

EXECUTIVE SUMMARY

1. INTRODUCTION

The World Bank-assisted Second Karnataka Rural Water Supply & Sanitation Project, namely “Jal Nirmal Project,” had been developed on the success of the earlier KIRWS&ESP. The Jal Nirmal Project was taken up as a follow-on project with the assistance of World Bank, in eleven contiguous districts located in the northern parts of the state. The districts selected for the project were Bagalkot, Belgaum, Bidar, Bijapur, Dharwad, Gadag, Gulbarga, Haveri, Koppal, Raichur and Uttara Kannada.

The key objectives of JNP were:

- Increasing rural communities’ access to improved and sustainable drinking water and sanitation services, and
- Institutionalising decentralisation of rural water supply and sanitation (RWSS) service delivery to Gram Panchayats and User Groups.

The broad project components were:

- Community Development and Infrastructure Building at GP / village level,
- Institution Building at Project level, and
- Sector strengthening at State level

The above components had several sub-components under each one of them. Sanitation and Hygiene Promotion (SHP) was a major sub-component under the main component of community development at GP / village-level.

2. OBJECTIVES OF SANITATION AND HYGIENE PROMOTION (SHP)

The SHP component envisaged a focus on promoting behavioural changes among the project communities to prevent water and sanitation-related morbidity. Daily routine activities like collection, storage and handling of water, relieving oneself, hand washing before eating and after ablution as well as proper disposal of household solid and liquid waste were crucial in this regard.

The short-term objective of SHP was to capacitate the community, especially women, to start analysing the health and sanitation situation in terms of three distinct elements: personal hygiene, household hygiene and community environmental sanitation.

The long-term objective of SHP was to promote a ‘Total Health’ perspective to achieve sustainable and equitable health and hygiene benefits across the community through improvement in water and environmental sanitation services.

3. APPOINTMENT OF STEM AS SHP-MC

Karnataka Rural Water Supply and Sanitation Agency (KRWS&SA) appointed M/s STEM Society, Bangalore as SHP Management Consultants for the Second Karnataka Rural Water Supply & Sanitation Project, namely Jal Nirmal Project, in November 2002. With rich and relevant experience in Hygiene Promotion through its involvement in KIRWS&ES project-1, STEM was fully geared to take up this challenging assignment, and offer top quality professional service.

The SHP team has been in the field since November 16, 2002, in the eight Batch 1 districts of Bagalkot, Belgaum, Bijapur, Dharwad, Gadag, Gulbarga, Haveri and Uttara Kannada.

Three additional districts of Bidar, Koppal and Raichur were included in April 01, 2003.

4. MAIN RESPONSIBILITIES OF SHP MC

- To increase awareness of the benefits of improved water supply and sanitation facilities,
- To create demand for safe water and sanitation,
- To foster understanding of the complementarity between water, sanitation and health,
- To enhance awareness about the prevalence of poor water quality (especially fluoride effects), its consequences and possible mitigatory measures, and
- To strengthen local capacities for self-sustaining and gender-sensitive sanitation and hygiene-promotion programmes.
- Preparing annual action plan, implementation strategy and budget, managing and supervising district level SHP activities.
- IEC materials - Modify existing IEC materials & develop multi-media strategy for IEC dissemination, develop appropriate IEC materials for effecting SHP under Indigenous Peoples Development Plan (IPDP) and facilitate KRWS&SA in mass production of IEC materials.
- Shoulder responsibilities with SAs in conducting PHHS, KAP studies & health check-up camps and implementing appropriate IEC interventions under IPDP.
- Implement school health promotion activities in co-ordination with Education Department and Health Department.
- Co-ordinate with Health Department, Information Dept. for publicity.

5. STRATEGY / APPROACH

The SHP management consultants adopted the following strategies / approaches for SHP activities:

- i) Detailed Plan of Implementation to carry out SHP activities.
- ii) Capacity building through training programmes and workshops for the district, taluk and village-level functionaries involved in SHP implementation.

- iii) Designing and developing Information, Education and Communication (IEC) materials (printed & electronic).
- iv) Monitoring the implementation of SHP activities and supporting the field-level functionaries in carrying out the same.
- v) Advising KRWSSA in the development and use of different media for SHP implementation.
- vi) Documenting the field experiences, field problems, case studies and innovative activities, drawing lessons from them and revising strategies accordingly.
- vii) Preparing monthly and quarterly progress reports and special reports, as and when necessary.

6. ACHIEVEMENTS

The following are the major achievements under SHP:

- i) Preparation of Plan of Implementation Programme Report.
- ii) Conducting Capacity Building Programmes.
- iii) Planning and Development of IEC material.
- iv) Co-ordination and monitoring of SHP activities.
- v) Increase in coverage of household and institutional latrines in project villages.
- vi) Increase in coverage of smokeless chulhas in project villages.
- vii) Improvements in sanitation and hygiene behaviour due to awareness generation as captured by VHF Quarterly Reports.
- viii) Establishing rural sanitary marts (RSMs) through self-help groups.
- ix) Assistance and guidance to SHP activities at village-level.

7. PLAN OF IMPLEMENTATION PROGRAMME (PIP)

Based on the district action plan, a detailed PIP was prepared to carry out SHP activities and the same was submitted to KRWSSA..

The approach to PIP involved:

- Grouping of villages based on the baseline information collected through PHHS & KAP Study.
- Special and focussed interventions based on the grouping of project villages and necessary interventions in all project villages. Detailed district action plans were drawn up through participation of DSU staff. These plans were reviewed and revised in a workshop organised on PIP-SHP in Bangalore.
- The interventions included capacity building schedules, IEC – interpersonal, printed material and audio-visual communication, monitoring schedules, surveys, studies, health check-up camps and other special campaigns.

8. CAPACITY BUILDING

Capacity building programmes were conducted for various stakeholders in the project who were as follows:

- Support Agency staff including CDS, CFs and technical specialists
- NGO personnel
- VHF's
- VWSC members
- GP Chairman and members
- SHG and CBO representatives
- Community members
- Masons
- Folk artistes

The following table shows the various capacity building programmes conducted under SHP in project districts till the end of March, 2005.

Type of Programme	Number of Programmes
PHHS	36
KAP	34
VHF's	219
VWSC / GP members	2090

The following table shows the various surveys, studies, camps and services that were carried out under SHP in project districts till the end of March, 2005.

Type of Programme	Number of Programmes
PHHS	1437
KAP	1507
Health Check-up Camps	44
Shramadhanas	4221

9. INFORMATION, EDUCATION AND COMMUNICATION (IEC)

Prototypes and modification of IEC materials, review of films from the previous project and scripts for folk media programmes involving local artists in JNP districts were prepared in workshops held during the project period.

Type of Workshop	Number of Programmes
IEC (Printed Material)	1
IEC (Electronic)	1
Folk Programme (District and state level)	14

IEC (Printed & Electronic) Material

PRINTED & WALL PAINTINGS		
Type	Application	Message
1. Wall Paintings	Selected important locations in the village	<ul style="list-style-type: none"> • Effects of open defecation and need for latrine • Project Components
2. Folders	For community, VWSC members, Self-Help Groups, CBOs, Schools, health centres and Anganwadi Centres	<ul style="list-style-type: none"> • Need, Construction, Use & Maintenance of HHL • Water-borne Diseases • Project Components
3. Book Labels	Students of Primary, Middle and High Schools	<ul style="list-style-type: none"> • Personal Hygiene
4. Posters	GP offices, Anganwadi Centres, Health Centres, Schools, CBOs, Dairy Co-operatives, Fair Price Shops, ZP Offices and important public places	<ul style="list-style-type: none"> • Project Components • Water Supply – Use & Maintenance. DONTs & DOs • Personal Hygiene • Sanitation Facilities – Use & Maintenance. DONTs & DOs
5. Sticker	Existing and potential users of latrines	Use & Maintenance of latrines
ELECTRONIC		
1. Tele Films (Documentary)		
	Name	Theme
•	<i>Sowbhagyadha Rahasya</i>	Community Sanitation, personal & family hygiene
•	<i>Grama Raksh</i>	Role of community in owning the Project Facilities
•	<i>Nemmadiya Baduku</i>	Promotion of Latrine
•	<i>Namma Ooru Andhadhaoru</i>	Community Participation
2. Tele Fillers		
•	Public Tap Maintenance	
•	Drainage Maintenance	
•	Role of Village Water Supply and Sanitation Committee	
•	Proper use and Maintenance of Handpumps	
•	Advantage of Household Latrine and its Maintenance	
•	Personal Hygiene Practices	
•	Household Waste Water Management	
•	Storage and Handling of Drinking Water	
•	Disadvantages of Open Defecation & Advantages of HHL	
•	Proper use and maintenance of water supply and sanitation facilities	
3. Audio Cassette		
	Folk Forms	Theme
•	Harikathe	Use & Maintenance of Water Supply
•	GeeGee	Sanitation
•	Kamsale	Sanitation & Promotion of HHL

10. DISSEMINATION

SHP messages were disseminated in all project villages through various communication channels:

Medium	Channel	Target Group
Video & Cable network	Communication Vans, Private local Channels	Family / Community
Video Films	Television (Doordarshan)	Family / Community
Audio Programmes	Audio cassettes broadcast during events, discussions on All India Radio	Floating Population / Local community / Family
Folk Media & Street Plays	Local folk artistes	Family / Community
Wall Paintings	Important Public locations	Local community / floating Population
Group meetings & focus group discussions	Village Health Facilitators, Community Facilitators	SHG / VWSC / GP members / Households
Inter-personal contacts	Village Health Facilitators, Community Facilitators	Households
Local Dailies	Articles, coverage of events	Local community / other public

IEC programmes in Project Period

Sl. No.	Communication Tools	No. of Programmes Conducted
1.	Video Film Shows & Cable TV Shows	3655
2.	Audio Programmes	2611
3.	Folk Media Presentations	2397
5.	Folders	244928
6.	Posters	50576
7.	Stickers	30255
8.	Book Labels (Sheets)	57488
9.	Booklets / Brochures	31490
10.	Manuals	426
11.	Wall Paintings	2632
12.	Jathas	1298

Meetings and Discussions

Activity	No. of Programmes held in Project Period
Grama Sabhas	2675
Focus Group Discussions	2381
VWSC/GP Meetings	16541
Awareness Campaigns	3435
Exhibitions	682
Mothers' Meetings	23445
SHG / Women Sangha Meetings	23216

Print Media (District News Papers)

Articles in the print media were an ongoing process since the planning phase and have been presented below for the total project period.

Entire Project Period	37 write-ups
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11. CO-ORDINATION & MONITORING

Co-ordination and monitoring in SHP was conducted through the following progress reports:

- **Monthly Progress Reports**

District-wise progress of SHP activities were compiled and submitted as monthly progress reports to KRWSSA by the 10th of every month. A total of 29 monthly reports have been submitted.

- **Quarterly Reports**

The quarterly progress of district-wise activities including best practices and success stories for the quarter was submitted to KRWSSA at the end of each quarter within 21 days. A total of nine quarterly reports have been submitted.

- **Behavioural Improvements in Sanitation & Hygiene (VHF Quarterly Report)**

Data from VHF Quarterly Study as on March 2004 was compiled into a report on behavioural improvements in JNP districts and submitted in August 2004.

Improved Hygiene Behaviour (% of Population / HHs)	KAP	VHF QR-I DEC 03	VHF QR-III JUN 04	VHF QR-V DEC 04
• Usage of latrines for defecation	16	26	38	48
• Washing hands with soap after defecation	38	47	62	67
• Disposal of child's excreta in the latrine	9	9	19	23
• Washing hands with soap after disposal of child's excreta	NC	NC	22	25
• Washing hands with soap before eating	30	48	59	67

- **School KAP Study** conducted in March 2004 - report submitted in August 2004
- **Self-Assessment of SHP Interventions** – study conducted in September 2004. Report enclosed as Part II of Completion Report.

12. CONSTRUCTION ACTIVITIES

HHL & SLC Coverage in Project Villages (as on March-end 2005)

District	No. of HHLs	No. of SLCs
Batch I		
Bagalkot	5027	6349
Belgaum	7407	13078
Bijapur	5858	5191
Dharwad	5491	1433
Gadag	5075	1980
Gulbarga	5393	3082
Haveri	8430	2403
Uttara Kannada	6250	2891
Batch II		
Bidar	15011	5811
Koppal	3006	5860
Raichur	2387	5245
Total	69335	53323

As indicated in the table above, a total of 69335 household latrines and 53323 SLCs were constructed / installed as on March-end, 2005.

13. ASSISTANCE & GUIDANCE TO SHP ACTIVITIES AT THE VILLAGE-LEVEL

The SHP messages were kept constantly in focus among the community through various activities undertaken in the project villages on a continuous basis. Some of these activities were:

- i) **Interpersonal Communication** was adopted to ensure direct two-way communication between field functionaries including VHF's and the target groups, through house visits and group meetings. This method helped develop a personal rapport with the households and enable better acceptance of project messages.
- ii) **VWSC Meetings** on SHP were conducted to increase the awareness of VWSC members and emphasise their participation in SHP implementation. These meetings were also used as a platform to initiate discussions on issues related to health, sanitation & hygiene.
- iii) **Orientation to Community-based Organisations (CBOs)** on SHP was carried out in order to involve them in further motivation of the villagers to create a demand for the facilities provided under the project and stimulate their active participation in project activities.
- iv) **Mothers' / Women's Group Meetings** were given great emphasis since women are the primary target group for SHP. Such meetings ensured their active role the project and created greater awareness of project facilities.
- v) **Health Camps** were organised with the support of local doctors to disseminate SHP messages more effectively and create greater awareness on water-borne diseases and those caused by indoor smoke.

- vi) **School Sanitation & Hygiene Education (SSHE)** was carried out in project districts to increase the awareness among school children on SHP components. Children are key change agents and by linking construction of toilets in Anganwadis, schools and the home, SHP aimed at covering the child with sanitation facilities right from an early age.
- vii) **Special Campaigns** like Summer Camps were organised in which more youth participation was elicited to keep SHP messages in the public eye. These proved to be very successful. Jalasamskruti Kalajathas with folk media programmes are also being organised by KRWSSA in project districts.
- viii) **Shramadanas** and village cleaning drives were organised at regular intervals to create a sense of 'ownership' of the project among the community so that the importance of keeping areas clean became internalised among them.
- ix) **IEC Materials** were used extensively to make dissemination of information and the spread of SHP messages more effective. Exhibitions were also conducted.
- x) **Rural Sanitary Marts** were established in 28 project villages which helped strengthen the supply chain delivery system and enabled the easy availability of sanitary materials like latrine pans in the village

14. CONSTRAINTS AND DIFFICULTIES

- **Lack of Common Vision & Co-ordination among Project Officials at all Levels**

Lack of synergy among various project officials at state, district and GP / village-level affects progress. The poor co-ordination at all levels hampered the process of creating a sense of shared responsibility to ensure the consistent progress of all project components. Due to lack of a common understanding among officials on the project objectives, communication with the community and grassroots workers was affected.

- **Meetings of all State-Level Consultants, SAs, DSU Staff & KRWSSA Officials**

Regular meetings are helpful in monitoring the progress of the project and ensuring a common line of thinking among all project staff. Targets and activities for the next quarter could be discussed and finalised during these meetings. These meetings were not held to the extent desired.

- **Intensive Mass Media IEC Campaigns**

Interpersonal communication gets an additional boost through intensive mass media campaigns, especially through folk media, radio and television, which help give key issues more visibility and keep them in community focus. Delays in putting in place the intensive IEC mass media campaign affected the speed of progress in the project.

- **Appointment of Anganwadi Workers as VHF**s

VHF's, usually Anganwadi workers, have been observed to be very effective channels of communication and motivators at the field-level. Their appointment was not done to the level desired in many cases.

- **Incentive for SHGs / Masons / VHFs**

Incentives provided to local SHGs, masons and VHFs against achievement of targets is very effective in achieving results. There were many cases of delays in this regard.

15. KEY LESSONS LEARNT

During the project period, SHP-MC learnt a number of lessons that would be useful in future. The most important among them were:

- The VHF is a key village-level functionary and enlisting VHF support is crucial to the project's success.
- Involvement of beneficiary communities produces excellent results.
- Healthy co-operation and co-ordination between hardware and software providers produces the desired output.
- Children are key change agents and focusing on them would lead to long-term positive results.
- Women play a vital role in influencing their family members on sanitation and hygiene.
- It has been observed that regular field visits by both consultants and state-level project officials are useful in monitoring progress, getting feedback and recommending mid-course corrections.