Drinking Water Advocacy and Communication Strategy Framework

2013 - 2022

**Ministry of Drinking Water and Sanitation
Government of India**

unicef
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Drinking Water Advocacy and Communication Strategy Framework

2013-2022

MINISTER OF STATE
(INDEPENDENT CHARGE)
FOR DRINKING WATER &
SANITATION
GOVERNMENT OF INDIA
NEW DELHI

Bharatsinh Solanki

Message

India has met the drinking water target for its Millennium Development Goal commitment and in doing so has contributed significantly to the global achievement of this target. About 92 per cent of the urban population and 90 per cent of the rural population has access to improved water sources such as piped water, tube well and protected sources. However, this access has not been able to ensure adequacy, quality and equitable distribution. Only 12 per cent of the rural population has access to piped water supply on premises while 10 per cent uses unimproved sources. Among the rural population that have access to piped water supply on premises 32 per cent are from the richest quintile while it is 1 per cent of the poorest quintile. Pollution of groundwater reserves due to natural and anthropogenic contamination in many regions is another emerging challenge. Almost 70 per cent of surface water and an increasing percentage of groundwater are contaminated by open defecation, industrial effluents, domestic waste, and agriculture.

The National Rural Drinking Water Programme of the Government of India aims to provide safe, adequate and accessible supply of drinking water for all in rural India. The Programme envisions ensuring by 2022 piped water supply to at least 90 per cent of the rural households and at least 80 per cent of rural households with household piped connection.

To achieve its overall objective of providing improved and sustainable drinking water services in rural communities, NRDWP focuses on water quality management, source sustainability, sustainable service delivery (operation and maintenance), building professional capacity and strengthening decentralized governance through Panchayati Raj Institutions and community involvement. It seeks to involve the community by enriching their knowledge and skills in a way that they understand the benefits of hygiene practices and are empowered to manage their drinking water sources and systems.

The updated guidelines of the NRDWP (2013) provides a new thrust on social and behaviour change communication to influence key stakeholders to adopt hygiene practices and empower them with knowledge and skills for planning, implementation, operation, maintenance and management of drinking water supply. NRDWP has earmarked 5 per cent of funds on a 100 per cent Central share basis to be used for different support activities including intensive IEC activities, interpersonal communication and capacity building of Village Water and Sanitation Committees (VWSCs), Panchayati Raj functionaries and frontline workers.

To facilitate the implementation of communication interventions the Ministry of Drinking Water and Sanitation in collaboration with UNICEF has developed the National Drinking Water Advocacy and Communication Framework 2013-2022. This document has been developed to guide advocacy and communication activities at national, state and district levels. All States need to adapt and develop their state-specific strategies based on this framework. The objective is that the goals of NRDWP are understood and shared by all key stakeholders and there is ownership and commitment to action. I hope this framework is effectively utilized as a useful tool for the implementation of NRDWP.

Your Sincerely

(Bharatsinh Solanki)

पंकज जैन, आई.ए.एस.

PANKAJ JAIN, I.A.S.

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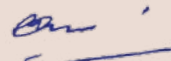**Website: www.ddws.nic.in**

Foreword

Safe and sustained drinking water is central to the health and well-being. The drinking water sector is a multi-faceted one with diverse challenges. While natural and environmental factors play an important role in the availability and quality of drinking water, the way people manage this precious resource also has a significant impact on water safety, security and health. The National Rural Drinking Water Programme (NRDWP) envisions providing rural India with adequate safe water for drinking, cooking and other domestic needs on a sustainable basis. To ensure that this basic need of all people is met and to improve public health, the Ministry of Drinking Water and Sanitation (MoDWS) has developed the National Drinking Water Advocacy and Communication Strategy Framework 2013-2022 that aligns communications on key behaviours with the vision and goals of NRDWP.

The National Drinking Water Advocacy and Communication Strategy Framework 2013-2022 provides the *"framework"* to guide the advocacy and communication interventions in the implementation of the NRDWP. It aims to provide strategic directions for planning, designing and implementing advocacy and communication activities at national, state and district level. The objective is to promote the significance of key water practices and hygiene behaviours and community participation with regard to safety, availability and sustainability of drinking water. It seeks to influence decision makers and key influencers for their commitment and action on issues related to adequate and safe drinking water and to increase knowledge among families and communities for the uptake of hygiene behaviours for improving their health status.

Water is a state subject and state governments and agencies are responsible for managing safe drinking water to all habitations in rural areas. Therefore, this national strategy has been prepared as a framework to guide states while developing their state-specific strategies. It provides options from which states can formulate their strategies based upon their individual needs, capacity and resources.

The development of the National Drinking Water Advocacy and Communication Strategy Framework is a collaborative effort of MoDWS, relevant State Departments and technical support from UNICEF India. I wish to take this opportunity to thank all those who contributed to the process and hope that the implementation of the framework will contribute towards the realisation of NRDWP goals.

29th October, 2013

Pankaj Jain

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Abbreviations

ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BCC	Behaviour Change Communication
CCDU	Communication and Capacity Development Unit
DISE	District Information System for Education
DWSM	District Water and Sanitation Mission
GoI	Government of India
GP	Gram Panchayat
IAY	Indira Awaas Yojana
IEC	Information, Education and Communication
IPC	Interpersonal Communication
JMP	Joint Monitoring Programme
KAP	Knowledge Attitude and Practice
MDG	Millennium Development Goal
MDWS	Ministry of Drinking Water and Sanitation
M&E	Monitoring and Evaluation
NBA	Nirmal Bharat Abhiyan
NFHS	National Family Health Survey
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
NGP	Nirmal Gram Puraskar
NRDWP	National Rural Drinking Water Programme

NSS	National Sample Survey
ODF	Open Defecation Free
O&M	Operation and Maintenance
PHED	Public Health Engineering Department
PRI	Panchayati Raj Institution
PSA	Public Service Announcement
RSM	Rural Sanitary Mart
SBCC	Social and Behaviour Change Communication
SHACS	Sanitation and Hygiene Advocacy and Communication Strategy Framework
SHG	Self-help Group
SMS	Short Message Service
SSA	Sarva Shiksha Abhiyan
SWSM	State Water and Sanitation Mission
TOT	Training of Trainers
UNICEF	United Nations Children's Fund
VM	Village Motivator
VHSC	Village Health and Sanitation Committee
VWSC	Village Water and Sanitation Committee
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
ZP	Zilla Panchayat

Overview

India has made significant progress in developing drinking water infrastructure and has met the Millennium Development Goal drinking water target, contributing significantly to its global achievement. However, challenges remain including the need for rapid development and sustainability of supply to meet an increasing population against a variable resource distribution.

The National Rural Drinking Water Programme (NRDWP) emphasises ensuring safe, potable and accessible supply of drinking water that is affordable and which is distributed equitably across rural India. NRDWP also focuses on developing partnerships with Panchayati Raj Institutions (PRIs) and community organizations for planning, implementing, maintaining and sustaining drinking water schemes. The ultimate aim of NRDWP is to contribute to a healthy India.

Improved management of drinking water supply is key to child health along with social and economic progress. Improving drinking water supply and quality, eradicating open defecation and the adoption of positive hygiene behaviours will significantly contribute to reducing child morbidity, mortality and improving the nutritional status of children.

The Ministry of Drinking Water and Sanitation (MDWS) *has developed a Sanitation and Hygiene Advocacy and Communication Strategy Framework (2012-2017)* (SHACS) focussing on the promotion of positive sanitation and hygiene behaviours for adoption by households and communities. The aim is to create a new social norm that considers open defecation totally unacceptable. The four critical behaviours identified by the SHACS are-

- building and use of toilets
- safe disposal of child faeces
- hand washing with soap after defecation, before food and after handling child faeces
- safe storage and handling of drinking water

The Drinking Water Advocacy and Communication Strategy Framework is now developed based on the process and structure of that for sanitation and hygiene. It will guide advocacy and communication activities related to the key identified behaviours at the national, state and district level to empower communities and households to make positive change.

The Drinking Water Advocacy and Communication Strategy Framework focuses on critical behaviours related to drinking water at household and community level. They are-

- **Families ensure safe storage and handling of drinking water**
- **Communities demand establishment of representative and functional committees for drinking water supply from PRIs/PHED at GP level**

It identifies **three phases of implementation,** each with specific communication objectives and it clearly defines:

- the audience receiving the information *(the who)*;
- the content of the information *(the what)*;
- the methods to be used to convey the information *(the how)*; and
- the approaches to promote action for change *(the action)*.

This is achieved through advocacy, interpersonal communication and community mobilisation with overall multi- media support including mass media, digital media and social media.

A detailed **implementation framework** lists out the key participants/stakeholders, the activities to be used with each group and the communication tools required. An illustrative **monitoring and evaluation framework** with regular assessments allows for local modification and refinement of the strategy. **Indicators** for each of the phases are organised at three levels-outcome, output and process.

A District Communication Plan Template supports the overall framework. It outlines the steps required for the development of a **Communication Action Plan** and for roll out at the district, block and village/GP level.

Using the Drinking Water Advocacy and Communication Strategy Framework Document

Keeping in view the diversity of rural water supply challenges in Indian States this document is a *"framework"* to guide advocacy and communication interventions for influencing drinking water related behaviours. The two key behaviours mentioned above will apply across India. In addition to these two behaviours, states can select any of the three additional behaviours to promote, based on local needs. These additional behaviours are:

State option 1

- Families treat drinking water at household level

State option 2

- Families and Communities conserve water

State option 3

- Communities demand for the regular review of water sources from GP committees to ensure proper operation and maintenance of water sources

A state may choose some or all selected behaviours for their state-specific drinking water advocacy and communication strategy.

As an integral component of the NRDWP, the *Framework* provides a **guiding structure** to State Governments for developing and rolling out a *state-specific drinking water advocacy and communication strategy.* These contextualized strategies will seek to promote key hygiene behaviours related to drinking water and stimulate demand for services to ensure safe, adequate and sustainable water supply.

The Framework is designed for those involved in the planning and implementing of the NRDWP at national, state and district levels and aims to support:

National level

- Promotion of safe storage and handling of drinking water by families with emphasis on the positive outcomes for health
- Facilitating an enabling environment for communities to demand and effectively utilise drinking water service provisions

State level

- To assist state governments to facilitate the national framework locally through the development of state-specific drinking water advocacy and communication strategy

- To guide implementation plans to roll out advocacy and communication activities at state levels
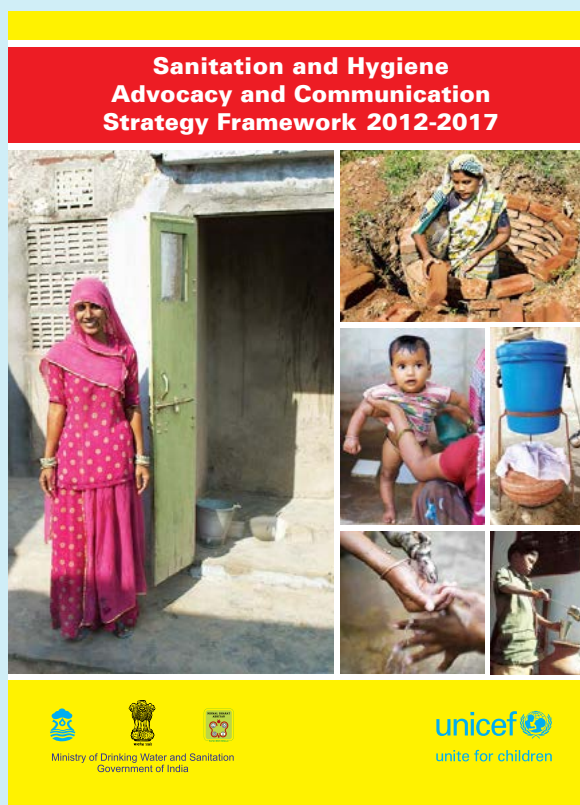
District Level

- To guide district level communication planning to facilitate roll out of the communication activities

This document is divided into four main sections, each with sub-sections:

- Why a Drinking Water Advocacy and Communication Strategy Framework

  * Situational Analysis[1] (Challenges faced by the rural drinking water sector) (Annex-1)

  * Key barriers to the demand and usage of safe drinking water

- What is the focus of the Drinking Water Advocacy and Communication Strategy Framework

  * Social and Behaviour Change (Conceptual framework)

  * Key behaviours

  * Key participants/stakeholders

  * Advocacy and Communication objectives

  * Communication approaches

- How to implement the Drinking Water Advocacy and Communication Strategy Framework

  * The three phases of the Advocacy and Communication Strategic Framework

  * Sample design matrix of advocacy and communication activities
    i. Raising awareness

    ii. Advocacy

    iii. Social and behavior change communication

  * Implementation framework (Annex-2)

  * Guidance note for developing state-specific advocacy and communication strategies

  * District Communication Plan Template (Annex-3)

- Monitoring and Evaluation Framework

  * Suggested monitoring and evaluation framework (Annex-4)

Sanitation and Hygiene Advocacy and Communication Strategy Framework 2012-2017

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[1] The rationale on which this Strategic Framework is built is presented in the situation analysis (See Annex-1)

Why a Drinking Water Advocacy and Communication Strategy Framework

It is well known that barriers exist to achieving accessible and sustainable safe drinking water supply for all. To develop a robust advocacy and communication strategy it is important to understand and tackle these barriers.

This section focuses on the **critical barriers** relating to the demand and usage of safe drinking water based on research studies, consultations with national and state government, sector experts, communication specialists, development partners and experienced field practitioners.

Key barriers to the demand and usage of safe drinking water

Availability of water is a key concern

Availability of water is one of the key challenges of the rural water supply sector. Several parts of India face water shortages due to seasonal water scarcity and unsustainable water-use behaviours (industrial, agricultural and domestic). In such situations the need to ensure water availability takes precedence over quality. Research in India highlights that people are forced to use unsafe sources of water even when there is piped water supply. This is because water is either scarce during the summer months or the availability of water depends on intermittent electricity supply. The probability of contamination of water increases significantly when people use several sources.[2]

A study of safe water demand in rural India showed that in cases where water is available, the focus is to ensure that the source is near and accessible. The study also revealed that the PRIs usually do not receive complaints about water quality from the villagers. The queries with the PHED are also mostly about the installation of hand pumps rather than about water quality. There is very little motivation for providers to ensure safe drinking water or for populations to demand it.[3]

[2] Formative Research on Hygiene, Sanitation and Safe Water, UNICEF 2003
[3] Study on Why rural people in India do not demand safe drinking water, UNICEF, 2010

Misconceptions and perceptions about safe water and health

People's perceptions of safe water are based on subjective values: sweetness in taste, clarity, lack of any odour and absence of visible impurities. Research shows that visible water clarity is the single largest factor defining 'safe drinking water'. Yellow coloured or brackish water is considered unsafe by people and not used for drinking purposes. Taste or palatability of drinking water can outweigh other parameters. Awareness regarding water contaminated by germs not visible to the naked eye is universally absent.

Contamination of water sources is also identified by water logging, poor drainage and inadequate practices for the disposal of garbage. People also relate contamination with depth of the source vis-a-vis the nature of contamination. There is a belief that water from hand pumps dug at 150 ft or more is safer (and sweeter) as compared to hand pumps that tap only the first layer of the water table (generally found at around 60 ft). There is also a belief that quality of water is directly proportional to the depth of the water source, as it reduces the chances of presence of iron in the water.

Knowledge of the linkages between consuming contaminated water and risks to health is poor. Perceptions around safe water are linked to perceptions around the level of morbidity of a source as opposed to the actual quality. Persistent short term health problems such as diarrhoea are not attributed to the consumption of "unsafe water". Furthermore there is limited knowledge on other health issues including the weakening of bone structure, discoloration of teeth and skin problems related to consumption of contaminated water.

Household water treatment

There is also lack of awareness of the benefits of household water purification methods and the need to make treatment routine. Studies show that knowledge about boiling water is common but practice is limited in most rural areas. For example the drinking of boiled water is restricted to ill family members on the advice of health workers rather than the entire household. In addition the boiling of water is seen as a tedious exercise and expensive in fuel costs.

Therefore awareness, availability, cost and time constraints act as major barriers to the routine treatment of drinking water at household level.

Drinking water contamination during water collection, transportation, storage and retrieval

Contamination of drinking water occurs at different times and points in its management. Even if safe water is provided at source its transportation, storage and handling often leads to secondary contamination before consumption.

Examples of secondary contamination include:

- Hand to container contamination where fingers and hands are dipped in and out of the stored water

- Poor practices while transferring water from the retrieval container to the collection container, especially where water is drawn from wells

- The practice of filling multiple containers in one trip thereby heightening the risk of dirty hands coming in to contact with the water

- The transportation of uncovered containers between source and home

- The use of unclean utensils for storage and transport

Other activities undertaken near the water source also lead to the contamination of drinking water. These include washing water containers, washing of clothes, bathing practices and watering animals. Often public sources have no system for draining waste water hence stagnant pools risk contaminating ground water. Lack of cleanliness around the source is also due to a lack of sense of ownership because it is a shared resource.
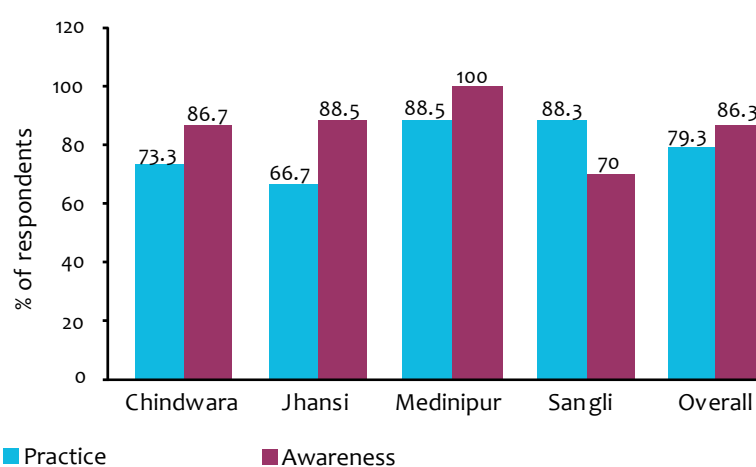
> **'Safe' water**
>
> *Water safety refers to the level of risk to quality of drinking water; this level of risk acts as an indicator of how 'safe' that water is for consumption in terms of human health.*

Gap between knowledge and hygiene behaviours related to safe storage and handling of drinking water

Even when people know that the above practices are likely to contaminate water, their actual behaviour does not change. Research shows that people are aware of the importance of using a long handle ladle or a container with tap to draw drinking water, however, the practice is limited. The graphs below illustrate the gap between knowledge and practice in safe water storage and safe utensil use (Figure 1 & 2).
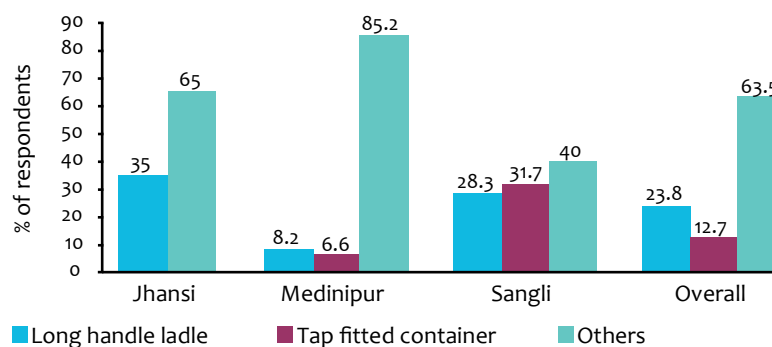
Figure 1: Gap in knowledge and practice in covering stored drinking water

	Chindwara	Jhansi	Medinipur	Sangli	Overall
Practice	73.3	66.7	88.5	88.3	79.3
Awareness	86.7	88.5	100	70	86.3

Source: Formative Research on Hygiene, Sanitation and Safe Water, UNICEF 2003

Figure 2: Gap in knowledge and practice of safely drawing drinking water

	Jhansi	Medinipur	Sangli	Overall
Long handle ladle	35	8.2	28.3	23.8
Tap fitted container		6.6	31.7	12.7
Others	65	85.2	40	63.5

Source: Formative Research on Hygiene, Sanitation and Safe Water, UNICEF 2003

Lack of community involvement in ensuring drinking water safety and security

Inadequate management of drinking water is in part due to poor levels of community ownership and involvement in water supply projects. If a community is not adequately brought in to the process of design, development and implementation, quite simply there is less chance that local people will feel a sense of ownership of the supply and its management.

Generally both service providers, including line functionaries and local people lack awareness of water supply project cycles, programme components and policies.   In addition community institutions are either not present or are not empowered to undertake their roles and responsibilities for water supply management. Maintenance of water infrastructure is a critical issue and too often Panchayats do not have a comprehensive plan or adequate access to technical support to maintain assets.

The general view is that since the government is responsible for providing and maintaining safe drinking water, people would not want to contribute in kind nor in cash. This is especially the case for communal supplies which people are least likely to maintain. This view is demonstrated by the presence of bacteriological contamination and the high instance of unsanitary behaviours around village water sources, where people refuse to take these issues seriously because the hand pumps are public and do not belong to any one person/family.

The responsibility for provision of safe drinking water is largely seen by the rural householders as that of the PRIs.[4] The PRIs in turn understand that their role is limited only to repair and maintenance of water sources, subject to supply of material, including the testing kits and chlorine tablets for distribution among the households. There is low awareness of the complaints process among PRIs, and limited or no interaction with the Public Health Engineering Department (PHED) officials causing delayed response in addressing the problems. PHEDs are often understaffed and hence not in a position to address issues proactively.

[4] Study on Why rural people in India do not demand safe drinking water, UNICEF, 2010

Limited awareness of the right to safe water

The lack of, or limited availability of quality drinking water is sadly accepted as 'normal' by too many rural communities. Apathy both at the individual and community levels has created a sense of passivity around the issue and this is of grave concern to overall public health.

The role and responsibility of service providers is to work with the community to instill the need for local action to ensure that all drinking water is safe. This entitlement is attainable if service providers and communities work hand in hand.

This process includes working with communities to understand:

- What 'safe drinking water' is, and is not;
- The need to see water quality as a basic right so that all community members benefit from safe drinking water;
- The limits on service provision and what can, and cannot be achieved in respect of round the clock availability; and
- The urgent need to take local actions to protect water supplies.

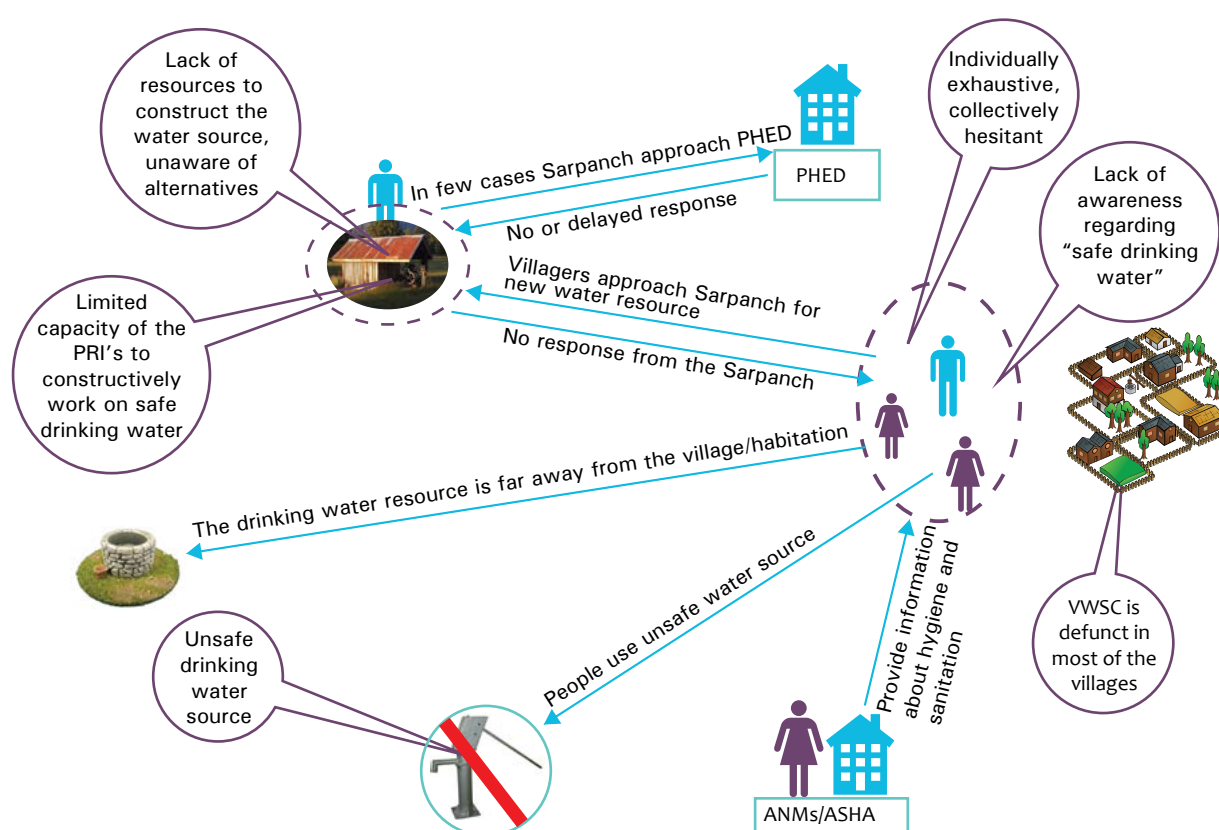## Figure 3: Schematic presentation of barriers to demand for safe water

Figure 3 shows the many layers of interventions required to ensure people understand what safe water is, internalise this new knowledge and then adopt water-safe behaviours within the household.

For this to happen interventions are also required at the community level to ensure water quality and safety is collectively tackled to minimise risk across the population. This necessitates working together in functional **village water and sanitation committees** to ensure safe, adequate and sustainable water supply.

Enablers for demand of safe water

Enablers or motivating factors exist to encourage and facilitate the demand for safe drinking water. These are:

- **Regular and relevant information:** Access to regular and credible information about water related issues is essential. This include information about the consequences of unsafe water, water purification techniques, redressal mechanisms and constant follow up so that people recognize their problems and can collectively find solutions.

- **Community participation and ownership:** Community ownership and collective efforts in the upkeep, maintenance and cleanliness of drinking water source is essential. The identification of positive role models and leaders at village levels is part of the process of embedding local ownership.

- **Grievance Redressal:** A transparent and efficient redressal mechanism facilitated by the PRI and PHED acts as a positive step in the successful up-keep and maintenance of investments in sustainable water supply.

- **Capacity development:** Sensitisation and capacity building at different levels is critical for enabling planning, implementation, operation and management of safe drinking water on a sustainable basis. The service providers – the PHED, Panchayat functionaries and also the community needs to be fully informed about proposed government plans, schemes and investments. This is a critical component of the NRDWP as PRIs and the rural community need to take responsibility for managing and providing safe drinking water.

- **Convergence with line departments and key stakeholders:** Coordination between local government bodies and PHED remains a weak link to be strengthened. Inter-departmental coordination and greater involvement of the Panchayat and community representatives, including the Sarpanch is required for better planning and implementation.

Figure 4: Enablers to safe drinking water at household, community and institutional levels

Household
- Safe water knowledge
- Demand for testing
- Safe handling and storage
- Household water treatment system

Community
- Village water safety plan-VWSC
- O&M of sources (including risk identification and action via san survey)
- Don't use unsafe sources

Institutional
- Re-dressal mechanism
- Capacity building/ infrastructure
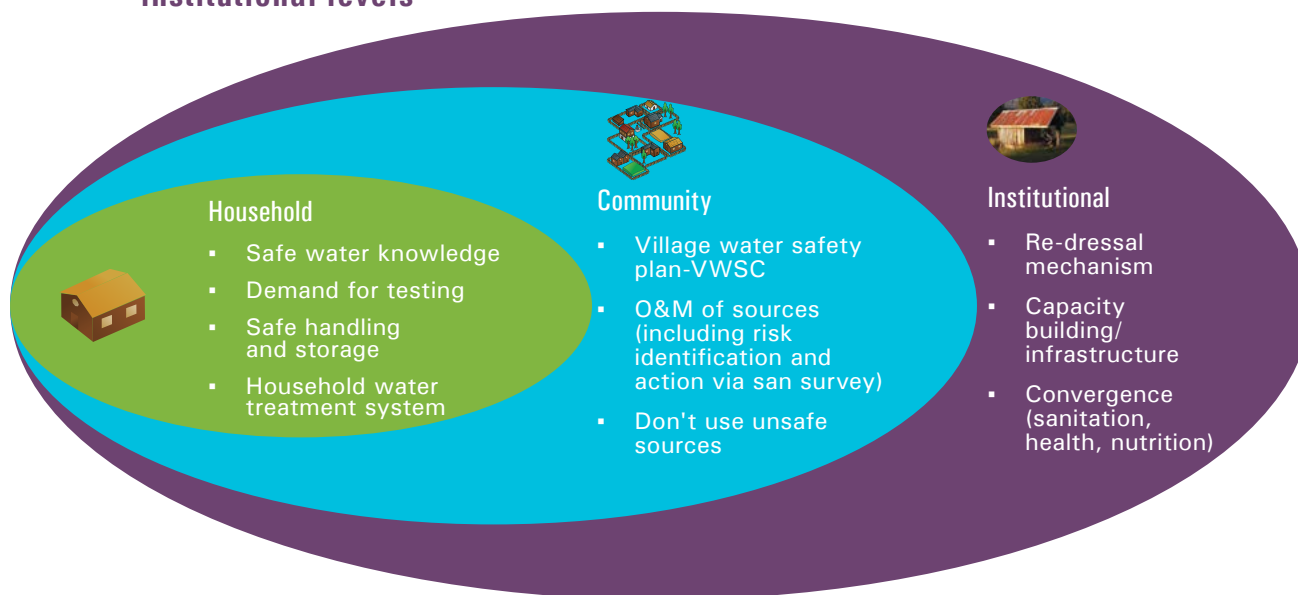- Convergence (sanitation, health, nutrition)

Figure 4 lists the range of activities, knowledge and interventions needed at different levels to ensure attainment of safe and sustained water sources.

The Framework entails influencing change at different levels including family, immediate social networks, the broader community, responsible government institutions and key stakeholders creating an enabling environment that supports this change.

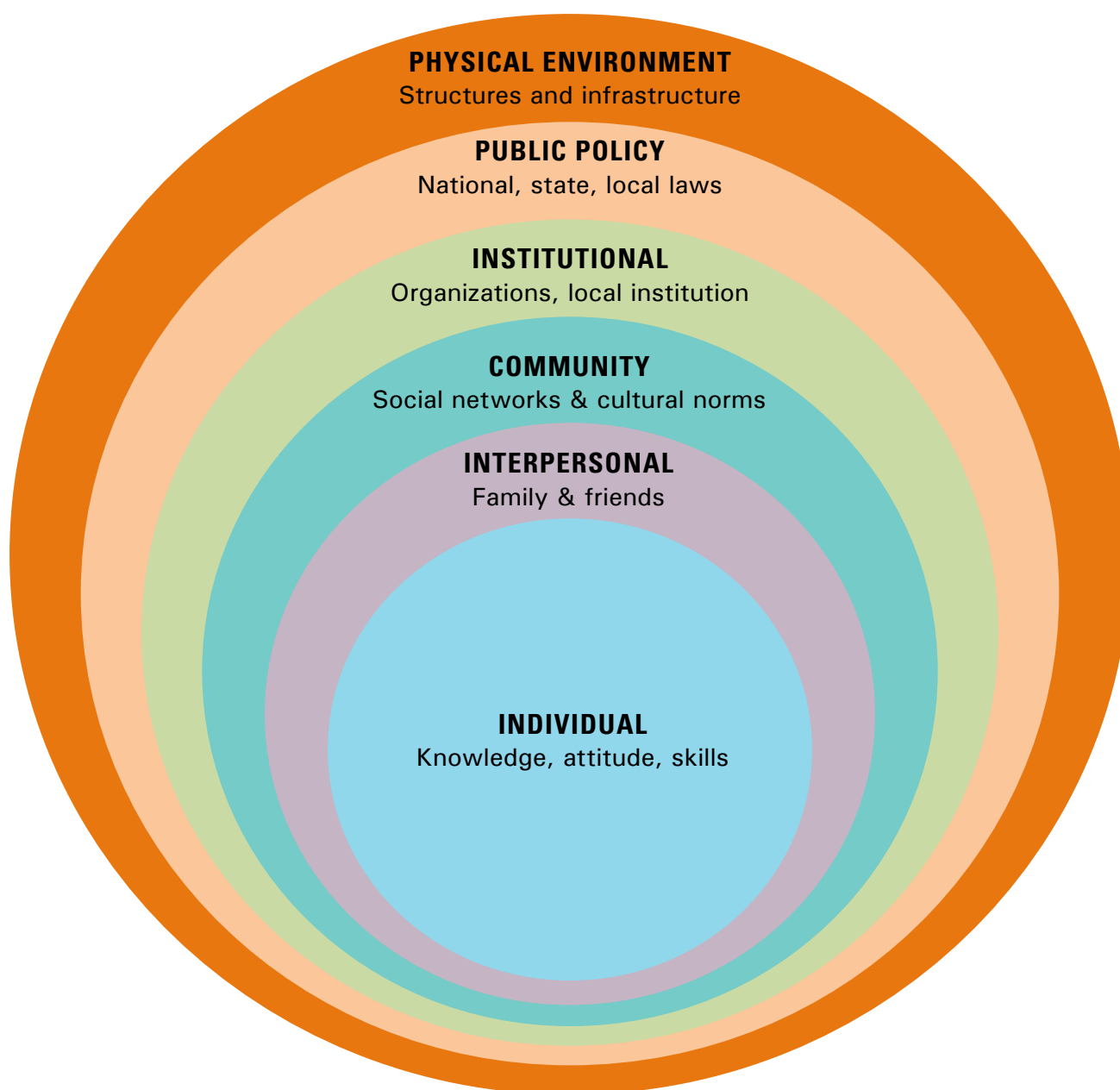**See Annex-1 for Situation Analysis of Water Supply in India**

Socio Ecological Model

PHYSICAL ENVIRONMENT
Structures and infrastructure

PUBLIC POLICY
National, state, local laws

INSTITUTIONAL
Organizations, local institution

COMMUNITY
Social networks & cultural norms

INTERPERSONAL
Family & friends

INDIVIDUAL
Knowledge, attitude, skills

Figure 5

Key implications of the model for behaviour change

> *Factors at multiple levels affect human behaviour and it is essential to understand and address barriers and constraints to behaviour change at different levels*

> *Interventions for planned change should address all levels to be effective: individual, community, social networks, institutional and policy environment*

> *Communication interventions can overcome barriers at each level and facilitate change.*

What is the focus of the Drinking Water Advocacy and Communication Strategy Framework

Social and behaviour change

Addressing the many barriers to the demand and management of safe drinking water supply requires an understanding of the need for social change and behaviour change.

Social and behaviour change is a complex process and does not result from merely focussing on increasing individual's knowledge. Along with empowering individuals and families with correct information, change entails creating a supportive environment within the immediate social networks and the broader community. A supportive environment also includes policies that improve access to quality services and committed leaders that promote and support the change. It includes community members contributing to solve the problem and support the implementation of the solutions. The role of communication is to create a positive change at all levels by using a combination of approaches including advocacy, community mobilisation and interpersonal communication.

Keeping in view the situation analysis of the rural water supply sector and the challenges related to availability, quality and management of drinking water, this Framework is based on the Socio Ecological Model.

The model provides a framework to look at the individual's environment at different levels, from the household and community, to the institutions responsible for support and also the policy framework. The model stresses that most issues, especially those related to individual behaviours are usually linked to a web of other behaviours. Individual behaviours are determined by close social networks, socio-cultural norms of the community and physical environment that the person lives in. Each of these levels influences how an individual behaves.

A carefully planned and well positioned advocacy and communication strategy can facilitate **positive change in behaviours** for the demand and management of safe drinking water among individuals and communities. It can also influence the responsiveness of service providers and institutions and the effectiveness of public policy.

Key Behaviours

Based on extensive consultation with key stakeholders at national and state level, this Framework focuses on influencing behaviours at two levels - household and community. Key behaviours are prioritised at National level, where the importance is pan-India, and at State level where additional behaviours need to be promoted based on the specific needs of the State as it devises its drinking water advocacy and communication strategy. These may be chosen from the list below.

National Level (where the behaviour is mandatory across India)

- **Families ensure safe storage and handling of drinking water**

This includes cleaning, carrying & storage vessels, covering vessel with a lid during transportation from the source, covering of storage vessels, use of a tap or clean ladle to take water from storage vessel; use of separate vessels for transport and storage; and avoid dipping hands in vessels holding drinking water.

- **Communities demand establishment of representative and functional committees for drinking water supply from PRIs/PHED at GP level[5]**

This includes communities actively participating in the setting up of a functional committee at Gram Panchayat level, for planning, implementing, managing, operating and maintaining safe drinking water.

Communities ensure that this committee is responsible for the planning, implementation, monitoring of the water supply schemes and community contribution of water user charges to facilitate operation and maintenance of water sources. Communities ensure that the committee be representative of the community (villages of the GP- with due representation of women, SC/ST and poorer sections of the community).

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[5] These can be any of the following-Gram Panchayat Water Sanitation Committee/Village Water and Sanitation Committee/Village Health and Sanitation Committee/Pani Samitee/User Committees. These can also be convergent committees addressing issues like sanitation, health, nutrition etc. along with drinking water.

State level

(Where a State may choose <u>some or all</u> selected behaviours based on the specific needs <u>in addition</u> to the key behaviours identified at the national level)

State Option 1

Families treat drinking water at household level

At household level this can include boiling, UV radiation; filtration; chemical disinfection.*The method of treatment will depend on the local context and also the traditional methods of water treatment, the water quality risks (microbiological, arsenic, fluoride, iron etc.) and the availability and sustainability of the required product.

State Option 2

Families and communities conserve water

At household level this includes not wasting water, fix leaking taps, and avoid leaving tap open and other methods of conserving water with emphasis on reduction on wasting water and reuse wherever possible.

At community level this includes rainwater harvesting, tank maintenance, waste -water management, construction of check dams, recharging with rain water harvesting and other methods of water conservation using both modern and traditional technologies.

State Option 3

Communities demand for the regular review of water sources from GP committees to ensure proper operation and maintenance of water sources

This includes communities demanding the functioning committee to carry out sanitary surveillance and protection of the water source (including tap stand, hand pump, spring, well etc.); operation and maintenance of sources; ensuring sources are not over exploited; families and communities understand safe water and avoid unsafe sources for drinking water sources and demand for water quality testing; especially around pre- and post-monsoon periods.

Communication Goals

The overall aim of this Framework is to contribute toward the National Rural Drinking Water Programme goal of providing every rural person with adequate safe water for drinking on a sustainable basis.

National Rural Drinking Water Programme

Vision

Safe drinking water for all, at all times, in rural India.

National Goal

To provide every rural person with adequate safe water for drinking, cooking and other domestic basic needs on a sustainable basis. This basic requirement should meet minimum water quality standards and be readily and conveniently accessible at all times and in all situations.

Information, Education and Communication

To improve access and usage of safe drinking water on a sustainable basis, the NRDWP recommends use of well- planned information, education and communication processes to increase awareness and knowledge of the rural community on different aspects of safe water. Implementation of communication plans should not just create demand for safe water but also empower the community for proper planning, implementation, operation and maintenance of water supply and sources.

Advocacy and Communication Objectives

The Drinking Water Advocacy and Communication Strategy Framework aims to achieve the following broad advocacy and communication objectives:

- Empower families and communities for uptake of hygiene behaviours related to safe drinking water for improving their health status

- Influence decision makers and key influencers for their commitment and action on issues related to adequate and safe drinking water.

- Mobilise families and communities to play a proactive role in the establishment of an institutional mechanism for ensuring regular review of water sources effecting greater utilisation of drinking water service provisions.

Based on these broad objectives, States need to develop their specific advocacy and communication objectives for the state strategies.

A critical component to achieve these objectives will be to develop skills and competencies of the people involved in the communication work and integration of communication interventions with the programme implementation.

The overarching objective is to ensure that all families **adopt correct hygiene behaviours** with regard to safe drinking

water at household level and as part of the community **collectively** and **actively participate** to take complete responsibility and ownership of protecting and managing water sources with the understanding that it is for their own benefit and well-being.

Key Participants/Stakeholders

For any communication strategy to be effective it is important to identify key stakeholder groups (also referred to as participants) so that the strategy can be tailored to their needs. Only then will it actually succeed in helping them to practice and sustain the desired behaviours. Different communication approaches, messages and content are needed for each of the participant groups. Identification of key participant groups allows for better designed, more focused and clear messages. For this purpose the participants have been segmented into primary, secondary and tertiary groups.

Primary participants are those who are being **directly addressed** to change their behaviour. For example, men, women and children based on correct information are motivated to adopt safe storage and handling behaviours with regard to drinking water at home. VWSC members are motivated as well as have the skills to plan, design and implement all activities related to ensuring availability of safe drinking water on a sustained basis.

Secondary participants are those whose behaviour or actions **strongly influence** the primary participant's behaviour. They come from the cultural and social environment of the primary participants. For example, frontline workers, government functionaries, agencies and leaders who endorse and support the programme; and that contribute towards making an enabling environment for the easy adoption of the behaviours.

Tertiary participants are those whose actions **directly or indirectly** help or hinder the behaviors of other participants. Their actions reflect the broader social, cultural and policy factors that create an enabling environment to sustain desired behaviour change. For example, politicians, policy makers, service providers or government officials; and religious leaders or the media.

Figure 6: Stakeholder segmentation

Primary Participants/stakeholders:

Those who are directly being addressed to change their behaviour.

- Household-men women and children
- Community including VWSC/VHSC members

Secondary Participants/stakeholders:

Those who influence the behaviour of primary participants

- PRIs, School teacher, frontline workers like Anganwadi Workers, ASHA, Jal Surakshaks, SHGs, community leaders, volunteers, religious leaders, local NGOs

Tertiary Participants/stakeholders:

Those with whom advocacy for creating an enabling environment for drinking water would be required

- Policy makes, programme managers, media, opinion leaders, youth, academia, private sector

Communication Approaches

This Framework aims to reach participants at all levels through different channels of communication. The main communication approaches suggested for the key participants are advocacy, interpersonal communication, community-mobilisation, supported and reinforced by mass media.

Advocacy: to influence and engage decision makers to provide policies, funding, organizational support and commitment for safe drinking water initiatives. The aim is to raise the issue of safe drinking water higher on the policy agenda.

Interpersonal Communication: is one of the key approaches to raise knowledge on the importance of safe drinking water among

rural communities and influence the adoption of safe behaviours with regard to drinking water at household and community level.

Community Mobilisation: to initiate dialogue among community members to deal with critical issues of safe drinking water and also provide a platform for community participation and ownership for protection and maintenance of water sources.

Mass media, outdoor media and folk media: will be used in addition to create mass awareness on water quality issues, promote the key identified behaviours and programme information. Simultaneously information from these mediums will provide credibility and reinforcement to interpersonal communication and social mobilisation efforts.

How to Implement the Drinking Water Advocacy and Communication Strategy Framework

This Framework is a guidance document developed to support advocacy and communication interventions at national and state level in achieving NRDWP goals. It envisages **achieving the advocacy and communication objectives** in a phased manner.

The three phases are:

Phase 1: Raising Awareness
Phase 2: Advocacy
Phase 3: Social and Behavioural Change Communication

Figure 7: Key Phases to promote intended change

Raising Awareness

Increase awareness and knowledge on the risk and implications of consuming unsafe water

Advocacy

Increase commitment and action among decision makers and key influencers for adequate and safe drinking water

Social and Behaviour Change

Empower families and communities for adoption of correct hygiene practice, demand adequate and safe water and act collectively for ensuring adequate and safe water on a sustainable basis

The three phases are not sequential and there will be a degree of overlap in activities carried out during implementation. The division has been created to facilitate strategy design and implementation at the macro level in a logical sequence. However, when working at the micro level, that is, at the level of families/communities, state implementers will need to understand which phase the families/community is in to make the communication more relevant to their needs. For example, there are families in a community that are not aware of the risks of not safely storing and handling drinking water, whereas others could be aware but not doing anything about it and others could be in the process of adopting some of the key desired behaviours. Therefore, it is important to first analyse and understand in which phase individuals or communities are before communicating with them.

Key Advocacy and Communication Interventions

To achieve the advocacy and communication objectives different communication interventions/activities are identified for the three phases.

Phase 1: Communication for raising awareness

The first phase focuses on raising awareness and knowledge of participants on understanding issues related to drinking water. The communication content or the messages will highlight key behaviours identified at the national and state level.

Strategy Design Matrix Sample

Phase 1: Raising awareness- Increase awareness and knowledge on the risks and implications of consuming unsafe water

Audience/ Participants	Message Themes	Communication channels
▪ General Public	▪ **Dispel misconceptions on safe water** ▪ Understand that clear looking water can be contaminated ▪ **Correct knowledge on storage and handling of drinking water** ▪ Understand the health risks if drinking water is not stored and handled properly ▪ Know ways of proper storage and handling of drinking water ▪ **Correct knowledge on protection and maintenance of water sources** ▪ Understand the risks/dangers of unhygienic behaviours (like open defecation) and its linkages with contamination of drinking water sources ▪ Understand the linkages with health and consumption of contaminated water ▪ Know the importance of testing of water sources for bacteriological and chemical contamination ▪ Understand the benefits of protecting and maintaining water sources	▪ Mass media campaign ▪ Mobile media campaign ▪ Engaging social media ▪ Promotion through Brand Ambassador/ champions

Examples of activities for Phase 1

▪ **Television and radio public service announcements:** Appeals can be developed including some with national celebrities on safe drinking water for broad dissemination through radio and television. Such appeals should also be developed in different regional languages to have an all India reach.

▪ **Social Media:** Facebook pages, YouTube, SMS campaigns and other social networking tools to be used to engage (especially youth) in promoting issues related to safe drinking water and generating awareness.

Mass media: *Mass media is an important medium to communicate effectively with a large number of people by leaving them with a powerful image. It can overcome barriers of literacy and language and it is ideal for delivering a simple, clear and focused message. Although there are several 'media dark' areas in the country, there has been rapid progress towards increased TV and radio coverage and penetration. Mass media can support community mobilisation and interpersonal communication efforts; promote specific behaviours through multiple activities and products such as radio and TV public service announcements, radio and TV shows, newspapers and magazines; enhance the credibility of non-professionals such as community volunteers as reliable sources of information and services; convey important logistical information easily.*

- **Celebrity Involvement:** Celebrities can be roped in to promote the issue of safe drinking water thereby raising the visibility of the programme. The issue can be raised by them at appropriate forums for discussion. They could also visit few sites to monitor the activities and felicitate people working at the ground level which can be covered by the media raising the profile of the programme and motivation of the people working for the programme. Local celebrities at regional level can also be engaged for promoting and championing drinking water issues.

- **Use of Mobile phones:** As the penetration of mobile telephony is extensive in rural areas it can be used for creating awareness. Activities can include recording a mobile voice message with a celebrity, or developing SMS, which can be sent out to citizens via partnership with an Indian mobile telephone company. The messaging can be interactive by giving options to the mobile phone user. New innovative content can be developed at national and regional level.

Phase 2: Advocacy Communication for creating an enabling environment for positive policies and programme implementation

The advocacy component of the Strategic Framework aims to create a supportive environment for new policies and NRDWP implementation. This phase will provide influencers and decision makers with relevant information and motivate them to take action for positive change. The focus will be to garner support, commitment and action from relevant stakeholders for changing policies, allocating resources implementing policies, speaking out and initiating public discussion on critical issues related to availability, quality and hygiene initiatives for drinking water. This includes the implementation of this Strategic Framework. Advocacy with other relevant Ministries at national and state level like Ministry of Health and Family Welfare, Ministry of Women and Child Development, Ministry of Rural Development and Panchayati Raj handling other national flagship programmes like NRHM, ICDS, IAY, and MGNREGA, to work

on convergent platforms will also be a critical component of this phase. In addition the advocacy activities will focus on building the capacity of the key participants to become "advocates" or "champions" themselves and speak on issues related to the programme.

Advocacy efforts need to be adapted for each state for their state-specific strategies. Each state will identify relevant state level partners and stakeholders to implement the advocacy strategy to achieve the desired outcomes.

It is also important to distinguish between national and local level advocacy issues. At the national level the focus of advocacy is more on policy changes and reforms while at the local level advocacy is more about creating an environment which supports the programme implementation. For example, District level officials need to ensure that systems are in place for water testing for Sub-divisional labs and VWSC members to work together to collect samples for testing and transfer to the Water Testing Laboratory. Testing should be conducted on both chemical and biological parameters and then results be reported back to the community.

Strategy Design Matrix Sample

Phase 2: Advocacy- Increase commitment and action among decision makers and key influencers for adequate and safe drinking water

Participants	Message Themes	Advocacy activities
▪ Policy makers, programme managers, media, opinion leaders, youth, academia, private sector	▪ **Understanding the importance of safe drinking water and information on the government initiatives for improving access and usage of safe drinking water on a sustainable basis** ▪ National Rural Drinking Water Programme and its different components ▪ Challenges of implementation and sustainable solutions ▪ Roles and responsibilities of key stakeholders ▪ **Sharing relevant sector and programme information to build alliances and partnerships** to bring in support for water programme and create linkages with programmes on sanitation, hygiene, nutrition and health	▪ One to one meetings ▪ Sensitization workshops ▪ Field/exposure visits ▪ Seminars/conferences/creating common platforms for water, sanitation, hygiene and health ▪ Public private partnerships

Examples of activities for Phase 2

▪ **Advocacy with policy makers at national and state level:** Orientation of high level government officials of relevant Ministries and Departments including elected representatives through the medium of workshops and one to one meetings to sensitize them on the critical issues of safe drinking water. To facilitate such workshops and meetings an evidence-based advocacy package on safe water can be developed, including fact sheets, human interest stories and power point presentations on relevant water and hygiene issues.

▪ **Advocacy with District Administration and relevant authorities responsible for rural drinking water:** Sensitize District authorities through workshops, consultations and meetings to address implementation challenges and barriers in the sector. Snapshots can be developed with relevant data and bottleneck analysis and presentations made especially to the DC/DM (District Collector/ Magistrate) to prioritise water issues at District level. Provide support at district level in developing integrated district communication plans, its implementation, monitoring and evaluation.

▪ **Advocacy with other relevant Ministries and Departments for Convergence:** Providing relevant information on water and creating common meeting platforms to address the issues of health, nutrition and WASH.

▪ **Advocacy through media:** To promote the agenda of safe water partnership with both national and regional media will be encouraged. To facilitate the process orientation workshops, press briefings, one to one meeting can be held with media. As support tools media kits can be developed including human interest stories, fact sheets, photo essays etc.

▪ **Advocacy with Private Sector and other organizations/networks for partnerships and building alliances:** Corporate and other partnerships to be cultivated to assist in messaging, dissemination of information and support in programme implementation.

▪ **Field visits:** Exposure visits to field for media, celebrity advocates and elected officials to be conducted to increase awareness on safe water issues and increase civil society participation.

▪ **Process documentation:** Distinct process documentation products to be developed which can include 'Good Behaviours', 'Lessons Learned', 'Innovations', 'From the Field,' etc.

▪ **Seminars and conferences:** National conference/s for scaling up nationally and regionally best behaviours on operation and maintenance of water sources to be organised. State and District level officials to meet and share initiatives. Lessons learned will help inform and improve programme implementation.

Phase 3: Communication for social and behavioural change among families and communities

This phase of the strategy will be based on a high level of awareness and understanding among people on critical issues relating to drinking water and an enabling environment to support change. The communication interventions will focus on the changing attitudes and behaviours of key stakeholders through a combination of communication approaches, especially interpersonal communication (IPC) and community mobilisation. The objective is to enable families and communities to take decisions based on correct knowledge and understanding to change existing behaviours with regard to drinking water.

Communities will be motivated to play a proactive role in the planning, managing water sources to ensure fulfilment of their safe drinking water needs.

To ensure that communication on issues relating to drinking water are internalized by various participants, communication approaches used at this stage focuses more on one to one interactions, discussions, meetings and folk media to enhance the understanding of the risks and benefits that such behaviours can bring if adopted. The secondary participants' plays a key role in influencing the primary participants to adopt the positive behaviours once they are convinced of the benefits of practicing these desired behaviours. Advocacy with opinion leaders, influential sources and programme implementers will play an important role.

Strategy design matrix sample

Phase 3: SBCC- Empower families and communities for adoption of correct hygiene behaviours, demand adequate and safe water and act collectively for ensuring adequate and safe water on a sustainable basis

Participants	Message Themes	Communication channels
Primary participants/ stakeholders: ▪ Family- men, women and children, VWSC members ▪ Secondary participants: PRIs, School teachers, frontline workers medical practitioners	▪ **Correct knowledge on safe drinking water and government programmes** ▪ Understand benefits of correct storage and handling of drinking water ▪ Understand linkages between water, sanitation (open defecation) and health ▪ Understand importance of testing of water sources for bacteriological and chemical contamination ▪ Know the benefits of protecting and maintaining water sources ▪ Know the government programme on drinking water and roles and responsibilities of VWSC ▪ Understanding the importance and long term benefit of community involvement and ownership for protection/O&M of water sources ▪ Knowledge of government programmes and capacity building of VWSC members ▪ Know the government programme on drinking water and roles and responsibilities of VWSC ▪ Understand O&M of water systems ▪ Awareness on low cost and correct technological options ▪ Awareness of cost effectiveness and sustainability of technical options	▪ Interpersonal communication ▪ Community mobilization ▪ Multimedia campaign ▪ Outdoor and folk media ▪ Capacity building

Examples of activities for Phase 3

- **Conduct face-to-face and small group counselling sessions:** These sessions can include discussion on misconceptions about safe water, bacteriological and chemical contamination of drinking water, link between health and consumption of unsafe water, link between unhygienic behaviours near water source and water contamination, health implications of consuming unsafe water, factors causing bacterial contamination of water- example of behaviours like open defecation.

These messages could be channelized through the frontline workers (ASHA/AWW/Jal Surakshaks, community volunteers) considering their accessibility to households and high reliability. The messages could be reinforced through mass media, outdoor and folk media. Organize community volunteer-led home visits and small group educational meetings.

- **Capacity building and orientation of frontline workers:**
  - * Train frontline workers to improve interpersonal communication skills, in particular in counselling/negotiation and provide them with correct information on drinking water issues along with tools (flipcharts/pictorial posters) to facilitate discussion.
  - * Strengthen interpersonal communication skills and information on drinking water issues among community volunteers so they can give information and counsel effectively during home visits.

» **Activate social networks:** Social networks of community leaders, volunteers, women groups to be encouraged to disseminate information about the benefits of ensuring safety of water sources and hygiene behaviours related to drinking water.

Interpersonal Communication: *An interactive medium, IPC helps in providing detailed information to the key participants. It also allows for immediate feedback on ideas, messages and behaviours. Interpersonal communication will make effective use of existing social networks or interpersonal relationships (family, friends, acquaintances, neighbours and colleagues) that bind people together to enhance the communication process. IPC is a key tool in the drive for not only increasing knowledge on water quality issues but actual adoption of hygiene behaviours related to drinking water like safe storage and handling of drinking water or treating drinking water before consumption. Frontline workers, community leaders, volunteers and multiple social networks, including religious groups, clubs and community gatherings can promote safe water behaviours using interpersonal communication.*

Community Mobilisation: *An approach used to initiate dialogue among community members to deal with critical issues of safe drinking water. This approach is especially effective in rural settings, where communities form close knit units; and if supported by opinion leaders and other influential sources can effect change from within, making it sustainable. Communities need to be involved and engaged in identifying their problems as well as solutions for them. Solutions given from outside the community are rarely sustained as there is no ownership. Thus it would be critical to engage with communities and ensure their participation. Frontline workers and PRI members can also play an instrumental part in promoting the mobilisation in favour of certain behaviours.*

» **Capacity building of PRIs, VWSC (other Committee) members and other community leaders** to facilitate dialogues in their communities about water, sanitation and hygiene issues and also planning and implementing all drinking water and sanitation activities. To support capacity building a tool kit on water quality issues, including a how-to guide for community leaders can be developed.

» **Reinforce information given at religious and other social gatherings:** Religious places and festivals can be effectively used to reinforce messages on water. Advocacy with local religious leaders to include issues related to water in their sermons using their platforms to disseminate information.

» **Outdoor media and folk media:** According to the context, the stakeholders and the resources available, a mix of different media to be used to sensitize on key aspects of the NRDWP and promote key behaviours especially in media dark areas. The communication medium can range from the more common ones, such as hoardings and wall paintings as well as traditional ones, such as folk arts and theatre and can be used as reinforcement to IPC and community mobilisation activities. Combining different communication media to disseminate same messages related to key behaviours also promotes effective behaviour change. For example messages on print materials like flyers, leaflets and folk theatre when combined with IPC can become more effective. These mediums can be used to reinforce the key messages among the participants. An integrated approcah should be adopted with the four overarching communication approaches to ensure that all the messages related to safe drinking water are consistent and reinforce each other.

A detailed implementation plan has been developed as a part of this Framework which can be used as a reference tool to develop state implementation plans using advocacy and communication activities listed. The implementation framework offers a menu of advocacy and communication activities from which states can select key activities which are most suited for their strategies. It should be noted that the list is not exhaustive. States can introduce activities from outside the list.

See Annex-2 for Suggested Implementation Framework

Guidance note for developing State-specific Drinking Water Advocacy and Communication Strategy

This section aims to facilitate easy navigation through the design, planning and implementation process to support state governments to design comprehensive "State Drinking Water Advocacy and Communication Strategy." The objective is to provide a roadmap for states to understand the step-by-step processes required for developing state-specific strategies and its implementation.

Activities needed for this process are listed below:

1. Preparatory steps

- **Situation Analysis:** Conduct desk review/ formative studies/ baseline survey/KAP studies as required. This will support in understanding the issues, gaps and/ or challenges, providing key information to guide the communication strategy and meet programme objectives. This should include identifying primary and secondary participants/stakeholders; in-depth information about the participants, for example, their knowledge, attitudes, their access to information, services, their media habits. As part of this process it would be helpful to have a survey of communication/media landscape which will help identify and map out channels for information dissemination as well as preferred channels by key stakeholders (consider gender, status, age and access).

- **Identifying Key Behaviours:** National and State level behaviours have been identified through a series of national consultative meetings which are listed in this document as – National and State level behaviours. As a part of the situation analysis focus should be on the key behaviours listed under national behaviours. It is important to note that inclusion of national behaviours within all state strategies are "non-negotiable," however, states also have the choice to include additional behaviours specific to their context. The situation analysis on these behaviours will support in stakeholder segmentation and help identify the barriers to the adoption of these behaviours and the enablers or the motivational factors which will support uptake.

2. Advocacy and Communication Strategy development

- **State level consultation/s:** Based on the information acquired through the situation analysis states are encouraged to hold state level consultations engaging key government, development and implementation partners. This will provide a platform for convergence with key state level Ministries/Departments as well as clearly identify roles and responsibilities for developing the strategy and taking it forward. Meetings should include key partners that will be integral to planning and implementation of the advocacy and communication activities.

- **Establish taskforce or working group:** This will be a small group identified from the consultative process comprised of key individuals chosen for their expertise from government, development agencies, communication experts, academics, NGOs, etc. This group allows for tasks to be allocated, clear roles and responsibilities and tasks achieved within given timelines. The task force should be responsible for:

  * Ensuring issuance of relevant directives and guidelines to relevant department functionaries and other stake-holder departments

  * Guiding the development of training modules and communication materials as identified. This also includes development and implementation of media plans; material dissemination plans and its execution

  * Supporting the identification and development of partnerships for advocacy and community mobilisation

  * Supporting the process of capacity building at different levels

  * Support development of monitoring and evaluation plans and tools

- **Develop Strategy document and implementation plans:** The consultative process at the state level will lead to the development of state-level communication objectives which will describe the desired changes in the behaviour anticipated as a result of the communication interventions. The communication objectives will contribute to the overall program objectives. Draw a detailed implementation plan including activities,

timelines, budget, a communication package (tools and materials) and monitoring and evaluation plan. Emerging from this process will be the state level advocacy and communication strategy.

▪ **District level workshops:** To develop district communication plans hold district level workshop/s. This forum will bring together key players at the district level to have an orientation on key communication approaches, identify and agree on key messages as well as provide feedback to stakeholders from consultative meetings and state strategy. The objective of these district level workshops is to develop district communication action plans based on the national district communication planning template and the identified IEC costing for different approaches given in the national guidelines. A detailed district communication planning template has been developed as part of this document to support these workshops. The division of the IEC budget at the district level has been decided through a national consultative process.

Enhancing supply to strengthen behaviours and adoption of behaviours

It should be noted that while the demand for safe water is created, there is a need for corresponding capacity and supply to satisfy such demand. Infrastructure must be available, institutions functional and human resources are able to provide the needed service and have the skills to interact with public demand. This is crucial because if the strategy interventions are successful and then there is no satisfactory delivery of supply and services, the increased demand can hamper any future communication initiative. If planned and implemented effectively, institutional and supply strengthening will complement the overall strategy and greatly strengthen the chances of achieving the agreed objective within the set timeframe.

Key components of the State-Strategy document

> *Focus on identified all India behaviours*

> *Select additional behaviours from the State list provided in the Strategic Framework (optional)*

> *Understand the local context/situation and adapt the national communication strategy to the state context taking into account socio-cultural and geographical diversity, media penetration and reach, social exclusion etc.*

> *Develop a state-specific implementation plan*

> *Adapt monitoring and evaluation plans*

Key components of the district planning template

> *Institutional structure and functions: Identify the current institutions involved in the communication work at state, district, block and village level and their roles and responsibilities*

> *Capacity building: Assessment of the current capacities to plan and implement the district communication plan and the areas in which the capacities need to be strengthened*

> *Message, medium and communicators: Identification of key behaviours (if there are additions at state level); messages to be used; the participant groups to be addressed; the medium through which these messages will be conveyed and influencers who will communicate these messages*

> *Monitoring and evaluation: Process for ensuring that communication activities are implemented as planned and identification of those who will monitor the activities along with their roles responsibilities*

> *Budgetary aspects: Identification of funding modalities and fund management according to guidelines*

See Annex- 3 for District Communication Planning Template

Monitoring and Evaluation Framework

A system for monitoring and evaluation of communication activities is critical for a regular flow of information on the performance of the activities and the overall programme which helps in assessing gaps and required modifications within communication strategies. A review of existing planning, monitoring and evaluation frameworks of the rural drinking water sector reflects that much of the work supported/monitored to date has focused on the supply side, particularly on infrastructure and service provision. Little attention has been paid to demand creation and demand side monitoring – in particular knowledge, needs, expectations of households and communities, community participation, reach, quality of engagement along with prevailing attitudes and social norms around the key behaviours related to drinking water.

State Guidance note on monitoring and evaluation

To improve uptake of drinking water related hygiene behaviours and creating demand for services ensuring adequate, safe and sustainable drinking water supply, State Strategies should seek to create triggers for key participant engagement through pertinent and consistent messaging, influence prevailing attitudes and social norms reinforcing community participation and galvanize inter-sectoral coordination to achieve common goals of health and well being. Monitoring of communication initiatives can be done at various levels including at inputs, outputs, outcomes, and impact levels.

The State monitoring and evaluation plan can consist of several components such as:

Rapid-assessment: to understand the context in which the programme will be implemented; learn the determinants of key identified behaviours (the WHY); and identify communication and social resources that are available to the program.

Baseline assessment: to assess the current status and trends against which predicted changes can be compared and evaluated.

Progress monitoring: for tracking changes in people's knowledge, attitude, and behaviour after programme implementation. This will support to initiate necessary actions for further improvements. Progress monitoring can be done using different tools including review meetings with stakeholders, process documentation, capacity building/training reports, rapid assessments, etc, to establish checkpoints to make sure that the communication activity is on track.

Establishing community based monitoring system: to be used by the community members themselves to self-monitor their behaviours.

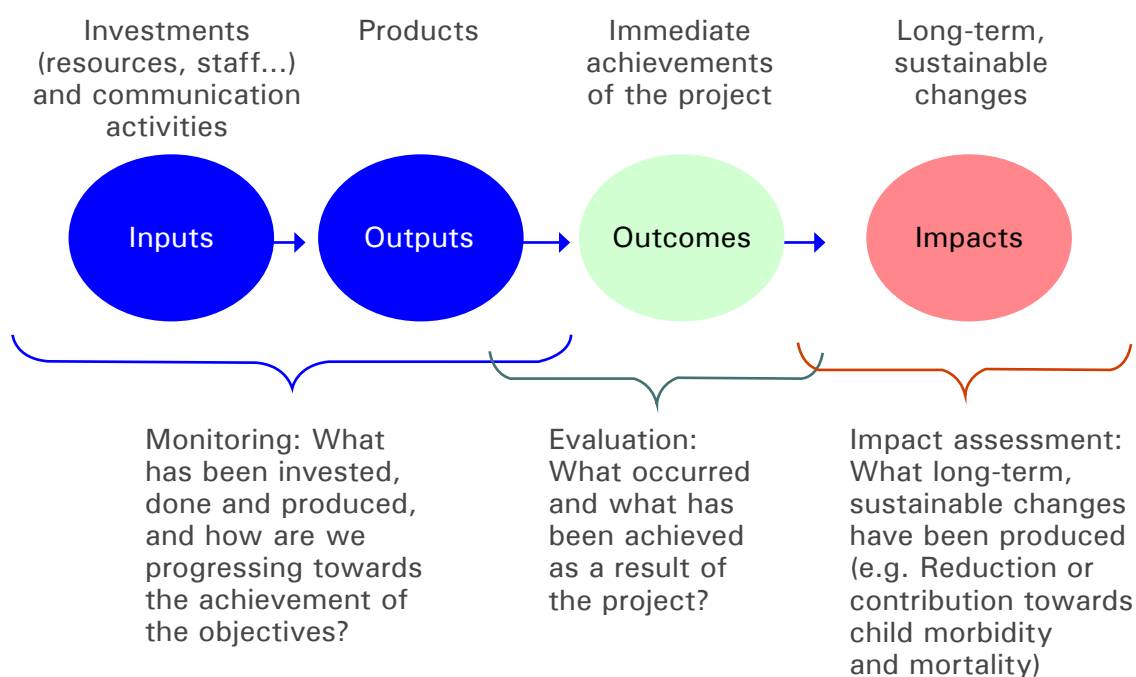**Midterm and endline evaluation:** to determine whether the communication objectives were met or not.

Impact-assessment: to measure the success of the interventions against the baseline.

Long term sustainability monitoring: to explore the potential of sustaining safe drinking water related behaviours, water facilities and institutional mechanisms to sustain the outcomes and impact of the drinking water programme.

To get an in-depth understanding of the effect and processes involved in the program, qualitative research methods can also be used, either alone or to complement quantitative data. These include focus group discussions, interviews, social mapping, structured observations, appreciative inquiry, case studies and structured desk reviews.

The integration of a monitoring and evaluation plan within the state advocacy and communication strategy will support to streamline existing planning, monitoring and evaluation processes as illustrated below in the figure.

Figure 8: Monitoring and Evaluation Framework

Investments (resources, staff...) and communication activities

Products

Immediate achievements of the project

Long-term, sustainable changes

Inputs → Outputs → Outcomes → Impacts

Monitoring: What has been invested, done and produced, and how are we progressing towards the achievement of the objectives?

Evaluation: What occurred and what has been achieved as a result of the project?

Impact assessment: What long-term, sustainable changes have been produced (e.g. Reduction or contribution towards child morbidity and mortality)

To have a better understanding of the quality and impact of advocacy and behaviour change interventions, the states should ensure to develop state-specific monitoring and evaluation plans and report annual progress on process, output, and outcome indicators.

An *illustrative monitoring and evaluation framework* has been prepared as part of this strategic framework organised in hierarchical levels: outcomes indicators, output indicators and process indicators.

Outcome indicators

Outcome evaluation is used to assess the effectiveness of the strategy in meeting its stated objectives. Outcome indicators can be defined by behavioural results, policy change or changes in social norms specified from the very outset.

Output indicators

Output assessment refers to early results of the communication interventions, while the assessment of long-term indicators may be thought of as outcome evaluation of the communication strategy. The indicators for intermediate results can be used as predictors of behaviour change.

Process indicators

It is used to assess how well the advocacy and communication plans have been implemented and to adjust communication/advocacy activities and tasks to meet their objectives. Process evaluation assesses whether inputs and resources have been allocated or mobilized and whether activities are being implemented as planned.

See Annex-4 for Illustrative Monitoring and Evaluation Framework

Annexes

India's global commitments on water

The Government of India, MDWS Strategic Plan 2012-2022 emphasises the need for adequate potable water for all. Indeed, India has met the drinking water target for its MDG commitment and in doing so has contributed significantly to the global achievement of this target.

MDG target on Drinking Water and Indicators

MDG 7 Target 7c: *Halve, by 2015, the [1990] proportion of people without sustainable access to safe drinking water and basic sanitation*

MDG indicators:

> *Proportion of the population that uses an improved drinking water source (urban and rural)*

> *Proportion of the population that uses an improved sanitation facility (urban and rural)*

Figure 1: India has met the MDG target of Drinking Water

Source: JMP 2012

Key Challenges related to Rural Water Supply Sector[6]

1. Water Availability

India is the largest consumer of groundwater in the world and about 80 per cent of the domestic water demand is met through groundwater; in rural areas this rises to almost 90 per cent.[7] The notion of groundwater as an unlimited resource has led to over-exploitation. An unsustainable level of exploitation has put the groundwater resources at great peril, lowering the groundwater table in many areas and causing saline water intrusion in coastal belts of the country.

Seasonal water scarcity is also a matter of grave concern. Alarmingly some of the most productive regions (industrial and agricultural) are faced with water shortages, primarily due to unsustainable water use practice.

As of 2010, about 92 per cent of the urban population and 90 per cent of the rural population has access to improved water sources[8] such as piped water, tube well and protected sources. However, this access does not ensure adequacy, quality and equitable distribution, and the per capita availability is not as per norms in many areas. Only 12 per cent of the rural population has access to piped water supply on premises while 10 per cent uses unimproved sources (e.g. surface water, unprotected dug well, etc. refer Figure 1).

With increasing population and per capita usage, there is a growing need for water conservation at household and community level. Better understanding of why and how water must be conserved is required. Key to this is the concept of water safety and security, i.e. the sustainable access to sufficient safe drinking water. A water security plan aims to ensure

that mechanisms are in place to provide everyone with adequate and safe water for drinking, cooking and other basic domestic needs on a sustainable basis. Communities can come together and understand their water resources and usage to create water safety and security plans, as per the NRDWP guidelines.

2. Water pollution

In India almost 70 per cent of surface water and an increasing percentage of groundwater is being contaminated by biological as well as chemical, organic, inorganic and toxic pollutants.[9] The sources of such pollution include point sources such as open defecation, industrial effluents and domestic waste, and non-point sources such as agriculture. The water resources, especially groundwater reserves, are also polluted due to natural and anthropogenic contamination in many regions.

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[6] Adapted from "Water in India: Situation and Prospects", UNICEF, FAO, SaciWATERS 2013, 112 pages.

[7] Department of Drinking Water and Sanitation, Ministry of Rural Development, GoI, 2009

[8] WHO-UNICEF 2012

[9] Ministry of Water Resources, GoI (2000) cited in Ministry of Environment and Forests, GoI (2009)

Microbial Contamination

Pathogenic micro-organisms in drinking water is a critical threat to safe water.[10] Although the water access figures in India show increased access to improved drinking water sources, access to safe drinking water remains a challenge in rural areas. Over 620 million people in India defecate in the open and the majority of Indian households do not treat their drinking water.[11] Surveys have confirmed significant microbiological contamination in groundwater; much of this contamination is preventable with proper operation and maintenance of water sources coupled with safe sanitation and hygiene behaviours.[12]

Natural Sources of water contamination

Salinity: Coastal aquifers form a vital source of freshwater along the 7,000 km long Indian coastline. These aquifers are vulnerable to intrusion of saltwater from the sea. The salt water intrusion in coastal areas is exacerbated by concentrated withdrawal of groundwater and reversal of natural hydraulic gradients.

Iron: Iron is found in very high levels across large parts of India – generally, it is believed to have no adverse health impact, though for taste reasons people may drink water from poorer quality sources to avoid high levels of iron.

Fluoride: Studies suggest that over the years fluorosis has emerged as a major health problem in rural India.[13] Exposure to high levels of fluoride, which occurs naturally, can lead to mottling of teeth and, in severe cases, crippling skeletal fluorosis.

Arsenic: Since the first case of groundwater arsenic contamination was reported in the year 1983; arsenic contamination has increased especially in West Bengal, Assam, Bihar, UP, Jharkhand and other States along the Ganges plain. Skin conditions such as abnormal pigmentation, peripheral neuropathy, skin cancer, bladder and lung cancers, and peripheral vascular disease are observed in populations ingesting arsenic-contaminated drinking water.

Sources of Water Pollution caused or produced by people

Solid and Liquid Waste Disposal: Today, there are major gaps in India in terms of effective waste disposal mechanisms leading to adverse impacts on drinking water. Open dumping; poorly-managed landfills pollute the water bodies and groundwater with toxic substances. These, of course, are not confined to India and are global concerns.[14] As mentioned earlier, poor sanitation facilities, prevalence of open defecation and insanitary conditions around the drinking water sources is a major factor in contamination of water bodies in rural areas.

Agriculture: The agricultural sector has a predominant impact on water quality. About 13 per cent of drinking water in rural areas contains chemical contaminants including fertilizers run-off, mainly urea and its decomposed products (Planning Commission, 2011). Fertilisers and pesticides enter the water supply through run-offs and leaching into the groundwater table and pose hazards to human, animal and plant populations. Nitrate is a very common constituent in groundwater, especially in shallow aquifers. The source is mainly from anthropogenic activities like fertilisers' application and application of solid waste on land and run-off from the agricultural fields. High concentration of nitrate can lead to health problems.

Industrial: Industrial waste water is often contaminated with highly toxic pollutants which are highly persistent in the environment. There have been several cases in the industrial belts of the country of industrial effluents being discharged into the river or streams directly, without prior treatment, adversely affecting the lives and livelihoods of the people living in the vicinity.

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[10] The world over, unsafe drinking water, along with poor sanitation and hygiene, are the main contributors to an estimated four billion cases of diarrheal disease, causing more than 1.5 million deaths, primarily among children under five years of age (WHO 2011).

[11] JMP 2012 and http://www.unicef.org/india/wes.html

[12] Government of India, Ministry of Rural Development, Department of Drinking Water and Sanitation;1042/01/2011/water.

[13] To illustrate, Jaganmohan et al. (2010) report high concentration of fluoride in drinking water of Udaygiri mandal in Nellore district in Andhra Pradesh, ranging from 2.7 ppm to 6.74 ppm. Patel and Bhatt (2008) also observed similar trends in Banaskantha district of Gujarat.

[14] Globally common practice is to discharge sewage without treatment and as a result more than 50% of the world's rivers, oceans and lakes are polluted with untreated waste water and destroying natural environments and compromising drinking water. Ref: Mara, D, Domestic Waste water Treatment in Developing Countries, Earthscan: London, UK, 2003

3. Water Microbiological Pollution and Child Health

The health implications of poor water quality are enormous. Water and sanitation related diseases are responsible for 60 per cent of the environmental health burden in India. The major pathogenic organisms responsible for waterborne diseases in India[15] are bacteria (E. coli, Shigella, V cholera), viruses (Hepatitis A, Polio Virus, Rota Virus) and parasites (E. histolytica, Giardia) (Khurana and Sen, 2007). Unsafe water and poor sanitation contributed to 7.5 per cent of total deaths and 9.4 per cent of total Disability-Adjusted Life Years (DALYs)[16] in India in 2002 (Prüss et al. 2008). One third of all deaths of children under five years of age in India are due to diarrhoea and pneumonia. Many more children who survive have weakened immune system because of diarrhoea, pneumonia,[17] malaria, and worm infestations, and become underweight and malnourished which has a severe impact on their learning ability throughout their lives. Providing improved sanitation facilities including safe excreta disposal and safe and adequate water supply coupled with good hygienic behaviours are key to prevention.

The critical role of WASH and Nutrition is also now being better understood. **Stunting** is thought to contribute to over a third of under five deaths globally (UNICEF, 2012).[18] India has the largest number of stunted children in the world with over 40 per cent moderately or severely underweight.[19] India also hosts the largest number of open defecators in the world with numbers exceeding more than 620 million.[20] As stunting depends on food intake, the general health status and the physical environment, therefore, water, sanitation and hygiene (WASH) is critically linked to all three. It has been estimated that 50 per cent of malnutrition is attributable to water, sanitation and hygiene (WASH).[21]

4. Economic losses due to poor WASH

90 million days a year are lost due to waterborne diseases in India.[22] A study by the Water and Sanitation Programme (WSP) estimates that inadequate sanitation causes India 'considerable economic losses' each year equivalent to 6.4 per cent of India's GDP (2006), that is, US$53.8 billion (WSP, 2010). It also revealed that children and poor households bear the brunt of poor sanitation. More than three quarters of the premature mortality-related economic losses are due to deaths and diseases in children below five years of age.

5. Inequitable distribution of water

It is important to understand that water is also a social factor and its access is socially constructed.

Although India has reached the MDG for drinking water, about 13 per cent of households still access drinking water from unimproved sources and this figure rises to 27 per cent for Scheduled Tribes (Figure 2). Across all India 65 per cent of the richest quintile (i.e. the 20 per cent richest segment of Indian society) have access to piped water on premises while it is only 2 per cent of the poorest quintile. In rural areas 32 per cent of the richest quintile have piped water on premises while it is 1 per cent of the poorest quintile.[23] Scheduled Tribe (ST) household access to piped water is lower than the India average (24 per cent as opposed to 44 per cent); the corresponding value for Scheduled Castes (SCs) is 41 per cent. STs and SCs also have disproportionally lower access to sanitation than the Indian average (75 per cent and 63 per cent respectively as compared to the national average of 50 per cent).[24]

[15] Planning Commission. 2008. Eleventh Five Year Plan (2007-2012). New Delhi: Oxford University Press.

[16] Combination of years of healthy living lost due to morbidity and mortality.

[17] India: Country Profile of Maternal, Newborn & Child Survival, April 2010, UNICEF. Available at http://www.childinfo.org/files/maternal/DI Profile%20-%20India.pdf accessed on 17 February 2012

[18] UNICEF, (2012) The state of the world's children 2012: children in an urban world. New York: UNICEF

[19] NFHS-3, National Family Health Survey, Govt of India

[20] WHO/UNICEF (2012) Joint Monitoring Programme for Water Supply and Sanitation. ISBN: 978-92-806-4632-0 (NLM classification: WA 670)

[21] Fewtrell L, Prüss-Üstün A, Bos R, Gore F, Bartram. 2007 Water, sanitation and hygiene: quantifying the health impact at national and local levels in countries with incomplete water supply and sanitation coverage. World Health Organization, Geneva, 2007. (WHO Environmental Burden of Disease Series No. 15)

[22] McKenzie and Ray (2004)

[23] National Family Health Survey-3 MoHFW, GoI

[24] GoI Census 2011

Figure 2: Access to Drinking water across different social groups

Source: Census 2011
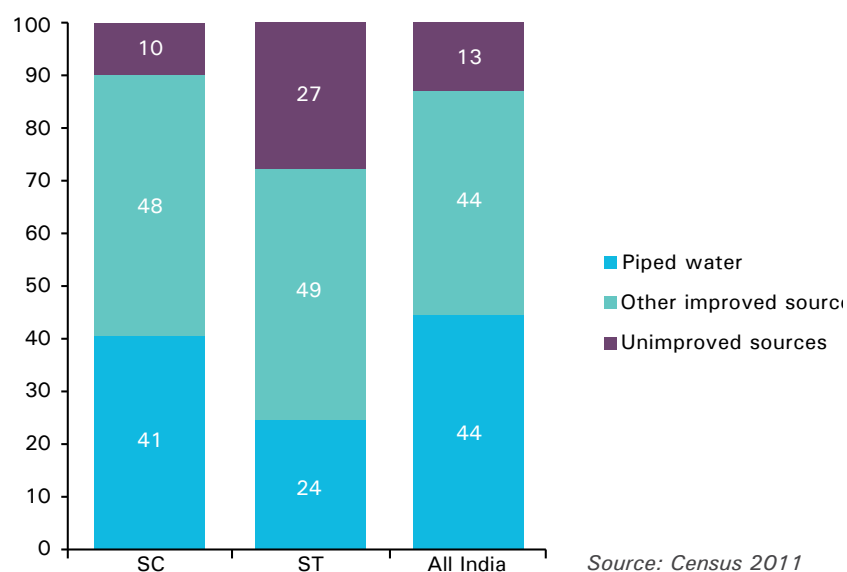
6. Gender related inequities

Rural and urban women of almost all age groups are engaged in collection of water for household needs, including water for livestock. Evidence shows that the average distance travelled by women every day in rural and peri-urban India affects their overall health and decreases productive work hours.[25] The girl child's educational and overall self-development status suffers a serious setback when she is involved in water collection.

Although this key role of women has been recognized, limitations remain. As per the NRDWP guidelines, the members in Village Water and Sanitation Committee (VWSC) should be selected to represent various groups of society and 50 per cent of which should be women especially those belonging to SCs, STs and OBCs. The role of the Gram Sabha is also important here. Though efforts have been made to involve more and more women in the programmes at policy level, on the ground, these provisions are hard to implement because of strong gender bias. The WASH interventions which do not take into account the social, economic and familial constraints of a society with respect to women, may lead to unfair outcomes for them.

7. Key sectoral gaps: water for domestic use

The MDWS Strategic Plan (2011-22) for the rural drinking water and sanitation sectors aims at providing 80 per cent of rural households with household connections (designed for 70 lpcd or more). The NRDWP guidelines provide adequate flexibility to the States/UTs to incorporate the principles of decentralized, demand driven, area specific strategy taking into account source sustainability, finance management and infrastructure to ensure availability of drinking water. Adoption of appropriate technology, revival of traditional systems, conjunctive use of surface and ground water, conservation, rain water harvesting and recharging of drinking water sources have been emphasized.

However, despite the progress and positive policy environment, sustainability of drinking water sources and systems remains a critical challenge. As a consequence, ensuring availability of drinking water both in terms of adequacy and quality, on a sustainable basis is a major issue.

[25] Seaforth,W. 2001. `Why Water is a Women's Issue', Habitat Debate, UNCHS Habitat, vol. 7, no. 1.

Phase I: Raising awareness and knowledge on safe drinking water
National and State Level
Stakeholders – General public nationwide

Communication activities	Inputs required	Support partners

Mass media campaign
• TV, Radio, Print, Online media (Hindi and regional/local languages)
• Feature films/ documentary
 	
Ensure that time and dissemination from different mediums is integrated in a manner that the public is saturated with the same key messages.
 	
The campaign can be in intense spurts throughout the year and should be pre-decided within the media plan. Efforts should be made to synergise the broadcast at national and state level.
	• Content creation for messaging on the select behaviours for different mediums including Video appeals, Audio appeals, Print advertisements, Press releases, SMS/text
	• Common taglines or key brand colours with MDWS logos for all messages on key behaviours to brand drinking water messages
	• Detailed media plan for the dissemination of messages for every medium- this should include
	  ▫ specific timelines
	  ▫ selection of TV/radio channels and print based on credible ratings
	  ▫ time of exposure to target certain audiences- for example placement of PSAs at prime time- between popular soap operas, or before and after news on popular news channels
	  ▫ embedded messages through popular programmes on TV and radio
	  ▫ embedded messages in feature films or documentaries developed on the issue
		• MDWS
		• SWSM/CCDU
		• UN agencies
		• Donor and other agencies
		• Ministry of Information and Broadcasting (MIB)
		• Ministry of Information Technology and Telecommunications
		• Private sector

• Use social media networks
To create a buzz around the key behaviours identified:
  ▫ Use social networks (Facebook, You-Tube, Twitter, etc.)
  ▫ Create social media networks to bring about relevant platforms for discussion (Blogs, online forums)
  ▫ Cross-link MDWS website to convergent Ministries/Flagship programmes websites
  ▫ Create interface between social media and mainline print media both at national and state level
  ▫ To raise awareness and keep the discussion going the intensity of social media activities should be raised when mass media is slowed down
• Repository of communication tools and materials in MDWS/WSSO Website
 	
For enabling WSSOs and DWSMs to download soft copies of "artwork" of Audio visual materials and IEC materials for production of IEC materials a repository may be introduced in the website of MDWS & WSSOs.
	• Develop appropriate content including appeals for social networks
	• Regular contribution by SWSM, DWSM, UN Agencies, CSOs/ NGOs, on MDWS Facebook page
	• Regular update of MDWS website
	• Develop inventory of WASH communication tools and materials	

²⁶ Note: this is a menu of suggested activities to support planning for advocacy and communication activities at different levels. The list is not exhaustive.

Communication activities	Inputs required	Support partners
Mobile campaign Partnership can be forged with a service provider for initiating ▫ SMS campaign ▫ Mobile Messages through bulk SMS/music/jingle/ caller tunes ▫ Other innovative mobile messaging	▪ Develop creative content to be disseminated through mobile phones ▪ Alliance with mobile telephony service providers	

Celebrity outreach campaign
▪ Engage celebrity to promote key behaviours. These can be popular figures at national, state/regional level.
▪ Commit celebrity to include messages regarding key behaviours in their work sphere (for example an actor including good water management behaviours as a backdrop in their films
▪ Develop PSAs/short films with the celebrity for mass media
▪ Field visits by the celebrity
  ▫ Meet community
  ▫ Share information on best behaviours
▪ Events
  ▫ involving celebrities to give away awards to officers, political leadership and civil society organization, children and youth ambassadors, grass root workers who have made significant contribution in the WASH sector/ convergent programmes
  ▫ Involving children with fun-filled child friendly activities
  ▫ Participate in TV/Radio debates/discussions
  ▫ Marathons/cricket matches/ other sports at school level
  ▫ Water Awareness Week
	▪ Identify celebrities to champion the cause /select brand ambassadors
	▪ Develop appeals with celebrities/ brand ambassador
	▪ Arrange field visits
	▪ Organise events on designated days/weeks/months like Global Hand washing Day, World Water Day, Swachchata Utsav	

District Level

Communication activities	Inputs required	Support partners
▪ Hoardings at strategic sites ▪ Messaging on bus panel/public transport/ through painting, posters and announcement of messages at bus stands and railway stations at regular intervals ▪ Use print IEC materials for example posters at health facilities, government offices ▪ Messaging through local TV/ Cable channels and radio ▪ Street Theatre Groups/Folk Teams to prepare script through workshops and arrange shows in identified villages after drawing a calendar of shows *Circular issued by MDWS on Cultural teams may be followed* ▪ Audio-Visual Vans with illustrated messages to visit identified villages to show films/ documentaries on issues of water	▪ Develop creative content for outdoor media and IEC materials ▪ Identification/mapping of sites- Health centres/ hospitals schools, bus stops, railway stations, market place ▪ Identify Folk medium groups for training and performance	▪ CCDU ▪ DWSM ▪ Development agencies ▪ District Coordinators ▪ Identified resource person/s (IEC consultants)

Block Level

Communication activities	Inputs required	Support partners
▪ Hoardings and wall paintings at strategic sites (Block Office, Bus Stands, Health Facilities, etc.) ▪ Scrolling of messages; discussion with doctors and experts on issues relating to drinking water on Local TV/Cable Channels (where ever available) ▪ Use Community Radio (where ever functional) to disseminate messages by arranging discussions and Public Service Announcements	▪ Develop content for wall painting ▪ Develop content to be depicted through radio, television and folk theatre	▪ Block Resource Coordinators

Gram Panchayat Level

Communication activities	Inputs required	Support partners
▪ Wall paintings ▪ Folk media performances (song and drama) ▪ Messaging through Mobile vans ▪ Exhibition and Demonstration	▪ Develop content for wall painting ▪ Messages to be depicted through folk theatre and songs ▪ Organize logistics for exhibitions and demonstrations	▪ Block Resource Coordinators

Note: Awareness raising will also be part of SBCC and will be primarily done at household and community level through IPC and community mobilisation approaches.

Phase II: Advocacy with decision makers and key stakeholders for convergence and creating an enabling environment

National Level

Stakeholders	Advocacy activities	Inputs required	Support partners

▪ Decision Makers/ Programme managers of
 	
▪ Central Ministries[27]
 	
▪ National commissions[28]
 	
▪ Elected Representatives- Parliamentarians, Ministers (Union and State of the core and convergent Ministries)
 	
▪ Donors, UN agencies and INGOs
	▪ Orientation workshops[29] on water and hygiene behaviours including sanitation highlighting the following-
	
	  ▫ the importance of safe drinking water; information of the government initiatives for improving access and usage of safe drinking water on a sustainable basis
	
	  ▫ information of related national flagship programmes NBA, NRHM, ICDS, MGNREGA, IAY, SSA, NRLM Bharat Nirman etc.
	
	  ▫ information of current convergence with other Ministries and national flagship programmes
	
	  ▫ increasing the scope of convergence with Ministries and national flagship programmes- for example advocacy with MHRD for introduction of chapters on safe drinking water and sanitation in school curriculum of CBSE/ICSE courses and directive from the Ministry to states for similar steps.
	
	  ▫ development of standards and guidelines; direction and circulars/ letters to state for improving implementation of the programme
	
	▪ National Consultations with all state Chief Ministers, Ministers and Secretaries handling the relevant departments for enhanced collaboration/ activities on issues highlighted above
	
	▪ Regional Consultations- regions with similar drinking water issues (for example- regions with similar chemical water contamination come together)
	
	▪ International Consultations- to provide exposure to the latest developments in the sector /capacity building
	
	▪ One-to-one meetings
	
	▪ Field visits to best practice areas
		▪ Develop standard framework for conducting workshops
		
		▪ Evidence based advocacy package[30]
		
		  ▫ Fact sheets
		
		  ▫ Video films
		
		  ▫ Audio programmes
		
		  ▫ Presentations with programme related information
		
		  ▫ Booklet containing salient features of NRDWP
		
		▪ Identify locations and facilitate field visits
		
		▪ Organise workshops, identify participants and resource persons and materials required
			▪ MDWS
			
			▪ MIB
			
			▪ UN agencies
			
			▪ Donor agencies
			
			▪ CBOs/INGOs/
			
			▪ NGOs
			
			▪ Academia

[27] Ministry of Drinking Water & Sanitation, Ministry of Water Resources, Ministry of Health and Family Welfare, Ministry of Human Resources and Development, Ministry of Women and Child Development, Ministry of Rural Development Ministry of Information and Broadcasting, Ministry of Agriculture, Ministry of Social Justice, Ministry of Tribal Affairs, Ministry of Sports and Youth Affairs, Ministry of Panchayti raj etc.

[28] National Commission for Women, National commission for Protection of Child Rights, NABARD etc

[29] This includes individual and convergent workshops with key stakeholders identified at national level.

[30] The content of the package to be developed according to the requirements of the audience

State Level

Stakeholders	Advocacy activities	Inputs required	Support partners

Decision makers
• Chief Secretary, Principal Secretaries of
 	
Key Line Departments and those handling national flagship programme
 	
Health, Education, Rural Development, PRD
 	
PHED, Social and welfare (ICDS), Agriculture, Information and Broadcasting
• SWSM, CCDU and IEC bureaus
• CEO/Head of all NRLM in states (for utilizing huge network of SHGs)
• Elected Representatives-MLC,MLA, Zilla Parishad
• District Magistrates/District Collectors
	• Orientation workshops on water and hygiene behaviours including sanitation highlighting the following-
	  ◦ the importance of safe drinking water; information on the government initiatives for improving access and usage of safe drinking water on a sustainable basis
	  ◦ information about related national flagship programmes NBA, NRHM, ICDS, MGNREGA, IAY, SSA, NRLM, Watershed Development Programme, Accelerated Irrigation Benefit Programme, Bharat Nirman etc.
	  ◦ information on current convergence and scope of convergence with key departments and national flagship programmes
	• One-to-one meetings
	• Field visits to best practice areas
	• Round table conference with DM/DC of all districts for prioritizing safe drinking water in rural areas. Will also provide platform to share initiatives at district level. Lessons learnt will inform and improve implementation.
	• Regional Consultations- experience sharing of regions within the states with common issues/ or group of states.
	• State level Convention of Zilla Parishad Presidents to sensitize them and enhance understanding of rural drinking water programme and their key role in the implementation process.
		• Develop standard framework for conducting workshops
		• Evidence based advocacy package
		  ◦ Fact sheets
		  ◦ Video films
		  ◦ Audio programmes
		  ◦ Presentations with programme related information
		• Identify locations and facilitate field visits
		• Organise workshops, identify participants and resource persons and material required
			• MDWS
			• MIB
			• PHED (SWSM)
			• CCDU
			• UN agencies
			• Donor agencies
			• CBOs /INGOs/ NGOs
			• Academia

District Level

Stakeholders	Advocacy activities	Inputs required	Support partners
• DWSM and other line department, Members of Zila Parishads (PRIs) • District Magistrates/ District Collectors	• One-to-one meetings and orientation workshops with members of the District Water and Sanitation Mission, District Rural Development Agency, District Collectors/Magistrates, ZP members and members of other converging programmes like health, nutrition and education. • Field exposure visits along the lines of the National Learning Exchange	• Evidence based advocacy package in local language • Fact sheets • Video films • Audio programmes • Organise workshops and convention, identify participants and resource persons	• SWSM • CCDU • UN Agencies

Block Level

Stakeholders	Advocacy activities	Inputs required	Support partners
• Block Development Officer (BDO)	• One-to-one meetings with the Block Development Officers, junior engineer and panchayat functionaries • Sensitization workshops • Exposure visits	• Information sheets on NRDWP and NBA, programme and implementation • Other printed material such as leaflets and posters • Organise workshops, identify participants and resource persons	• Block level Water and Sanitation Committees (BWSC) • Block Resource Coordinators
• GP/Panchayats • VWSC/VHSC/VHSWNC/others	• Training workshops on roles and responsibilities of panchayats with respect to NRDWP and its links with other government programmes such as NBA, NRHM, MGNREGS, SSA etc • State convention of GP members to sensitize them about the implementation of NRDWP and their key role in its success • Orientation workshops on establishment of VWSC/VHSC/others, its role and responsibilities and the critical need for having functional committees for adequate, safe and sustainable water supply.	• Develop training module • Information sheets on NBA programme, policy and execution. • Other printed material such as leaflets and posters • Organise workshops and convention, identify participants and resource persons	• Block Resource Coordinators

The stakeholders identified below are for all levels

Stakeholders	Advocacy activities	Inputs required	Support partners

Media :
• Print
• Electronic
• Artists
	• Create regular opportunities for interaction/interface for sensitizing media (editors and journalists of both print and electronic media at National and State/Regional levels on WASH issues including information on programs- NRDWP and NBA. Highlight issues related to key behaviours at household and community level.
	• Field exposure visits to locations to highlight issues related to water access, adequacy, quality, equity, gender etc.
	• Media networking to keep a consistent flow of WASH information and ensuring coverage.
	• Training workshops for electronic media programmers for inclusion of/ development of WASH specific / sensitive content creation.
	• Identify champions on water from amongst senior media persons.
		• Ready to use material in print and electronic form
		• News-based media package
		  ▫ Fact sheets
		  ▫ Human interest stories
		  ▫ Programme related information
		  ▫ Key contacts for further information
		• Organise press conferences and one to one meetings
		• Identify locations for field visits
		• Develop training module/s for workshops
		• Organise workshops, identify participants and resource persons
			• MDWS
			• MIB
			• UN agencies
			• PHED (SWSM)
			• CCDU
			• CBOs/INGOs/ NGOs

Religious/Faith based leaders	• One-to-one meetings for informing them on critical issues related to drinking water and hygiene and the initiatives of the government in the sector to ensure that they make the issue a part of their agenda. • Develop partnership with existing religious organizations to ensure that their programs/sermons include messages on the key behaviours identified in the strategy to sensitize religious followers. • Use their forums to distribute IEC materials • Use festivals for distribution of IEC materials	• Information sheets on NRDWP and NBA programme, policy and execution • IEC printed material such as leaflets, booklets and posters • Organise workshops and convention, identify participants and resource persons	• UN agencies • CBOs/INGOs/ NGOs • CCDUs

Stakeholders	Advocacy activities	Inputs required	Support partners
CBOs/INGOs/NGOs	▪ Map all CBOs/NGOs working on the issue ▪ Form consortia to discuss key issues and build alliances for action ▪ Training workshops on specific areas where these organizations can engage in the water sector	▪ Information sheets on drinking water policy, programme and implementation ▪ Other IEC printed material such as leaflets and posters ▪ Develop training module ▪ Organise workshops and convention, identify participants and resource persons	▪ SWSM ▪ UN agencies ▪ CBO/NGOS who actively doing upstream work
Youth networks	▪ Engaging youth organizations like NSS and NYKS and universities ▪ Sensitization workshops for youth leaders and youth clubs for developing a cadre of youth change agents and advocates on the importance of water , sanitation and hygiene ▪ Identify youth ambassadors to advocate for the cause	▪ Training module for youth leaders for information and peer to peer communication ▪ Digital and other social media specifically developed for the youth	▪ MDWS ▪ SWSM ▪ UN Agencies
Academia Research institutions like CSIR, ICAR, NEERI, IIT etc. for research and development on low cost technology for water quality, water supply, management etc.	▪ Mapping of academia working on WASH issues ▪ Sensitization workshop ▪ Field visits	▪ Desk research ▪ Evidence based advocacy material like fact sheets ▪ Research papers	▪ MDWS ▪ SWSM ▪ UN Agencies
Private sector	▪ Mapping companies working in the WASH sector and others ▪ Field visits ▪ Orientation workshops for management cadre, people in-charge of new business development and for those working in the corporate social responsibility departments provide information and influence in developing plans that incorporate rural drinking water issues	▪ Desk research to map companies ▪ Identify field visit sites ▪ Develop training module for workshops ▪ Evidence based advocacy package ▪ Fact sheets ▪ Video films ▪ Audio programmes ▪ Presentations with programme related information	▪ MDWS ▪ SWSM ▪ UN Agencies

Phase III: Social and behaviour change communication for uptake of key behaviours with regard to drinking water[31]

Primary

Stakeholders	Communication activities	Inputs required	Support partners*
Family – men, women and children	Interpersonal communication ▪ Face-to-face counselling by frontline workers and community level motivators ▪ Small group sessions at home, health centres, community settings and religious gatherings ▪ Encouraging peer to peer communication among mothers and caregivers	▪ Flipcharts ▪ Leaflets ▪ Posters ▪ Booklets ▪ Educational aids e.g. Educational videos for small – group discussion ▪ Innovative use of mobiles by FLW to support counselling sessions	▪ Block Resource Centres (Block Resource Coordinators) ▪ District coordinators of flagship programmes ▪ PHED ▪ District Collector/ Magistrate office ▪ CBOs/NGOs ▪ Mahila Mandals ▪ Self Help Groups ▪ Youth Groups/ clubs ▪ Elected Representatives
	Community Mobilisation ▪ Community dialogue and local meetings / events by community leaders, PRIs, volunteers, religious leaders, and women groups ▪ Discussion of key drinking water issues at various community and health facility platforms like VHND, AWW centres ▪ Linking drinking water issues (water quality) with local festivals (especially as water bodies become the main dumping ground for *puja (worship)* materials) ▪ Dedicate key Gram Sabha meetings on drinking water issues identified in the strategy ▪ Encourage positive deviants especially women, adolescents, PRIs to speak on the issue during group meeting or SHG meeting ▪ Organize exhibition and demonstration(Fairs/ Mela) where there is provision for counselling on key behaviours, demonstration of drinking water treatment methods, availability of water treatment products, information on the water and other related flagship programmes, games with correct behaviours messages etc.	▪ Mapping and identification of local leaders, community champions and influencers ▪ Flipcharts ▪ Leaflets ▪ Posters ▪ Booklets ▪ Educational aids eg Educational videos for small – group discussion ▪ Demonstration kits for water quality testing	
	Mass media, including outdoor and traditional media, IEC materials ▪ TV and radio spots / TV and radio programmes, cinema slides on drinking water, hygiene and sanitation. ▪ Folk media performances along with community dialogue in media dark areas ▪ Outdoor media such as wall paintings and hoardings at strategic locations ▪ Local opportunities in form of fairs, festivals, bazaar, haats, sports used for message dissemination	▪ TV/Radio spots ▪ TV/Radio programmes ▪ Cinema slides ▪ Scripts for folk media performances ▪ Hoardings ▪ Wall Paintings	

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[31] All the activities should be part of the district communication action plan where the village, activity, timeline, funds, resource persons/agencies, communication tools and materials should be identified and made available

Secondary

Stakeholders	Communication activities	Inputs required	Support partners*
▪ School children ▪ Child Cabinets ▪ School teachers ▪ School Management Committees	▪ School-based communication activities for children ▪ Use different IEC materials for information sharing and enhancing knowledge on issues related to drinking water, sanitation and hygiene ▪ Fun-based activities defined for different age groups with drinking water, sanitation and hygiene as the themes. ▪ Bring in the above themes for assembly, class discussions, debate, drawing, drama, music etc. Competitions in each school of the GPs at regular intervals ▪ Use (Child Friendly) wall paintings at appropriate sites to promote key behaviours related to drinking water ▪ Use folk media-plays/drama/singing/magic shows and street theatre to promote water messages. Train children in these activities and have regular competitions on themes of drinking water, sanitation and hygiene. ▪ Organize student exchange for children to be exposed to best behaviours with regard to water. ▪ Organize celebrations on special days especially those related to water sanitation and hygiene and put those dates in the school calendar. Organize rallies, felicitation/awards events ▪ Formation of a "task force"/child cabinets of school students defining their roles and responsibilities especially in monitoring drinking water facility and hygiene in schools. ▪ Training of identified peer educators for peer to peer communication ▪ School rallies to be organized in a fixed frequency on specific issues of water & sanitation for generating awareness in the community ▪ Members of School Cabinet/School Club may visit a fixed number of households at regular intervals for communicating key messages of drinking water, sanitation and hygiene behaviours and record on report cards Capacity building for teachers ▪ Training for teachers/SMC on water, sanitation and hygiene promotion, monitoring and grievance redressal ▪ Training workshops for School management committees' for implementation of WASH in schools	▪ Develop IEC materials for schools ▪ Develop fun based activity tools and materials on water, sanitation and hygiene for children ▪ Identify simple themes for wall paintings in schools ▪ Identify folk media groups for performance and training ▪ Peer educators training manual ▪ Develop guidelines for child cabinets ▪ Develop school calendar with special days highlighted ▪ Training modules for teachers/ SMC members ▪ Develop database of schools, Map schools, including those run for minorities ▪ Provide communication materials to teachers for promoting water, sanitation and hygiene	▪ Headmasters ▪ School Management Committees ▪ PHED ▪ SSA ▪ District Coordinators ▪ Block Resource Coordinators

Secondary

Stakeholders	Communication activities	Inputs required	Support partners*
SHGs, community leaders, volunteers/NBA and NRDWP motivators	Capacity building ▪ IPC training (also information on WASH) ▪ Training workshops for SHGs, PRIs, community leaders and volunteers on WASH issues and communication skills ▪ Learning exchange to see best behaviours ▪ Link to activities in community mobilisation	▪ Development of IEC/IPC materials ▪ Training modules	Block Resource Coordinators
Gram panchayat	Capacity building ▪ Training workshops on implementation of water programmes/schemes and links with other government programmes such as NBA, MGNREGS, SSA, ICDS, IAY, BN, NRLM etc. ▪ Exposure visits ▪ Organize regular meetings to review progress of VWSC (or similar committees) establishment and functionality	▪ Develop training module ▪ Information sheets on NRDWP programme, policy and execution ▪ Other printed material such as leaflets and posters ▪ Organise workshops, identify participants and resource persons	Block Resource Coordinators
Religious leaders/ groups	▪ One-to-one meetings for informing them about the importance of drinking water and hygiene and the initiatives of the government in the sector and motivate them to lead by example and include these issues in their talks/sermons.	▪ Identify places of worship for different religions ▪ List of local festivals that can be used as platforms for promoting WASH messages ▪ Information sheets on NRDWP programme, policy and execution ▪ Other printed material such as leaflets and posters ▪ Identify teachers in minority schools to conduct orientation workshops	Block Resource Coordinators
Doctors/ compounders/ para medical staff/ Health service providers	▪ Trained and skilled to provide counselling on water quality issues; linkages of water quality with health; risks related to consumption of bacteriological/ chemically contaminated water; promote good hygiene behaviours. ▪ Orientation to why functioning and well maintained WASH facilities are essential at health facilities (especially well managed water supply and provision of safe drinking water.	▪ Identify public and private health facilities/ clinics and staff ▪ Information sheets and other IEC materials ▪ Training modules on water, sanitation and hygiene for health service providers	Block Resource Coordinators
Youth groups/clubs	▪ Sensitization workshop with youth clubs to orient them on water issues and motivate them to organize events around these and volunteer as promoters of key behaviours related to drinking water ▪ Train peer educators on issues relating to drinking water	▪ Identify youth clubs/groups ▪ Organize workshops and identify resource persons ▪ IEC materials	Block Resource Coordinators
Frontline workers – ANMs, ASHAs, AWWs, water and sanitation motivators like Swachchata Doots or Jal Surakshaks / Jal Saiyya/Jal Doot	Capacity building ▪ IPC training ▪ Training on technical WASH messaging	▪ IPC and WASH training modules for frontline workers	Block Resource Coordinators

*The support partners listed are applicable for the entire section.

District communication plan template[32]

1. Background information

State

1. Name of the State:

2. Names and contact details of the department implementing NRDWP:

3. Name and contact details of the Dealing Officer at State level:

4. Management/Institutional Arrangements at State level (identify from the list)

   * SWSM (State Water and Sanitation Mission)
   * RWS Department in the State
   * PMU (Programme Management unit)
   * Any other

5. Define:

   * Linkages between different district units
   * Human resource structure
   * Roles and responsibilities of unit

District

6. Name of the District:

7. Name and contact details of the Dealing Officer at District level:

8. What are the management arrangements at District level

   * DWSM (District Water and Sanitation Mission)
   * DSU (District Support Unit)
   * District Resource Group
   * NGO/ implementing agency for communication plan
   * Any other

9. Define:

   * Linkages between different district units
   * Human resource structure
   * Roles and responsibilities of unit

Block

10. Institutional Arrangement at Block level

(Who can drive the communication activities at the block level?)

* RWS Department (Block Level Officials)
* BRC (Block Resource Centre)
* BWSC (Block Water and Sanitation Committee)

GP / village

11. Institutional Arrangement at GP/Village level

(Who can drive the communication activities at the GP level?

* GP/VWSC/other committee/s (name and constituents)
* Who are involved and what are their roles and responsibilities

12. Location/level at which the Village Motivators will be positioned –

* Village level, or
* Gram Panchayat, etc.

13. Who is the Village Motivator?

Select who will be most appropriate

* RWS Workers
* ASHA
* AWWs
* Medical professionals
* Youth
* Mahila Mandal members
* SHGs
* Jal Doot/Jal Surakshak/Jal Sahiya
* Bharat Nirman Volunteers(BNV)
* Any others

Both Women and Men VMs should be selected.

14. Who will be assigned for the development and execution of monitoring and evaluation plans.

15. What has happened so far: Does a communication action plan exist?

Gap analysis for existing communication plan

* Barriers/Challenges
* Learnings- Positive and negative

2. Core Components of the District Communication Plan

Given in the table below are the steps that are required for planning and implementing the state strategy at district, block and village level.

Indicate who would be responsible to carry out these steps in your district and by when they will be completed.

Steps	Responsible person/ department	Time frame	Objective of the step	Output
Hold District level workshop/s for developing district communication plan			▪ Bring together key players at the district level for an orientation on key behaviours and communication approaches identified within the state strategy and feedback on state consultations. ▪ Develop District Communication Plan including identification of priority GPs (target area), key messages (contextual to the key identified participants/stakeholders), communication activities[33], timelines, costs, roles and responsibilities of the drivers of the plan.	▪ Core components of state strategy disseminated ▪ District communication plans in place Priority GPs, key messages identified, communication activities, timelines, costs, roles and responsibilities mapped out
Put in place monitoring plan/mechanism Monitoring tools and indicators[34]			▪ To review progress and get input to feed back in the communication strategy/plan	▪ Monitoring and evaluation plan ▪ Supervisors and monitoring tools and indicators identified
Identify funding modalities			▪ Identify which funds will be utilized for the communication activities[35]	▪ Identified budget for communication activities
Select resource teams available for implementing communication activities at district level			▪ To have in place a district resource group to manage/ support communication activities. ▪ The selected team will oversee the implementation, follow-up process with state level support. They will be responsible for managing/ coordinating/monitoring communication activities	▪ Key resource team identified and engaged ▪ Roles and responsibilities identified and communicated
Training on drinking water issues and communication for the identified district resource group			▪ To provide knowledge on the content (issues related to drinking water) and skills for developing and implementing communication plans	▪ Resource teams trained and equipped with skills to develop communication plans and its implementation

[33] Menu of advocacy and communication activities available in the implementation framework section of monitoring indicators available in the monitoring and evaluation section

[34] Illustrative list

[35] See section on funding modalities

Steps	Responsible person/ department	Time frame	Objective of the step	Output
Develop communication package			▪ To develop a comprehensive communication package including communication tools and materials. This process should include review of existing material and need to develop new ones. Communication materials identified to be used should be pre-tested to ensure that they meet the needs of the participant groups identified and that the messages are correct, clear and consistent.	▪ Communication package developed to be used at different levels
Duplication/ dissemination of communication materials			▪ Identification of materials available/what needs to be developed/number of copies required/identify recipients of the communication tools/materials	▪ Communication tools and materials developed ▪ Recipients identified ▪ Dissemination plan developed
Capacity building at various levels ▪ Select and train block level resource/ mobilisers on the communication plan and use of communication materials including PRIs- Sarpanch/Pradhan, Ward members of Gram Panchayats ▪ Teachers, Health workers ▪ Select and train village motivators including–Jal Surakshak/ Swachchata Doots, ASHA, AWW, PWSC/VWSC members/other committees, Community leaders ▪ SHGs, ▪ Others			Training will provide- ▪ Knowledge on drinking water and related sanitation and hygiene issues, NRDWP and convergent programmes and their role in its implementation, elements of the communication plan ▪ Interpersonal communication skills ▪ Build familiarity and skills to use of facilitation materials and monitoring formats	▪ Block level mobilisers selected and trained ▪ Village level motivators selected and trained

3. Fund management

Within the 5% of the NRDWP support funds given to the states it is recommended that 30% of that may be utilised for the IEC purposes and this may be equally distributed with all the districts in the states. Within the district share the fund allocation for different communication mediums as below-

Communication Medium	Percentage of IEC budget
Interpersonal communication and community mobilisation (including all IPC print material and incentive and training for Front Line Workers recruited for water)	Up to 60% Print ceiling -10%
Outdoor media and folk media	Up to 15%
IEC materials	Up to 15%(Print Ceiling 3%)
Monitoring and evaluation of BCC activities Evidence building (research/KAP studies) for strategy replanning	Up to 5% Up to 5%

Note: ▪ The Annual District Template including media plan must have the approval of DWSM) or any other equivalent body) before the start of the financial year.

▪ Independent impact assessment of IEC carried out may be done every second year.

Illustrative Monitoring and Evaluation Framework

The table below identifies some of the key indicators at all the three levels of the all India key behaviours, namely the practice of safely storing and handling drinking water at household level and demand for establishment of representative and functional committees to PRIs/PHED for drinking water supply by communities.

Focus Behaviour	Key Behaviours	Primary Participants/ stakeholders	Expected outcome
Safe storage and handling of drinking water	▪ Avoid dipping hands in vessels holding water ▪ Covering of storage vessels ▪ Use of tap or ladle to take water from storage vessels ▪ Cleaning of storage vessels	▪ Family- Men, women and children	▪ Increased number of individuals- men women and children safely store and handle drinking water at home ▪ Increased number of schools with safe drinking water facility ▪ Increased number of AWC (or health facilities) with safe drinking water facility

Result Level

Output	Indicator	Means of verification
▪ Increased number of individuals who can identify the correct ways (4 points listed above) of storing and handling drinking water	▪ Number of individuals who can identify the correct ways (4 points listed above) of storing and handling drinking water	▪ Baseline, midline, endline surveys ▪ Impact evaluation Surveys
▪ Increased number of individuals who can list at least 2 benefits of safely storing and handling drinking water	▪ Number of individuals who can list at least 2 benefits of safely storing and handling drinking water	
▪ Increased number of individuals who can make linkages between safely storing and handling drinking water and diarrhoea	▪ Number of individuals who can make linkages between safely storing and handling drinking water and diarrhoea	
▪ Increased number of individuals who can identify specific personal health risk associated with not practicing safe storage and handling of drinking water	▪ Number of individuals who can identify specific personal health risk associated with not practicing safe storage and handling of drinking water	
▪ Increased number of individuals who can identify health risks for children associated with not practicing safe storage and handling of drinking water	▪ Number of individuals who can identify health risks for children associated with not practicing safe storage and handling of drinking water	
▪ Increased number of households with covered drinking water storage vessels	▪ Number of households with covered drinking water storage vessels	
▪ Increased number of households with drinking water storage vessels with a tap/ladle to take out water	▪ Number of households with drinking water storage vessel with tap/ladle to take out water	
▪ Increased number of individuals who can demonstrate correct ways of storing and handling drinking water	▪ Number of individuals who can demonstrate correct ways of storing and handling drinking water	

Result Level

Process	Indicator	Means of verification
▪ Increased number of people recalling messages on safe storage and handling of drinking water from radio/TV/print/ hoarding/painting/folk performances	▪ Number of people who can recall messages on safe storage and handling of drinking water from radio/TV/print/hoarding/painting ▪ Number of performances (folk theatre- song/dance/drama) with safe storage and handling of drinking water as the theme	▪ Rapid assessments ▪ Progress Reports
▪ Frontline workers, School Teachers, Self Help Groups members and influential volunteers equipped with the knowledge and skills to conduct interpersonal communication (IPC) and community mobilisation to promote safe storage and handling of drinking water	▪ Number of frontline workers, school teachers and volunteers trained on use of IPC and community mobilisation techniques ▪ Number of transmission programmes organized ▪ Number of IPC support material distributed ▪ Number of printed material distributed	▪ Pre-post training assessment Reports ▪ Progress Reports
▪ Frontline workers, SHGs include water messaging in their plans of home visits, group meeting for community mobilisation	▪ Number of home visits by FLWs with water messages given to family members ▪ Number of group meetings conducted where people were exposed to messages/discussed safe storage and handling of drinking water	▪ Progress Reports based on home visit registers or daily diary ▪ Progress Reports based on group meeting registers

Focus Behaviour	Key Behaviours	Primary Participants/ stakeholders	Expected outcome
▪ Communities demand establishment of representative and functional committees for drinking water from PRI/PHED at GP level	▪ Communities demand setting up of a representative and functional committees at GP ▪ Communities ensure that committees be responsible for planning, implementation, monitoring of water supply schemes and user charges to ensure O&M of water sources ▪ Communities ensure that the committee be representative of the community (due representation of women, SC/ST and poorer sections of the community)	▪ Communities ▪ PRIs ▪ PHED	▪ Increased number of GPs with functional and representative committees ensuring safe and adequate drinking water on a sustained basis. ▪ Increased number of committees established with X% of women representation ▪ Increased number of representative committees established with X% of SC/ST representation

Result Level

Output	Indicator	Means of verification
▪ Increased number of individuals who can identify health linkages with poor sanitation/open defecation and contamination of water source	▪ Number of individuals who can identify health linkages with poor sanitation/open defecation and contamination of water source	▪ Baseline, midline, endline surveys ▪ Impact evaluation Surveys
Increased number of individuals who can identify health benefits associated with regular O&M of water sources	▪ Number of individuals who can identify health benefits associated with regular O&M of water sources	
Increased number of individuals who can list 2 benefits of water testing	▪ Number of individuals who can list 2 benefits of water testing	
Increased number of individuals who can list X criteria for safe water	▪ Number of individuals who can list X criteria for safe water	
Increased number of individuals who can identify 2 ways in which water sources can be contaminated	▪ Number of individuals who can identify 2 ways in which water sources can be contaminated	
Increased number of primary participants who report that establishment of VWSC is for the community's benefit	▪ Number of primary participants who can explain that establishment of VWSC is for the community's benefit	
Increased number of primary participants who state that as a community they can solve problems related to safe, adequate and sustained water supply	▪ Number of primary participants who state that as a community they can solve problems related to safe, adequate and sustained water supply	
Increased number of primary audience who state that they can work together with others in the community to ensure safe, adequate and regular water supply	▪ Number of primary audience who state that they can work together with others in the community to ensure safe, adequate and regular water supply	
Increased number of primary participants who report working together as a community to resolve problems related to drinking water supply	▪ Number of primary participants who state they can come together as a community to resolve problems related to drinking water supply	
Increased number of primary participants who state they can come together with others in the community to harness human and financial resources needed to ensure that the community gets safe, adequate and sustained water supply	▪ Number of primary participants who state they can come together with others in the community to harness human resources needed to ensure that the community gets safe, adequate and sustained water supply	
Increased number of individuals in the community who have taken action for the establishment of VWSC	▪ Number of primary participants/ individuals in the community who have taken action for the establishment of VWSC	▪ Baseline, midline, endline surveys ▪ Impact evaluation Surveys
Increased number Govt organizations in the community who have taken action for establishment of VWSC	▪ Number of individuals who state government organizations have taken action for establishment of VWSC	
Increased number of individuals who report they have taken action for the establishment of VWSC	▪ Number of individuals who report they have taken action for the establishment of VWSC	

Result Level

Process	Indicator	Means of verification
▪ Increased number of primary participants equipped with knowledge of NRDWP guidelines to establish representative and functional VWSC	▪ Number of orientation programmes on NRDWP	▪ Pre-post training ▪ Progress report
▪ Increased number of VWSC members equipped with knowledge and skills for planning, implementing, monitoring drinking water supply in the GP	▪ Number of training programmes on developing skills for planning, implementing, monitoring drinking water supply in the GP ▪ Number of technical support material distributed ▪ Number of promotional material distributed	
▪ Increased number of primary participants who have initiated discussion on establishment of VWSC in group meetings	▪ Number of group meetings held with discussion on VWSC	

Advocacy

Advocacy initiatives and campaigns will also need to be measured and monitored for progress and impact. An illustrative table of indicators at three levels to monitor the implementation and impact of the advocacy components is given below. As for behaviour change communication state-strategies need to develop their advocacy component within the strategy and identify the key tools to measure the progress of these interventions.

Primary Participants/stakeholders	Expected outcome
Policy makers, programme managers, media, opinion leaders, youth, academia, private sector	Enhanced understanding, commitment and action on issues related to adequate and safe drinking water

Result Level

Output	Indicator	Means of verification
▪ Increased number of elected representatives who can identify two benefits of safe drinking water	▪ Number of elected representatives who can explain the risks of consuming contaminated water	Baseline, midline, endline surveys Impact evaluation Surveys
▪ Increased number of elected representatives who identify X benefits of improving access and usage of safe drinking water on a sustainable basis	▪ Number of elected representatives who can explain the importance of improving access and usage of safe drinking water on a sustainable basis	
▪ Increased number of elected leaders who can list key elements of NRDWP/ government initiatives for improving access and usage of safe drinking water on a sustainable basis	▪ Number of elected leaders who know NRDWP is the national flagship programme for drinking water for rural India	
▪ Increased number of government officials who can identify two benefits of safe drinking water	▪ Number of government officials who can explain the risks of consuming contaminated water	
▪ Increased number of government officials who identify X benefits of improving access and usage of safe drinking water on a sustainable basis	▪ Number of government officials who can explain the importance of improving access and usage of safe drinking water on a sustainable basis	
▪ Increased number of government officials who can list key elements of NRDWP/ government initiatives for improving access and usage of safe drinking water on a sustainable basis	▪ Number of government officials who know NRDWP is the national flagship programme for drinking water for rural India	

Result Level

Process	Indicator	Means of verification
▪ Sensitization of policy makers and stakeholders on issues related to adequate and safe drinking water	▪ Number of questions raised in parliament and assemblies ▪ Number of times the issue of drinking water brought up in public speeches	▪ Monitoring of parliamentary and assembly debates ▪ Media reports on public engagement of concerned public figures
▪ Media sensitised and motivated to report on drinking water issues and set the policy agenda and different levels of governance	▪ Number of news stories and their prominence in International, National, Regional and Local media	▪ Media monitoring and analysis
▪ Elected representatives are engaged and motivated to spread messages and coordinate and monitor programmes.	▪ No. of public and coordination meetings held by elected representatives (Zilla Parishad Adhyakshyas) in which issues concerning drinking water are discussed	▪ Local media reports, minutes of meetings of district administration