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**Influence of IEC on Sustainability of Sanitation Project-A Case study of Community based total Sanitation Program in Churu District of Rajasthan,India.**

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**Abstract**

*Sanitation, Health & Hygiene is an interchangeable word in public health issues and open defecation is the reality in the traditional behavior in rural India. Government of India's Total Sanitation Campaign (TSC) is the Program to respond the change behaviour on sanitation issues like on open defecation, handwashing etc. in rural India. To implement the flagship program is not sufficient to respond the program but the involvement of the community for whom the program is designed and the attitude of the officials implementing the program is more important for its success and sustainability for a longer time. The sanitation program in Churu District of Rajasthan in India is an example where the program management has achieved the set percent achievement of the program objectives in a stipulated time period. The integrated IEC activities at different level and its influence involved the community in such a high morale that the program management achieved its desired results. The study revealed that where shortage of water is an important factor in rural deserted Rajasthan and abandoned waste land is available surroundings the community, the campaign of open defecation & other sanitation issues were taken well care by the community. The influence of IEC, an important component in program implementation plan played an important role in successful implementation of TSC in Churu District of Rajasthan*

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**The key is to begin the sustainability process in the beginning and to incorporate the management and employment of sustainability as part of the creation and planning process—not just as a part of the production life-cycle of a delivered project—Mary McKinlay, Vice President, International Project Management Association's World Congress, 2008.**

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### **Rationale:**

Open defecation is a traditional behavior in rural India. This, along with the relative neglect of sanitation in terms of development priorities, was reflected in the country's low sanitation coverage at the close of the 1990s when it was found that only one in five rural households had access to a toilet (Census 2001). In the year 1999, Central Rural Sanitation Program was restructured, advocating a shift from high subsidy to low subsidy regime, greater household involvement, demand responsiveness and providing for the promotion of a range of toilet options for increasing affordability. The comprehensive baseline survey (1996-97) on Knowledge, Attitude and Practices in rural water supply and sanitation conducted by Indian Institute of Mass Communication caused the shift in programming. The findings suggested that 55% of those with private latrines were self-motivated and only 2% of the respondents claimed the existence of subsidy as the motivating factor. To response this challenge, the Government of India launched the Total Sanitation Campaign (TSC) in 1999 with the goal of achieving universal rural sanitation coverage by 2012. This in fact, combined with low awareness of hygiene behavior, made the achievement of the goal of total sanitation a pressing challenge in rural India. The responsibility for delivering on program goals rests with local governments (Panchayati Raj Institutions — PRIs) with significant involvement of communities. The state and central governments have a facilitating role that takes the form of framing enabling policies, providing financial and capacity-building support, and monitoring progress. The revised approach emphasized more on Information, Education and Communication (IEC), Human Resource Development, Capacity Development activities to increase awareness among the rural people and generation of demand for sanitary facilities. This enhanced people's capacity to choose appropriate options through alternate delivery mechanisms as per their economic condition. The Program was implemented with focus on community-led and people centered initiatives. Financial incentives were provided to Below Poverty Line (BPL) households for construction and usage of individual household latrines (IHHL) in recognition of their achievements. Assistance was also extended for construction of school toilet units, Anganwadi toilets and Community Sanitary Complexes (CSC) apart from undertaking activities under Solid and Liquid Waste Management (SLWM).

To give a fillip to the Community led total sanitation, the government introduced an innovative incentive program known as *Nirmal Gram Puraskar* (NGP) in 2003. The NGP offers a cash prize to motivate Gram Panchayats (GPs) to achieve total sanitation. The TSC has recently completed more than decade of implementation (1999-2013) and the NGP has completed eight years of operation (2005-13). Since its launch, the program framework of the TSC and NGP has been based on a common national guideline whereas implementation has been decentralized to the state and district levels. Although there is an undeniable upwards trend in scaling up rural sanitation coverage, national performance aggregates conceal significant disparities among states and districts when it comes to the achievement of TSC goals. Therefore, this is a crucial time to assess the processes that contribute to differential achievement of performance at state and district levels.

Community-led total sanitation is an innovative methodology for mobilizing communities to completely eliminate open defecation. Communities are facilitated to conduct their own appraisal and take their own action to become free from open defecation. The community led

total sanitation focuses on the behavioral change needed to ensure real and sustainable improvements – investing in community mobilization instead of hardware and shifting the focus from toilet construction to an individual household to the creation of open defecation-free villages. By raising awareness the methodology triggers the communities' desire for collective change, propels into action & encourages innovation, mutual support and appropriate local solutions which lead to complete ownership and sustainability of the program.

### **Study Area:**

In Rajasthan, the Total Sanitation Campaign was initially launched in 4 districts in 1999 and scaled up in all the 32 districts in 2004-05. The state has showed significant progress in terms of individual household toilet coverage in the state, usage by the population was low at 12.9% (DLHS 2007-08). The access to toilets for Schools and Angawadies has seen a marked increased but rural solid and liquid waste management has seen little or no attention. In 2010, the Government initiated the Community Led Total Sanitation (CLTS) approach in selected districts with the objective of scaling sustainable sanitation in the State. The IEC strategy has a great role in fulfilling the program agenda and makes the TLC a successful campaign in few selected Districts in Rajasthan.

To understand the impact of IEC strategy as a process to influence the “Total Sanitation Campaign” & made it efforts sustainable, the study was carried out in Taranagar block of Churu District in Rajasthan which was declared 100% open defecation free(ODF) block in the District. The campaign launched in the study block Tarangar with a one-day workshop led by the District Collector and Zilla Pramukh in November 2012. The selection of Taranagar block as the kick-off site helped to provide a necessary momentum for the campaign. The proactive leadership of SDM, BDOs, and Gram Pradhans were so effective that all the GPs in the Taranagar block became ODF within two months and the campaign was extended to Sardarseher and Churu blocks in January 2013. By May 2013, the campaign was further extended to the entire district, covering all six blocks. This phased approach and the success of Taranagar block not only helped the stakeholders to gain confidence but also helped to elucidate and replicate successful strategies from the project's initial phases.

### **IEC Approach :**

The overall goal of the IEC strategy for the total sanitation program in the District was to attain a positive behavior change among people with respect to the use of toilets and other critical hygiene practices. This campaign was not only for enhancing knowledge on improved sanitation and hygiene behaviors but also encouraging community to change the knowledge into practice.

The specific objectives of the IEC approach on sanitation and hygiene program were:

- To increase mass awareness levels and make the village people more conscious about issues related to the importance of sanitation and hygiene;
- To influence decision makers and opinion leaders to advocate for improved sanitation and hygiene standards, thus creating an overall positive environment.

- To ensure that households have knowledge of the linkages between sanitation, hygiene and health leading to increased public demand for quality sanitation services and adoption of hygiene practices.

The major communication methods applied for strengthening the concept on health and hygiene at different levels to achieve the communication objectives were **advocacy** to raise the issue of sanitation in the policy agenda and in the minds of the people, **interpersonal communication** to raise awareness on the importance of sanitation among the rural community and willingness to uptake sanitation and hygiene practices, **community mobilization** to deal with critical issues of sanitation and hygiene and also provide a platform for the community to participate in decisions that affect their daily lives supported and reinforced by mass media.

### **Study methodology:**

The study was carried out in Taranagar Block in Churu District of Rajasthan. The total time spent for collection of information from secondary source as well as field survey was about 2 months. The assessment study on influence of IEC to the Total Sanitation Program is based on both primary data and secondary information. The secondary data was collected to understand the status & background of the program and primary data to re-validate the findings of secondary information, program impact to the community and success of the process adopted for the sustainability of the program etc.

**Primary Data Collection:** The study used both quantitative and qualitative research techniques and Primary data was collected by the multi-stage random sampling survey method. For quantitative study a close ended structured schedule was used for collection of information. A sample size of 90 household was covered for quantitative survey. The qualitative part of the study was carried out through structured in-depth interviews schedule and formal group discussions with a checklist.

**Secondary Data Collection:** The secondary data is collected to understand the project scenario during its inception and implementation phases. For secondary data collection various journals, article papers and net surfing were done. Apart from the above, some knowledgeable persons were also consulted to get their opinion on this study.

**Sample Size:** To finalise the sample size of households for the study, all the gram Panchayats under the block were line listed and sample selected by simple random sampling method. The study enumerated all the 9 Gram Panchayat in Taranagar Block and out of the 9 Gram Panchayats in Taranagar Block, 3 Panchayats namely Bahanin, Mikhala and Lunas were identified as Nirmal

Gram Panchyat. The 90 household were selected from 9 Gram Panchyat of 10 household each per GP through multi stage sampling method for primary data collection and for qualitative survey in-depth interviews were carried out with Block and District officials of TSC cell , volunteers of the Campaign, Sarpanch and Gram Seveks.

**Findings:**

**a) Background & Impact of the program**

The Qualitative and Quantitative data collected during the field visits were analyzed and the related results are discussed below. The primary data collected through schedule, analyzed by statistical tools like bar charts, averages, percentages etc. The qualitative information's were also used as per suitability of the information and context.

The socio-economic status of survey household are placed in table 1(a),1(b),1(c) & 1(d) to understand the basics about the household and their character.

Table 1(a) : Survey Household by Economic Activity (N=90)

Sl.No	Basic Household Activity	No.	%
1	Landless Laborer	12	13.3
2	Small Farmer	43	47.8
3	Petty shop owner	7	7.8
4	Service Holder	6	6.7
5	Medium Farmer	18	20.0
6	Big Farmer	4	4.4
	<b>Total</b>	<b>90</b>	<b>100</b>

Table 1(b) : Socio-Economic status of survey Household (N=90)

Sl.No	Economic status	No.	%
1	BPL	23	25.5
2	APL	26	28.9
3	General	41	45.6
	<b>Total</b>	<b>90</b>	<b>100</b>

Table 1(c) : Socio-Economic status of Survey Household (N=90)

Sl.No	Social status	No.	%
1	SC	12	13.3
2	OBC	45	50.0
3	General	33	36.7
	<b>Total</b>	<b>90</b>	<b>100</b>

Table 1(d) : Educational status of Head of the Survey Household (N=90)

Sl.No	Educational status	No.	%
1	Illiterate	28	31.1

2	Up to 8 standard	41	45.5
3	Matriculation	17	18.9
4	Graduate & above	4	4.5
	<b>Total</b>	<b>90</b>	<b>100</b>

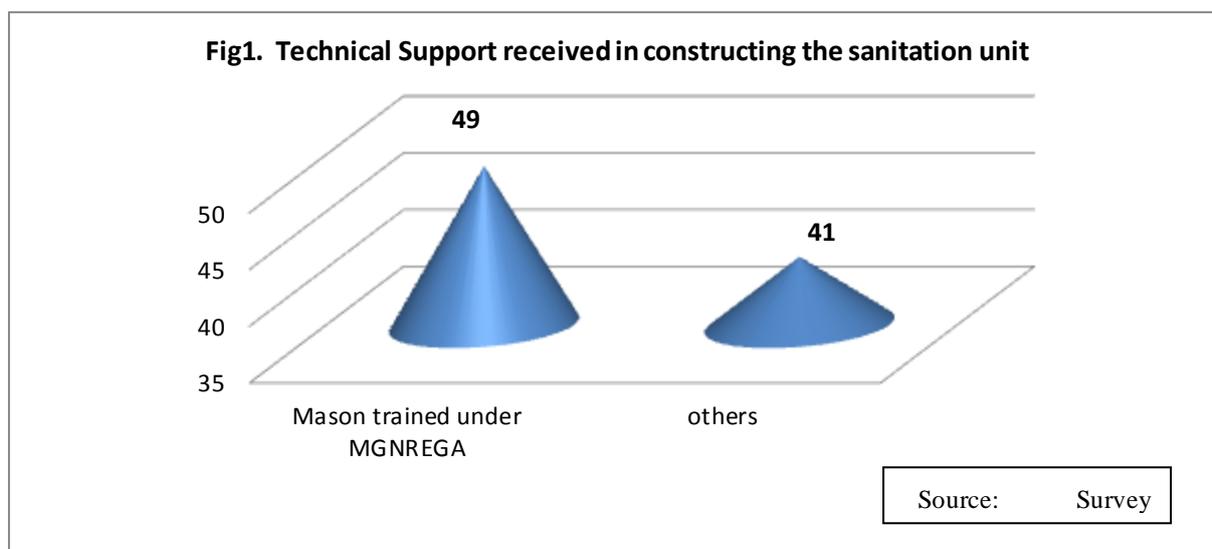
It was found from the social, economic and educational status that majority survey households were belonging from lower strata of the society and very few represented from middle/higher standards. It was found during the survey that mostly household (98%) in Taranagar possessed the modern sanitation unit in their family.

Tab 2: Survey Household with sanitation unit (N=90)

S.No.	GPs of Tarapur Block	Having sanitation unit:	
		Yes	No
1	Bhanin	10	0
2	Mikhala	10	0
3	Buchawas	9	1
4	Bhaleri	10	0
5	Dhani Khumaran	10	0
6	Satyun	10	0
7	Lunas	10	0
8	Ayla	9	1
9	P.Taal	10	0
	<b>Total</b>	<b>88(97.8%)</b>	<b>2(2.2%)</b>
<b>Source: Survey Data</b>			

During the survey it was also established that household members were fully aware the importance of sanitary unit in house and its impact on better health which ultimately affects the socio economic status of the household in the community. But having a sanitation facility in the household is not enough to serve the purpose of better health related to sanitation as long as it is not a permanent in nature. It was also verified that the construction status of mostly sanitation unit in the household are permanent in nature.

It was also noticed that the convergence of flagship program on Rural Development (MGNREGA) and the Total Sanitation Campaign of Govt. of India at the grass root level. The mason trained under the MGNREGA helped and build more than 50% unit in the Taranagar Block as shown in Fig 1.



Other than technical support, the household also received financial assistance to construct the sanitation unit in Taranagar Block. The table 3 shows that about 82% Household (74 out of 90) received financial assistance from Govt. agency working on TCS scheme. It is only 18% House Hold (16 out of 90) did not received any financial benefit as very few have their existing toilets or not fit for the criteria fixed by the scheme.

Table-3. Financial support received to construct the sanitation unit (N=90)

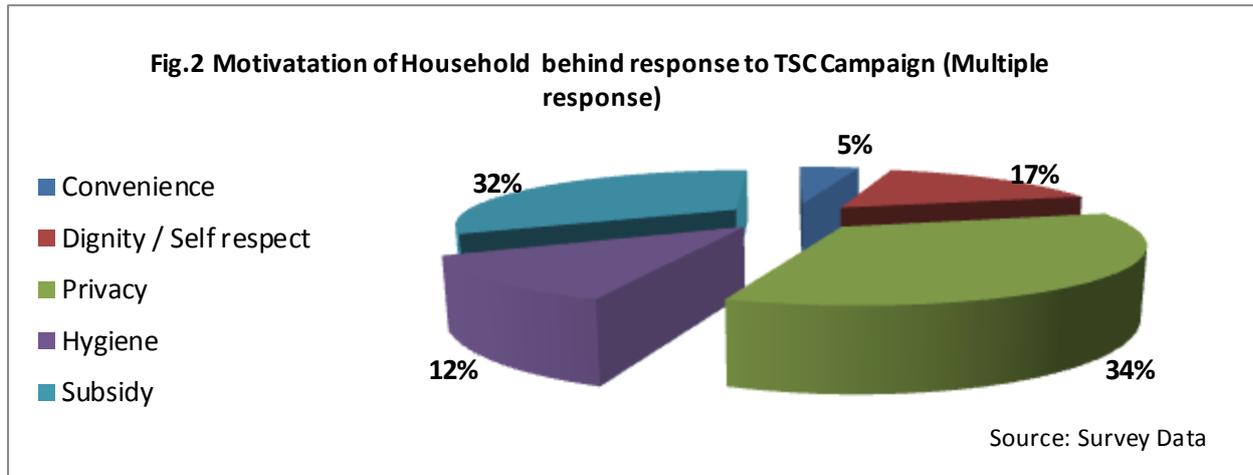
S. No.	GP Name	Received financial assistance to construct the sanitation unit?		
		Yes	No	Total
1	Bhanin	9	1	10
2	Mikhala	7	3	10
3	Buchawas	7	3	10
4	Bhaleri	8	2	10
5	Dhani Khumaran	10	0	10
6	Satyun	8	2	10
7	Lunas	9	1	10
8	Ayla	8	2	10
9	P.Taal	8	2	10
	<b>Total</b>	<b>74 (82%)</b>	<b>16 (18%)</b>	<b>90(100%)</b>

Source: Survey Data

It was also evaluated during the House Hold survey that those who have not received any financial support from the program (16 out of 90 Household) managed the funds by their own savings (4/16), loan received from Bank (5/16) and rest (7/16) arranged it from other Govt.schemes.

It was tried during the Household survey to understand the motivational factor/s behind successful implementation of TCS program in Tarnagar Block. The Fig.2 shows that around 68% household believed that dignity of the family, privacy and hygiene is the major motivating

factor.



To build a sanitation unit in home and its usage is two different things. Based on these ideas, it was also examined during the survey that who are the real users of this sanitation unit in the household. It was found that not only the women & Children, the entire family members (100% in 90 samples Household) used the facility in the household.

It was also noticed that the all the household under study were received capacity building training by implementing agencies about the usage and maintenance of unit in absence of the project people in future.

As far as washing of hand after defecation is concerned in the study area it was found that a large proportion of house hold members usages (89%) to clean their hands with soap.

### **b) Impact of IEC on changing behavior & practices**

To ensure that communication on improved sanitation and hygiene practices are internalized by various stakeholders, communication approaches used one-to-one interactions, discussions, meetings and folk mediums to enhance the understanding of the risks and benefits of improved sanitation and hygiene practices. The secondary audience plays a key role in influencing the primary audiences to adopt the positive behaviors. Advocacy with opinion leaders and influential sources will play an important role. From discussion with program officials at various levels it was found that district-specific communication strategy was developed in Churu District with support from the World Bank's Water and Sanitation Program (WSP).

The key components of the communication strategy were:

1. Branding of the campaign focused on dignity and pride
2. Target the community rather than individuals
3. Community-led approach
4. Focus on interpersonal communication
5. Integrated campaign

To implement the strategy on communication the activities carried out was the capacity development program targeting various stakeholders in the total sanitation campaign at the District , Block, Gram Panchyat and Villages .The capacity development program were organized by the local level partners with the technical and financial support of the World Bank's Water and Sanitation Program (WSP). The WSP engaged expert agencies and resource personnel to facilitate various training programs. Most notably, a five-day training program on Community-led Total Sanitation (CLTS ) was arranged for motivators and resource group members. Similarly, technology training programs were facilitated in all blocks by the distinguished expert. In addition, the WSP provided two full-time consultants for the regular capacity development of PRI members, motivators and nodal officers through routine meetings and field visits.

It was found that to create awareness and mass mobilization at various levels the number of planned IEC activities carried out by the partner organization using different platform/tools. The important platform/tools were identified after in depth discussion with the villagers, campaign officials at Block & District level were as follows:

- **District Rally:** A rally was organized on the Republic Day by different stake holders of TSC and Public Health Engineering Deptt. with message on safe Water & Sanitation behavior.
- **School Program-** District Resource Group created for Sanitation project Campaign by District Authority facilitated children's rally in almost all schools. The rally covered respective villages drawing attention of community towards stopping open defecation.
- **Ratri choupals** (evening community get to gether): Most of the Panchayats conducted Ratri Choupals facilitated by Block and participated by District officials. This get to gether was aimed at building environment for safe sanitation in the Panchayat and provides support in the initiatives taken by community and panchayats.
- **Visit of Block Administration in Village:** Villages visited by the Block officials once in every fortnightly on regular basis for sharing information of various government schemes and programs. This platform was used for voicing Nirmal Bharat Abhiyan program and Open Defecation Free Churu Campaign also.
- **Slogan writing:** All Gram Panchyats have wall writing on sanitation aspect for community motivation.
- **District level display board of Panchayats progress:** A display board depicting sanitation status of Panchayats was made in Collector's Office. The display board shows ODF status of GPs, under progress and Non-performing GPs. It has directly influenced the visiting PRIs to District Collectorate office.
- **Social Maps:** Social mapping were developed in few Panchayats showing village with coverage and open defecation places.

- **Sanitation Park:** Sanitation display park at District Collectors' Office campus having various technological options of toilets. It was so strategically located that visitors from Blocks/panchayats came for any work have a glimpse on it.
- **Media coverage:** Media played a crucial role in mass communication of the program from time to time. They electronic and print media covered each & every event organized by department during the campaign.
- **Chokho Ghar:** Households who have built toilet and used were felicitated by panchyat providing inscription of CHOKHO GHAR (Good House) logo on their house
- **Garv Yatra(Pride rally) after becoming ODF:** All 28 GPs of Taranagar carried out Garv Yatra to celebrate ODF status and also to motivate community for sustaining it and work towards Nirmal Gram Panchyat.

*The effective IEC planning and its implementation to the community on Sanitation campaign change the behavior of the community towards defecation free environment. The community was motivated to construct and use toilets as a matter of pride, dignity, and health and not in order to obtain a government subsidy, people in Taranagar Block of Churu District constructed toilets of their own preference, mostly of a higher value than those covered in the government incentive.*

### **Sustainability issues:**

The education, income, social status or any other indicators of the community members can't hinder their full cooperation and participation for a cause, if, the objective of the program and its positive impact on society is clearly communicate to the community. It is understood widely from the TSC program at Taranagar Block in Churu District that providing toilets alone would not ensure the desired result.

The true indicator of real and sustainable behavior change was that people construct toilets for themselves. It was possible only when the campaign properly communicate the community its importance in improving social values as well as on health aspects for better diseases free environment. However, the financial circumstances of poor households do not always permit this sort of undertaking. The district administration made every effort to provide labor through MGNREGA and to release Nirmal Bharat Abhiyan(NBA) incentives immediately after the desired outcomes were achieved.

The issues helpful to make the program successful and sustainable were :

- Administrative and political priority was critical for initiating a successful campaign.
- An effective institutional arrangement was instituted to facilitate the campaign.
- The campaign was designed in such a way that the community takes initiative rather than waiting for government support.

- The government's financial support is delivered effectively as incentives and rewards for community-level outcomes.
- An effective communication strategy promoting the community-led approach was adopted.
- In each village the campaign starts with a two day intensive community outreach and triggering exercise to motivate the community to change its behavior for reasons of dignity and pride.
- *Nigrani* committees are coordinated by *prabhari* in each village to provide regular follow-up after the triggering exercise.
- Capacity development was undertaken for using the CLTS approach and with respect to technology options.
- No contractors or NGOs were hired to construct the toilets. Toilets were constructed by the users themselves, according to their individual preferences and by investing their own efforts and resources.
- Available funds for Solid Liquid Waste Management under Nirmal Bharat Abhiyan have been used as an effective community reward for achieving ODF status.

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