

## **A Community-led campaign made ODF in just three years**

Kangra is the largest district in Himachal Pradesh state, with 15 development blocks, 760 Gram Panchayats (GPs), and 3,868 revenue villages. The total population of the district is 15 lakhs, according to the 2011 Census, of which almost 95 percent live in rural areas.

The district-level project for the Total Sanitation Campaign (TSC) was sanctioned in March 2005. According to the baseline survey conducted in 2005, almost 70 percent of the population did not have access to toilets. However, the TSC was not taken up on a priority basis in the district until 2008, and therefore very little progress had been made at that point; in effect, only 805 IHHLs, 15 community toilets, and 287 school toilets had been built in the district.

In April 2008, a new Project Officer, who happened to be trained in Community-Led Total Sanitation (CLTS), took over the charge of DRDA. He shifted the TSC's strategy from a project mode to a campaign mode. The district sanitation mission engaged 13 support organizations posted in 15 blocks and trained them to facilitate community based campaigns and IEC activities. Also the district and block administration started giving priority to the TSC. The results of the community campaign were dramatic; within three years, all 760 GPs in the district became Open-Defecation Free (ODF). Facilitating a campaign on this scale was not easy; it required not only strong institutional coordination and effective IEC activities but also foolproof and timely monitoring methods, to ensure quality results. Institutional Arrangement Kangra established a district-level sanitation committee with the Deputy Commissioner as Chairperson, the Project Officer DRDA as Member Secretary, and the district nodal officer of TSC. While a TSC cell was instituted at the district level by enlisting contracted staff, support organizations were engaged at the block level, and they in turn brought in coordinators and motivators at the block and GP levels. The district also institutionalized block-level sanitation committees, with the SDM as Chairperson and the BDO as co-Chairperson, to review and monitor the monthly progress of the campaign. In addition, Sanitation Committees were instituted at the GP and ward levels.

### **IEC and Capacity Building**

The DRDA adopted a strategic IEC plan focusing on behavior change. The idea was to use 'triggers' to generate awareness among communities about the practice of open-defecation and then motivate them to stop the practice by constructing and using toilets. The CLTS tools were found to be effective in mobilizing

communities at scale. Most notably, the incentive amount for hardware construction available under the TSC was not used for the sake of motivation. On the contrary, the incentive for BPL households was provided only after the GP achieved ODF status, which helped to leverage community action and peer pressure in promoting widespread behavior change.

In addition to CLTS triggering and follow-up through motivators, other IEC activities were also held on a regular basis, such as Kala Jatha (street plays and cultural programs), door-to-door campaigns and interpersonal communication, village-level video screenings, print and electronic media campaigns, painting and essay writing competitions among school children, and the celebration of Swachata Week. In addition, state-level award schemes (Maharishi Valmiki Sampoorna Swachata Puraskar [MVSSP] and the School Reward Scheme) as well as Nirmal Gram Puraskar helped to motivate communities to achieve the desired results by instigating healthy competition among Gram Panchayats.

## **Monitoring**

A notable strategy for monitoring ODF Status was inter-block verification, which is essentially a form of peer verification by the team, including officers and PRIs from neighboring blocks verifying the ODF status of a particular GP. This not only served as a third-party verification of ODF claims, but also provided the opportunity for exposure visits in which successful strategies and practices could result in the wider scaling-up of rural sanitation.

On the other hand, the progress of the campaign was monitored at the district level on a regular basis by the Project Officer of DRDA. The BDOs had to report monthly progress in a prescribed format that included information on the number of motivators trained and engaged; the number of GPs having passed resolutions declaring ODF status; the number of GPs in the four ranges of coverage with home toilets (75 percent); the number of GPs having declared themselves ODF in which institutional sanitation facilities have been addressed; the number of GPs in which the three major Nirmal Gram criteria have been met (ODF status + institutional sanitation + disposal of solid and liquid waste); the number of GPs having entered the state's reward scheme (MVSSP); and the number of GPs having been evaluated for NGP or having received NGP.

Since monitoring was largely focused on outcomes, the implementation of the campaign also emphasized achieving outcomes over mere outputs, such as the construction of toilets. Monitoring also helped to ensure that the vision of the

district sanitation mission was shared by all the officers at the block and GP levels. The district's success in achieving outcomes at scale underscores the value of this particular strategy. (*Source : MDWS*)

In addition to CLTS triggering and follow-up through motivators, other IEC activities were also held on a regular basis, such as Kala Jatha (street plays and cultural programs), door-to-door campaigns and interpersonal communication, village-level video screenings, print and electronic media campaigns, painting and essay writing competitions among school children, and the celebration of Swachata Week