

A MANUAL TO MOBILIZE COMMUNITIES FOR IMPROVED WATER, SANITATION, AND HYGIENE (WASH) SERVICES AND HYGIENE BEHAVIORS IN JACOBABAD CITY



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WATER SANITATION AND HYGIENE SITUATION IN PAKISTAN



Pakistan has made significant progress in increasing the percentage of population with access to improved drinking water and sanitation from 86.3% to 91.4% between 1990 and 2015 while percentage of population with access to improved sanitation increased from 23.7 % to 63.5 % during the same period. Pakistan is one of those 95 countries of the world who have met the MDG target for an improved sanitation and it has reduced the proportion of people practicing open defecation rate by 36 percentage points, between 1990 and 2015, making it among the top five countries to do so.

Although overall, proportion of people with access to improved drinking water and sanitation is higher in urban areas than rural areas, the progress in water and sanitation coverage in urban areas is less than that for rural areas. It is estimated that 61% of the urban population in Pakistan have access to piped water to premises, while another 33% have access to other improved sources, thus leaving 6% of the urban population with unimproved drinking water sources. An area of concern is that the percentage of urban population with unimproved water sources in Pakistan has increased from 3.5% in 1990 to 6.1% in 2015. In comparison, globally, the percentage of urban population without access to an improved water source has decreased from 5% to 4%, and in South Asia it has decreased from 10% to 4%.

Regarding urban sanitation, it is estimated that 83% of urban population in Pakistan use improved sanitation, which is higher than the global average of 82% and the South Asian average of 67%. Only 1% of the urban population in Pakistan defecates in the open which is much lower than 21% of the rural population in the country who still practice open defecation. Open defecation rate in urban Pakistan is also lower than the global average of two percent and the average for South Asia, where 7% of the urban population still defecate in the open. However, there is a concern that many toilets in urban areas of Pakistan are flushed into open drains in the absence of proper sewage collection and treatment systems. An analysis of the data set of Pakistan Social and Living Standards Measurement Survey (PSLM) 2010-2011, which considers flush toilets connected to open drains as unimproved sanitation, estimates that only 78 % of the urban population in Pakistan has access to improved sanitation. Within Pakistan, urban water and sanitation is a major challenge in some towns of Sindh Province. Overall, it is estimated that access to improved water and sanitation



in urban Sindh is 96% and 73% respectively, which is lower than the national average for urban areas. This is mainly because provision of municipal services in the towns of Sindh has not kept pace with increased population demands. It is estimated that only 55% of urban population has access to piped water that too is of poor quality, limited to two to four hours and not more than 15-20 gallons per capita per day (gpcd). Similarly, access to sewerage/drainage and disposal of solid waste is either negligible or very low.

In light of the water and sanitation situation prevalent in the country, the United States Agency for International Development (USAID) is providing assistance to Government of Sindh through the Municipal Services Development Program (MSDP) with a grant of USD 35 million for the development and up-gradation of municipal infrastructure in Jacobabad city. MSDP plans to do the same for other small towns of North Sindh e.g. Qambar, Shahdadkot, Mehar, Khairpur Nathan Shah, and Johi

Jacobabad city is located in the northern part of Sindh Province, near the border between Sindh and Balochistan. It serves as the capital of Jacobabad district as well as the center of Jacobabad Taluka- an administrative subdivision of the district. The town was established, at the site of the village of Khangarh, in 1847 by General John Jacob. Jacobabad district is administratively subdivided into three Talukas: Garhi Khairo, Jacobabad, and Thul. Jacobabad Taluka consists of 15 union Councils from which 8 are considered as urban while remaining seven are rural. According to the 1998 census, Jacobabad district had a population of 1,425,572 of which 24.10% were urban.

In the first phase of MSDP, the objectives of the water and sanitation related interventions in Jacobabad are as follows.

- ▶ Uninterrupted water supply with better quality at the rate of 30 gpcd
- ▶ Rehabilitation and up-gradation of the existing sewerage system, and
- ▶ Introduction of solid waste management system.

Successful implementation of the program is expected to contribute towards improved urban governance and healthier communities in Jacobabad.

- 92% of the population has access to water
- 48% of the population has access to sanitation, but details show that this access is inequitable among the urban and rural population as only 34% of the rural population has access to sanitation in comparison to 72% urban population.
- Poor sanitation is one of the contributors of poverty and in Pakistan 22.3% Of the population is living below the poverty line and here again there is inequality in urban and rural population.
- Poor sanitation coverage has increased the rate of malnutrition, mortality of under five children, and poor sanitation in high risk polio districts is alarming as the affected cases may rapidly effects a large population is poor sanitary conditions

In order to complement the efforts of MSDP, UN-Habitat is working with UNICEF and WaterAid to implement the project, "Community Mobilization for Improved WASH Services and Hygiene Behaviors in District Jacobabad." The project is focused on behavior change (BC), social mobilization (SM), and capacity development to complement MSDP's infrastructural interventions on water and sanitation. The project has four components:

1. Baseline and Research;
2. Social Mobilization;
3. BC Campaigns; and
4. Knowledge Management

In Pakistan, diarrhea is the leading cause of mortality for children under five (PDHS 2007-8) where 116,013 children under the age of five die due to diarrhea each year, translating into the loss of life of 13 Pakistani children per hour (PDHS 2007-8). Children also suffer disproportionately from sickness due to diarrheal disease with almost 25 million cases (PSLM 2006-7) reported annually. Major reasons for diarrhea are lack of access to clean drinking water, poor hygiene status, and poor sanitation. This existing dismal situation of sanitation in Pakistan was further deteriorated by the devastating floods of 2010; affecting more than 20 million people across the country.

- ▶ Till 2014, Pakistan was also lagging behind in achieving Millennium Development Goals (MDGs) for Sanitation. UNICEF and WHO's
- ▶ 92% of the population has access to water
- ▶ 48% of the population has access to sanitation, but details show that this access is inequitable among the urban and rural population as only 34% of the rural population has access to sanitation in comparison to 72% urban population.
- ▶ Poor sanitation is one of the contributors of poverty and in Pakistan 22.3% Of the population is living below the poverty line and here again there is inequality in urban and rural population.



- ▶ Poor sanitation coverage has increased the rate of malnutrition, mortality of under five children, and poor sanitation in high risk polio districts is alarming as the affected cases may rapidly effects a large population is poor sanitary conditions

Joint Monitoring Program (JMP 2012 update report) estimated that sanitation facilities are available only to 48% (72% Urban, 34% Rural) but this number still has huge disparities that exist between rural and urban areas of total population. In rural areas, an estimated 34% of the total population defecates in the open while only 26% has unimproved sanitation and only 6% share sanitation facilities. An estimated 40 million people in Pakistan still practice open defecation which therefore indicates a huge scope for providing improved sanitation facilities to the people in need.

PATS PAKISTAN APPROACH FOR TOTAL SANITATION



The Pakistan National Sanitation Policy 2006 also focuses on creating an open defecation free (ODF) environment using various total sanitation models. Based on lessons learnt from the total sanitation model previously implemented in Pakistan and keeping in view the socio economic, political, cultural and rapid climate changes and frequent occurrence of disasters, a Pakistan Approach to Total Sanitation (PATS) was introduced by the Ministry of Environment in 2011. As an integrated sanitation model, PATS provides greater flexibility in programming and an opportunity to attain the Millennium Development Goals (MDGs).

PATS is targeted towards achieving and sustaining an ODF environment, both in rural and urban context, with clear emphasis on behavior change and social mobilization enhancing the demand side of sanitation. The approach endorses the use of a number of branded total sanitation models, having a key role of communities, which include:

- ▶ Community Led Total Sanitation
- ▶ School Led Total Sanitation
- ▶ Component Sharing
- ▶ Sanitation Marketing
- ▶ Disaster Response

The above models may be adopted by the provincial and local governments in accordance to what suits best in their local context and in accordance with the reinforcement values of PATS. The planning, promotion, implementation, regulation and monitoring will be expected from municipalities and provincial governments. Provinces will plan financing the sector which may include own funds, donors, and federal government funds. The federal government will continue supporting through Information, Education, and Communications and coordinating for capacity building among the provinces. The approach will be revisited in three years' time, it is expected that pilots and implementation through provincial programmes will provide feedback and learning.



Reinforcement Values of Pakistan's Approach to Total Sanitation

Following are the reinforcement values of PATS which provide greater programming flexibility in adopting context-specific solutions as well as an opportunity to engage in meaningful discourse to advance community led process in Pakistan and attain desired MDGs.

- I. Integrated Total Sanitation: Pakistan specific approach seeks to follow the following components for attaining total sanitation:
 - a. Sanitation Demand Creation Interventions: through Information, Education, and Communications (IEC) Campaigns; Community sensitization through Community Led Total Sanitation (CLTS), School Led Total Sanitation (SLTS), Marketing of hand washing etc.;
 - b. Sustaining the Demand through Supply Side Interventions: through "Marketing Sanitation", supply chain mechanisms, training of masons, construction of environment friendly latrines for demonstration of technical solutions, trainings of sanitation entrepreneurs and sanitation enterprises, facilitation to develop linkages with the microfinance institutions and incentivizing outcomes;
 - c. Hygiene Promotion Interventions: through IEC material on active health and hygiene key messages, behavior change communication campaigns, usage of mass media campaign, and IEC campaigns promoting low-cost appropriate and informed sanitation solutions etc.;
 - d. Drainage and Wastewater Treatment Interventions: through community participation and component sharing models with the aim to minimize exposure to human excreta and wastewater management;
- II. Launching of a country-wide communications campaign to develop a national culture or social norms for total sanitation
- III. Creation of international and in-country partnerships with key development agencies and organizations such as UNICEF, WSP-SA, WSSCC, RSPN, WaterAid, Plan Pakistan, UN-

Habitat, PIEDAR and others to harmonize and coordinate support to federal and provincial governments for conceptualizing and rolling out large scale rural sanitation programs;

IV. Development of an enabling environment at the local, provincial, and the national level through strong evidence-based advocacy to ensure that programmatic approaches and sanitation development initiatives are well understood, supported, financed, and contribute to long term sustainability;

V. Recognizing that access to adequate sanitation facilities is the fundamental human right of every individual in disasters, a disaster response approach to be followed for provision of sanitation services, coupled with appropriate community social mobilization techniques, at a viable, affordable, cost effective, and culturally and environmentally appropriate manner.



GUIDING PRINCIPLES OF PAKISTAN'S APPROACH TO TOTAL SANITATION

Use of locally designed IEC material, through hygiene promotion interventions, to sensitize communities about sanitation. The messages imparted to be reinforced from time to time.

Placing "Communities" at the center of any planning process for collective action, behavior change, application of triggers, follow ups, certification, and institutionalization of behavior change processes

Participatory sanitation baseline to be introduced to develop baseline data and help monitor the post-triggering impacts at village level

Emphasis on "Usage" of sanitation facilities and not specifically on the construction work to ensure safe disposal of excreta and hygiene practices

Emphasis on "Total" while using Total Sanitation Approach to change behaviors (stopping open defecation) on a community-wide basis i.e. achieving 100% open defecation free (ODF) status and working through with the communities after achieving the ODF status to stimulate and sustain sanitation demand to achieve the remaining total sanitation outcomes i.e. sustainability of ODF environment, usage of sanitation facilities, provision of affordable and informed indigenous solutions, promotion of health hygiene, introduction to community sanitation ladder initiatives, provision of drainage facilities with the aim to minimize exposure to human excreta, wastewater management, and solid waste management

Development of a cadre of local human resource for sensitizing communities on the adoption of improved sanitation and safe hygiene practices. A cadre of male and female activists/ Community Resource Persons (CRPs) to be identified at community level and developed for making their assigned area open defecation free. These activists can initially work on a service fee and be further transformed into small entrepreneurs and help expand the capacity of the market to supply services and products

Developing intense engagement with communities including households, schools, health centres, religious gatherings, and other traditional leadership structures to attain the remaining outcomes of total sanitation after declaration of ODF status. Social mobilization is not a one off activity. The role of CBOs/COs/VOs at village level and Local Support Organizations (LSOs) at UC level should be institutionalized.

Integration of "Hygiene ladder" along with "sanitation ladder" in any of the Total Sanitation program designs, to maximize the impact, through carefully sequencing hygiene promotion components, especially hand washing based on local context and through behavior change communications

Strengthening the local private sector to offer a wide range of sanitation products and services that are consumer-responsive (based on a formative research) and affordable to households with various socio economic incomes including the poor

Marketing the sanitation component through involvement with local market and local entrepreneurs to further stimulate and sustain demand at household level and move up the sanitation ladder through improved sanitation products and supplies.

Provision of subsidies at the outset to be discouraged in any form to the households. Support extended in the form of in-kind to the poorest of the poor households. Households with different bands of poverty status be identified through an agreed criteria

Explore options for safe disposal of human excreta through affordable and appropriate technology and enable communities to take decisions on the materials and designs which work best for them. A local "support mechanism" be established to provide communities with informed and indigenous choices of sanitation technologies and other infrastructures. Guidance for infrastructure needs to be extended through designated community activists/community resource persons and local masons/artisans to work on technology options with the communities

Quality facilitation and local capacity building to ensure sustainability and scale up through building a critical mass of master trainers, community facilitators, resource persons, activists, natural leaders, local masons, and artisans. A rigorous training program for trainers and the Local Government institutions to be introduced on the methodologies and the philosophical aspects of the approach. Capacity development of small entrepreneurs and micro-financiers to develop a range of technologies and options for environmental sanitation.

Introduce community rewards and incentives when an outcome-based collective action to achieve "total sanitation" is undertaken and verified and/or sustainable "usage" of sanitation facilities is maintained through an agreed criteria

Results-based Monitoring and ODF Certification Processes to be introduced to sustain behaviors and rewarding outcomes through the involvement of Local Government Institutes. The certification mechanism, to monitor the ODF status at any point in time, be devised which shall take into account the annual renewal of the commitment to maintain ODF status

Ensure local government participation from the outset for enhancing the effectiveness of PATS, monitoring & evaluation and exploring potential for scale-up through undertaking their capacity building in a wide range of areas

TOTAL SANITATION MODELS UNDER PAKISTAN APPROACH TO TOTAL SANITATION



Community Led Total Sanitation (CLTS)

Community Led Total sanitation (CLTS) methodology is an entry point to achieve “total sanitation” and not total sanitation in itself. It is an effective approach for triggering action to change defecation behaviors at the community level and to create demand for improved sanitation facilities. CLTS encourages sanitation, as a whole, to be taken as an entry point for greater social change and community mobilization. The CLTS process seeks to provoke communities through their own appraisal and analysis to decide to become open defecation free (ODF) and undertake their own efforts to attain this status. CLTS is an approach in which people in rural communities are facilitated to do their own appraisal and analysis, come to their own conclusions, and take their own action. They are not instructed or taught. With CLTS in its classical form, a small team of facilitators conduct triggering. The facilitators may represent the government, an NGO or project staff, or Natural Leaders from other communities. The PRA (Participatory Rural Appraisal) principle that 'they can do it' is fundamental to this approach. Various PRA methods are used including participatory mapping on the ground to show where people live and where they defecate, transect walks to visit and stand in those places, calculations of quantities of human faeces (the crude local word is used) produced by each household and the community, and identifying pathways to the mouth leading to the shocking recognition that 'we are eating one another's shit'. This triggering is designed to lead to a moment of ignition and a collective decision to end Open Defecation (OD) followed by action to become Open Defecation Free (ODF). When triggering is successful, Natural Leaders emerge. People dig pit holes and build latrines. There are no standard models, and construction is by self-help, with or without purchase of hardware from the market.

I. Key steps identified under CLTS:

- a. Pre-triggering: selecting community and developing a better defined sense of community
- b. Triggering: educating the community regarding consequences of living in a faecally contaminated environment until they come to the realization that they are eating, washing in, and drinking each other's faeces. Some of the triggering activities include defecation area transect, mapping of defecation areas, calculations of faeces and medical expenses,

The Orangi Pilot Project (OPP) is probably the most enduring success story from Pakistan in the sanitation sector. Developed in the 1980's, this model has extended small bore sewerage across the Orangi settlement and various other slums (Katchi Abadis) of Karachi. The OPP model is based on a 'component sharing' arrangement where:

- I. Household's own, finance, operate & maintain their own latrines, interception chambers up to the point of connection to the lane sewers,
- II. Community organizations (comprised of all households) own, finance, operate & maintain the point of household connection, the lane and the feeder sewers
- III. Local government's own, finance, operate & maintain the trunk sewers and treatment

triggering disgust and ignition. The "ignition" captures the moment when the community becomes mobilized to take collective action to stop the ingestion of each other's faeces and improve their poor sanitation.

- c. Post-triggering: Once communities typically pledge to improve their sanitation by either becoming ODF or by adopting improved sanitation technologies there is a danger that these pledges do not come to fruition without follow-up work. Follow up activities include immediate follow-up and encouragement, community action follow-ups i.e. engaging with communities to agree furthering action plans to achieve other sanitation outcomes including external systems, participatory monitoring and indicators' setting, verifying and certifying ODF status, celebrations, and the monitoring and sustaining of ODF status

School-Led Total Sanitation (SLTS) School-Led Total Sanitation (SLTS)

School-Led Total Sanitation (SLTS) places children at the center of catalyzing total sanitation in schools, homes, and communities. Developed and implemented by UNICEF and the Government of Nepal since 2005, SLTS draws on success elements from a wide range of Community Approaches to Total Sanitation (CATS) to create a complete package of sanitation and hygiene programming that begins at school-level and extends through the community. Through participatory approaches, motivational tools, flexibility for innovation and building ownership at local level, SLTS is accelerating latrine coverage across Nepal, and creating a social movement for communities to achieve ODF status. The main objective of SLTS is to build on children's awareness of better sanitation and hygiene practices. This enables children to promote better practices in joint efforts with community groups and adults in their school catchments and settlements. This leads to the eradication of open defecation, through construction, use, and maintenance of latrines by 100% of households/institutions.

Sanitation Marketing

Sanitation Marketing is an approach which seeks to capitalize on the strength of various service providers in provision of sanitation services using commercial marketing procedures and techniques and behavior change communication to create and sustain sanitation demand generated through CLTS and other community approaches. These service providers include



small and medium scale private sector, retailers, entrepreneurs, and masons etc. The main aim is to provide technologically and financially sound sanitary materials, sanitary services, and guidance as per the need of project intervention areas as the demand for better sanitation hardware materials go up, and with the shift in hygiene behavior. This approach is not confined only to the provision of hardware but is meant to extend further to explain the value, use, and maintenance of latrines to the customers. In this regard, facilitators help in establishing linkages with local markets. In most cases where CLTS has been triggered on any scale, demand for sanitary hardware has exceeded supply. Lack of low-cost hardware can impede progress with CLTS and other community approaches and subsequently affect movement up the sanitation ladder. Very soon after triggering or after achieving ODF status, those better off in communities tend to move to better quality latrines and improve existing ones. Some may decide to move directly to higher-end latrines and skip low-cost models, regardless of cost.

Component Sharing Model

In this model, the sanitation project is divided into two components namely internal component, with the responsibility resting with community for constructing sanitary latrine, household connection, and lane sewer, and external component, with the responsibility resting with external agency (Government, NGO, etc.) for constructing main sewers and treatment/disposal works. Rather than sharing the costs of the total system, the responsibility for components of service provision is clearly allocated between involved stakeholders. The component sharing model is designed to rationalize the costs, encourage cost efficiency, and create a sense of ownership as community contributions are substantial, often approaching 50% of total scheme cost.

Disaster Response Approach

In disasters and emergencies, sanitation remains one of the basic necessities which contribute to human dignity and quality of life. Disasters also damage existing sanitation facilities and reverse the process towards achievement of total sanitation. Not only reconstruction of sanitation facilities back to pre-disaster coverage is a challenge but it is also challenging to change behaviors where communities had been practicing open defecation before the disaster.



It is therefore imperative to accord sanitation the highest priority along with water supply as there are potential risks associated to public health due to lack of or poor sanitation. Funding through humanitarian assistance comes in context of saving human lives threatened by disasters and calls for speedy interventions including provision of basic sanitation in relief phase and rehabilitation of sanitation facilities. The disaster response approach puts special emphasis on temporary and intermediate solutions for provision of sanitary latrines in camps and affected villages during relief operations. With regard to ensuring hygienic conditions and to prevent any ground water contamination in both camps and affected villages, the approach takes into consideration advancement of appropriate hygiene promotion messages and delivery of hygiene kits as per needs and local context to affected families through various campaigns. For early recovery and reconstruction phase, the approach stresses on the need for having criteria for appropriate excreta disposal interventions both in temporary and permanent shelters. The long-term solution during early recovery and reconstruction phase has a two pronged approach:

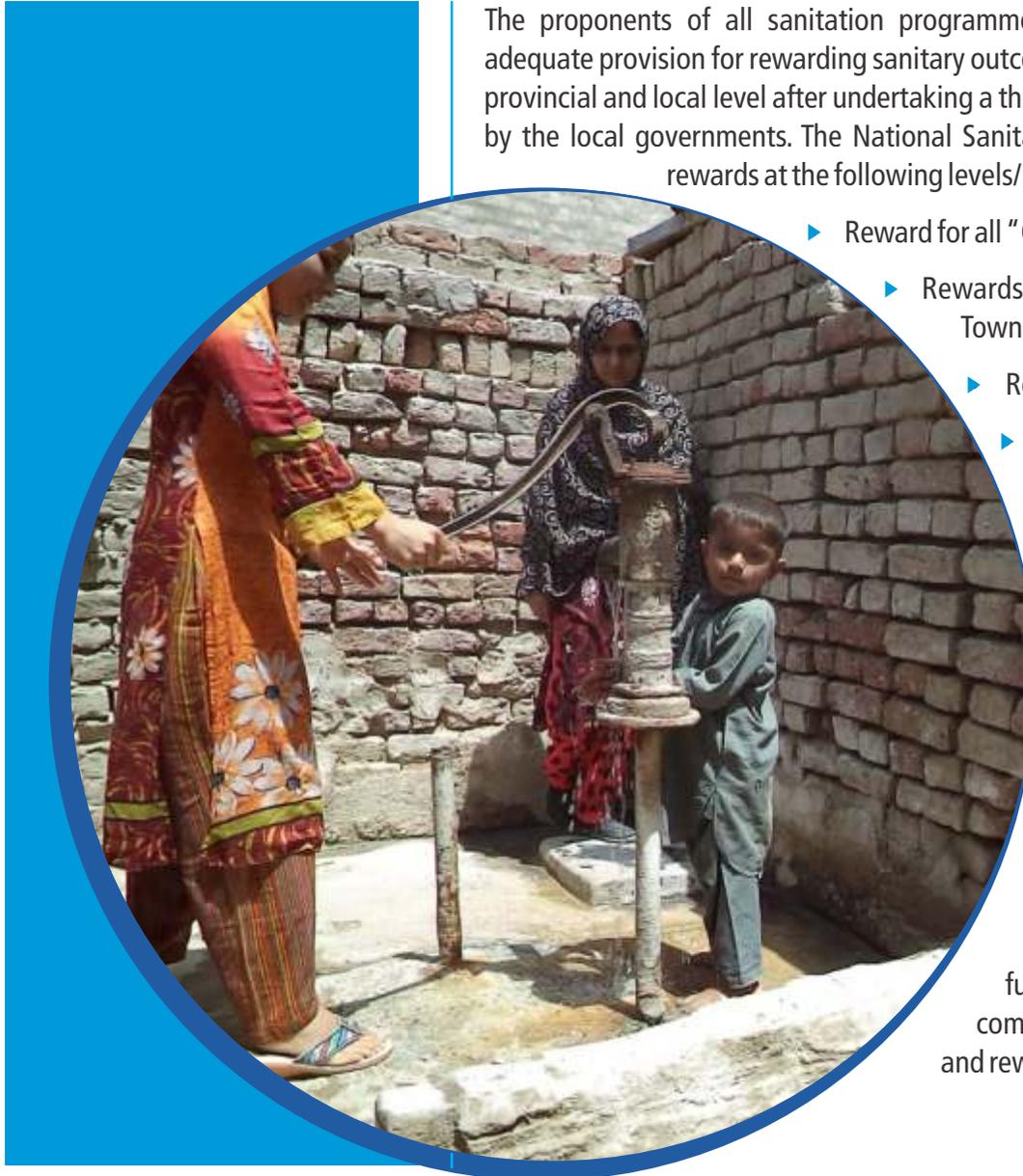
I. As shelter and access to sanitation is closely linked, the first prong deals with situations where the household latrine is considered as an integral part of any shelter home to be provided free of cost

For those who need to construct their own latrines, appropriate tools, knowledge and understanding is provided through social mobilization and by involving affected communities in the design and maintenance of their sanitation facilities. The approach takes into account the provision of a full or partly subsidy, based on the nature of the disaster. Provision of hardware through humanitarian assistance for extremely vulnerable and vulnerable families is not seen as subsidized provision of sanitation rather as an opportunity to demonstrate low cost sanitation technologies integrated with DRR aspects and its gradual links with development oriented approaches such as CLTS and sanitation marketing. The approach also puts special emphasis on other cross cutting issues such as ensuring gender mainstreaming by addressing gender in all stages from designing, planning, implementation and evaluation, promoting use of environment friendly technologies, and construction of sanitation facilities as disaster resilient taking into consideration the disaster risk reduction as a cross cutting aspect.

REWARDING OUTCOMES IN THE CONTEXT OF NATIONAL SANITATION POLICY

The proponents of all sanitation programmes and projects should ensure keeping an adequate provision for rewarding sanitary outcomes. These outcomes will be rewarded at the provincial and local level after undertaking a thorough certification process to be fully owned by the local governments. The National Sanitation Policy endorses incentives in shape of rewards at the following levels/ sanitary outcomes:

- ▶ Reward for all "Open Defecation Free" Tehsils/Towns
- ▶ Rewards for "100% sanitation coverage" Tehsils/Towns
- ▶ Rewards for the Cleanest Tehsils/Town
- ▶ Rewards for the cleanest industrial estates/clusters these rewards may also be planned at village level or community level. Ideally, rewards may be of any nature ranging from infrastructure scheme to a standardized hand pump, however, demand based infrastructure scheme will be a preference especially for public-funded reward options. Rewards may be a means used by government at all tiers, international organizations, NGOs and even specific projects to create pilots and a healthy environment in the sector. However, public funded measures will rely on a government committee at an appropriate level to recognize and reward.



PATS: INTEGRATED SANITATION MODEL

Linkages development with duty bearers	Sanitation Demand Creation for ODF Communities	Sustaining the demand through Supply Side Interventions	Participatory Health & Hygiene Promotion	Attaining 100% Adequate Drainage and Wastewater Treatment	Knowledge Management and Accountability
Capacity development of duty bearers to enhance their understanding and ownership of PATS	Launching a localized demand creating C4D campaign (based on KAP & Formative Research)	Technical training of masons	Locally customized C4D material packs developed on key health and hygiene messages with a communication strategy	Demonstrating drainage and wastewater treatment in selected villages	Learning PATS: Research, inception & Lessons sharing
		Construction of low cast Dome Latrines (environment friendly, gender appropriate safe)		Advocacy for waste water disposal in a hygiene way	Monitoring: Baseline, Endline Pre/Post KAP UNEG Evaluation Monthly Process Monitoring, Midterm review workshop
Advocacy with duty bearers to take policy decisions in support of PATS interventions (e.g. selection of intervention areas, M&E, provision of rewards and incentives)	Mobilizing communities through School teachers/children and social organizers adapting a cascading model	Facilitating sanitation marts and trainings of sanitation entrepreneurs	Mass Media, Community, School children, Religious and Political leaders led thematic campaigns	Advocacy for underground /covered drainage system	
	Formation of village Sanitation Committees	Develop micro finances options	Promotion of low-cost appropriate and informed sanitation solutions	Advocacy for wastewater treatment through Oxidation ponds Constructed Wetlands	
	Development of Community Action Plans	Provide incentives (collective community service rewards: WASH infrastructure		Ensuring adequate drainage design with the support of PHED	

COMMUNITY MOBILIZATION FOR IMPROVED WASH SERVICES AND HYGIENE BEHAVIORS IN JACOBABAD CITY

The United States Agency for International Development (USAID) is providing assistance to Government of Sindh through the Municipal Services Development Program (MSDP) with a grant of US \$ 35 million for the development and up-gradation of municipal infrastructure in Jacobabad town. The project "Community Mobilization for Improved WASH Services and Hygiene Behaviors in Jacobabad City" is being implemented in coordination with MSDP, and is providing soft components (e.g. Behavior Change (BC), social mobilization, capacity development) to complement USAID's Municipal Services Program's (MSP's) hardware interventions. The project components are: 1) Baseline and research; 2) Social mobilization; 3) Behavior Change campaigns; and 4) Knowledge management. Improvements in water supply and sanitation services, along with adoption of improved hygiene behaviors at the household level, have the potential to significantly improve the health and nutritional outcomes in Jacobabad City. The project has been conceived with a multi stakeholder approach. Different organizations have been involved as implementers of the project with complementary roles. The implementing partners for the project are: UNICEF, UN-Habitat, and WaterAid Pakistan.



WHO WILL USE THIS GUIDING MANUAL?

The guiding booklet is prepared for the guidance of Social Organizers or Social Mobilizers, who are implementing Community Mobilization for Improved WASH Services and Hygiene Behaviors through PATS in their communities. This guiding booklet would facilitate them to perform their work in a more professional manner to create demand for sanitation, sustaining demand through supply side interventions, facilitating BCC campaign etc for achieving and sustaining ODF status. This guiding booklet can also be used by the person who is providing training on sanitation and PATS. As a

SOCIAL MOBILIZATION FOR IMPROVED WASH SERVICES

Recognition of the right to sanitation: The right to sanitation is newly recognized by the UN, but is not fully understood by different government bodies. Urban statistics for access to water and sanitation in general are encouraging, but the same is not true for urban slums and small towns. In Pakistan, the urban poor have even lower rates of access to safe water and sanitation facilities than rural areas (20% and 31% respectively). It is important to include the urban slums and small towns in water, sanitation and solid waste management programmes; to assist in the achievement of MDGs.

trainer social organizer can use this guiding booklet, as all the required material like presentation, session methodology and process for the training is available in this booklet.

Social mobilization occupies a dominant place with primary focus on working with the poor and disadvantaged. Social mobilization is a participatory process to raise awareness, mobilize and involve local institutions, local leadership and local communities for collective action towards a common vision.

Urban social services programmes need a strong component of social mobilization and Public, Private and Peoples' Partnership (PPPP); so that the improved services and facilities are user friendly and well-maintained after construction. This can be achieved by mobilizing community groups and by setting up community-led partnerships, involving local governments and service providers. Partnerships can be built and strengthened through capacity building, advocacy engagements, and participatory health and hygiene promotion. Women's needs will be mainstreamed, especially in decision making processes.

The project will encompass the engagements of following stakeholders;

- ▶ Users and non-users of municipal water and sanitation services
- ▶ Community level activists/ influencers
- ▶ Teachers and Students
- ▶ Local Civil Society Organizations- CSOs
- ▶ Duty bearers

These key stakeholders can be instrumental in creating an enabling and supportive environment, either directly or through the influencers at community level, to remain involved in implementation of MSP, have capacity to hold service providers accountable and are receiving maximum benefits from the improved infrastructure. Improved health, an anticipated outcome of the overall programme, will be achieved through improving hygiene behaviors that are supported by improved access to WASH infrastructure.

TARGET GROUP: USERS AND NON-USERS MUNICIPAL WATER AND SANITATION SERVICES

The working philosophy of Social Mobilization Program involves Community Structures as its partner in community development, therefore all programs and projects are being implemented with collaboration of local community structures. This ensures the sustainability of the program to some extent. The Mohalla WASH Committee- MWC is a primary level organization formed at Mohalla level in the target area in context of WASH. Social Organizer male will responsible for formation of male MWC and female SO will facilitate the formation of MWCs in targeted areas.

The objectives of this model are to establish community based institutes for sustaining the WASH services at community level and Develop capacity of community to manage their development projects. Including ensure community participation/involvement and thus ownership.





METHODOLOGY

METHODOLOGY

MEETING WITH KEY NOTABLES / GATEKEEPERS

Social Mobilization Team comprising Male and Female Social Organizers (SO) will visit the settlement and conduct meeting with key notables / gatekeeper, like Social and Social / Political Activists, Religious Leaders, Lady Health Worker, Teacher, local entrepreneur (local shopkeeper, home based stitching center, beauty parlor), etc., who are residents to collect accurate information regarding people belonging to different religious, casts, culture and ethnic groups living in the settlement.

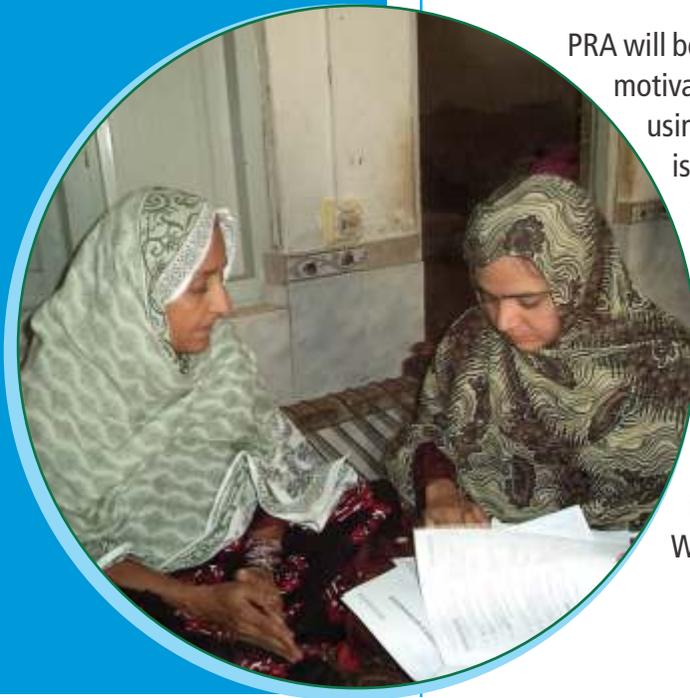
The purpose of the meeting is to introduce Program and seek support from key community notables to introduce project with residents of area widely.

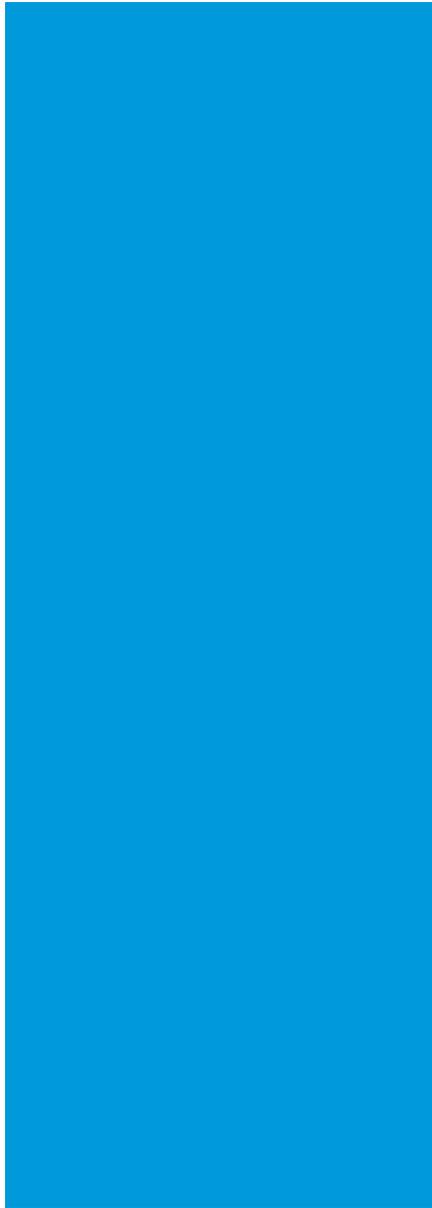
Date, time and venue for Participatory Rapid Appraisal (PRA) will be decided in this meeting.

CONDUCTION OF PARTICIPATORY RAPID APPRAISAL (PRA) TOOLS

PRA will be conducted in the settlement for situation analysis. It will also be used to motivate the residents for the MWC formation. It needs to be conducted by using two PRA tools i.e. social mapping and transect walk, to assess the issues related to Water, Sanitation, health, education. The SM team with the support of local community members will conduct PRA for need assessment and muhalla profile. SM team use at least 02 basic tools of PRA i.e. Social mapping & transect walk to collect the basic information. Report is prepared accordingly.

Conclusion of the PRA will be done with the sharing of issues / problems identified in the settlement and participants will be asked for their willingness to resolve the issues. For resolving the issues they will be invited to form the Muhalla WASH Committee. First draft of the Muhalla WASH Profile will also be prepared from the PRA results.





PRA Tools to be used

- ▶ Transect Walk
- ▶ Social Mapping

Location of the PRA Field Exercises

- ▶ PRA Field Exercises should be conducted in the area where the households live
- ▶ There is no need to conduct PRA Field Exercises in a Classroom or Meeting Room-you can conduct the Field Exercises at someone's house
- ▶ Try to choose a location or house that has a lot of room outside and is shady-most exercises are conducted outside and there are sometimes many groups

TRANSECT WALKS

- ▶ To observe the Target Area
- ▶ To verify the information provided by the Community
- ▶ To get oriented about the available resources of WASH in Target Area
- ▶ To get familiarized with the local environment
- ▶ Transect maps differentiate between the main land use zones. They compare the main features, resources, uses and problems of different land zones. Using these tools the team can get an overall picture of the area.
- ▶ For a transect walk, willing and knowledgeable community members are taken along for a walk through the important surrounding areas.
- ▶ The factors to be listed are decided by the community members. The team restricts itself to observing, listening and questioning. Problems and opportunities are discussed regarding WASH. As necessary information keeps accumulating the team members keep making the transect map showing the various types of topographic and use features.

Other than making the transect map, taking written notes and photographs during a transect walk is also important.

Steps for Conduction:

Step 1: Introduce the Transect Walk exercise that you are about to conduct

Step 2: Before you leave, keep a pen and notepad to record information

Prepare a simple Matrix on one paper

RESOURCES	Uses	Status	Issues / Problems
Road			
Drain			
Water Filter			

In the first column, write all the different resources that you will visit (e.g. roads, Drains, Water Filters, etc.)

In the top row, write the topics that you will discuss (e.g. uses, status, issues/problems and opportunities) - these will guide discussion on the Transect Walk

Step 3: Stop when you reach a resource—ask questions with the households and begin to fill in the Matrix.

Step 4: You have finished the Transect Walk once you have viewed and discussed each of the resources.

SOCIAL MAPPING

This tool keeps people interested and plays important role for gathering information to represent a complete figure of the area. The following information can be collected:

- ▶ Houses and their structure in the area
- ▶ Available resources in the area
- ▶ Environment of the area
- ▶ Roads and streets of the area
- ▶ Organizations those exist in the area
- ▶ Population of the area
- ▶ Irrigation system of the area
- ▶ Available Water resources
- ▶ Sewerage system of the area
- ▶ Waste disposal systems
- ▶ Solid Waste management systems
- ▶ Situation of facilities.
- ▶ Education/health facilities in area
- ▶ Livelihood of people

Steps for Social Mapping:

Step 1: Start the exercise on the ground using local products. Ask the participants to identify key locations in the area that people are familiar with (e.g. roads, houses, schools, health facilities, etc.)

Step 2: Use local products to identify the different resource and facilities. Agree on which local materials represent each resource or location. Ask the group to also show institutions, buildings and places that offer some kind of social service or which are popular spots to meet and discuss. Example: schools, churches, health service, traditional healers, community administration, community leaders, local shop, kindergarten, places where people frequently meet, water point etc.)

Step 3: Discuss the current use of the resource and facilities: Are resources abundant or scarce? Does everyone have access to them? What are current problems associated with each resource / facility? What are some activities that could be conducted to improve?

Step 4: When the participants have prepared the map on the ground—copy the map onto paper.

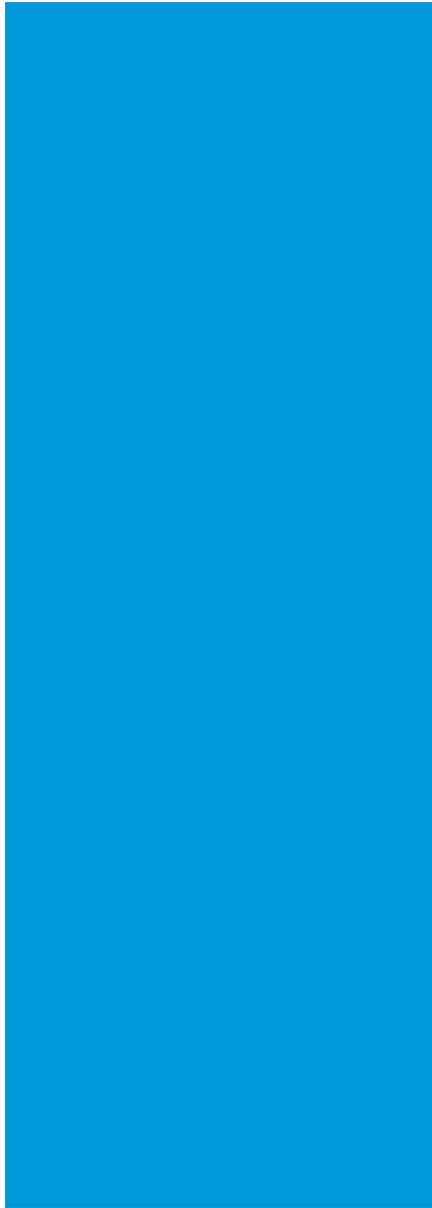
Step 5: Continue to facilitate discussion between participants when finalizing the map on the paper; participants can sometimes lose interest

Step 6: The results of the Social Map status, problems, potential and solutions can be recorded on a paper when the exercise is completed (see annexure 1)

Please, do not forget to attach a Copy of the Map!!

Problem Solution Matrix

	Problems	Causes	Solution
Sector	Which resource do you have the most problem with?	What are the cause of the problem	What Community based solutions could be provided
Water			
Sanitation			



Do's

- Watch, Listen, & Learn
- Help them
- Give time to think
- Accept your mistakes
- Use all of your six senses



Don't

- Deliver Lectures
- Interrupt
- Hurry or be impatient
- Dominate



FORMATION OF MOHALLA WASH COMMITTEE- MWCS



Social Mobilization Team will brief in detail about Project and its objectives. MWC formation process, Structure, roles and responsibilities of MWC and its office bearers will also be communicated to participants. After getting consensus of communities over formation of MWC, members will be identified and selected from the Muhalla to form a MWC.

Membership of LHW's will be ensured in Female MWC and male mobilizer from population welfare, sanitary supervisor or vaccinator will be ensured. Inclusive approach will be used for formation of the committee. Muhalla WASH Committee will be comprised of 10-12 members, who are residents of the settlement. After the formation time will be fixed with committee members for orientation about roles & responsibilities of MWC, MIS, Election / selection of office bearers and MoU signing.

Development of Mohalla WASH profile (See annexure 2)

Muhalla WASH profile is developed from the data gathered in PRA with particular focus on Water, Sanitation, Waste Disposal facilities, education facilities, source of income, transport means, financial institutions, local markets, and other activities.

Orientation of MWC

Orientation about roles and responsibilities of Muhalla WASH committee will be conducted. Attendance of all the selected members will be ensured in the orientation meeting. Roles and responsibilities of Office Bearers will also be clarified in this meeting.

ToR's for MWC

- ▶ Duty bearers of Muhalla Wash committee will be responsible to support the Social organizers/community resource person to maintain the record of Household with their family members, Health institutions and Masjids in targeted Muhalla.
- ▶ Muhalla Wash committee will be responsible for participation of community members in all the meetings conducted by IP and will arrange the secure location/Place for meetings.
- ▶ Muhalla Wash committee will support the social Organizer/community resource person for conducting of PRA on Muhalla level.



- ▶ Muhalla Wash committee will support the Social organizer/ community resource person in targeted Muhalla to analyze/ review the hygiene related activities on daily basis in PRA benefitted Muhalla.
- ▶ Muhalla wash committee will be responsible to support Social Organizer/community resource person for maintaining record of completely hygienic as per specified standard within the Muhalla.
- ▶ Muhalla wash committees will remain in close coordination with IPs staff and will inform regularly about the activities in targeted Muhalla.
- ▶ Muhalla Wash committee will make the strong relationship with Public health engineering, MSP and Social Welfare Department.
- ▶ Muhalla wash committee will make success the action towards hygienic standards and will try to make success the strengthening of hygienic messages on Muhalla level.
- ▶ Muhalla Wash committee will solve the wash issues together with community at Muhalla level.
- ▶ Muhalla committee will overview/ Monitor/ observe the project Performance at Muhalla level and in case of any issue will inform at IP office.
- ▶ Muhalla Wash committee will be working hard to make the area free OD (open defecation) and after this action will play strong role for its verification and certification.
- ▶ After making OD free area the Muhalla was committee will be working for the maintaining of its quality.

Election/selection of Office Bearers

After orientation election / selection process will be done for the choosing office bearers of Muhalla WASH Committee. Following office bearers will be chosen for each MWC;

1. Chairman
2. Secretary

Other members will be assigned the different portfolios as their responsibilities; such as, Water, Sanitation and Hygiene. The period for office bearers will be 2 years.

Provision of Management Information System (MIS)

After Provision of MIS SM team will facilitate MWC members in executing meetings, setting agendas, discussing different matters and issues and record keeping. SM Team will provide record keeping tools/registers to MWC's. a file of MWC's will be maintained . MWC file will be comprised of Muhalla profile, Details of Office Bearers, and resolutions.

Memorandum of Understanding (MoU) for project implementation/interventions

After obtaining consent of MWC Members and Office Bearers, a Memorandum of Understanding (MoU) will be signed.

Training (ToT) of MWCs members

Training of Trainers for capacity building of MWC on hygiene will be organized at local venue (as decided by MWC's). Two representatives from each MWC will participate in the ToT and will arrange the sessions for other MWC members as step down approach. LHW who will be the member of MWC will be preferred for the participation in ToT. Training Contents

Training Contents

- ▶ What is Hygiene
- ▶ Role of Community in Hygiene (Promotion)
- ▶ Clean hands
- ▶ Safe Water
- ▶ Diarrhea
- ▶ Malaria
- ▶ Balanced Diet
- ▶ Drug Addiction
- ▶ MHM
- ▶ Waste Management



Muhalla WASH Plan

Muhalla WASH Plan will be developed with training on the following format:

S.r.	Problem / Issue	Reasons	Solution	Activity	Responsibility	Timeline	
						Start	End

Meeting of MWCs to share progress and discuss issues.

After formation of MWC, regular meetings are necessary to be conducted. MWC will conduct at least one meeting in a quarter on regular bases. SM team will facilitate MWC's in conducting these meetings. These meetings are aimed to share the progress and development caused by MWC activities and further strategies for development.

Facilitation to MWCs in developing linkages/liaison with required partners/ authority for project implementation.

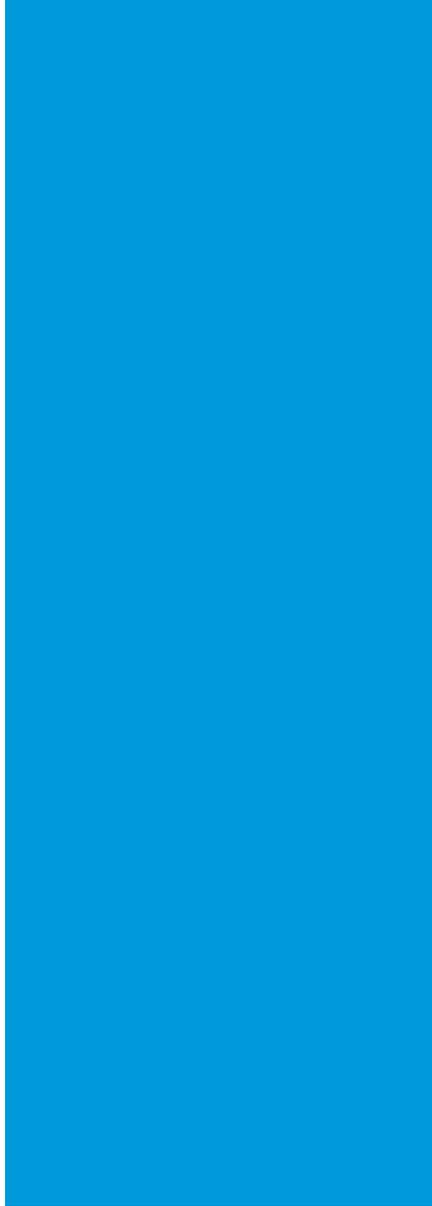
Establishing linkages of MWC's with other public and private institutes to ensure sustainability of the development process. SM team will facilitate MWC's in establishing linkages with different Government departments, Civil Society Organizations, Funding Agencies, NGO's, and Media.

Procedures for Linkages Development:

- ▶ Meeting with Civil Society Organization
- ▶ Meeting with Government Officials
- ▶ Meeting with Donor Agencies
- ▶ Meeting with Media representatives

Community level activists/ influencers

Social mobilization at the community level will consist of a number of community-based activities involving influencers who are community leaders and gatekeepers. Informal leaders identified by the MWCs as an important source of advice will be selected to form a Ward Committee.



The objectives are seek to garner support of these groups will be advocacy for WASH policies formation and implementation on higher level.

Joint meeting of MWCs at Ward level to nominate representatives for Ward Committees

SM team will introduce Ward Committee concept to each MWC. The introduction regarding the concept of Ward Committee and explanation regarding importance and role of Ward Committee will be discussed with the participants. Each Ward committee consists of 10-15 members.

The benefits of Ward Committee are numerous; this is because the Ward Committees represent all the MWC's and member households in the entire Ward. The period for office bearers will be 2 years.

FORMATION OF MUHALLA WARD COMMITTEE

The participants of the meeting will be briefed on structure of the Ward Committee, responsibilities of officer bearers and members. The Ward Committee is made up of General Body and Executive Body (EB). The EB is elected from the General Body of Ward Committee.

Provision of Management Information System (MIS)

After formation of Ward Committees MIS tools/registers will be provided same like MWC. Orientation will be given to Ward Committee for record keeping in MIS regarding meetings, attendance, membership, visits, etc.

Memorandum of Understanding (MoU) between MWCs and IP Social Mobilization program for project implementation/interventions.

Memorandum of Understanding (MoU) will be signed with Ward Committee. This MoU will contain responsibilities of The Ward Committee and IP for mutual steps towards development in context of WASH.

Training of Ward Committee members

4 trainings will be conducted for each Ward committee. 15 members from each Ward Committee will participate in each training. Trainings for Ward Committees will be conducted for the capacity building in context of WASH and environment sustainability.

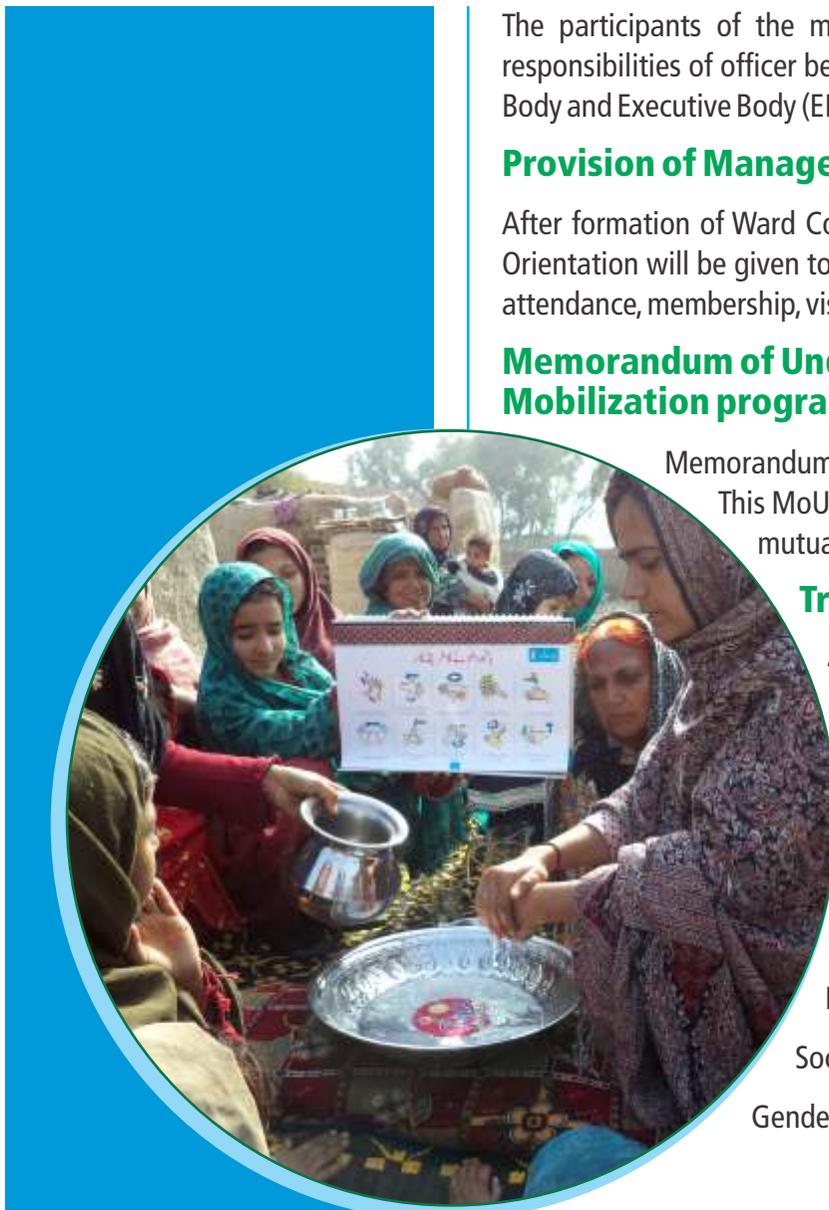
WASH Rights & issues.

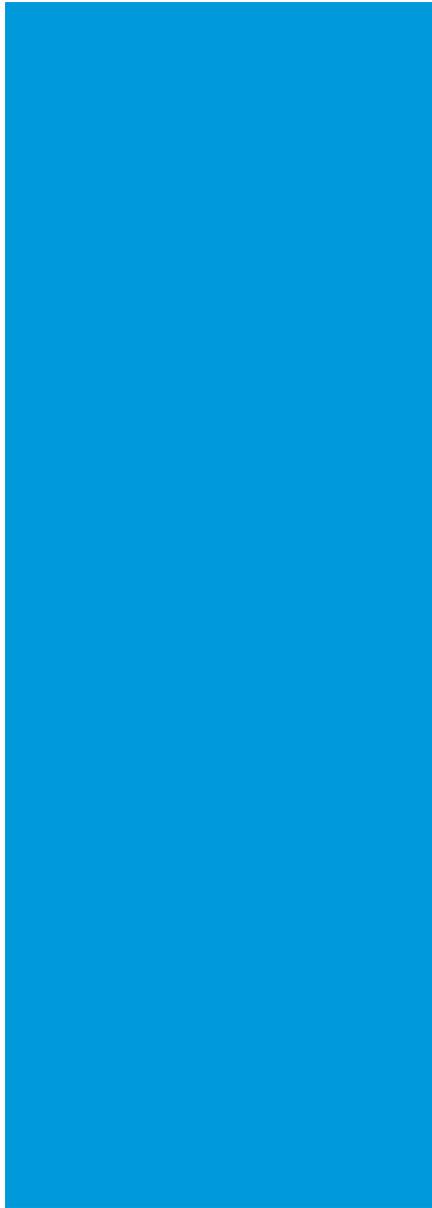
What is WASH

Improved WASH

Social Model of Inclusion

Gender Rights





Issues of current practices

Organizational Development
Development
Leadership Skills
Organization
Linkages Development

Operation & Maintenance

What is O&M
Sustainability
Who is responsible for What
Sustainability approaches

Record Keeping

What is Record Keeping?
What kind of Record is needed?
MIS Orientation/Practice

DEVELOPMENT WARD LEVEL WASH PLANS

Ward level WASH Plans will be derived from Muhalla Level WASH Plans on the same format. All the Muhalla WASH plans will be compiled by Ward Committee members and develop the Plan for Ward Committee.

Water Safety Plan

A Water safety plan is a plan to ensure the safety of drinking water through the use of a comprehensive risk assessment and risk management approach that encompasses all steps in water supply from catchment to consumer.

The objectives of a water safety plan are to ensure safe drinking-water through good water supply practice, that is:

1. to prevent contamination of source waters;
2. to treat the water to reduce or remove contamination that could be present to the extent necessary to meet the water quality targets; and
3. to prevent re-contamination during storage, distribution and handling of drinking-water.

Water safety plan essentially consists of three components;

- 1 system assessment;
- 2 operational monitoring; and
- 3 management plans, documentation and communication

Meetings of Ward Committees.

Same as MWC's meetings of Ward Committees will be conducted to share progress and discuss issues on quarterly basis. The decisions of the Ward Committee meetings will be shared back with MWC's by members representing each MWC.

Facilitation to MWCs in developing linkages/liaison

Same like MWC linkages of Ward Committed will also be required to build with partners / authority for project successful implementation of actions/activities.

TEACHERS AND STUDENTS



Involvement of Teachers and school students play important role for mobilizing the institutions and community through implementing Child to Child (C2C) Approach. Through this strategy teachers are involved to take lead for capacity building and feeding students about improvement of WASH. Students will be leading the WASH improvement process through WASH clubs and community will be informed and motivated for change through C2C approach.

Meeting with district level education department

The meeting will be conducted with senior officials of education department regarding the introduction of project, objectives of the project and activities related to school. He/She will be provided proper orientation of the activities and their process and their impact in context of WASH.

Meeting with School head

SM team will arrange a meeting with principal / head master of the school regarding brief orientation about WASH clubs. Selection of schools to be finalized with willingness of principal / signing of MoU.

Nomination of teachers & Students

2 active teachers will be selected to lead the WASH club, who are popular amongst students and have interest in working for the improvement of environment. 15-20 children per school (2 or more per class) will be selected for membership of WASH Club. Selection of member students should be made from class 3 - 8. Children will be selected evaluating their interest in betterment of environment.

Orientation meeting with selected students and teachers

Orientation regarding project objectives and WASH club responsibilities will be conducted by SM team with selected students and teachers. Overall objective for formation of WASH Club will be also clarified in the meeting. Take approval of the parents by sending them letter/note. Tell them what would their child gain out of it e.g. kid will learn to work as a team, become confident, decision making power will improve, leadership qualities will develop, etc.



Formation & Orientation of School WASH club

After the orientation willingness of the students and teachers will be checked. Formal members of WASH club will be announced and President and Secretary will be selected from the members. Divide the rest of the members into different groups as per activity i.e. personal health and hygiene, Cleanliness of class rooms, washrooms, plantation/gardening and Green Audit – over all monitoring of lights, soap, water conservation, responsibility of Spreading Key Messages (Latrine construction and Use, Hand Wash with Soap at critical timings) etc. Regular meetings of the WASH will be held weekly to discuss problems and progress and way forward. After the formation Responsibilities Charts will be provided to school.

Roles Responsibilities of WASH Club:

WASH Club Activities

WASH club will arrange the quiz competitions, poster competition, speech competition and establishment of WASH corners. WASH club will organize the WASH days at schools and community level.

Training of teachers on Health Action School - HAS

Health Action School Training is complete package of leading children towards taking part in health and hygiene matters. HAS training will be conducted for all the teachers who are part of school WASH clubs. This training will enable them and provide knowledge about;

- ▶ Proper definition of health.
- ▶ Importance of children participation in health promotion.
- ▶ Using Child to Child (C2C) Approach for spreading knowledge / messages.
- ▶ Provide better education on different health topics.
- ▶ To make the health topics part of routine study.

LOCAL CIVIL SOCIETY ORGANIZATIONS - CSOs



Identification of CSOs for city forum

Meeting / event will be conducted with the local NGO's, CBO's and other institutions for the orientation about project and its objective. The role of the CSO's will be highlighted to promote formation of City Forums. Willingness of the CSO's will also be checked in the event. And nominations will be invited, date for formation of City forums and venue will be decided in the event as well.

Formation of city forum

Two City Forums for Water & Sanitation will be formed of civil society organizations active in water supply policy reforms, policy analysis of water, sanitation and other relevant issues. The nominated members from CSO's will form a general body of the City forum, who later on will elect/select the executive body of the City Forum.

- ▶ Coordinator
- ▶ Secretary

Office bearers for City Forum will be selected for two years

Objectives / Responsibilities of the Forum:

- ▶ Advocate for equal and enhanced access to safe and sustainable water and sanitation services in general and urban poor in particular.
- ▶ Promote information/knowledge sharing among members and partners for collective actions
- ▶ To advocate for good governance in water supply and sanitation at community, city and national level
- ▶ Empower civil society groups to amplify their collective voices on WASH to influence policy decisions
- ▶ Facilitate the preservation and promotion of indigenous knowledge and culture of water resource management and sanitation practices

- 
- ▶ Strengthen collaboration with local, national and international organizations having similar objectives
 - ▶ Develop understanding on the disaster risks and climate change issues in relation to water and sanitation and assist in preparation of adequate responses
 - ▶ Regular coordination with Stakeholders like MSDP, CMO, DC, PHED and Project staff on regular basis

Training of existing CSOs network

Training of City Forum will be conducted for capacity building for advocacy and lobbying. How on the basis facts and figures of researches on different aspects of urban water and sanitation issues which form strong basis of its advocacy activities. The training will also focus to engaging the stakeholders in consultations, debates and policy dialogues for better policy influence.

DUTY BEARERS

Policy/advocacy seminars

The seminar will be planned for the discussion of drafted policy amongst the implementing partners and all the field staff to discuss the drafted policy and to further initiate with the strategy. The seminar will also aim to advocate the policy and well defined potentials and constraints of the policy to mass media and the concerned authorities from Government sector. Thus the seminar will be leading to advocate to electronic and print media about the policy, strategy issues and challenges which will be discussed in detail along with the open opinion from all sectors.

Sustainability of Community Structures:

Ward Committee:

As per design the each Ward Committee is a representative body of all Mohallas. SM Team will develop the strong liaison of Ward Committees with public sector institutions especially with the departments who are responsible for municipal services. Social mobilization teams will facilitate and create enabling environment to register the Ward Committees with Social Welfare Department or efforts will be taken to notify the role of Ward Committees by Municipality of Jacobabad.

BEHAVIOR CHANGE COMMUNICATION

Behavior Change Communication – BCC is a scientifically planned intervention targeting a specific behavior through different mediums for promotion of positive change providing a supportive environment and enabling people to initiate and sustain a positive behavior.

Why Behavior Change Communication (BCC)

- ▶ To use a variety of mediums and approaches to positively influence the behavior of target population to adopt hygienic practices related to WASH at the individual, household and community level
- To facilitate an enabling environment to achieve & sustain those practices
- ▶ To make a dent in the national efforts for reducing morbidity & mortality related to poor sanitation and resulting a dignified and healthy family in urban areas of Jacobabad.

Target Groups:

Primary Group: Those among whom the actual intended change is envisage:

Children Men / Women/ Parents

Secondary Participants: Those who Influence the behavior of primary participants; Teachers Community leaders, Religious Leaders, CSO, Trader's associations ,Video club / parlor/ salon owners/ barbers , Community/ religious places toilet operators

Behavior Change (BC) Campaigns steps:

Communication material will developed by UN-HABITAT in collaboration with UNICEF and WaterAid will be used for BC campaigns.

BC campaigns will be launched in four phases ,during the length of proposed project

1. Phase one Demand creation for improved services
2. Phase two appropriate technologies for water and sanitation facilities
3. Phase three Hygiene promotions (Personal, environmental and nutrition)
4. Phase four Sustaining improved behaviors by linking these with improved facilities





Phase one BC campaign for creating demand in communities

Demand Creation' campaign is the first campaign designed to be conducted at rapport building stage. This campaign will inform the communities about root causes of water and sanitation related problems which effect their overall development. Communities will hence participate in PRA process as informed participants. This campaign will only promote messages which highlight the importance of improved sanitation and safe drinking water in people's life, especially in daily routine of women and children.

MESSAGES WILL BE DEVELOPED SHARED ON RELIGIOUS LEVEL, SCHOOL LEVEL ,HOUSEHOLD AND COMMUNITY

Religious level of BCC campaign will be started with phase with the religious leader in the community at religious place like Masjid/Temple to attract audiences who are men and elderly men Examples are: Sermon at Friday prayer by Imam or mass address by church pasture on topic specific to 'importance of hygiene', 'hygiene and Islam', 'Water for life in Christianity' etc. IP's can help them preparing these sermons by providing them books they need and helping them focus their understanding of sanitation and hygiene in line with the project.

Target religious leaders will be identified and will be given orientation on program. They will also be provided with token of appreciation, soaps, tasbeeh, and charts.

Religious leaders will be engaged regarding WASH messages through group meetings and sessions. Attendance of religious leaders engaged in BCC campaigns should be recorded.

School level would be organized with school going boys and girls as primary audiences with help of schools administration. Examples: demonstration of hand washing in school assembly, showing videos of Meena, poster making competition, display of banners and charts in school, planned activities with teachers and students, speech or debates competition on given topic, facilitated social activity by school children in community.



BCC II be initiated after teachers' orientation and formation of WASH club. Target schools and students will be identified and they will be provided with soaps and IEC material of each BCC campaign and showing videos of Meena, poster making competition, display of banners and charts in school. Appropriate sessions will be conducted and attendance will be recorded.

Household level would always be a door to door campaign focusing on women, elderly women and girls staying at homes. Local political leaders, important personalities, celebrities and dignitaries would be involved to lead door to door events. LHWs would be involved in facilitation of third event where possible. Facilitators for door to door campaigns can be trained on a specific topic for discussion with women in houses with the help of leaflets and flipcharts. Cooking competitions, poster making competitions or role plays by community women can be other methods to undertaking this event in groups. 128 LHWs/ MWC volunteers will be hired to conduct BCC phase III at household level. Each LHW/ MWC volunteer will conduct sessions in 307 households. IEC material for all 4 BCC activities will also be used and distributed in each target household.

LHW/ MWC volunteer will ensure attendance and necessary record of sessions and activities.

275,000	Target population
39,286	Households
128	LHWs/MWCs member
307	LHWs/MWCs target HH
31	Target of sessions for each LHW/Member of MWC

Community level of each campaign would always be a communal event with some celebration to end a particular BC campaign. This last event will focus on all left out audiences. Examples: musical evening with a local singer. Street theater. A tournament where women and children are allowed to witness, Participation with sanitation messages within celebrations of Global Hand Washing day and world toilet day.

Community level of each campaign would always be a communal event with some



celebration to end a particular BCC campaign. A potential location will be identified considering the appropriateness of nearby wards. Community members of 3-4 (up to 200 people) should be invited to join cumulative event arranging communal event at 3-4 wards. The communal activities will include street theaters, quiz competitions and social gathering for mutual discussion of ward committees.

Street theaters

Purpose:

Purpose of the theatre in Urban WASH is to promote social and behavioral change among families and communities

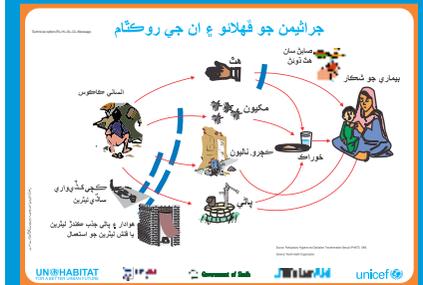
Objectives:

To sensitize the Urban WASH target communities to increase the adoption of safe water, sanitary practices and hygiene among families and communities

- ▶ To demonstrate key messages of better hygiene practices to the communities to reinforce the positive behaviour change
- ▶ To increase community participation in creating enabling environment at community level.
- ▶ To promote link of the communities with public & private service providers for enhancing access WASH facilities.

Target Audience:

Preferably married women, family heading men, community activists and influencers will be target audience. Mix group/joint participation will be ideal audience; however separate theatre for male & female groups can be arranged by keeping in view the local cultural sensitivity.



Process (Steps):

Development of Theme, Messages

First of all theme, script and key messages of safe water, sanitary practices and hygiene will be developed and Population Council will help IP in this step.

Identification of Theatre Groups:

Theatre group will be comprised of 5 characters (performers). IP Urban WASH team will select three theatre groups in on basis of following criteria.

- ▶ Experienced group which is already working in same area
- ▶ Group members need to belong local vicinity
- ▶ They should have good reputation and be acceptable to communities
- ▶ They need to show the commitment with purpose

MoU with theatre groups:

MoU will be signed theatre groups

Training of Theatre Groups:

After signing of MoU with all 3 groups, 05 days training for all performers of each group on theatre methodology will be organized . IP urban WASH team will also be participating in all these trainings for their understanding and clarity on the technique.

Preparatory Actions for the Theatre performance:

Once the training of theater groups is conducted than IP Urban WASH teams will plan and do all following preparatory tasks before conduction of theatres in communities

IP's Urban WASH team will collect the list of Muhalla identified for conduction of theatre from project team along with the list of Muhalla WASH committees.



LHWs, male mobilizers, Muhalla Health Committees (MHCs), Community Organizations (COs) and focal persons with contact number

- ▶ Finalization of Date, venue & timing
- ▶ Logistic arrangements (Banner, Signature sheets, message material, list of Service providers, camera, vehicle etc)
- ▶ Invitation to the influencers by the IP community mobilizers
- ▶ Invitation to the community by the male and female mobilizers

Conduction of Theatre (1 hour)

In conduction of theatre following necessary steps to be followed

- ▶ Display of banner and posters at the venue
- ▶ Introduction of performers team with community
- ▶ Performing the play/theatre
- ▶ Presentation of scenario related to theme
- ▶ Interaction and feedback by community member (male or female) through stage performance to perform positive role
- ▶ Feed Back/comments by the local influencers
- ▶ Plan follow up activities with community
- ▶ Conclusion & Closing by Community mobilizers

Monitoring Mechanism:

The participants' attendance will be recorded on a predefined sheet. IP will develop a reporting format for regular reporting of each theatre by the theatre group in-charge. IP team will also participate in the 40% (minimum) interactive theatres of each group and will ensure the quality of theatre delivery and participation of relevant audience and will report back.



Phase Two BC campaign on introducing technical options for low cost facilities to community

This BC campaign will follow the same pattern of events as that of 'demand creation' campaign but with a different theme i.e. introducing appropriate technology solutions and will start mobilizing communities with promotion of possible options to meet their demand. This campaign will also observe four events as explained earlier for demand creation campaign i.e. at religious place, house to house, at school and a community level collective event. If timing of this campaign falls within 'A Month of Sanitation Campaigning' dates in Oct-Nov then this campaign will become part of the larger campaign. Timing of this campaign is very important within the programme cycle. This campaign should complete when people are thinking about possible technical solutions for them after the CAP has been formed and people want to take action. It is also important that water and sanitation related entrepreneurs participate in this campaign.

Month of SANITATION CAMPAIGNING with communities-15 Oct to 19 Nov- GHWD and WTD:-

The Month of Sanitation Campaigning will be observed every year through the length of programme. It starts with celebrating Global Hand Washing Day (GHWD) and culminates on celebrations of World Toilet Day (WTD). UNICEF will separately undertake mass media campaigns through print and electronic media during this month. Intensifying campaigning at community level during the month will develop synergies in mobilization and behavior change efforts. Start and end celebration events will be centrally planned at community level.

The messages to spread in the campaign # 2 are as follows:

- ▶ Type of latrines
- ▶ Hand pump

Two different methods of water purification

- (i) Purification through sun rays
- (ii) Boiling method

ٺاٺين جي صفائي ۽ گندڪچري کي مناسب طريقي سان نڪهائي لڳائڻ

سڪرن ۽ آڱر کي صاف رکڻ ۽ گهر جو گندڪچرو سڪنهن خاص ڪچري واري اڀي يا اڇاٽيو

ڪاڏي پيئڻي جي شين ۽ ٺاٺون جي صفائي

ڪاڏي پيئڻي جون شيون رڌ پچاء ڪان پوءِ ڊڪي رکو.

جراثيمن جو ٺهڻ لڇڙ ۽ روڪڻ

ڪيترنهي ماڻهن جي عادي عيادت سان سڪرن

گهرن ۾ استعمال ٿيندڙ ٺاٺون پوءِ

گهرن ۾ استعمال ٿيندڙ ٺاٺون

اسڪول کي هميشه صاف سڌو رکڻو

مدرسه صاف ۽ سڪون رکڻو

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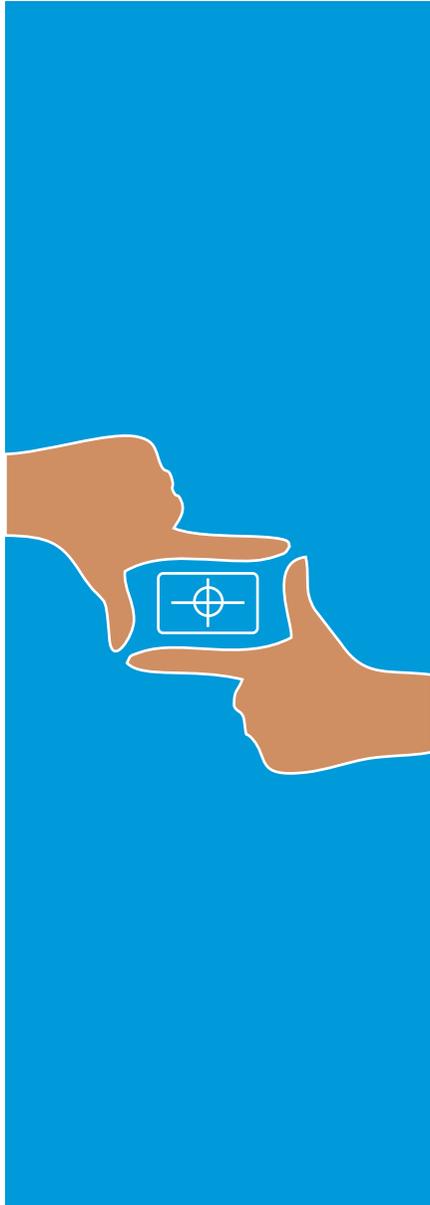
مدرسه کي صاف ۽ سڪون رکڻو

BC campaign sustaining improved behaviors by linking these with improved facilities

This would be last campaign rolled out with the series of said four events towards the end of the project. This campaign would be launched soon after communities have started receiving improved services e.g. just after completion and inauguration of a water supply scheme or opening of water valves for a particular community. This campaign will involve entrepreneurs from the private sector who are involved in water and sanitation related businesses close to community in local market. This campaign will focus on mobilizing community investments to sustainably enjoy the improved service. This would primarily focus on promoting peoples willingness to pay the bills. This would also include ideas of spending at household level to purchase soap, constructing a hand washing facility, improving toilets and purchasing cleaner water storage containers/facilities at household level. Timing of this campaign will always synchronize with the completed facility and improved service. If this campaign is delayed, community investments are likely to become dormant and community would also go back to using services without paying for it. Success of this campaign would be linked to successful completion of infrastructure related efforts.

The messages to spread in the campaign # 4 are as follows:

1. Regular weekly cleaning of the solid waste and drains
2. Cover the food items
3. Use of latrine and maintenance
4. Sustaining latrine use and ending OD
5. Personal Hygiene
6. Solid waste management
7. Sustaining Hygienic behaviour
8. Use of soap after latrine use
9. To cover drinking water utensils
10. To stop people to OD
11. Solid waste management in schools



Media Mobilization

FM Radio Campaign

Relay of key messages

Key messages regarding hygiene promotion will be relayed through FM radio. Messages will be relayed as per BC campaign plan of the project

Ujra Aangan (Katchery)

A monthly gathering will be organized and relayed on FM radio. Katchehy will be organized on monthly bases. Different target group's i.e religious leaders, activists of MWC/WCs, members of school WASH clubs, project teams, and Government officials will be engaged to attend the event and convey key messages to listeners. Listeners will be encouraged to write letters and share their views about water, sanitation and hygiene issues, messages or best practices. The Katchehy host will also share the update information about project activities or achievements. FM radio will ensure the pre-event publicity of the event

Message relay through local cables network

Local cable services will also be utilized to communicate key messages regarding health and hygiene. Videos developed by UNICEF, WaterAid and IP will be relayed during BC campaign. News updates about progress of MWCs, WCs, and different project activities will be relayed through tickers.

Mobilization of media houses/ Press club: Municipal Services Delivery Program- MSDP is responsible to provide infrastructure for water supply in the city and Office of Deputy Commissionaire will be dealing with Sanitation component of Jacobabad. It seems that beneficiaries' feedback is missing from whole process so IP will facilitate beneficiaries to give timely feedback through platform of Public Forum. IP teams will mobilize to media houses to organize the "Jacobabad Public Forum". A formal MoU will be signed with Jacobabad press club to organize the public forum and to ensure the media coverage of the event as well.

Advertisements in Regional newspaper:

The advertisement will be published in National/ Regional newspapers on the occasion of International days i.e .World Water Day/ World toilet day / Hand washing Day.

Mass messaging through mobile networks- SMS & voice message:

Project teams will ensure to collect the contact numbers of participants during different activities/ events. The data of contact details will be compiled by communication officer. Communication officer will ensure to disseminate the key messages regarding improved hygiene practices and updates about project activities.



