

## *Suramya*

### Communication to Eliminate Open Defecation in **Uttar Pradesh**

Government of India initiated *Swachh Bharat Mission*<sup>[1]</sup> (SBM) (Clean India Mission) in 2014 with the key objective of eliminating open defecation in the country by 2 October, 2019. Information, Education, and Communication (IEC) was identified as a key component of the programme, to bridge the gap between the construction of toilets and their sustained use. Around **5 percent** of the state funds under SBM have been allocated for this purpose. However, the utilisation of IEC funds was slow. Key district officials of the SBM team lacked the capacity to plan, implement, and monitor communication activities which were initiated in an ad hoc manner. Moreover, officials focused more on IEC rather than Social and Behaviour Change Communication (SBCC) to motivate healthy sanitation behaviour, which was not sustainable in the long run. There was also the lack of an SBCC-dedicated and capacitated human resource working on sanitation at ground level. As part of the UNICEF Communication for Development (C4D) initiative in the state of Uttar Pradesh and its technical support to SBM, the development of SBCC plans and calendars was proposed in 25 districts to efficiently allocate resources and utilise the IEC component. The district SBM team was intensely engaged in the process of formulating an SBCC plan and annual implementation calendar during a three-day workshop, along with key line departments and local stakeholders – religious institutions, non-government organisations, and corporate groups. Different communication strategies such as advocacy, Interpersonal Communication (IPC), entertainment education, mass media, and social mobilisation were incorporated in the SBCC plan which encouraged active participation from the community. As a result, SBCC plans and calendars have been formulated in 25 districts and there is an improvement in utilisation of IEC funds. A positive shift can be seen towards the use of SBCC approach to influence the sanitation behaviour of communities to achieve an Open Defecation Free (ODF) status in Uttar Pradesh.

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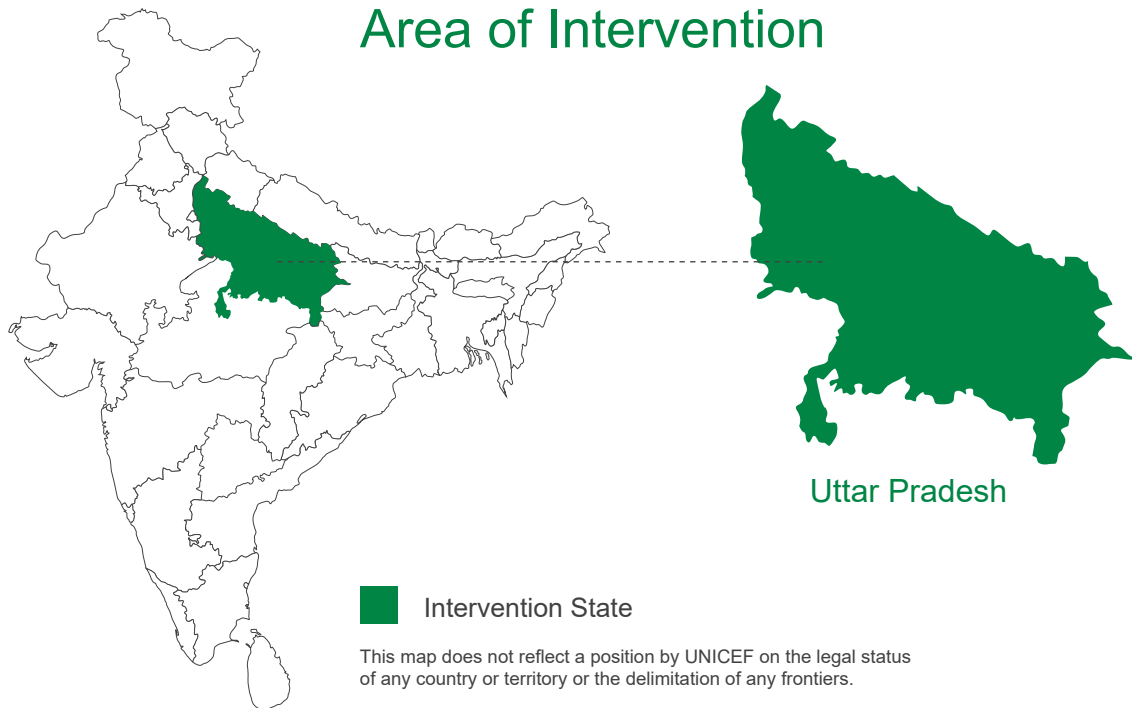
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## Area of Intervention



Map not to scale

## Situation

Government of India launched *Swachh Bharat* Mission (SBM) in 2014 to focus on sanitation, and accelerate efforts to achieve universal sanitation coverage in the country. SBM in rural areas intends to improve cleanliness and make *gram panchayats*<sup>[2]</sup> Open Defecation Free (ODF). The programme emphasises on community-wide behaviour change to trigger demand for sanitary facilities to achieve its objectives. Guidelines for SBM (rural) have specified the formulation of state and district IEC plans focusing on a long-term strategy for communicating key messages on sanitation to the community. In all Indian states, 5 percent of the total SBM allocation is for IEC, communication activities, and capacity building in rural areas.

The Government of Uttar Pradesh (GoUP) has set a target to achieve an Open Defecation Free status by 2 October, 2018. Out of the 75 districts in the state, 30 aim to achieve it by the end of 2017. To achieve ODF status, over 21 million USD is allocated for IEC activities under SBM in Uttar Pradesh.

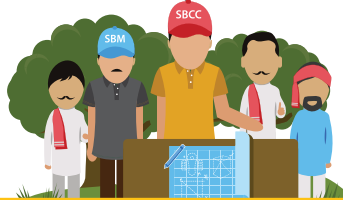
Challenges in achieving the behaviour change goals of SBM:

1. Government functionaries lacked the understanding of the need to engage in a holistic Social and Behaviour Change Communication (SBCC) strategy. Additionally, they had limited capacities to plan and implement interventions to influence sanitation behaviour. Hence, utilisation of state funds as per SBM (rural) guidelines made slow progress.
2. Communication strategies and activities were based on IEC approach, rather than a more comprehensive SBCC approach. IEC is more of a short-term awareness building exercise targeted at individuals and communities, which is not effective in the long run. Knowledge is not a necessary and sufficient condition for behaviour change. For sustained use of toilets in households, healthy sanitation behaviours must be sought at individual, community, and institution levels through multi-pronged mobilisation and communication strategies. SBCC involves analysing personal, societal, cultural, and environmental factors for sustainable change.
3. IEC component under SBM lacked strategic planning, implementation, and appropriate budgetary allocations.
4. For human resources available at the ground level under SBM, there is no systematic process of capacity building on community mobilisation and interpersonal communication.

# Theory of Change



1. Improvement in utilisation of IEC component under SBM
2. Shift from IEC to SBCC approach; more importance given to communication activities
3. Convergence of line departments to achieve results for SBM
4. Availability of human resource trained in SBCC at ground level
5. Synchronised demand and supply for construction of toilets and its sustained use



District SBCC plan and calendar made with intense engagement from SBM team, line departments, and other stakeholders

Priority given to construction of toilets, and not SBCC to influence behaviour

Lack in convergence of efforts by line departments to achieve results for SBM

Lack of strategic implementation of communication activities

IEC approach rather than SBCC approach

Lack of capacity in key district officials to plan, implement, and monitor SBCC activities

Lack of SBCC skills in existing human resources at ground level

Slow and inefficient progress in utilisation of IEC component under Swachh Bharat Mission (Rural)



1. SBM was mostly hardware driven, with more focus given to implementing core programmatic aspects. Communication activities were not given priority.
2. There was lack of convergence of key departments for the implementation of IEC activities to achieve results of SBM.

These systemic-level challenges could be overcome through intensive engagement in the formulation of

comprehensive district SBCC plans. SBCC encourages healthy behaviour change, and increases commitment and investment from individuals, communities, and institutions to eliminate open defecation. Additionally, SBCC helps to improve knowledge and increase demand from the community for the construction and use of toilets by creating an enabling environment. It motivates individuals and communities to accept the use of toilets as the new social norm.



Toilets built by the *Pradhan* in a local school in Mirzapur District.

## Method

The *Swachh Bharat* Mission (rural) has strongly promoted the Community-led Total Sanitation (CLTS)<sup>[3]</sup> approach in Uttar Pradesh, which focuses on triggering behaviour change for adoption of good sanitary practices by communities. UNICEF provided technical support to SBM in Uttar Pradesh for capacity development of officials and communities on CLTS and SBCC. This helped key functionaries of SBM, primarily the Mission Director of Uttar Pradesh, to understand the importance of SBCC in achieving ODF status. Support from the state SBM team ensured participation of key stakeholders, especially government line departments at district and block levels.

### Objectives of district SBCC plan and calendar

In the next phase, UNICEF supported the Government of Uttar Pradesh in 25 districts to establish SBCC plans at district levels. This aimed to address systemic challenges and create an enabling environment that helped improve the efficiency of SBM roll-out. The specific objectives of the district-level SBCC plans were to:

- Build and enhance knowledge and interest, and spur the demand for construction and use of toilets
- Promote, reinforce, and sustain practices of safe sanitation and hygiene behaviours

- Increase knowledge about sanitation and hygiene-related products and services
- Provide knowledge and clarifications related to SBM

For effective and sustained impact, the SBCC plan needed to have a strategic implementation timeline (i.e., allocating an appropriate time, at the appropriate place, with appropriate resources) in the form of an annual calendar.

### UNICEF's support to district SBM team

UNICEF's C4D programme provided technical assistance to the district administration for the systematic planning and integration of SBCC in the programme delivery of SBM in rural areas. As part of its technical support, UNICEF C4D's role was to:

- Facilitate the district SBM team in preparing an SBCC plan and annual calendar for strategic implementation
- Identify resources for SBCC activities in the context of SBM
- Conduct a dissemination workshop at district level to share the SBCC plan with different stakeholders

### SBCC approach and strategies

For a sustained behaviour change, SBCC recognises change at individual, community, and institutional level. The SBCC approach follows a socio-ecological model<sup>[4]</sup> which helps understand and remove bottlenecks within the system by designing complex multi-level interventions. It acknowledges interdependency of individuals with policies, interventions, and processes to maximise influence at all levels. Thus, the SBCC strategy focuses on addressing barriers towards demand generation. Recognising this, different communication strategies were used for different stakeholders. These included:

- **Social mobilisation** to engage government line departments and local institutions such as Frontline Workers, community-based organisations, and self-help groups.
- **Interpersonal Communication (IPC)** for sustainable behaviour change in the community via increasing knowledge on the issue.
- **Entertainment education** to capture the

community's interest while educating them on key issues using locally popular mediums.

- **Mass media** for mass awareness and mobilisation around key issues.
- **Social marketing** for pooling resources in the most cost-effective manner by integrating marketing strategies and interventions to influence behaviour change regarding open defecation.
- **Advocacy** to engage with opinion leaders such as elected representatives, local popular persons from arts and culture, and religious and community leaders.



### Mapping of partners and pooling of resources

To ensure that human resources available at the ground level under SBM have effective SBCC skills, they were first mapped at district and block levels. Existing number of human resource across each village, block, and district from government departments such as *Panchayati Raj*, Health, Education, Rural Development, Uttar Pradesh State Rural Livelihood Mission, were identified. Non-government organisations, religious institutions, youth clubs, corporate organisations, and self-help groups who work in the field of sanitation were also mapped. In addition to human resources, potential platforms, events, and places of mass gathering were identified where ODF messages could be communicated. This was the first step to encourage convergence of departments to achieve the results of SBM.

Capacity development of the identified human resource at the ground level was done through CLTS training in SBM.

# Action

## 1. Formulation of District SBCC Plans

**1.1. The pre-planning stage:** This stage provided an opportunity for the district SBCC team to look at the situation of open defecation in a holistic manner. It prepared the team with the information required to make district SBCC plans.

- **District Analysis:** A month before the formulation of the SBCC plan, UNICEF shared a template with the district SBM team to record the information required for formulation of the district SBCC plan such as:
  - Existing institutional arrangements for sanitation and hygiene
  - Number of human resources related to sanitation and hygiene within the district
  - Roles and responsibilities of identified human resources

The District *Panchayati Raj* Officer (DPRO) or District Programme Coordinator (DPC) from the district SBM team led the collection of information needed for district analysis.

- **Situation Analysis:** An assessment was carried out to understand existing open defecation practices in communities, factors associated with it, and community requirements to achieve ODF. For this, the SBM team carried out field visits as well as interactions with individual, family, community, and institutional-level stakeholders. The information from the situation analysis was presented on a given template by the district SBM team and shared with UNICEF C4D.
- **Strength, Weakness, Opportunity, and Threat (SWOT) analysis:** This was carried out jointly by the UNICEF C4D and SBM team at the district level. Based on the district and situation analysis, the key strengths to be utilised and the weaknesses that need to be minimised were identified.

Subsequently, a three-day workshop was conducted by the district SBM team and UNICEF C4D to develop an SBCC plan and annual implementation calendar.



*Pradhan of one of the villages in Mirzapur district talking about how it achieved ODF status.*

## 1.2. Planning stage

### Day 1: Consultation and planning with stakeholders

- A key objective of the intervention was to plan social mobilisation activities rooted in the idea of convergence of different stakeholders to achieve the results of SBM. Few models of convergence existed at district, block, or village level before the SBCC plan.







- A consultation process was held at the district level in the DPRO office with representatives of District Rural Development Agency, Department of Education, Health, Women and Child Development, Uttar Pradesh State Rural Livelihood Mission, Civil Society Organisations/Non-Governmental Organisations, Faith-Based Organisations, and corporate organisations that implement development initiatives. The District Magistrate officially invited the above stakeholders to participate in the consultation workshop which ensured their participation and provided a platform for them to understand different activities being carried out by various stakeholders. Senior officials from these organisations were requested to attend, who then took responsibility for the implementation of activities suggested during the meeting.
- The workshop started with an orientation by UNICEF C4D team on the importance of SBCC in sustaining toilet usage, and the importance of key stakeholders to join hands and integrate the ODF agenda into their programmes and field activities.
- A list of existing IEC activities by different departments and organisations in the district was made. A brainstorming session was then conducted with participants, to come up with innovative and locally relevant ideas to:
  1. Improve knowledge on benefits of toilet use
  2. Motivate communities to eliminate open defecation, and adopt and sustain toilet usage



3. Monitor the impact of the measures adopted in the communities

Capacity and resources were mapped for the stakeholders present during this session.

- Based on consultations with various stakeholders, the C4D team with DPRO, DPCs, *Swachhata Preraks*, and Block *Preraks* finalised the district SBCC plan for one year. Only those activities were included in the plan, which the departments found easy to implement within their routine programme.
- Next, the Standardised Operational Procedure (SOP) for each activity was prepared. SBM functionaries planned behaviour change activities for their *gram panchayat* and blocks.

### Day 2: Finalisation of district SBCC plan and calendar

- UNICEF C4D team, with district SBM team, finalised the district SBCC plan with stakeholders which included resource mapping, an annual implementation calendar, and a monitoring framework. The monitoring framework accounted for Monthly Review Meetings held by DPRO with key stakeholders, district-level Monthly Reports, and setting up of SBCC cell in War Rooms.
- Resource allocation including funds, identification of staff, vehicle, equipment, and IEC material was done for each activity.
- The SOP outlined different steps involved in the implementation of each activity with its timeline. The means of verification for the activities being designed was decided with a monitoring and evaluation tool for each.

### Day 3: Dissemination

- The District Magistrate approved the SBCC plan and monitoring framework in the presence of other government and non-government stakeholders such as DPRO, DPCs, *Swachhata Prerak*, District Education Officer, Chief Medical Officer, Civil Surgeon, Departments of Education, Health, and Women and Child Development, Uttar Pradesh State Rural Livelihood Mission, Civil Society Organisations/Non-Governmental Organisations, Faith-Based Organisations, corporate organisations implementing development initiatives, and *Mahila Samakhya*.



Pradhan explaining the importance of using toilets to villagers and encouraging its sustained use.

## 2. Strategic implementation of SBCC activities

Activities planned and implemented under different heads of the SBCC plan were:

### 2.1. IEC implementation, monitoring, and management

- District and block-level War Rooms were established by SBM in rural areas. The War Room was conceptualised as a 24x7 communication mechanism to enable interaction between the district, block, and village-level stakeholders to eliminate open defecation. It provides for concurrent monitoring of field-level activities from the ODF process.
- Physical verification was carried out for *gram panchayats* which declared themselves ODF by an independent District Level Appraisal Committee.
- Monthly Review Meetings were conducted to review physical and financial progress like the construction of toilets, updating information systems, and progress of SBCC activities.

### 2.2. Interpersonal communication and capacity development

- CLTS approach was adopted to train identified human resources and communities to understand the situation of open defecation in their village, and form and implement village-level plans for sustained toilet usage by all. A five-day CLTS training module, developed by SBM with UNICEF – before SBCC plans were made – incorporated detailed SBCC training and encouraged participation from communities. This was aimed at generating demand for sanitary facilities and changing sanitation behaviours rather than just constructing toilets.
- Training was conducted by technical and SBCC experts for the participants of CLTS training, such as the head of the *gram panchayat*, Frontline Workers (FLWs), teachers, and religious leaders on social mobilisation, interpersonal skills, and the CLTS approach.
- Masons were trained at the district level on the construction of leach pit toilets. Discussions and demonstrations were held with communities on the benefits of leach pit toilets and its maintenance in the long run.



### 2.3. Social Mobilisation

- Exposure visits were carried out for the heads of *gram panchayats* and other change agents in the village to share best practices from other districts and influence positive sanitation behaviours.
- *Gram panchayats* which achieved ODF status celebrated and felicitated the change agents to motivate sustained toilet usage by all villagers. Change agents took a torch to the villages which had declared themselves ODF.
- Men, women, and children formed separate surveillance committees (locally known as the *Nigrani Samiti*). The surveillance committees worked as a monitoring mechanism within the village, as they identified people defecating in the open and stopped them from doing so, peacefully, without threats or punishments. Merchandise such as a whistle, jacket, and a cap was provided to the committee members for use during surveillance.
- Street plays and magic shows were carried out by local artists, and a video van was used to spread messages about sanitation and hygiene to the villagers.
- To create mass awareness, International Hand Wash Day and World Toilet Day were observed. Special Screenings of the Akshay Kumar-starrer

romantic-comedy movie '*Toilet- Ek Prem Katha* (a love story)' was organised. Akshay Kumar was made the SBM (rural) brand ambassador for Uttar Pradesh.

- In Mirzapur and Bhadohi districts, a 'Brother Number 1' competition was announced, where male members of the village were encouraged to build a toilet for their sisters during the Indian festival of *Rakhshabandhan*. The quality of toilets built for this competition was verified, and the participants were honoured and rewarded to encourage positive sanitation behaviours. The 'Brother Number 1' competition helped male members of the society understand the need for private space for women.

### 2.4. Convergence with different stakeholders

**Education department:** Parents of school children were encouraged to discuss construction of toilets, its use, and benefits. Students talked about their success in motivating villagers for the construction of toilet, use of the toilet, or any behaviour change related to sanitation. Events on the theme of sanitation were held on Independence Day, Republic Day, and Gandhi Jayanti.

**Health Department:** The Health Department used Frontline Workers to motivate women to construct and use toilets. Hoardings and banners were installed in front of healthcare centres. SBM messages and slogans were printed on all OPD (Out Patient Department) prescription slips. During home visits, FLWs counselled the adult members of the family about the construction of toilets, its use, and benefits. In community meetings, public health experts discussed health risks of open defecation, describing contamination of food and water.

**Department of Women and Child Development:** The department held discussions on construction of toilets, its use and benefits, and personal hygiene using flip charts, calendars, or pamphlets.

**GARIMA girls:** As part of *GARIMA*, a menstrual hygiene strengthening programme implemented by UNICEF, adolescent girls were mobilised to discuss menstrual health and hygiene, and advocate the importance of using toilets in their villages through engagement with peers, FLWs, and the community. The girls also discussed the need for toilets with their parents before harnessing resources of the *gram panchayat* to demand for toilets.



Toilet gifted to a sister under the 'Brother Number 1' competition.



## 2.5. Mass Media

- Posters were put up in all government offices, schools, health centres, and prominent places. Pamphlets and flyers were distributed by FLWs through different methods like home visits and village health events.
- To create an enabling environment, success stories and events related to ODF or SBM were shared with communities to raise awareness and improve knowledge.
- Walkathons and marathons were organised where all heads of *panchayats* and local youth participated to spread knowledge on sanitation and use of toilets.
- A video van, street and folk theatre, and audio-video materials were used in local languages in media-dark, hard-to-reach areas.



Children who were part of *Nigrani Samiti*.

## Results

1. UNICEF C4D advocated with the district administration to ensure equal focus on SBCC along with construction of toilets through SBM, and developed SBCC plans and annual implementation calendars for 25 districts. The first SBCC plan was developed for Mirzapur district, and eventually followed by 24 other districts. These plans and activity calendars were reviewed and approved by the District Sanitation Committee (DSC) in 20 districts, where implementation has started. A review of the SBCC plan is set up with the DSC for other districts.
2. UNICEF C4D provided technical assistance to develop the structured district SBCC plan to ensure systematic engagement of stakeholders, and their capacity building. It resulted in acceleration of IEC fund utilisation and strategic implementation of communication activities. There is an increase in expenditure from **7.2** percent in September 2017 to **11.28** percent in November 2017, out of the total allocated amount of over 21 million USD for implementation of the SBCC activities.

# Transformative Change

The following transformative changes were observed since formulation and implementation of the SBCC plans:

## At the system level:

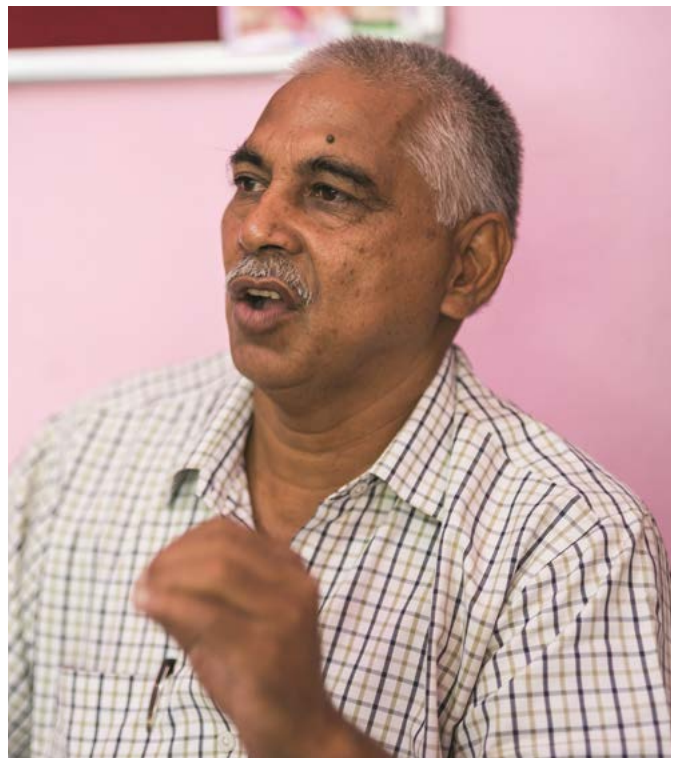
1. With motivation from UNICEF C4D, senior state and district SBM officials were intensely engaged in the formulation of the SBCC plans. A positive change was seen in government officials as they moved from a simple IEC approach for improved knowledge to a more comprehensive and layered SBCC approach. They understand the importance of SBCC in motivating positive sanitation behaviours in communities.
2. Key departments and stakeholders converged to formulate the SBCC plans and annual implementation calendar. They allocated resources for SBCC activities, interpersonal communication, community mobilisation, and advocacy.
3. Existing human resources available at the ground level for sanitation services are skilled in community mobilisation, interpersonal communication, and SBCC.

*“We realised the need for Social and Behaviour Change Communication to influence the use of toilets, and UNICEF facilitated the formation of plans to do it. To meet the deadline to achieve the ODF status in blocks of Mirzapur, we planned the activities along with UNICEF at the district level in June 2017. Some representatives were present from each block, both from the government and non-government organisations, who were motivated to be involved in the formulation of SBCC plans. UNICEF was the partner sanctioned by the state government. We made concrete plans and fixed targets to achieve ODF status in the given time. After the workshop, various activities including the Community-led Total Sanitation (CLTS) training began, and it was scaled up across the entire district. We built capacities of the head of panchayat who could convey our messages to the villagers. Earlier, without the participation of the villagers, we could construct toilets; but nobody would use*

*them. There were a few innovations along the way, supported by UNICEF, like the ‘Brother Number 1’ competition where male members of the community were encouraged to gift toilets to their sisters. The SBCC plan helped in converging efforts of different departments. A district SBCC calendar was also formed with activities scheduled block-wise and day-wise, which guided us on how to roll out the training. It helped us systematically cover the entire district. We did not coerce people into using toilets; instead, we communicated the risks associated with open defecation. We have realised the importance of Social and Behavioural Change Communication in convincing people to change their sanitation behaviour.*

*There is now a demand from people to build toilets. They are ready to pitch in their own money for the same as they have realised its importance. Not only the rich, but the poor are also ready to construct toilets. With the help of an SBCC plan and calendar, Mirzapur has been nationally recognised for its efforts in eliminating open defecation.”*

**Arvind Kumar Singh**  
**District Panchayat Raj Officer, Mirzapur**  
**(Excerpt from the interview)**







Adolescent girls mobilised by UNICEF to talk about menstrual health and hygiene, and to advocate the use of toilets.

#### **At the community level:**

1. SBM has reached out to certain remote areas with the help of SBCC plans.
2. People are building toilets with support from the government and with their own contribution, irrespective of their economic background. In addition, sustained usage of toilets has also been observed in villages, especially by women.

Various government departments and non-government organisations are working in tandem to integrate the issue of open defecation into their programmes. This reflects the success of SBCC plans in reaching out to the community at scale and across various sectors.



# In Summary

UNICEF C4D, in providing technical support to *Swachh Bharat Mission (SBM)*, developed and implemented an SBCC-centred intervention in Uttar Pradesh to motivate healthy sanitation behaviour. Here is a blueprint of how the intervention was rolled out in 25 districts.

## Action



The district SBCC team analysed the situation of open defecation through district, situation, and SWOT analysis. A plan was formulated after consultation with stakeholders, and relevant resources were allocated for dissemination.



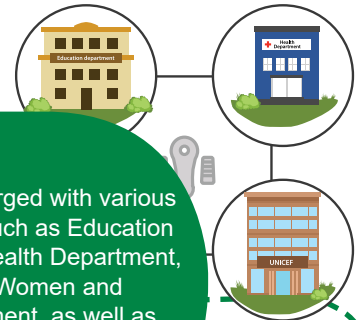
CLTS was used to train resources and communities to understand the situation of open defecation and implement plans for sustained toilet use. The five-day CLTS training was used to impart SBCC training and encourage community participation.



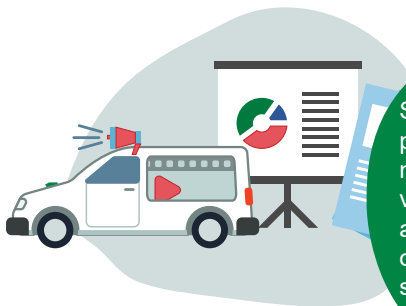
District and block-level War Rooms were established as a 24X7 communication mechanism for interaction among stakeholders to eliminate open defecation. Monthly review meetings were conducted to monitor progress.



Street plays and magic shows were performed by local artists to create awareness on sanitation and hygiene. Exposure visits for change agents were carried out, along with movie screenings and contests for villagers.



UNICEF converged with various stakeholders such as Education Department, Health Department, Department of Women and Child Development, as well as adolescent girls to discuss and promote the use of toilets.



Street and folk theatre, posters, pamphlets, walkathons, marathons, and a video van were used to spread awareness and knowledge on the importance of hygiene, sanitation, and use of toilets.

## Results



SBM ODF's SBCC plans and activities have been approved by the District Sanitation Committee (DSC), and implemented in 20 districts. Equal importance is given by SBM to SBCC, with the focus being the construction and use of toilets. A review of the plan has been set up with the DSC for other districts.



IEC fund utilisation and strategic implementation has accelerated since systematic engagement and capacity building of stakeholders on SBCC was done. There is an increase in expenditure from 7.2 percent in September 2017 to 11.28 percent in November 2017, of the total allocated amount of over 21 million USD.

## Transformative Change



Government officials have moved from a simple IEC approach for improved knowledge to a more comprehensive and layered SBCC approach. Human resources at ground level for sanitation services are skilled in community mobilisation, Interpersonal Communication, and other SBCC activities.



Irrespective of their economic background, the community displays enhanced demand for SBM toilets, and there are frequent cases of people building toilets from their own resources with support from the government. Sustained use of toilets is now a common feature, especially among women.







# References

- [1] *Swachh Bharat Mission* (SBM) (Clean India Mission), contains two sub-missions: Swachh Bharat Abhiyan ("Gramin" or rural), which operates under the Ministry of Drinking Water and Sanitation; and Swachh Bharat Abhiyan (Urban), which operates under the Ministry of Housing and Urban Affairs. Run by the Government of India, the mission aims to achieve an Open-Defecation Free (ODF) India by 2 October 2019, the 150th anniversary of the birth of Mahatma Gandhi, by constructing 12 million toilets in rural India at a projected cost of ₹1.96 lakh crore (US\$30 billion).
- [2] A *gram panchayat* (village council) is the grassroots-level institution of *Panchayati Raj* (formalised local self-governance system in India at the village or small-town level) and has a sarpanch as its elected head.
- [3] Community-Led Total Sanitation (CLTS) is a community-wide behaviour change approach that mobilises communities to undertake their own appraisal and analysis of sanitation issues and take their own actions to become open defecation free (ODF).
- [4] [https://www.unicef.org/cbsc/files/Module\\_1\\_SEM-C4D.docx](https://www.unicef.org/cbsc/files/Module_1_SEM-C4D.docx)
- [5] Uttar Pradesh Rural Livelihood Mission is a poverty alleviation project implemented by Government of Uttar Pradesh. This scheme is focused on promoting self-employment and organisation of rural poor. The basic idea behind this programme is to organise the poor into SHG (Self Help Groups) groups and make them capable for self-employment.
- [6] Coordinates work of the local governance system at the district level.
- [7] District Planning Committee (DPC) is the committee created as per the Constitution of India at the district level for planning at the district and below. The Committee in each district should consolidate the plans prepared by the Panchayats and the Municipalities in the district and prepare a draft development plan for the district.
- [8] DRDA has traditionally been the principal organ at the district level to oversee the implementation of anti-poverty programmes of the Ministry of Rural Development in India.
- [9] Uttar Pradesh State Rural Livelihood Mission (UPSRLM) is a society formed under the aegis of Department of Rural Development to promote and improve livelihoods of the disadvantaged sections of the rural population of the state. UPSRLM is registered under the Societies Registration Act of 1860.
- [10] *Swachhata Preraks* and Block *Preraks* are the catalysts of the programme at the district level, facilitating *Gram Panchayats* to achieve the 100 percent Open Defecation Free status. To achieve the ODF status, *Swachhata Preraks* will spearhead the activities of SBM by planning, coordinating, monitoring, and executing the annual implementation plan for sanitation in their respective districts.
- [11] District Education Officer is responsible for monitoring Educational, Administrative and Legal activities for schools in District under the Department of Education, Government of India.
- [12] Chief Medical Officer (CMO) in India is the senior government official designated head of medical services at the national level. The post is held by a physician who serves to advise and lead a team of medical experts on matters of public health importance.
- [13] A civil surgeon is a senior designated post in the government medical and health service.
- [14] The *Mahila Samakhya* Programme (Education for Women's Equality) that started in 1989 is a concrete programme for the education and empowerment of women in rural areas, particularly those from socially and economically marginalised groups.
- [15] Developed by UNICEF Water, Sanitation, and Hygiene programme, where C4D pitched in with the SBCC session.
- [16] A type of toilet that collects human faeces in a hole in the ground. They use either no water or one to three liters per flush with pour-flush pit latrines. When properly built and maintained they can decrease the spread of disease by reducing the amount of human feces in the environment from open defecation.
- [17] Akshay Kumar is an Indian actor, producer, martial artist, stuntman and television personality. In a career spanning more than twenty five years, Kumar has appeared in over a hundred Hindi films and has won several awards.
- [18] *Rakhi* or *Rakshabandhan* is a Hindu festival as part of which sisters tie a decorative thread on the wrist of their brother as a symbol of love and brothers promise to protect them all their life. The festival involves exchange of gifts, usually by the brother to the sister.
- [19] Responsible for implementing SBM in India, they look after the overall policy, planning, funding and coordination of programmes of drinking water and sanitation.
- [20] These changes have been observed within a small timeframe.



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