



# CHANGING BEHAVIOUR

Empowering Communities  
Transforming Lives



Community Program  
Uttar Pradesh - Bihar - Maharashtra  
April – December 2018

YEAR  
3



HEALTH • HYGIENE • HOME





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## Foreword

With great pride and honour, we are pleased to release this report that charts the evolution of one strand of the Dettol Banega Swachh India campaign, which is the Changing Behaviour: Creating Sanitation Leaders programme. It transforms communities internally through engagement with key members to empower them as catalysts of change towards improvement of the health and hygiene status of their families and communities.

This DBSI strand effectively illustrates the key role played by Behaviour Change Communications in transforming the sanitation and hygiene ecosystem as well as the overall public health of the target regions. Motivated by RB's core ethos, "Purpose Led Business," this programme has sustainably ameliorated the quality of lives of the people, not only in the present, but also for the future.

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. This is a crucial step towards the achievement of the goals under the Swachh Bharat Mission and the development of a New, Clean and Healthier India.

Over the last three 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 delivering optimal value through the DBSI programme. The programme has garnered appreciation from the government's ministries, bureaucrats as well as the media.

For this reason, we would like to extend our heartfelt gratitude to all our partners for making the DBSI campaign a resounding success. Our fruitful collaboration is the foundation of our achievements. The core teams at RB and Jagran have put in immense energy and efforts, with the highest levels of commitment and sincerity, to translate into reality, the vision and objectives of the programme.

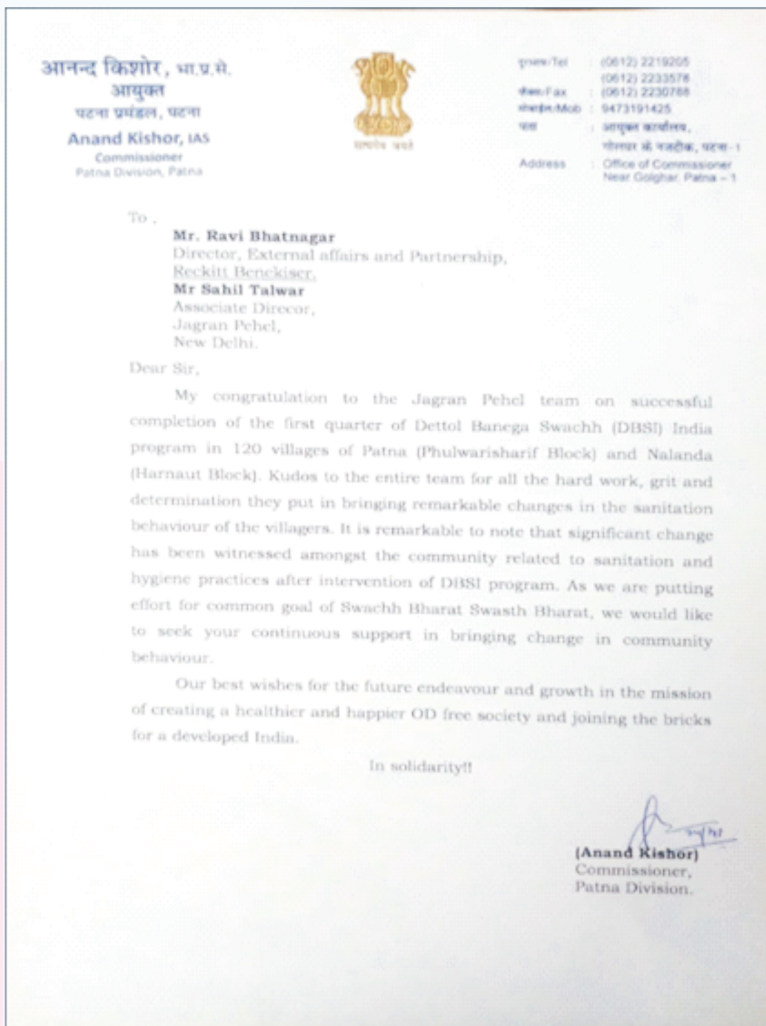
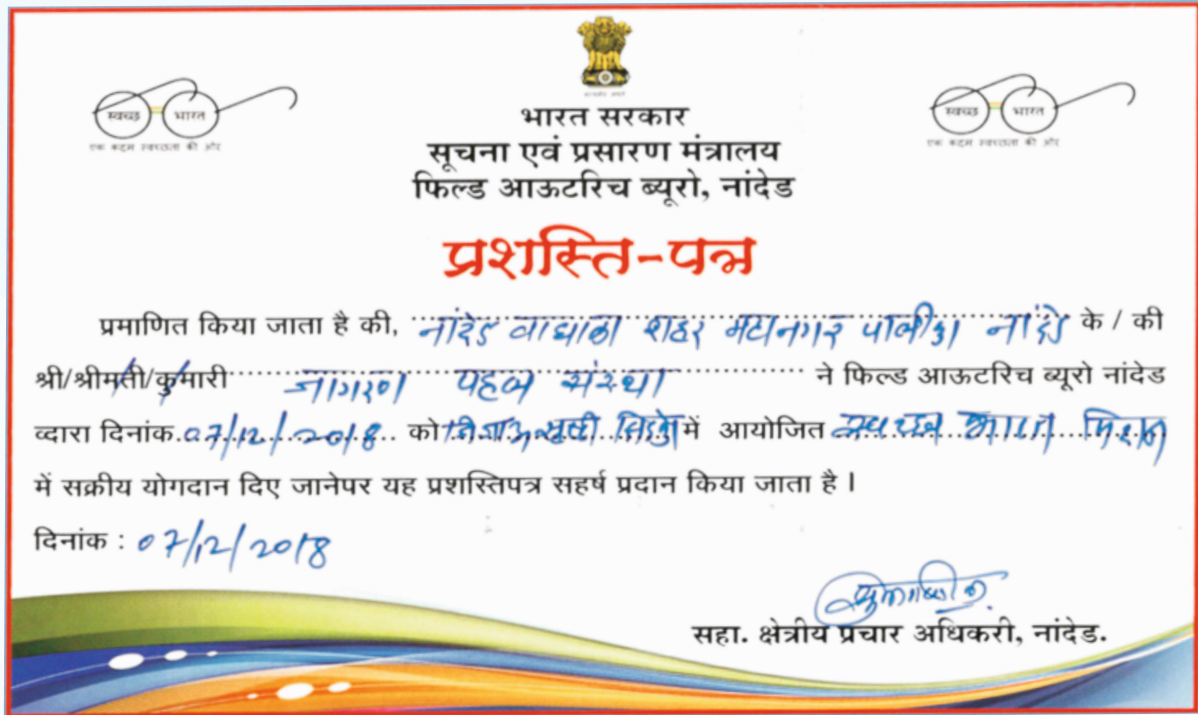
We will continue to sustain our progress in the final year of this multi-strand programme, by building upon the lessons and outcomes achieved so far, and hence, achieve our overall aim of enhancing the sanitation, hygiene and public health standards of 100 million people across India, by 2020.

We hope to infuse the spirit of DBSI into the larger sanitation and hygiene ecosystem, for other stakeholders to seek inspiration from, emulate as well as replicate the programme's successes across the country.

**Gaurav Jain**  
Senior VP – AMESA  
Reckitt Benckiser

**Sameer Gupta**  
Executive President  
Jagran Peהל

## Accolades



▲ 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**

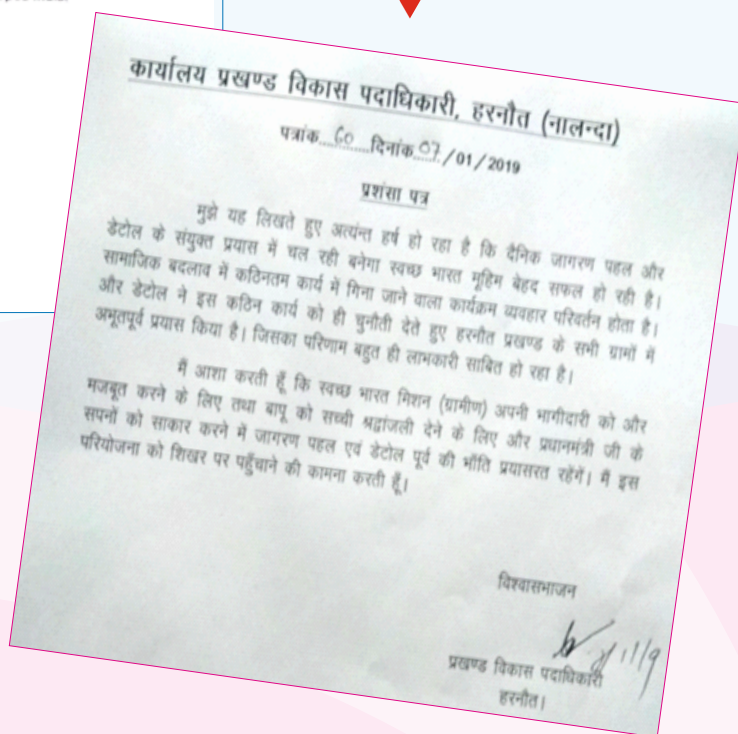


## Accolades



◀ 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

It seems just the other day when the “Creating Sanitation Change Leaders” programme was launched from its conviction that **“Behaviour Change”** is crucial to transforming India’s sanitation and hygiene challenge. The DBSI team joined hands with Jagran Peel – the CSR arm of the Jagran Group to launch a pilot of an innovative reiterative programme in 200 villages in the heartlands of Bihar and Uttar Pradesh, challenging generationally held beliefs and practices.

Young mothers, ASHA / Anganwadi workers, Faith Leaders and Panchayat members – these were our sanitation change leaders who were backed by reiterative behavior change tools, images and even apps that resonated well with the target audience. That was our strategy – training and putting faith in the communities themselves with proactive support from the DBSI team.

The rest, as the saying goes, is history. From that beginning, DBSI has become multi-stranded and each of the strands has expanded and evolved with time, as DBSI has grown into a wider programme that aims and contributes towards transforming the entire sanitation and health economy. However, the fundamental belief in the importance of behaviour change by empowering people remains cardinal to our efforts in transforming lives of millions of Indians across health, hygiene and sanitation.

This report charts the progress of the Creating Sanitation Change Leaders into phase 3 and lays out the impact it is having on a much wider geographic area as well as on the overall sanitation ecosystem and economy in India.

This being the first strand of DBSI – the success of which enabled us to improve lives of families and communities, remains a matter of pride for the core DBSI team including myself. The task was daunting yet the willingness of the communities to make changes for better lives, aided by the committed work of the entire DBSI team and the unwavering support and guidance from the RB and Jagran senior leadership made the journey not just successful, but truly worthy as a nation building exercise.

As slowly but surely dusk sets in the DBSI programme, I am truly grateful to my leadership at RB for having and keeping the faith in me, to lead this truly impactful journey of a remarkably ambitious programme. My sincere thanks and gratitude to all who have contributed to the DBSI journey.

**Ravi Bhatnagar**

*Director, External Relations & Partnerships – AMESA  
RB*

## Partners



## Executive Summary

The Swachh Bharat Mission has made substantial progress, since 2nd October 2015, in progressing towards universal sanitation coverage. However, the persistence of inadequate WASH standards and lack of sanitation and waste management infrastructure led to the launch of the Dettol Banega Swachh India campaign to shape and change the dominant cultural knowledge, beliefs, habits and practices of people, especially those belonging to the most marginalised sections of society, through awareness creation and deployment of behaviour change communication tools.

The underlying goal is to improve overall public health as well as alleviate the economic burden posed by the prevalence of death and diseases, caused due to poor health and hygiene outcomes. The goal of universal sanitation coverage is in direct and indirect consonance with Goal 6, amongst others, of the UN's Sustainable Development Goals. Behaviour change is critical for the successful and sustainable resolution of any long-term socio-economic development issue.

The DBSI campaign was collaboratively launched by Jagran Pehel and RB, with the aim of creating 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 are the most critical elements of DBSI. 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.

In Phase 3, the reach and efforts were reiterated in the regions targeted across Uttar Pradesh, Bihar and Maharashtra in Phases 1 and 2, as well as certain new areas. 1,81,524 households (HHs) were covered in Uttar Pradesh, 57,214 HHs in Bihar and 64,581 HHs in Maharashtra. The population reach was 11,13,905 in Uttar Pradesh, 3,18,847 in Bihar and 14,36,742 in Maharashtra.

The total population reach was 25,89,398 and 1,00,619 additional toilets were built. In Bihar, all 120 focused villages were declared ODF. The two focused blocks, Nalanda (Harnaut) and Patna (Phulwari), were declared ODF. In Uttar Pradesh, all 150 focused villages as well as 22 Wards in Lucknow were declared ODF.

*contd...*





Across 3 years of the project's implementation in Uttar Pradesh, Bihar and Maharashtra, a population of 51,77,722 was reached, with 2,27,364 toilets being built. In the final year of the DBSI campaign, RB and Jagran Peהל hope to sustain the progress and outcomes achieved so far, thereby, furthering the goals under the 2030 Agenda for Sustainable Development and the Swachh Bharat Mission.

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.

**These results affirm 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.**



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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. According to a baseline survey conducted by the Ministry of Drinking Water and Sanitation, the number of people defecating openly in rural areas has reduced from 55 crore in October 2014 to 25 crore in January 2018. So far, 599 districts and 5,46,096 villages across India have been declared as Open Defecation Free (ODF).

While India has made substantial progress in the last few years, vis-à-vis the resolution of the infrastructural and behavioural issues related to sanitation, the persistence of inadequate WASH standards and lack of sanitation and waste management infrastructure, due to lack of toilet usage, still hampers the overall economic productivity and health of the country. The dominance of flawed intergenerational knowledge and beliefs that encourages open defecation has been evidenced in the 2011 Census as well as the 2014 SQUAT Report.

Estimates by the WHO suggest that the Indian economy suffers an annual GDP loss of 6.5% (\$120 billion). From the health perspective, the transmission of waterborne diseases results in the deaths of more than a million children annually and stunting amongst 50% of children, across all strata of society. Transformation of the sanitation and hygiene ecosystem in India demands significant investments. However, these costs will be off-set by the benefits accrued in the form of improved health outcomes, increased employment and greater attendance in schools.

India is also committed to achieving the 2030 Agenda for Sustainable Development. Out of the 17 Sustainable Development Goals, Goal 6 entails **“water and sanitation: access to adequate and equitable sanitation and hygiene for all and end open defecation.”**



The achievement of Open Defecation Free (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).

The sustainable development of any country is impossible without corresponding transformations in individual and collective behaviour of the people as a society. Thus, changing behaviours is key to the achievement of the SDGs. Interventions in the form of policy enforcement, infrastructural support or technological innovations cannot fully succeed unless there is widespread change in the existing consumption patterns, habits, practices and behaviours of people. This hinges upon an in-depth understanding of the underlying complex interlinkages as well as collective rethinking of core values and societal/cultural norms. Sustainable change for improved outcomes should necessarily be driven within and by the communities.



## About the Programme

The Dettol Banega Swachh India (DBSI) is a comprehensive and cohesive multi-strand programme that aims to enhance the sanitation, hygiene and public health standards of 100 million people across India, by 2020. It pivots around facilitating changes in the behaviours, attitudes and habits of people towards sanitation and hygiene practices as well as improving public health outcomes. The underlying goal is 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.

The DBSI programme is 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 communities of the targeted villages and urban slums.

This programme was launched to enable and catalyse the Swachh Bharat Mission by creating a demand-led program for sanitation financing within a sustainable sanitation and hygiene ecosystem. Prime Minister Narendra Modi’s call for action from 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.

Vision: Eradicate the practice of open defecation and activate 30,000 change agents to promote best hygiene and sanitation practices by inculcating BCC practices and generate the demand to:



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**

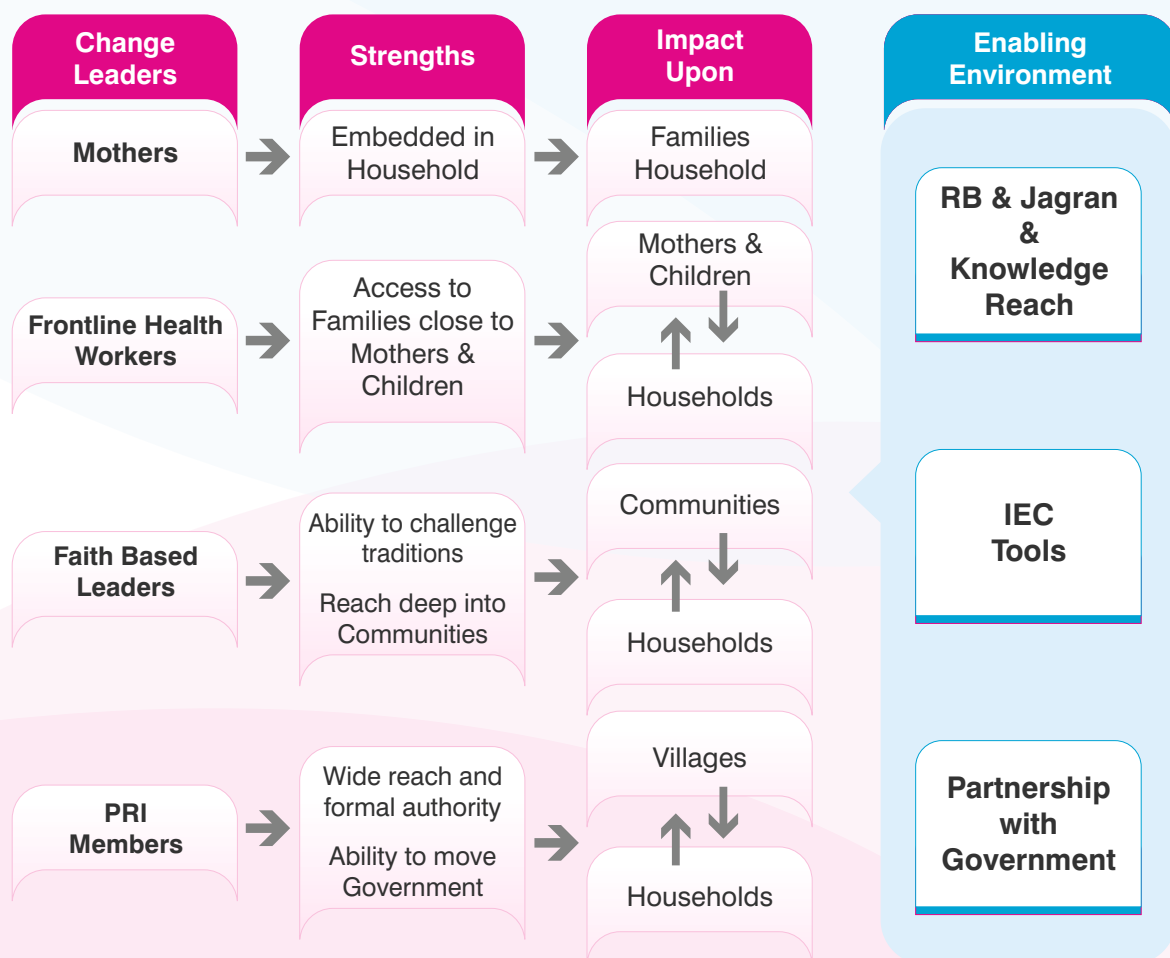


## Pillars of the Programme

Under this strand, DBSI empowers and entrusts trusted 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.

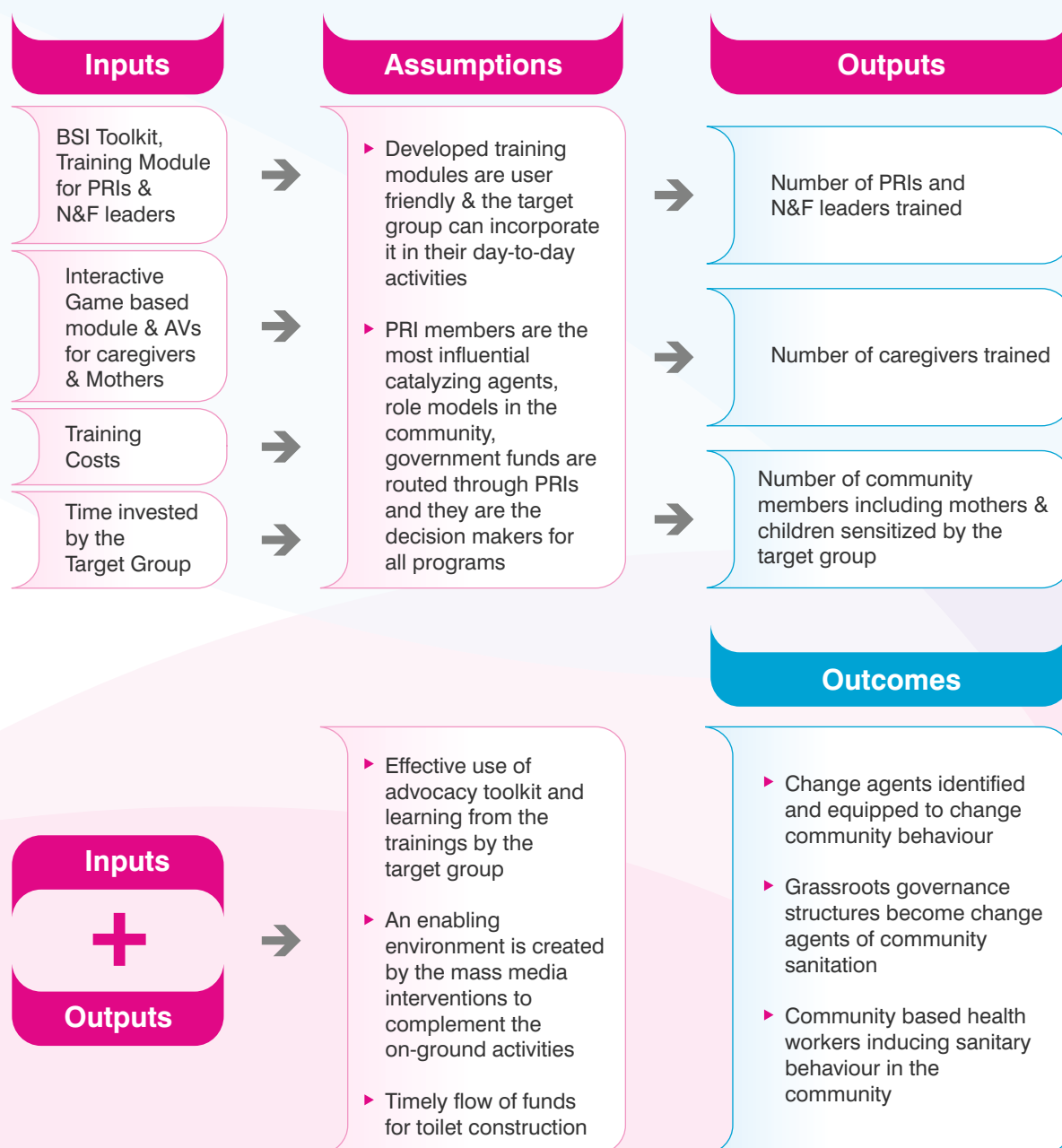
### The Pillars of the Programme



## Intellectual construct of the programme

The following diagram provides an overview of the thematic construct of the programme, the processes involved based on the flow of inputs and outputs as well as the overall outcomes. This construct shaped the deployment of the programme as well as the assessment of impacts.

### Input Output Process Flow



## Approach and Strategy

The strategy for this strand of DBSI was constructed around the idea of empowering people to drive and become the change in the community. The underlying rationale was to deliver an integrated solution to the sanitation and hygiene challenge, by transforming communities in areas where the programme was deployed.

The core components of the strategy 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.

This process has helped create the much-vaunted demand for and access to improved sanitation infrastructure and related facilities. In addition, it has ensured that the populace have the resources and knowledge to maintain the sanitation facilities by using the best sustainable practices.

**In order to effectively build and implement this strategy, the programme overcame key barriers.**

- Cultural mindsets inculcated through generational misconceptions around 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 in sanitation and hygiene activities
- 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;

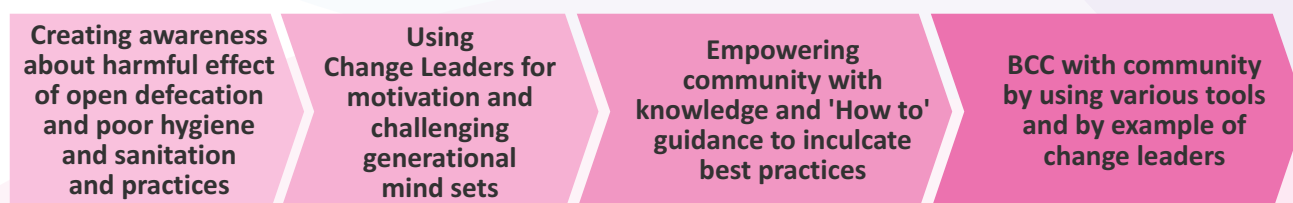
In **Maharashtra**, the DBSI program had conducted a detailed and representative dipstick survey, designed to assess the state of sanitation and hygiene based on a range of criteria (ODF, waste management, awareness of Swachh Bharat Mission, knowledge and practices of hand-washing etc.). This was based on Focus Group Discussions (FGDs).

The study was conducted across rural and urban households among 6 chosen districts in Maharashtra i.e. Bhiwandi, Malegaon, Jalna, Parbhani, Buldana and Nanded. Bhiwandi and Malegaon included only urban samples. The barriers listed above were reflected in this study and the Impact Assessment report (September 2018), titled “Changing Behaviour: Empowering Communities & Transforming Lives, captures the results of this study, as well as the programme outcomes in 2017.

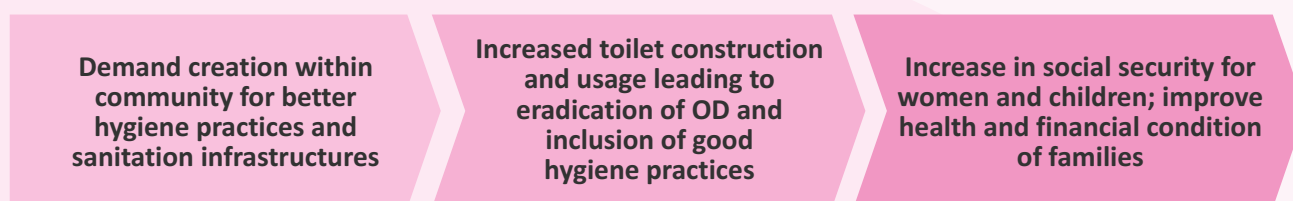
### Structural strategy and implementation plan formulation



### 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:

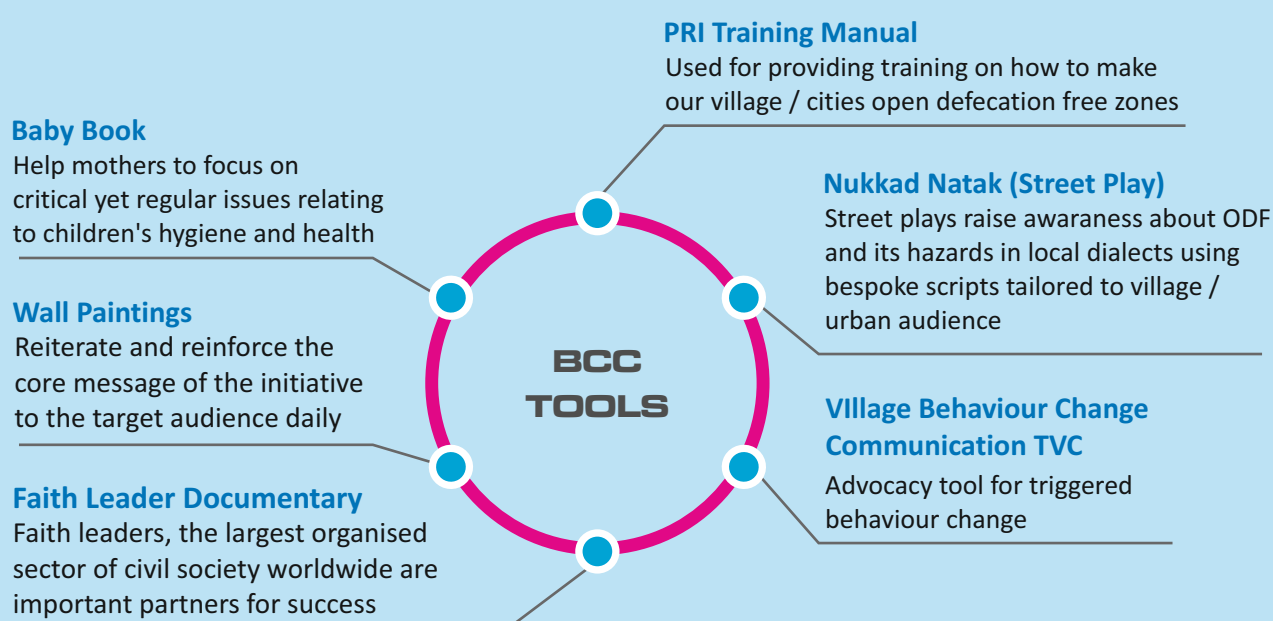
- Motivating community to build, use and maintain toilets
- Segregating and managing waste at source
- Supporting the government in achieving time-bound targets like pit digging, toilet construction and construction of sewage lines etc.

#### 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



## 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



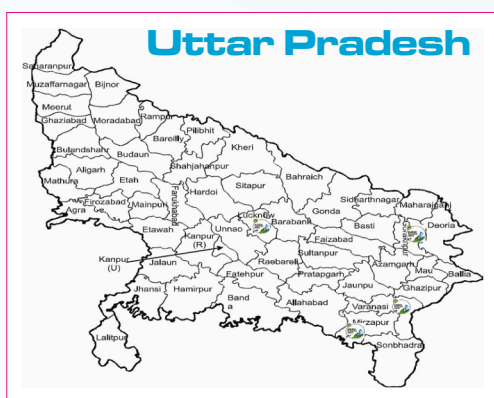


## Deployment and coverage in Phase 3

The goal of the programme's deployment was to enable villages to sustainably achieve an ODF status. The programme targeted low hanging fruits or the committed adopters (households and regions most likely to achieve ODF status) for efforts to deliver substantial value.

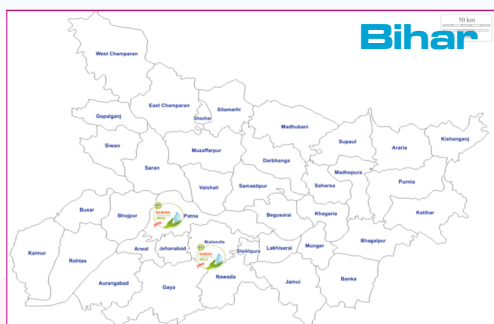
In Phase 3, the reach and efforts of the programme were reiterated in the regions targeted across Uttar Pradesh, Bihar and Maharashtra in phases 1 and 2, as well as implementation in certain new areas.

The interventions enabled the households to become proactive in pursuing ODF status. Also, these effectively utilised PRI members and leveraged the strategic relationships with the government to facilitate toilet building.



### DBSI Districts - Phase 3

Name	Blocks / Zone	Gram Panchayat	Villages / Wards	Population reached
<b>Lucknow</b>	1 zone	NA	22 Wards	5,81,539
<b>Varanasi</b>	1	49	50 villages	1,30,943
<b>Mirzapur</b>	2	50	50 villages	1,28,225
<b>Gorakhpur</b>	10	50	50 villages	2,73,198
<b>TOTAL</b>	13 Blocks 1 Zone	140 GPs	150 villages 22 Wards	<b>11,13,905</b>



### DBSI Districts - Phase 3

Name	Blocks	Gram Panchayat	Villages	Population reached
<b>Patna</b>	1	14	60	1,64,829
<b>Nalanda</b>	1	17	60	1,54,018
<b>TOTAL</b>	2	31	120	<b>3,18,847</b>



### DBSI Districts - Phase 3

**3 Divisions**  
**10 Districts**  
**05 Municipal Corporation**  
**38 Municipal Councils**  
**27 Nagar Panchayat**  
**06 Rural Blocks (Ecosystem project)**

#### Districts from APRIL 2018

- Aurangabad city • Buldhana • Jalna • Latur
- Malegaon • Nanded (Incl. 4 blocks for ecosystem)
- Parbhani (Incl. 3 blocks for ecosystem)

#### Districts from NOVEMBER 2018

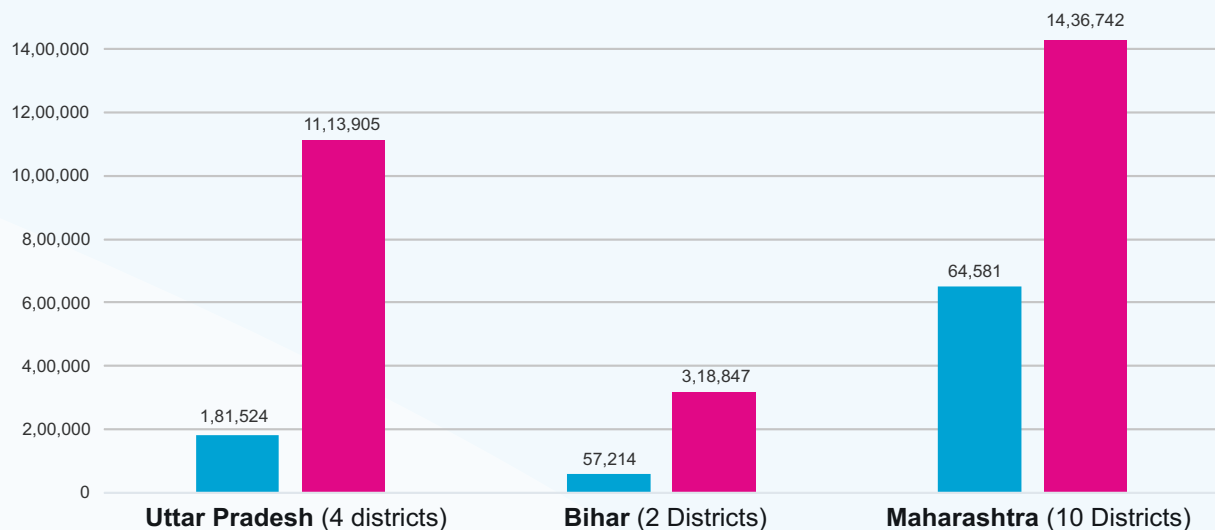
- Aurangabad district
- Beed • Hingoli • Osmanabad



## Phase 3: State-wise Reach

Households  
Population Reached

### Household and Population reached



**UTTAR PRADESH**  
Households covered : 1,81,524  
Population reach: 11,13,905

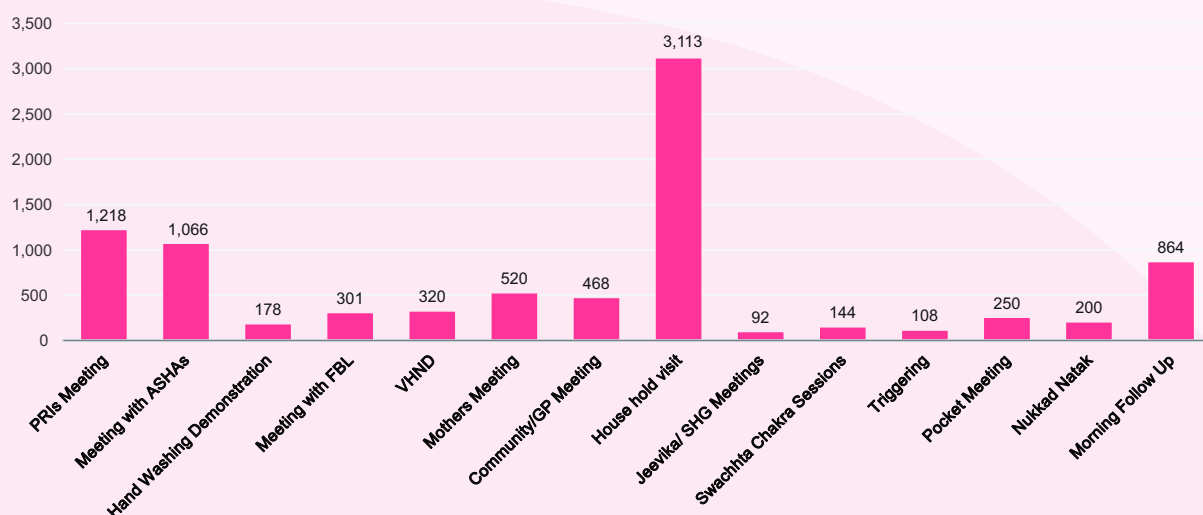
**BIHAR**  
Households covered : 57,214  
Population reach: 3,18,847

**MAHARASHTRA**  
Households covered : 64,581  
Population reach: 14,36,742



## Bihar

Snapshot of state-wise & District-wise activities conducted from April-December 2018

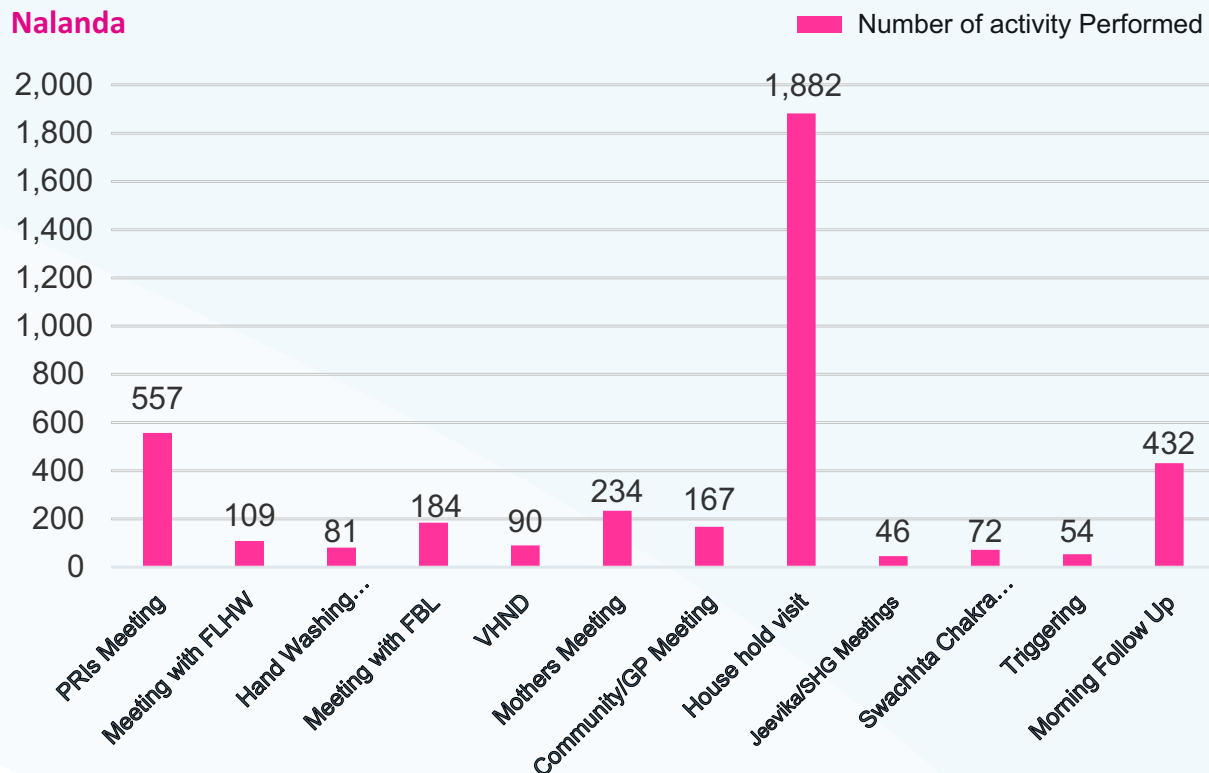




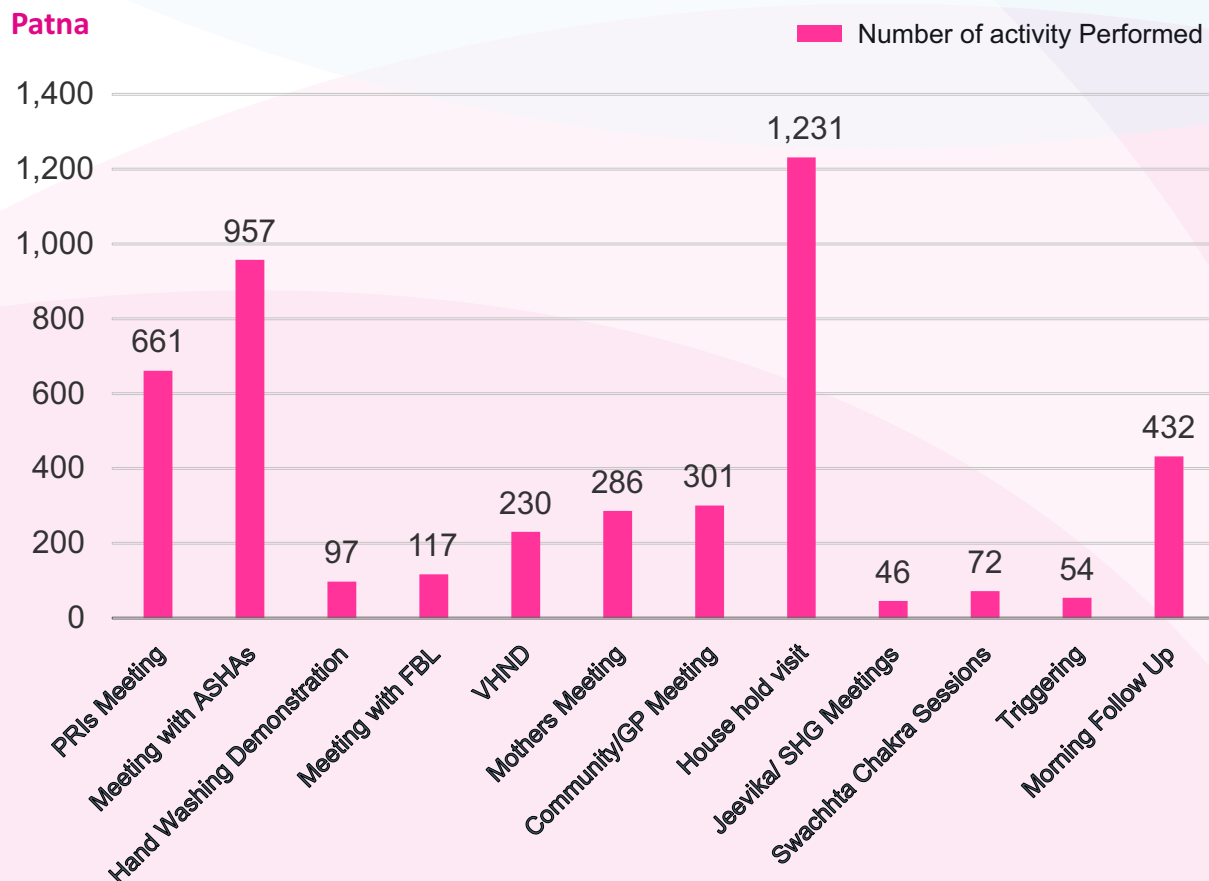
**Bihar**

## District wise Activity status(April - December 2018)

### Nalanda



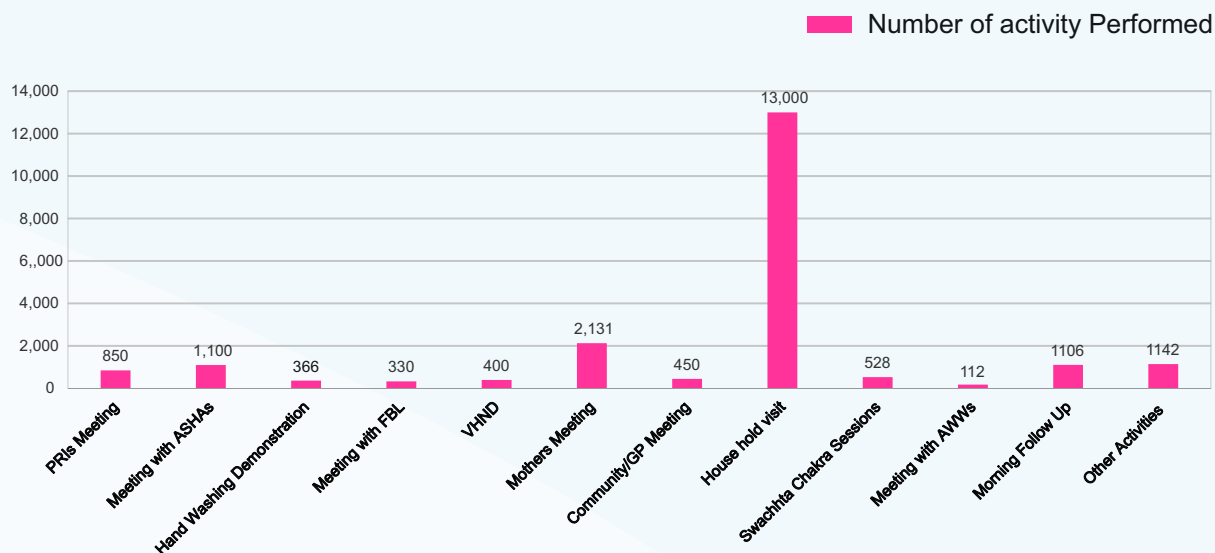
### Patna



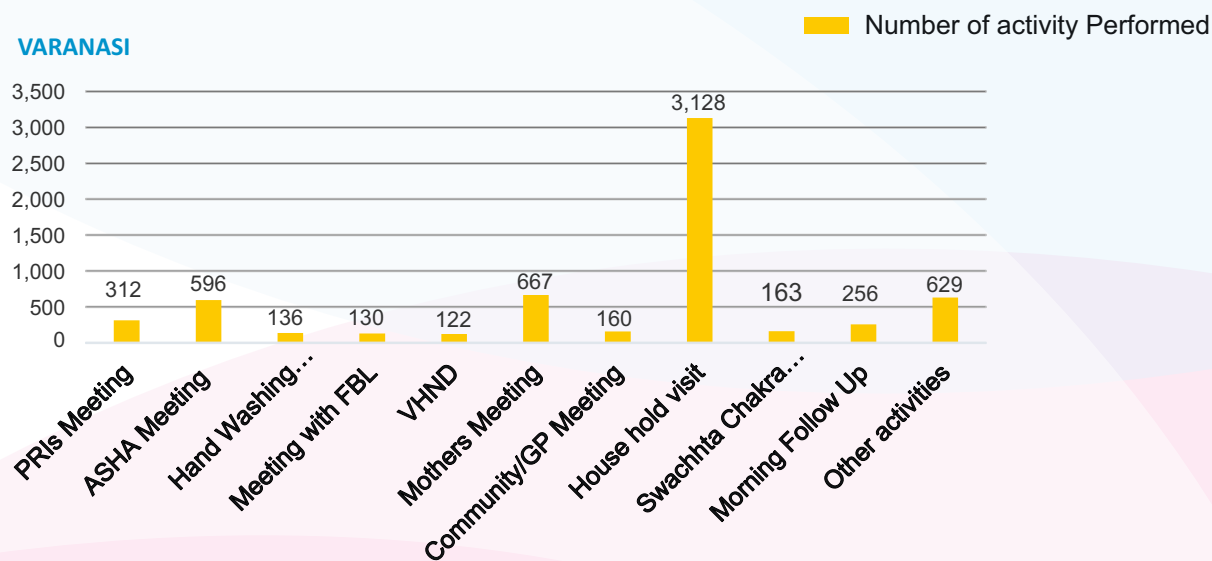


## Uttar Pradesh

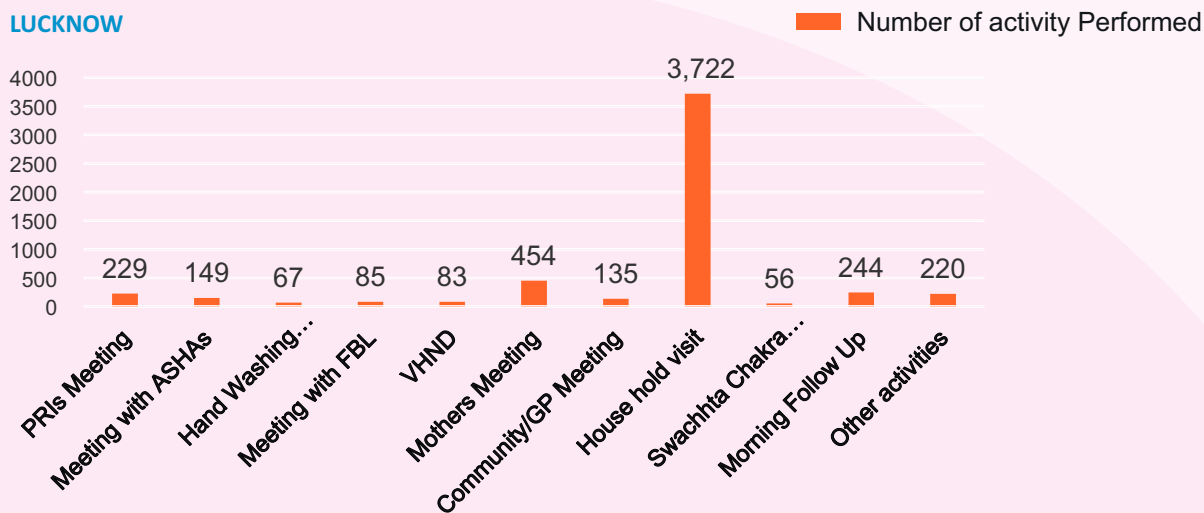
Snapshot of state-wise & District-wise activities conducted from April-December 2018



## VARANASI

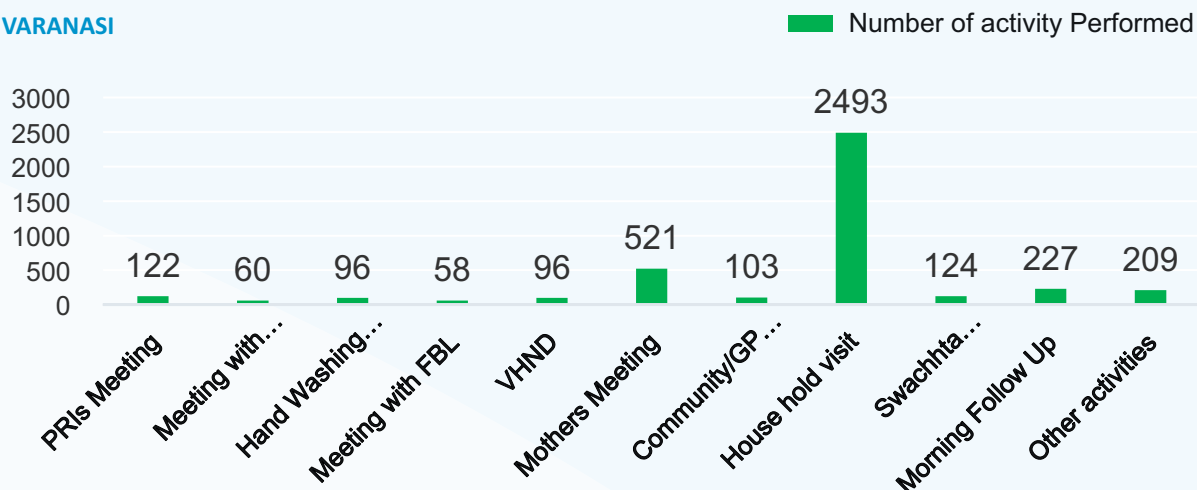


## LUCKNOW

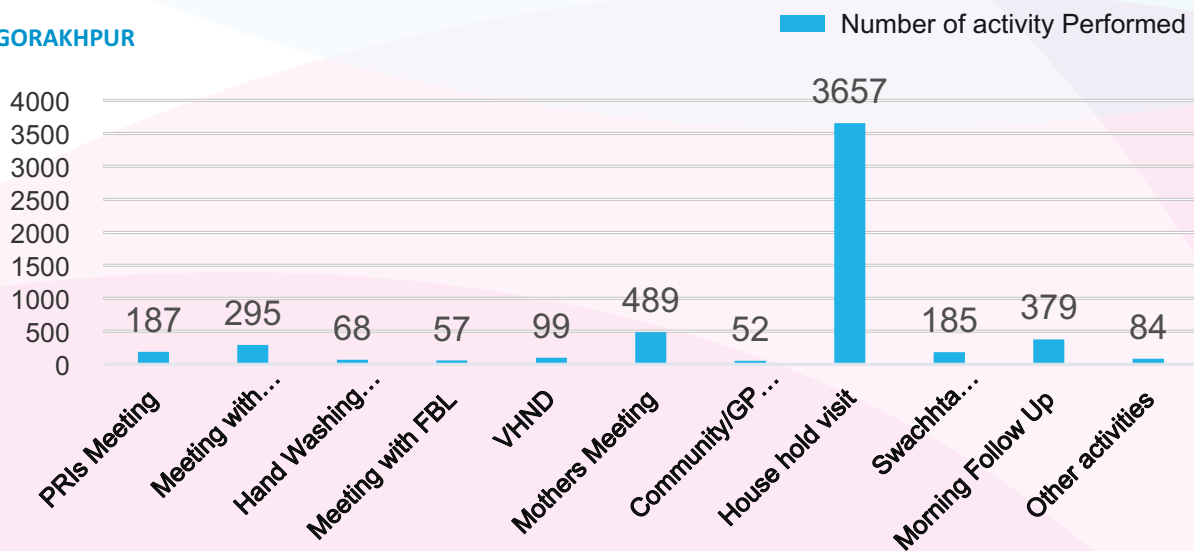


## Snapshot of state-wise & District-wise activities conducted from April-December 2018

### VARANASI



### GORAKHPUR

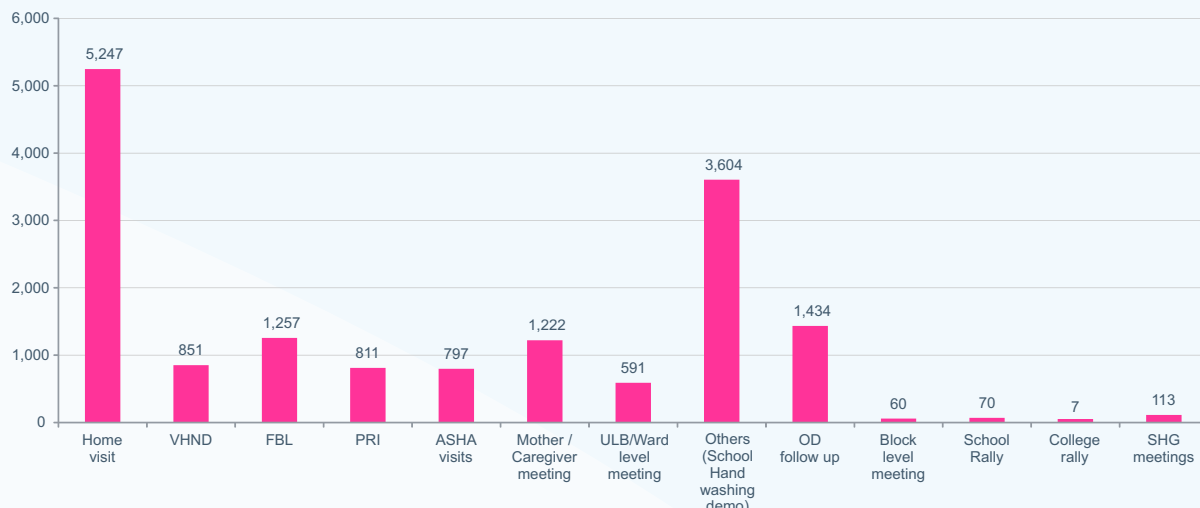




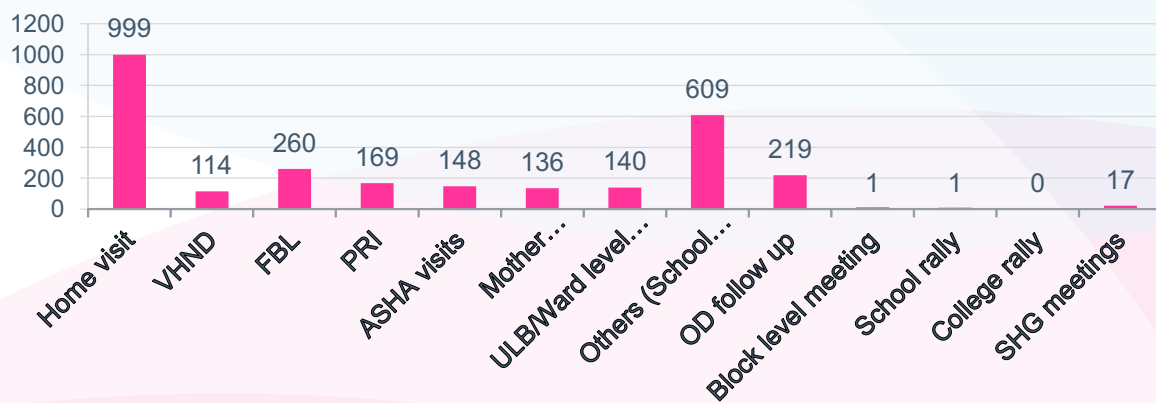
## Maharashtra

Snapshot of state-wise & District-wise activities conducted from April-December 2018

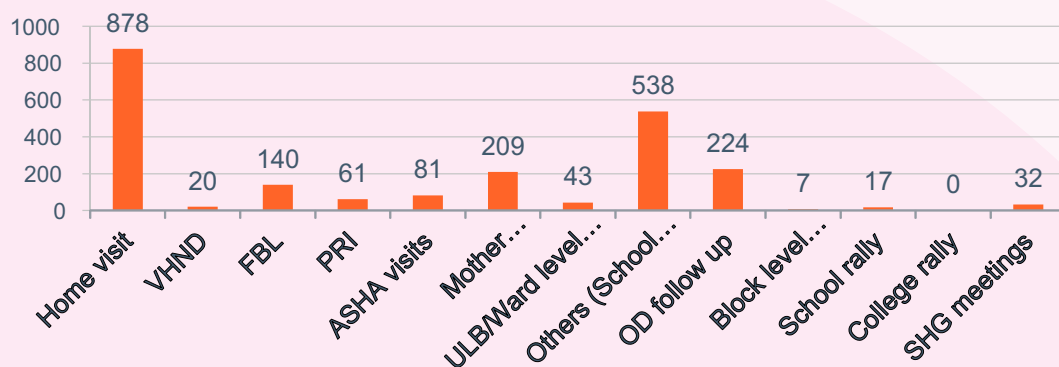
Number of activity Performed



## AURANGABAD



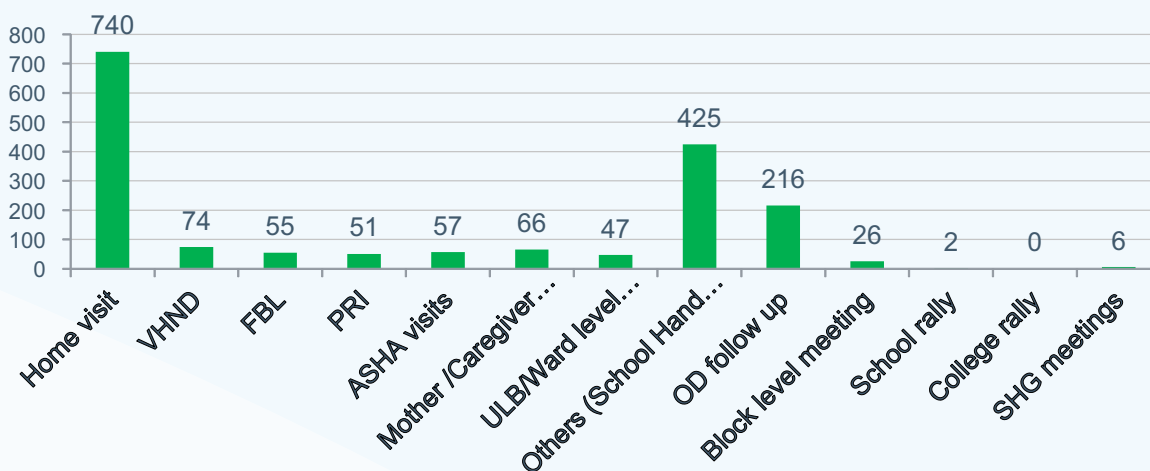
## BULDHANA



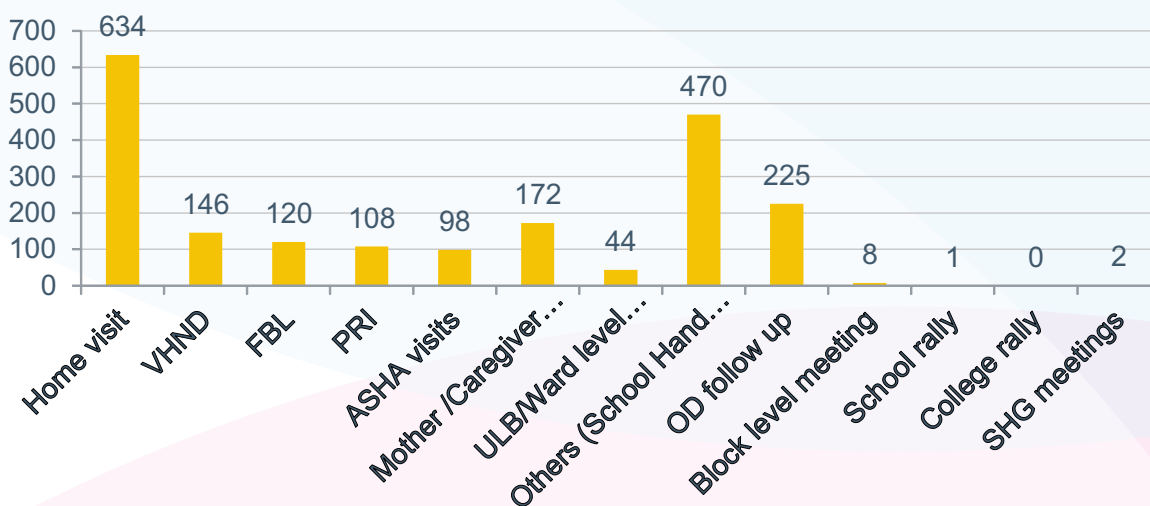


## Snapshot of state-wise & District-wise activities conducted from April-December 2018

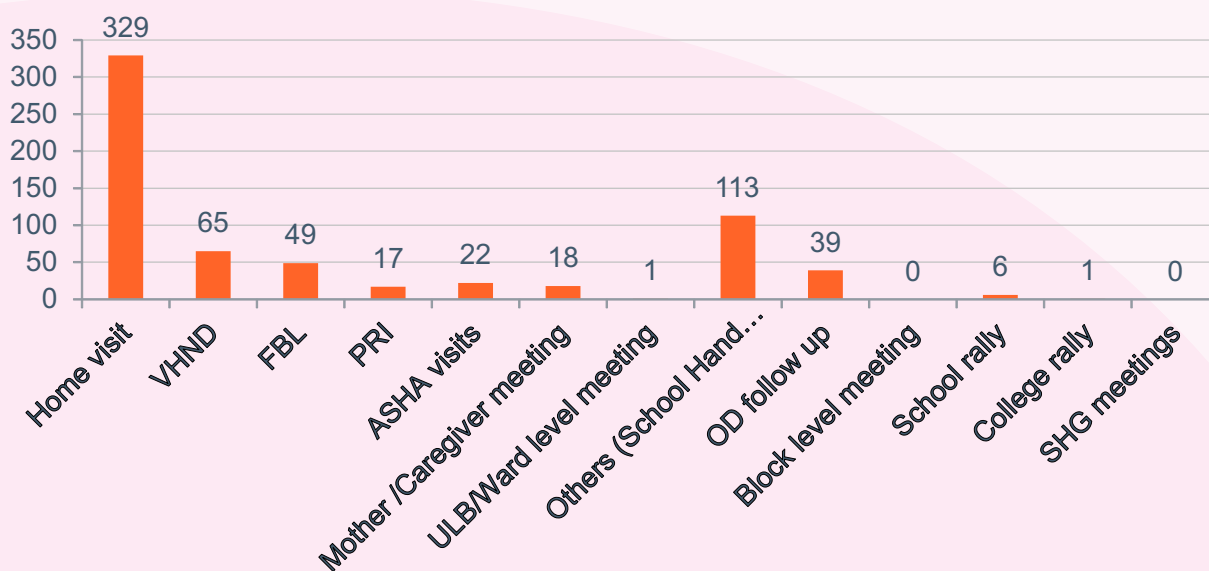
### JALNA



### LATUR

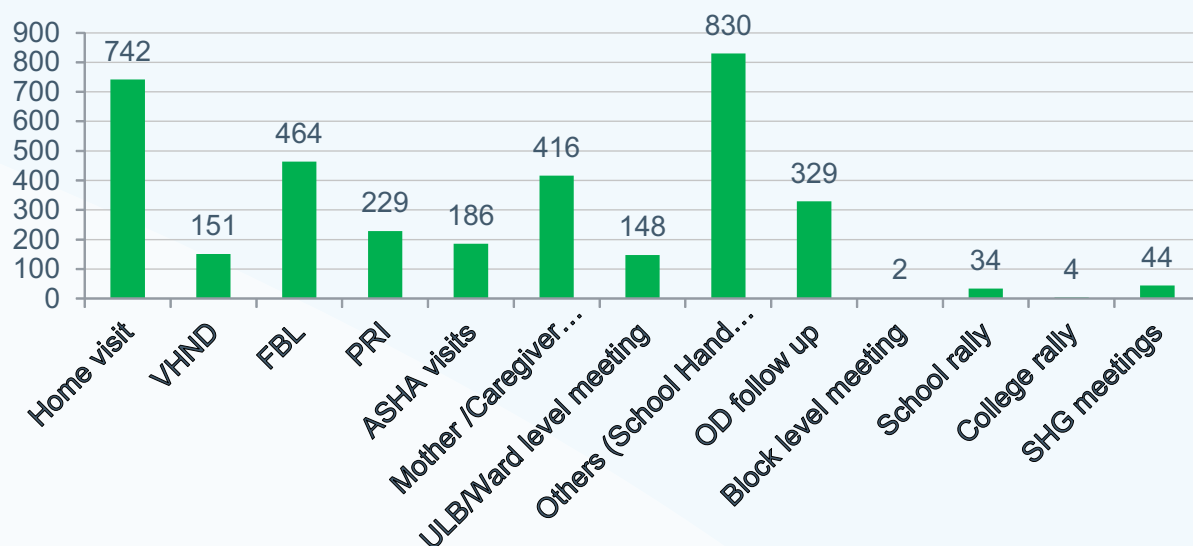


### MALEGAON

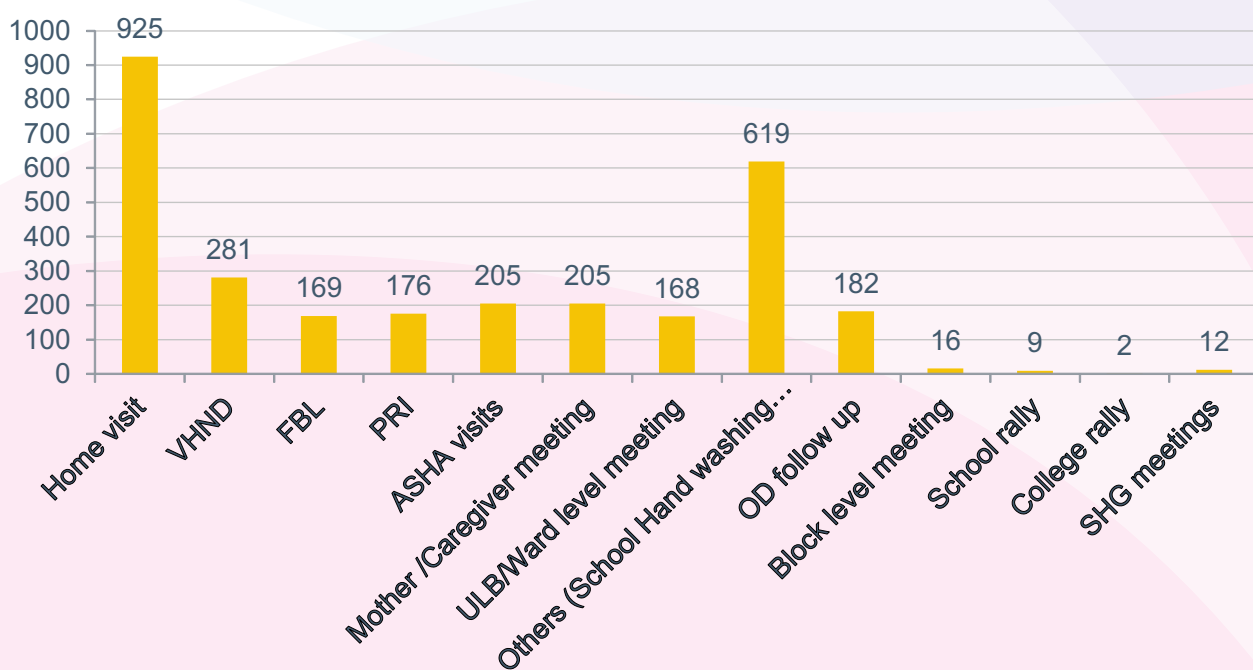


## Snapshot of state-wise & District-wise activities conducted from April-December 2018

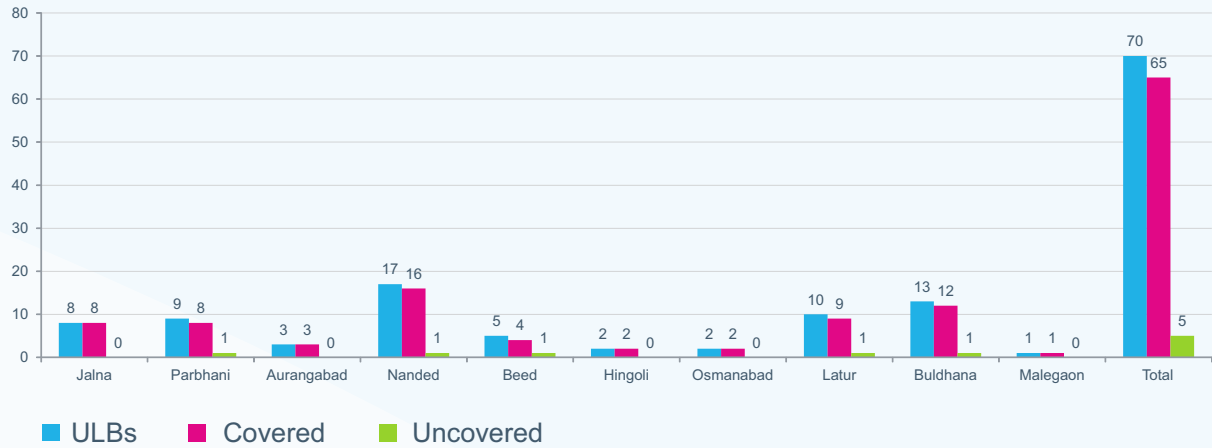
### PARBHANI



### NANDED



## Capacity building workshops at Urban Local Bodies (ULBs) in Maharashtra



These workshops were conducted in 10 districts and out of the 70 targeted ULBs, 65 were successfully covered

15,067 multi-stake holders  
i.e. PRIs, FBLs, FLWs, SHGs, NGOs, Teachers, ULB staffs oriented

	Name of Division	Name of District	No. of ULBs	Covered ULBs	Rest of ULBs	No. of Total Participants
	Aurangabad	Aurangabad	3	3	0	220
	Amravati	Buldhana	13	12	1	2630
	Aurangabad	Jalna	8	8	0	1948
	Aurangabad	Latur	1	10	0	1625
	Nashik	Malegaon	01	0	1	0
	Aurangabad	Nanded	17	16	1	5060
	Aurangabad	Parbhani	9	8	1	2010
	Aurangabad	Hingoli	2	2	0	290
	Aurangabad	Osmanabad	2	2	0	422
	Aurangabad	Beed	5	4	1	862
TOTAL	3	10	70	65	05	15067

In order to build a sanitation and hygiene ecosystem, based on demand generation, focus group discussions were held with Self-Help Groups (SHG) in Maharashtra.

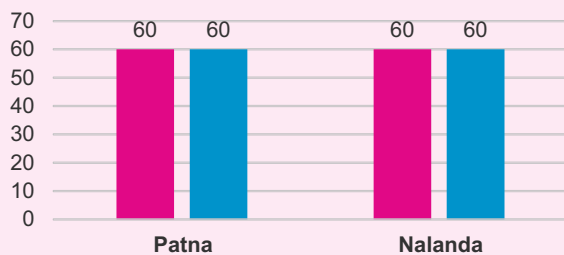


	No of FGD with SHGs	Applied for WASH products
Nanded	52	1095
Parbhani	13	289
TOTAL	65	1384

## PHASE 3 : OUTCOMES

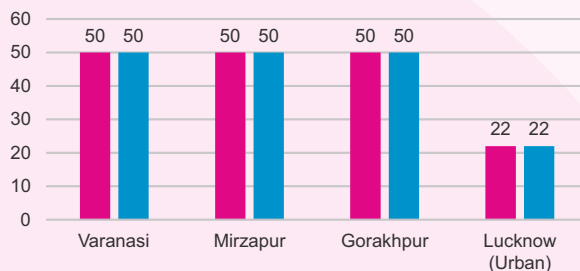
- The total population reach was 25,89,398
- A total of 1,00,619 additional toilets were built
- In Bihar, all 120 focussed villages were declared ODF
- The two focussed blocks, Nalanda (Harnaut) and Patna (Phulwari), were declared ODF
- In Uttar Pradesh, all 150 focussed villages as well as 22 Wards in Lucknow were declared ODF

### Bihar



■ Focussed Villages ■ ODF Villages

### Uttar Pradesh



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

Detailed qualitative and quantitative assessments were conducted throughout each phase of the programme, via extensive pre- and post-field work. A comparative glance at the outcomes across each phase, reflect the massive progress and successes of the programme.

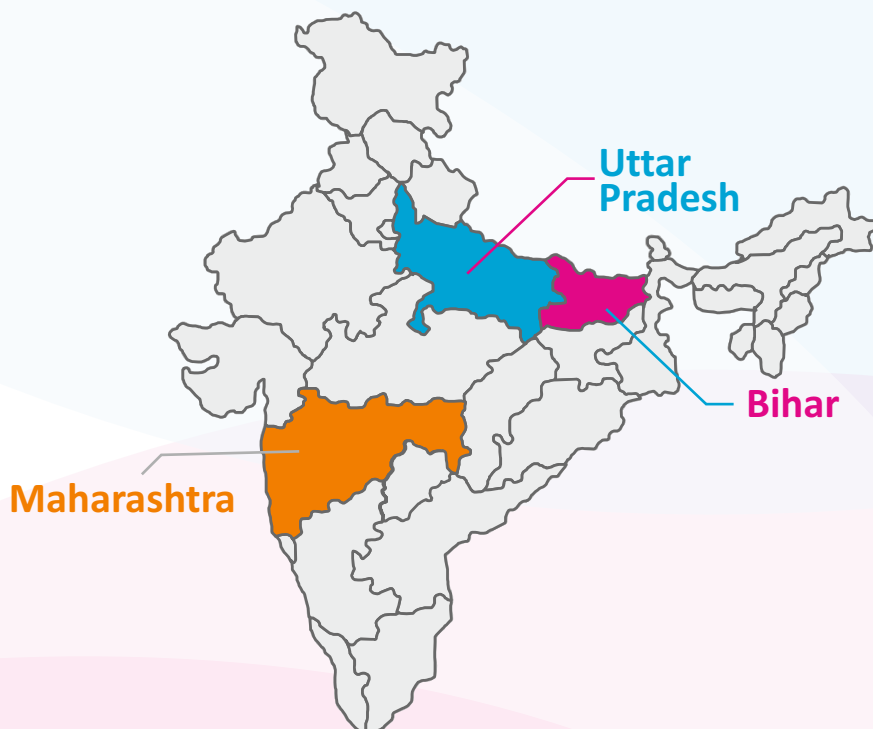
	PHASE 1	PHASE 2	PHASE 3
REACH	<b>States: 2</b> ( UP, Bihar) <b>Districts: 4</b>  <b>Villages: 200</b> Households : <b>85,205</b> Individuals : <b>3,40,820</b>	<b>States: 3</b> (UP, Bihar, Mah) <b>Districts: 13</b> <b>Urban Local Bodies : 40</b> <b>Villages: 200</b> Households : <b>5,61,876</b> Individuals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



## Outcomes and Impact Assessment

### TOTAL POPULATION REACH IN 3 STATES IN 3 YEARS

$$\begin{array}{l} \text{Phase 1} \\ (3,40,820) \end{array} + \begin{array}{l} \text{Phase 2} \\ (22,47,504) \end{array} + \begin{array}{l} \text{Phase 3} \\ (25,89,398) \end{array} = 51,77,722$$



### TOTAL ADDITIONAL TOILETS BUILT IN 3 STATES IN 3 YEARS

$$\begin{array}{l} \text{Phase 1} \\ (6,120) \end{array} + \begin{array}{l} \text{Phase 2} \\ (1,20,625) \end{array} + \begin{array}{l} \text{Phase 3} \\ (1,00,619) \end{array} = 2,27,364$$

## The Outcomes & Impact Assessment for the Phases I & II

Uttar Pradesh and Maharashtra are two of the most populous states in India (20% and 10% of the India's population respectively). According to the 2011 Census figures, the population of , **Bihar is 104,099,452** , **Uttar Pradesh is 199,812,341** and that of **Maharashtra is 112,374,333**.

Given India's sanitation scenario, the economic costs of inadequate WASH standards can be remarkably high. Based on their proactive initiatives and efforts towards delivering improved outcomes under the Swachh Bharat Mission, some data is provided below around the potential impact assessment (via conservative estimates), if the successful interventions are rolled out across the two states.



### Stunting / Malnutrition

1 out of 2 children or roughly 48% children in India suffer from malnutrition. Improvement in WASH standards can significantly make the lives of children healthier and more productive. For the purposes of this study, it is assumed that there is a 50-50 split in the adult and children population.

Therefore, number of children in

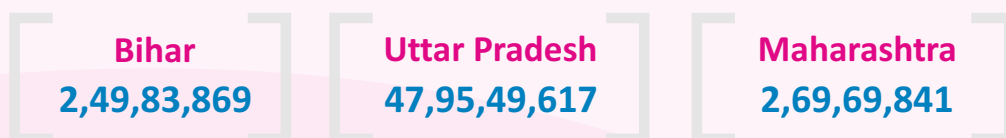
**Bihar : 5,20,49,726**

**Uttar Pradesh : 99,90,61,701**

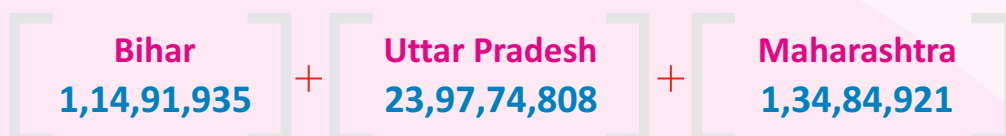
**Number of children in Maharashtra : 5,61,87,167**

For the purposes of this study, it is conservatively assumed that 50% of the children affected by malnutrition can be potentially saved.

### Number of children suffering from malnutrition in



### Saved potential number of children suffering from malnutrition in



Total lives SAVED from stunting / malnutrition in  
Bihar, Uttar Pradesh & Maharashtra

**26,47,51,664**

## 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	MAHARASTHRA	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 cumulative impact of the programme, geared towards changing behaviours, under the Dettol Banega Swachh India campaign has contributed immensely to the Swachh Bharat Mission. 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.

Targeted and reasonably small investments have led to a proactive proliferation of the programme, built on effective partnerships and on-ground implementation. In the final year of the DBSI campaign, RB and Jagran Peהל hope to sustain the progress and outcomes achieved so far.

## 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 till January 12, 2019

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

## Press coverage





## Press coverage



## EVENTS



Eid celebrations in DBSI Project districts

Global Hand Washing Day 15 October 2018





HEALTH • HYGIENE • HOME

