		5. Gosaiपुर

Change Leaders Interviewed	
Uttar Pradesh	Bihar
Panchayati Raj Institution Members: 10	Panchayati Raj Institution Members : 6
Faith Based Leaders: 7	Faith Based Leaders: 5
Frontline Health Workers: 25	Frontline Health Workers: 34
Government Officials Interviewed	
Uttar Pradesh	Bihar
District Coordination Officer, Etawah	District Development Commissioner, Bhagalpur
District Magistrate, Etawah,	Medical Officer in Charge, Nathnagar Block
Block Development Officer, Kannauj Block	Health Manager, Nathnagar Block
District Magistrate, Varanasi	
District Commissioner, Varanasi	

