

Mapping BCC in 5 States

Swachh Bharat Abhiyan

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WORLD BANK GROUP
Water

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Simply put...

BCC programs are a wide range of interventions that fall into three broad categories:

- Mass media (radio, television, billboards, print material, the internet)
- Interpersonal communication (client-provider interaction, group presentations)
- Community mobilization

Research Contours

Objectives:

- Put together a comprehensive mapping report on who is doing what, where and when in rural sanitation communication in the states of Chhattisgarh, Madhya Pradesh, Orissa, Rajasthan, and West Bengal
- Analyzing current government strategies and plans on communications

Target Audience:

- NGO/INGOs
- Government
- Academic Institutes
- Private Sector
- Media Houses
- Multilaterals

Methodology:

- Desk review of policy and processes
- Mapping of stakeholders
- One-on-one interviews, FGDs, and telephonic interviews

Geographic Coverage:

- States Completed : Orissa, Rajasthan, West Bengal
- States Pending: Chhattisgarh, Madhya Pradesh

Sample Size – Across 3 States (WB, OR, RJ)

Type of Organisation	Sample size
Government	14
Multilateral Agencies	7
NGOs/INGOs/CBOs	49
Corporates	6
Academic Institutes	2
Media House	1
Total	79

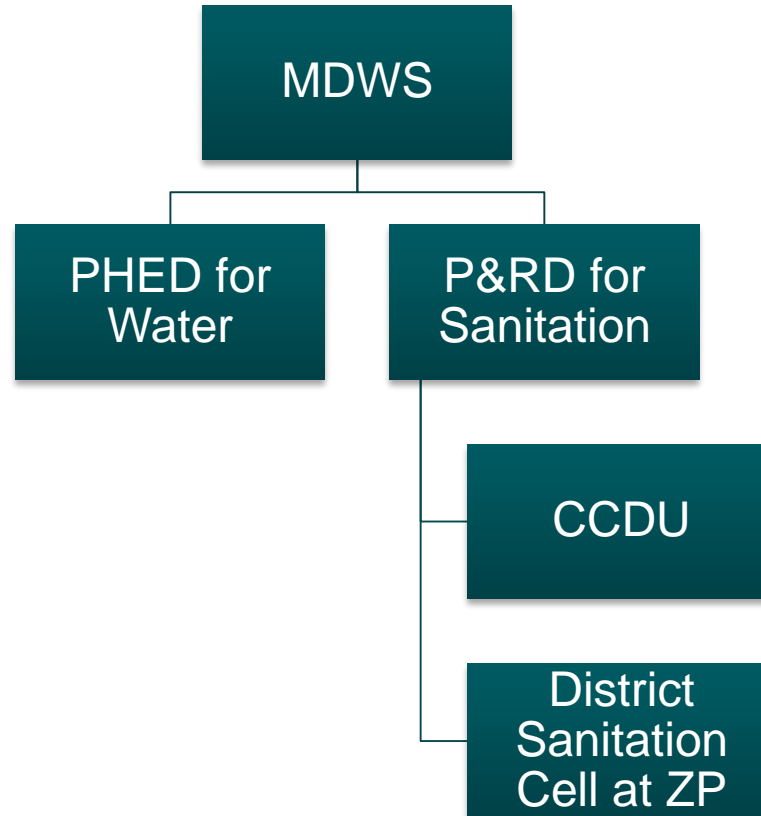
Stakeholder roles in rural sanitation BCC

Stakeholder	National BCC Role	State BCC Role	Implement Process	BCC Approach	Capacity building modules and training	BCC material development and pretesting	Monitoring	Scale	Part of WASH Networks state/district level
Government	Policy Scheme design Funding	Funding Planning and regulation Technical support M&E Training Inter-sectoral coordination	If DM takes charge then state machinery If not, then NGOs	CLTS/CATS as per SHACS	Undertaken in partnership with UNICEF, DFID, WSP (Did not see any)	Developed in partnership with UNICEF (shared) Developed directly by NGOs (most did not share. Developed as per AIP – (Shared by W Bengal)	As per SHACS	Entire state	Tap into stakeholders as and when required WB has an NGO Network for WASH, P&RD facilitating with UNICEF
Multilaterals	National SHACS Sector Analysis	State SHACS Capacity Building	NGOs	CATS – UNICEF CLTS – WSP	Yes (Did not see any)	Sample IEC kit not exhaustive Produced by external agency Pre-testing done	Systems in place Self, sometime third party based on donor needs	2-3 districts	In WB, UNICEF is facilitating NGO WASH network along with P&RD
NGOs/CBOs		Provide services at district level Institution building e.g. GPs, watsan/nigra ni committee Facilitate supply	Directly	Donor Specified Otherwise some form of Participatory Approach	Yes (Did not see any)	Produce but ad hoc In-house production Pre-testing capacity weak	Self	A few GPs in a few blocks in a few districts	WB has an NGO network for WASH

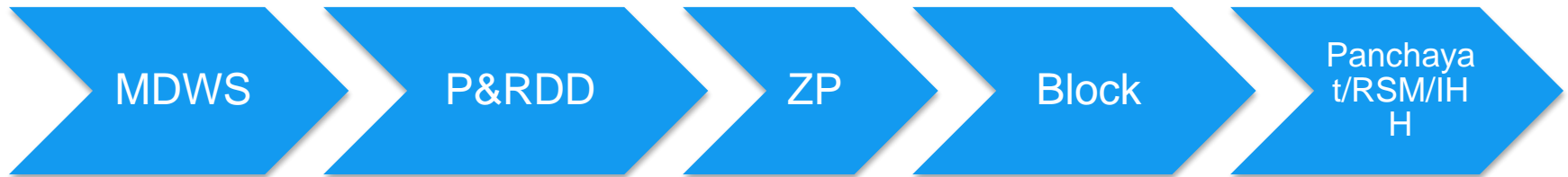
Stakeholder roles in rural sanitation BCC ..contd.

Stakeholder	National level BCC Role	State level BCC Role	Implement through	BCC Approach	Capacity building modules and training	BCC material development and pretesting	Monitoring	Scale	Part of WASH Networks state/district level
INGOs Water for people	Highlight policy gaps through grassroots experience of partners	Highlight policy gaps through grassroots experience of partners	NGOs	Donor Specified Otherwise some form of Participatory Approach	Said they have (Did not see any)	Produce but ad hoc NGO produced pre-testing capacity weak	Self	A few GPs in a few blocks in a few districts	No
Academic Institutions IIHMR Vasanthali Vidya Peeth Intitute of Design		Research Capacity Building Module Development BCC material Dev	Directly		Said they have (Did not see any)				No
Media Houses Jagran Pehel	Awareness through its media channels	BCC and construction	Directly	CLTS	Said they have (Did not see any)	Produce but ad hoc	Self	Few 100 villages	No
Corporates Cairn/ITC	Business areas	Construction – visibility and mileage driven	NGOs	NGO recommended	Use NGO modules	Use NGO materials	Self	Areas where they have their factory, supply chain - in a few 100 villages	No

Present Government structure



Fund Flow Mechanism



- Consolidated fund transfer from Center to state to district
- BCC fund includes - capacity building, mobilization, IEC
- 8% distributed between Center, state and district - (e.g. center - 3%, state - 2% and district - 3%)

State BCC Planning – SMA (in progress)

State Government		Orissa	Rajasthan	West Bengal
Rural Sanitation Policy		TSC - now SBA – GD being adapted	Rajasthan Rural Hygiene and Health policy	SBA - GD
BCC Guidelines		SHACS Plan (being adapted)	Standard operational procedure - SHACS Plan	SHACS Plan – customised
ODF Target		2020	2018	2020
Target IHHL (x lakhs)	2015-2016	12	22	12
	2016-2017	18	22	12
	2017-2018	18	29.46	12
	2018-2019	15	-	12
	2019-2020	15	-	4.94
Village Level Mobilising staff		No	No	No
BCC Material & Prep Capacity		No	No	No
BCC Material Pre-test Capacity Undertaken		Being done with support from orgs like UNICEF	Being done with support from orgs like UNICEF	Being done with support from orgs like UNICEF
Stakeholder Capacity Builder Modules		Not in Place	Not in Place	Not in Place

State BCC Approach - SBA(in progress)

State Government	BCC Strategy	IEC+BCC+Capacity Building Budget 2018/20	District level Implementation	Approach
Orissa	Training in CLTS fo selected motivators + ASHA, AWW, NGOS/CBOs	37 crores	District Sanitation Mission supported by BDO and Gram Panchayats. EOI published inviting NGOs & Forums	District based approach, creating resource base through trained motivators and existing grass roots level organisations for triggering BCC
Rajasthan	Cluster Based approach: <ul style="list-style-type: none"> • 33 districts divided into 12 clusters • 2-3 districts in each cluster • Training to District Resource People 	190 crores	DSM supported by agencies (NGOs, firms, etc.) through EOI. Annual Implementation Plan, Project implementation Plan, Solid and Liquid Waste Management Plan, to be developed by converging all Rural Development schemes	Agency support DSM to motivate community by engaging Districts and Block consultants and <i>Swachadoots</i> Capacity Building of various Stakeholders
West Bengal	Clustering villages – <ol style="list-style-type: none"> Nearly saturated (90%) Low levels of sanitation (less than 70-80%) Middle level (80-90%) 	In the process	6 priority districts selected (e. Midnapur, Hooghly, Nadia, Bardhaman, Howrah) – detailed plans to be developed	Model district approach (Malda + Purulia)

Challenges and Recommendations

BCC Planning and Implementation

Challenges	Recommendations
<ul style="list-style-type: none"> • Lack of clarity on ODF – BCC duration, ODF timeline, budget, Post ODF process 	<ul style="list-style-type: none"> • ODF needs to be clearly defined with indicators and specific time line that all planners and implementers understand. Provision for acknowledging reversal • Slippage or missing toilets strategy needed
<ul style="list-style-type: none"> • Timely preparation of district plans for ODF a challenge given Gov processes and systems 	<ul style="list-style-type: none"> • Support agencies and personnel to be identified and detailed steps laid down – quality of work in addition to budget should be considered
<ul style="list-style-type: none"> • No cooperation between WASH players - different approaches being undertaken in the same district and block (e.g. subsidy) • Lack of convergence of govt. and non-govt. players including CSR 	<ul style="list-style-type: none"> • WASH Network is needed at the state and district level of all stakeholders working on WASH • Collective planning, pooling of resources and monitoring should be undertaken • Clear roles and responsibilities need to be assigned to all stakeholders in the mobilization process in terms of action and type of support they bring to the table
<ul style="list-style-type: none"> • Delay is approvals of scheme, funding, construction, fund release etc. at the district level 	<ul style="list-style-type: none"> • Sequencing of BCC activities linked to Supply Chain need to be timed to complement each other • Time frame of activities needs to be clearly defined – Submitting applications, demand draft, construction, releasing of funds, etc.
<ul style="list-style-type: none"> • Rural sanitation has no institutional systems at the community level – like AWW (Social Welfare, ASHA (Health) 	<ul style="list-style-type: none"> • Based on a needs assessment, hire and train GP level resource
<ul style="list-style-type: none"> • Single technology being promoted in toilet construction – pit latrine 	<ul style="list-style-type: none"> • Menu of technology options as per terrain, geography, water availability should be available to the community
<ul style="list-style-type: none"> • No knowledge management at state and district level 	<ul style="list-style-type: none"> • Repository of best practices, technology solutions etc. needs to be captured and stored centrally for other districts and States
<ul style="list-style-type: none"> • Vulnerable communities, landless, people, labor camps, mobile people (banjaras), brick kiln workers 	<ul style="list-style-type: none"> • Specific programmatic and BCC interventions need to be designed at the state and district level to reach them
<ul style="list-style-type: none"> • Public places such as Religious and traditional institutions, market places , haats, bus stops, do not reflect in any strategy 	<ul style="list-style-type: none"> • They need to be mapped and covered
<ul style="list-style-type: none"> • CSR funds are an opportunity for PPP cooperation 	<ul style="list-style-type: none"> • Government guidelines should allow districts to accept CSR funding

BCC / IEC Material and Pre-testing

Challenges	Recommendations
<ul style="list-style-type: none"> • Water and sanitation interlinked in the minds of the 'Indian's' - burden of carrying water increases for women and girls 	<ul style="list-style-type: none"> • Easy access to water is critical • BCC must include men's role on carrying water for toilets
<ul style="list-style-type: none"> • Annual Implementation Plans have a set of 'BCC' activities to be undertaken 	<ul style="list-style-type: none"> • Needs assessment needs to be undertaken, behaviour change barriers need to be mapped and based on this the BCC activities need to be undertaken • Need for a BCC plan with time line
<ul style="list-style-type: none"> • Ad hoc production of BCC materials 	<ul style="list-style-type: none"> • Based on barrier analysis, target audience and a key messages a 360 degree mapping of BCC materials needs to be done • Then a BCC kit needs to be produced and pretested • BCC Material should be deigned keeping the target audience in mind – should not be verbose and should visually reflect the community • Mobilisation strategy should be in campaign mode – mass media, mid media and IPC should hombard the community together –

Capacity Building

Challenges	Recommendations
<ul style="list-style-type: none"> • Quality of facilitators and mobilisers is critical for achieving and sustaining ODF 	<ul style="list-style-type: none"> • Careful selection of motivators and facilitators and BCC implementation is required
<ul style="list-style-type: none"> • Linkage between hygiene, health, water and sanitation not understood and communicated effectively 	<ul style="list-style-type: none"> • Based on needs assessment identify capacity gaps amongst the planners and implementers, institutions such as CCDU, Panchayats, VWSC and mobilizing partners • Develop training modules and undertake capacity building
<ul style="list-style-type: none"> • Low awareness on rights, inclusion, and equity at the community level 	<ul style="list-style-type: none"> • Rights, inclusion and gender should be central pillars of the mobilisation process – SC, ST, Women, Disabled, Old, people living with HIV/AIDs, transgender

Monitoring

Challenges	Recommendations
<ul style="list-style-type: none"> Monitoring systems are weak, discrepancy in data collection (e.g. <i>Nirmal Bharat Abhiyan</i> and Census 2011 data), little to no use of ICT 	<ul style="list-style-type: none"> Use of ICT should be built into the monitoring process – people should be able to use the web/mobiles to check the status of their application and also be able to provide feedback on-line on delays, fund blockages, etc. At the Governments end a mechanism of addressing the delays should be put in place, with the escalation to accountable authorities if not attended in a time bound manner Impact of BCC should be measured to gauge effectiveness – before and after activities Regular monitoring visits by all concerned Government officials must be undertaken Mid and annual reviews should be undertaken with all partners and feedback received should be used for course correction of plan and strategies
<ul style="list-style-type: none"> Sustainability is a factor of the process followed to achieve ODF, the focus is on 'triggering of communities, prompting them 	<ul style="list-style-type: none"> To ensure sustainability planners need to factor resources towards following up and mentoring of communities post ODF status

Evaluation / Others

Challenges	Recommendations
<ul style="list-style-type: none"> • Third party evaluation not highlighted in any strategy 	<ul style="list-style-type: none"> • Third party evaluation is critical, independent of the Government, NGO, etc.
Challenges	Recommendations
<ul style="list-style-type: none"> • Scalability 	<ul style="list-style-type: none"> • Communities/villages are not homogeneous, behaviour change activities have to be based on the needs of the community
<ul style="list-style-type: none"> • In addition to institutionalization of processes, leadership and accountability is critical 	<ul style="list-style-type: none"> • DMs/DCs to play an important role as drivers of the program
<ul style="list-style-type: none"> • Aggressive National and State plans to achieve ODF status in rural areas, program might remain supply driven - annual targets are being set in all states 	<ul style="list-style-type: none"> • Monitoring indicators need to build-in mobilisation 'process' indicators
<ul style="list-style-type: none"> • Often staff promoting Government schemes may not have access to basic services themselves 	<ul style="list-style-type: none"> • Mandatory for human resource associated with SBA/M to have access and usage of toilets

Process indicator

% OF AUDIENCE WHO RECALL HEARING AND SEEING A SPECIFIC MESSAGE

Definition:

"Audience" is defined as the intended population for the program (e.g., pregnant women for antenatal care, youth in a specific age range for an adolescent program, man on the new SBM scheme)

"Recall" may include spontaneous mention and/or aided recall "Specific message" refers to a communication with some identifiable aspect (e.g., logo, jingle, character) that the respondent could not name unless s/he had been exposed to the communication

This indicator is calculated as:

$(\text{Number of audience members who recall a specific message} / \text{Total number of audience members}) \times 100$

Data Requirements:

Self-report from surveys or other measurement tools; sources of information (e.g., how did the user hear about the service?)

Data Sources:

National, regional, or local sample surveys with members (preferably a representative sample) of the intended audience

Purpose:

"Reaching" the audience is an important first step to increasing levels of knowledge of the products, practices, or services in question. Reaching a large audience is one of the strengths of mass media communication, and recall of specific messages measures the reach of a given communication campaign or message

Opportunities

- Political environment is conducive with the Prime Minister putting it on the national agenda
- Allocation of adequate funds by the Government
- Opportunity to build on the existing capacity of NBA
- At the state level different organizations have the different strengths, the need is to bring them collectively to the table
- Mixed approaches to providing basic services, in particular sanitation – Nadia approach, Ram Krishna Mission approach, Jal Bhagirathi Foundation approach

**You did it for food, milk, eggs, polio...you can do it again!!!
(SMNet model)**

Thank you



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