



Project Savera: Awakening awareness among toilet skeptics

Insights and lessons from PSI's behavior change intervention to promote toilet use in rural Andhra Pradesh, India

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The views expressed in this publication do not necessarily reflect the views of Hindustan Unilever.

Abbreviations

BCC	Behavior change communication
HUL	Hindustan Unilever
IEC	Information, education, communication
IPC	Interpersonal communication
KOL	Key opinion leader
OTS	Output tracking survey
PSI	Population Services International
SBM	Swachh Bharat Mission
SC	Sanitation Counsellor
VV	Village Volunteer



Executive Summary

More Indians than ever now own a toilet, an accomplishment of the Government of India's Swachh Bharat Mission (Clean India Mission). Ensuring access to a toilet is imperative, but the presence of a toilet alone is insufficient to end the widespread prevalence of open defecation. Social acceptance and perceived convenience of open defecation make it a difficult habit to change. Convincing people to use toilets is critical, given the huge public health hazard open defecation poses.

Project Savera – a joint initiative by Population Services International (PSI) and Hindustan Unilever (HUL) – worked to shift prevailing mindsets about toilet use through an intensive, multi-pronged behavior change communication (BCC) intervention. The project (August 2017–March 2021) implemented its intervention in 400 villages of Chittoor district in the southern Indian state of Andhra Pradesh. The goal of project Savera (meaning dawn or awakening) was to instill and promote the habit of using and cleaning a toilet consistently.

The intervention was designed and implemented collaboratively, not only harnessing the synergies of PSI and HUL to create impactful communication campaigns but also closely coordinating with the Chittoor district administration to design and implement the intervention, and subsequently scale it. PSI employed a step-by-step approach, beginning with formative and baseline research to understand the existing toilet use landscape. The research had two major findings: i) toilet access does not ensure toilet usage and ii) male toilet usage lags behind that of females, due to the acceptance and perceived convenience of open defecation among men.

The research insights helped define the target population for the intervention and the communication strategy to establish positive norms about toilet use. PSI then concept tested three possible campaign ideas. The idea that “a child is just like his/her father” emotionally resonated with most people, drawing on the common parental desire of instilling healthy practices in their children. Based on feedback, the project's creative team further developed this idea, resulting in two campaigns: ‘Just Like You’ and ‘Superhero’. The communication approach was centered on interpersonal communication (IPC). To ensure exhaustive coverage, the 400 project villages were reached in phases: 101 villages in phase I, 197 villages in phase II, and the remaining 102 villages in phase III.

The IPC was intensive: the project's Sanitation Counsellors (SCs, employed by PSI for data collection and message dissemination) visited all the households in each project village, met all household members, and met all male inconsistent users at work/congregation sites. During these interactions, the SCs recorded data on toilet use, motivated people for toilet use, and showed (on tablet) videos promoting toilet use. The IPC was complemented by an innovative village-level event (‘village birthday’) to amplify messaging and leverage village head/key opinion leaders to influence male inconsistent users. The campaigns had an impressive reach: the IPC reached 310,435 households and 783,959 individuals and the ‘village birthday’ events directly engaged 13,417 adult male inconsistent users. Alongside, PSI also conducted a mid-media campaign, using a branded vehicle that went village to village disseminating audio/visual messages and engaging people in fun games promoting toilet use.

To monitor impact, PSI conducted output tracking surveys (OTSs) after the phase I and phase II campaigns; OTS III could not be conducted after phase III due to COVID-19 restrictions. The OTSs showed a near universal reach of the communication activities in project villages and an impressive increase in consistent toilet usage and cleaning (details in main report; see Chapter 5, section 3.5). Notably, PSI kept the communication with households going during COVID-19 lockdowns, tele-counselling more than 65,000 individuals on COVID-19 preventive measures.

The district administration of Chittoor district, where the project Savera intervention was piloted, recognized its impact and is scaling it to all 1,372 villages of the district through 16,000 government-hired Village Volunteers (VVs). PSI gave technical assistance for the scale-up by developing training materials and a mobile app for the VVs and conducting trainings. PSI trained 198 master trainers, who then trained an additional 2,744 trainers at the sub-district level; as of March 2021, 13,245 VVs had been trained and completed one-time coverage of all the households in their area with messaging on toilet use.

The PSI-HUL Savera project has demonstrated a BCC approach to engage, educate, and inspire inconsistent users through its intensive IPC and emotionally resonant communication campaigns that successfully drove home the need to use and clean the toilet regularly.

CONTEXT

The Government of India's flagship Swachh Bharat Mission (SBM; Clean India Mission), launched in 2014, has given a strong boost to India's fight for sanitation. Sanitation coverage in the country has increased substantially, with government incentives for toilet construction leading to millions of toilets being constructed in villages and cities across India. Ensuring access to a toilet is essential to address India's sanitation challenge, but the presence of a toilet alone is insufficient to end the widespread prevalence of open defecation. Encouraging people to use the toilets requires widespread behavior change, which will substantially improve the sanitation landscape across India.

Regular toilet usage is still not considered a social norm in India. As several studies have revealed, people prefer defecating in the open despite having a toilet at home (Coffey, et. al, 2014; Public Policy Research Centre, 2016; International Initiative for Impact Evaluation, 2019). Open defecation has been the norm for generations in many parts of the country. The practice is deeply ingrained from early childhood, and its social acceptance and perceived convenience make it difficult to change this habit. Hence, the battle to end this practice must be fought on two fronts: on the ground by constructing toilets to ensure access, and in people's perceptions to help them better understand the need for using a toilet and commit to doing so.

A comprehensive approach to ending open defecation is imperative given the public health hazard it represents, especially for children. Fecal contamination and poor sanitation cause several potentially fatal infectious diseases, such as diarrhea, undernutrition, stunting, and impaired cognitive development (UNICEF, 2018). Each year, 60,700 Indian children under five years of age die from diarrheal diseases (WaterAid, 2017). Open defecation also makes women and girls more vulnerable to sexual assault and violence and erodes their human dignity, health, and well-being (Saleem, Burdett, and Heaslip, 2019).

Benefits of the massive drive for toilet construction can truly be realized by implementing an intensive behavior change program to address long-standing habits and personal preferences related to toilet use. People must become aware of why they should use their toilets consistently and keep them clean.



Open defecation amounts to tons of feces being introduced daily into the environment. Even a single gram of feces contains millions of viruses, bacteria, and parasitic cysts responsible for a host of potentially deadly diseases.

Convincing people to use toilets is a critical imperative. **Project Savera** (meaning dawn or awakening) worked to address this imperative by igniting awareness and promoting the habit of using a toilet and cleaning it regularly.

ABOUT PROJECT SAVERA

Prevailing attitudes and norms toward open defecation pose a significant challenge to eliminating the practice in India. It is therefore vital that behavior change communication (BCC) approaches keep pace with the expansion of sanitation coverage (toilet construction) to ensure that families that obtain toilets regularly use them. Population Services International (PSI), with the support of Hindustan Unilever (HUL), piloted a BCC approach to promote toilet use in 400 villages of Chittoor district in the southern Indian state of Andhra Pradesh. The three-year project (August 2017–March 2021) aimed to develop a proof-of-concept to promote sanitation behavior change and create a sustainable sanitation market in Chittoor. The goal of project Savera (meaning dawn or awakening) was to instill and promote the habit of using and cleaning a toilet consistently.

2.1 Harnessing synergies to create shared value

PSI, a global health organization dedicated to improving the health of people, has a demonstrated portfolio of rural sanitation projects in India. The Savera project saw PSI collaborate with HUL, a major private player in India's hygiene products market and owner of Domex, a leading toilet cleaner brand. HUL, through its Domex Training Academy, has been promoting the benefits of clean toilets and good hygiene toward the goal of reducing open defecation and improving sanitation; the initiative is part of Domex's mission to reduce diarrhea deaths in children under the age of five by eradicating open defecation. Given its sanitation sector expertise and learning, PSI was well poised to support HUL in meeting these goals.

The collaboration enabled PSI and HUL to build off their synergies and their mutual passion for sustainable sanitation in India. PSI drew on HUL's expertise in BCC and social marketing to craft impactful communication campaigns and jointly advocated for toilets and their proper use. The project was designed to create shared value, with PSI and HUL working to make a significant health impact in Chittoor.

2.2 Alignment with government objectives

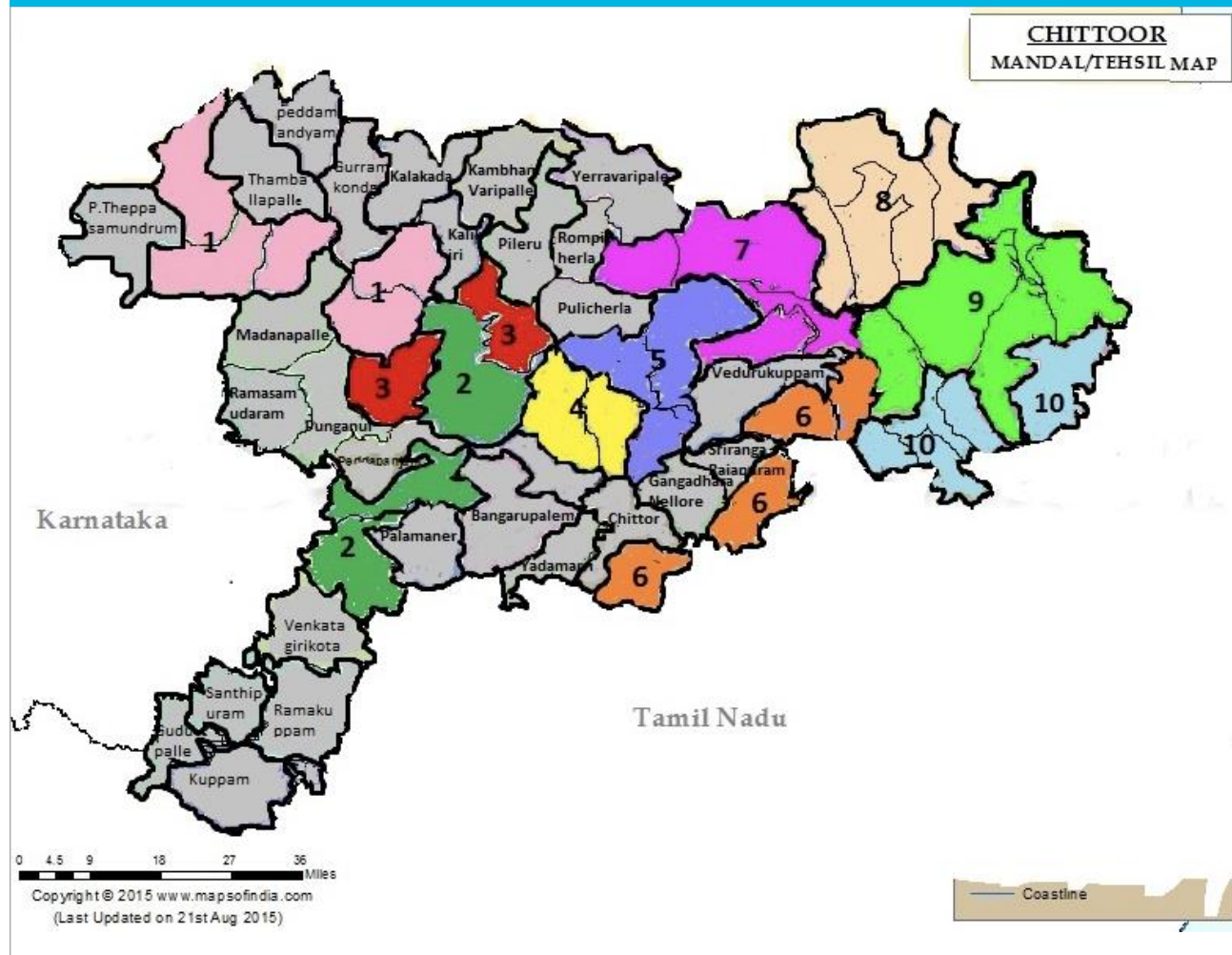
The PSI-HUL collaboration was centered on the theme 'Build, Use, and Clean'. The Government of Andhra Pradesh focused on toilet construction ('Build') through the Swachh Bharat Mission, and the Savera project worked on the 'Use and Clean' components. PSI implemented the project's behavior change intervention through intensive communication activities in coordination with the Chittoor district administration and the Rural Water Supply & Sanitation (RWS&S) department of the Government of Andhra Pradesh. The project worked closely with government stakeholders in designing the intervention, selecting the villages for implementation, and engaging government personnel from various departments throughout the project's implementation.

To institutionalize the intervention and support its successful scale-up, PSI provided technical support to the Chittoor district administration by building the capacity of its various stakeholders and the ground force of government-appointed Village Volunteers. PSI also shared project learning and best practices with state-level officials to facilitate replication of the PSI-HUL intervention in other districts of Andhra Pradesh after the close of the project.

Project Savera: A behavior change intervention to improve toilet use

Geographic coverage: Chittoor district, Andhra Pradesh

Focus area: 400 villages (10 clusters of 40 villages each)



Project Savera was implemented in the Chittoor district's 400 villages, which were prioritized in consultation with government stakeholders. Discussions and review of data with the Rural Drinking Water Supply & Sanitation (RWS&S) department and district officials led to the identification of 10 clusters (numbered on the map above), with 40 villages per cluster. These villages had a high presence of toilets and no issues with water scarcity; this selection criteria aligned with the project's aim of focusing on those who had access to a toilet but were not using it.

PSI responded to the gap between toilet access and use through an intensive behavior change intervention to shift prevailing mindsets and motivate people to regularly use and maintain the cleanliness of their toilets.

ACTIVITIES AND INITIATIVES: A PROCESS SUMMARY

The overarching goal of PSI-HUL's Savera project was to combat open defecation by educating and encouraging people to use toilets and keep them clean. PSI employed a step-by-step approach to identify the target group for its intervention and shape a behavior change strategy in collaboration with its private sector partner and government stakeholders. The project adopted and implemented an evidence-based approach for its communication campaign and built institutional capacities to continue the intervention and scale it beyond the project term. The multiple activities and initiatives in the project's journey over its three-year duration (August 2017–March 2021) are summarized below.

3.1 Created a rich body of evidence around toilet use

PSI recognized that an effective behavior change intervention requires not only creating the right message but also reaching the right target population. As a result, PSI began the project with formative research to understand the existing context around toilet use. The project conducted 24 in-depth interviews and 12 focus group discussions with both consistent and inconsistent toilet users from across social groups in six project villages to gain insights into their motivations for and barriers to toilet use. The research also aimed to establish a profile (including age, gender, social group, education level, and occupation) of inconsistent toilet users to better target the project's messaging. The research had two major findings: i) toilet access does not ensure toilet usage and ii) male toilet usage lags behind that of females, due to the acceptance and perceived convenience of open defecation among men.

PSI followed up the formative research with a baseline study to ascertain the usage and cleaning of toilets at the household level. A total of 700 households – 14 households each from 50 of the 400 intervention villages – were selected and administered a questionnaire to find the percentage of households where all members used the toilet consistently (toilet used on the last three occasions) and the percentage of households who cleaned their toilet. The baseline study confirmed and expanded the findings of the formative research. Page 10 provides more details on the findings of our two research efforts.

3.2 Designed the communication strategy collaboratively

Using the evidence to define the target population, PSI shifted its focus to develop a robust BCC strategy. The project adopted a collaborative approach, bringing together PSI's technical specialists, representatives of the private sector partner (HUL), relevant government functionaries, and local NGOs in a workshop to define the campaign's objectives, communication channels, and themes. The partners agreed that the campaign should seek to establish positive norms about using toilets consistently and increase knowledge about the correct process and benefits of toilet cleaning. The group also decided to deliver the messaging through an integrated media mix with interpersonal communication (IPC) and mid-media (mobile vehicle-based audio/visual and participatory activities). Engaging stakeholders early on and soliciting their opinions on the campaign not only helped the project gain multiple perspectives, but also secured buy-in from key stakeholders, including government functionaries.

WHAT OUR FORMATIVE RESEARCH TOLD US?

Everyone who has access to toilets does not find it imperative to use them.

- Barriers to toilet use are convenience and habit of open defecation.
- Motivators of toilet use are privacy, safety, and health concerns.

Agricultural/unskilled laborers practice open defecation more often due to its perceived convenience.

- Men, as well as women, who work as farmhands leave to work in the fields early in the morning. They find open defecation more convenient due to easy access to open spaces and water.

More men featured among toilet sceptics than women.

- Open defecation among men is socially accepted, and men believe that toilets are for women only.
- Men say they find the toilet smelly, unclean, and uncomfortable.

Bad odor is the most cited reason for not using a toilet.

- In most households, women are responsible for cleaning the toilet, using water/bleaching powder/acid to clean toilets two to three times a week. However, the perception that toilet gave out a foul smell remained the main reason for its non-usage.

OUR BASELINE STUDY CONFIRMED AND EXPANDED ON THESE FINDINGS.

Many of those who own a toilet still practice open defecation.

- 71% households report having a toilet but only 22% use it consistently.* Convenience is a major reason for continued open defecation.

Consistent toilet usage is lower among men.

- Men in the age group of 16–55 years with 12 or lesser years of schooling, belonging to disadvantaged social groups(SC/ST/OBC and BPL)†, and from households engaged in agricultural or unskilled work are more likely to be inconsistent toilet users. among those who do not.

Messaging on toilet use has positive association with consistent use.

- Households who have earlier heard messages on toilet use report using their toilets more consistently than households who have not heard such messages. However, messaging around toilets is mostly about toilet construction, not use.

Households with better toilet condition and cleaning practices use the toilet more regularly.

- Women clean the toilet in most households, mostly once in three days. Consistent toilet usage is 35% in households cleaning their toilets at least once in three days with a toilet cleaner, compared to 17% among those who do not.

* For our research, we use the following definitions:

Consistent toilet use by an individual: Toilet was used on the last three occasions.

Consistent toilet use by a family/household: All family members used the toilet on the last three occasions.

Inconsistent toilet use: Toilet was not used on the last three occasions.

† SC: Scheduled caste, ST: Scheduled tribe, OBC: Other backward caste; BPL: Below poverty line

Our research clearly indicated that men needed to be the target of our communication effort. Most government IEC campaigns so far have focused on women, appealing to their safety, privacy, security, and dignity. For open defecation to be eradicated, the barriers and motivations of its biggest practitioners – men – need to be addressed.



When I go out for work in the field, I prefer defecating there because I cannot come back to home to meet this need."

– 35-year-old male respondent



I find toilets very smelly. I have the habit of going out for defecation in fresh air."

– 32-year-old male respondent



Toilet provides privacy... We should defecate only inside the four walls of a toilet."

– 23-year-old female respondent



I am heart patient and cannot walk long distances. I prefer to use the toilet at home."

– 65-year-old male respondent

3.3 Tested creative concepts to identify the best messaging approach

PSI undertook a concept testing process for three possible campaign ideas to determine which would be most effective in accomplishing the project's behavior change objectives. The three campaign ideas are presented in the illustration below. Of the three creative ideas to address toilet usage, the first was identified from PSI's formative research and the other two derived from a previous Quantum study undertaken by HUL. We hired an agency to develop creatives for the three concepts and to test them in 10 project villages.

Concept testing entailed sharing the creative concepts with the intended audience to solicit their feedback and identify the most effective and well-received idea. Each idea was tested on six parameters: 1) clarity in communicating the

underlying concept, 2) messaging's clear link to the key message of 'stop open defecation', 3) believability, meaning that the message in the creative served the cause, 4) relevance to audience's reality and surrounding, 5) ability to drive intent toward meeting the objective, and 6) uniqueness. The concepts were tested at schools, Anganwadi centers, and panchayat offices in 10 villages. A total of 20 focus group discussions were conducted at these sites, involving individuals from different population groups (men of different ages, panchayat members, women, and young couples). Responses were received from a total of 140 individuals.

Concept 2 emerged as the clear winner on these parameters, with the idea that 'a child is just like his/her father' emotionally resonating with most people. Based on the feedback received, the project's creative team further developed this idea, resulting in two campaigns: 'Just Like You' and 'Superhero'.

CREATIVE CONCEPTS WE TESTED



Concept 1: Spread Change Not Disease

This theme aimed to create awareness of how hand and leg hygiene is critical in the spread of disease for those who practice open defecation.



Concept 2: Just Like You

The theme – "Your children don't just look like you, they think like you too. Think carefully." – aimed to inspire parents to be good role models for their children and not practice open defecation.



Concept 3: Tough Man

When 'tough men' tell other men that "tough men don't use toilets", they bully them into practicing open defecation. This campaign gave the message that a 'real tough man' would do what is right, no matter the circumstances or the peer pressure.

Respondents provide their feedback on the creatives shown during concept testing



CREATIVES FOR THE 'JUST LIKE YOU' AND 'SUPERHERO' CAMPAIGNS

Posters and stickers



T-shirt and cap



Banners



Pocket calendar



Poster, banner, and sticker for the mobile van campaign



Our 'Just Like You' and 'Superhero' campaigns resonated at an emotional level and leveraged the common parental desire of instilling healthy practices in their children.

3.4 Implemented an integrated campaign to trigger behavioral shift

Creating a new norm of toilet use requires an intensive communication effort to alter old habits and behavioral practices. There is significant evidence that interpersonal communication (IPC) can be a strong behavior change intervention. Individuals are more likely to adopt a new behavior when they engage with information on a personal level, receive messages tailored to their context, and have the opportunity to ask questions and voice their doubts. The communication approach for our intervention was thus centered on IPC, complementing it with a village-level event and a mid-media campaign run through a branded vehicle that went village to village exposing people to audio/visual messages and engaging them in fun activities promoting toilet use. To ensure exhaustive coverage, the 400 project villages were reached in phases: 101 villages in phase I, 197 villages in phase II, and the remaining 102 villages in phase III.

A. Intensive IPC for saturated coverage of households in villages

The IPC campaign was intensive, ensuring full coverage of each project village. The project's Sanitation Counsellors (SCs, employed by PSI for data collection and message dissemination) visited all the households in the village, met all the members of the household, and met all male inconsistent users at sites where they congregate. To achieve complete coverage of every project village, the SCs prepared a planned journey cycle for each village they were in charge of; generally, one SC was responsible for around 10 villages. The SC fully covered one village before moving to the next village, spending at least 12 days in each village during the first visit. The SC's second visit to each village usually occurred about three months after the first visit.

The SC visited every household in the village with a notebook to record data and a tablet that contained videos promoting toilet use. During his/her first visit to the village, the SC collected information from every household on whether there was a toilet at home or not. Given that the project's focus was toilet use and not toilet construction, the SC

continued the interaction only with households that had a toilet. The SC collected further data from households that had a toilet, preparing a list of household members and their toilet usage and toilet cleaning practices. The SC then conducted the IPC activity with all the available members of the household, showing them videos on the tablet to open a discussion on why they must use and clean their toilet.

The most critical barrier to behavior change is rarely just knowledge, it is the mindset. PSI conducted an intensive IPC campaign to alter the mindset favoring open defecation.

Staying in each village for 10–12 days at a time allowed the SC to cover every household and all its members. In case a household was found locked, the SC visited it again later in the day or over the next few days to meet the household members and conduct the IPC activity. If any member of the household was missing during the visit, the SC returned for another visit. Male agricultural workers and unskilled laborers — who our research had identified as the most inconsistent toilet users — were often found missing from home as they left for work early in the morning. To conduct IPC with them, the SC visited their places of work (such as, agricultural fields and MGNREGS[‡] sites) and male congregation points in the village.

The notebook with data collected from every household and its members was submitted to the PSI office for data entry and analysis. The same notebook was used by the SC to collect data from households during his/her second visit to the village, which allowed the progress of their behavior change to be easily tracked.

As of January 2021, all 400 villages had been covered by the IPC activity, reaching a total of 310,435 households and 783,959 individuals.

[‡] The Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) is a major source of employment for rural households, providing wage employment to adult members for unskilled manual work.

NOT ONE MISSED

IPC activity with each household in the village



IPC activity at places of work



IPC activity at male congregation points in the village



By rigorously covering each household and all its members, the project ensured that the messaging reached everyone who had access to a toilet but was not using it.



Earlier we use to go to the fields in the morning and defecate there. After the PSI sir has come to our village and showed me the video, I now use the toilet at home in the morning and then go to the fields. I and my children are using the toilet regularly now!"

– 45-year-old male from a project village

B. An innovative event to mobilize male participation

After the IPC activity was completed, an innovative event – called 'village birthday' – was organized in the village to create excitement in the community and to secure commitment from male inconsistent toilet users. In discussion with the village head/key opinion leader (KOL), the SC fixed the date, time, and venue for the event and invited about 30 male inconsistent toilet users through a formal invitation card. Two male role models (consistent toilet users) were also invited. The event had banners and decorations, a stage for seating the KOL and the role models, and arrangements for water and snacks. The event was held on a Sunday to ensure participants would be able to join.

The 'village birthday' event helped amplify the messaging at the community level and leveraged the influence of KOLs. Addressing the event, the village head/KOL urged everyone's participation in the village's new journey (hence the name 'village birthday') to become open defecation free. The role

models seated on the stage shared their personal journey of becoming consistent toilet users to inspire others and spoke about the challenges they had faced and overcome. The KOL honored the role models with a badge on their shirts. The participants were encouraged to ask any questions they had and to make a commitment to regular toilet use. Those who stated they would become consistent toilet users were honored with a badge. At the end of the event, everyone who attended took a pledge to end open defecation in the village. The program concluded with participants being informed that, based on their consent, a sticker would be placed outside their home to remind them of their commitment to use toilets consistently.

By March 2020, the 'village birthday' event had been conducted in all 400 villages and reached a total of 13,417 adult men.

Inconsistent male users being invited to the 'village birthday' event



Discussions being held at the event



A role model is honored with a badge



Inconsistent male users take a pledge to use toilets



Sticker with a reminder message is pasted on the door of an inconsistent user household



I pledge that I will be a role model to my children and to our village... We will keep our environment clean."

– Male participant from a project village

C. Mobile IEC activities to engage and educate

The third piece of our integrated BCC strategy was mid-media IEC, which was conducted through a custom designed vehicle (van) that visited project villages to create a buzz about toilet usage and engage people in fun activities and games. The van was equipped with an audio/video system and other IEC materials along with a Swachh Bharat Mission logo. The route was designed to cover two villages in a day; the activities were conducted at two to three locations in each village.

The van drove around the village with sanitation jingles airing through its audio system. Once the van was parked at a location in the village, the campaign promoters on-board the van began visiting households in the area. To mobilize people, they invited them by distributing lucky draw coupons. When people came to the event, they dropped the lucky draw coupon with their details into a drop box and

participated in games being facilitated by the campaign promoter. The interactive games reinforced the message of regular toilet use and cleaning and gave participants the opportunity to win a prize. The staff also reminded people about the theme of the campaign: "Be your child's superhero, use the toilet regularly and keep it clean." After the games, the project presented an audio/visual on the 'Superhero' campaign theme, followed by a quiz. The top two winners from each game and quiz won prizes, which also had the campaign logo.

Our mid-media campaigns reached 38,329 individuals. The fun games and activities not only reinforced the message, but also made people actively engage with it, thereby supporting higher retention and recall.

Crowds throng at the site of the mobile van activity...



... playing fun games that engage and educate.

A player gets ready to play the blindfold game



Blindfold game: Move the miniature figure from its spot of open defecation to the image of the toilet

Participants work together to solve the jigsaw puzzle



Jigsaw puzzle: Arrange the pieces to make the campaign message read right

A player focuses while playing the concentration game



Concentration game: Players wear a NeuroSky MindWave headset that reads the player's concentration level through brain pulse. The player concentrates on a toilet pan miniature fitted on a moving belt. If the player concentrates well on the toilet pan miniature, the toilet pan appears to rapidly move closer to the person. The person who takes the least time to move the toilet wins the game.

3.5 Tracked the performance of the communication campaign

To rigorously monitor the project's impact, PSI planned an output tracking survey (OTS) at the end of each phase. The OTS studies tracked and monitored the project's performance and progress toward increasing the use and cleanliness of toilets at home. The studies ascertained respondents' exposure to the project's communication activities, recall of the messaging given by IPC and mid-media, increase in toilet usage at the individual and household level, and change in toilet cleaning practices.

OTS I and OTS II, the impact assessment studies after the phase I and phase II campaigns, were conducted in September 2018 and August 2019,

respectively. OTS III could not be conducted after the end of the phase III campaign due to the COVID-19 restrictions in place at the time. The results of OTS I and OTS II surveys are presented below.

The output tracking surveys we conducted after phase I and phase II campaigns showed the near universal reach of our communication activities in project villages and an impressive increase in consistent toilet usage and cleaning.

Results of OTS I

- Reach of communication activities was near universal: 85% people reported seeing the project's IPC, mid-media messaging, and the 'village birthday' event.
- Recall of message on toilet use was high: 91% people remembered the IPC activity, mid-media campaign messaging, and creatives, etc.
- There was a significant increase in households using their toilet consistently, from 26% at baseline[§] to 54% in OTS I.
- A significant improvement was seen in individuals using a toilet consistently, from 46% at baseline to 74% in OTS I.
- There was a significant increase in households cleaning their toilet daily, from 14% at baseline to 34% in OTS I.

Results of OTS II

- Reach of communication activities was near universal (95%).
- There was a significant increase in households using their toilet consistently, from 31% at baseline to 52% in OTS II.
- A significant improvement was seen in individuals using toilet consistently, from 43% at baseline to 75% in OTS II.
- A significant increase was also seen in households cleaning their toilet two to three times a week, from 30% at baseline to 59% in OTS II.

[§] The baseline study was conducted at the start of the project for all 400 villages, which were subsequently covered in three phases (101 villages in phase I, 197 villages in phase II, and the remaining 102 villages in phase III). Segregation of baseline data for phase-wise villages showed that for phase I and phase II villages, the household-level toilet usage stood at 26% and 31%, respectively.

WE KEPT THE COMMUNICATION GOING DURING THE COVID-19 LOCKDOWN.

The COVID-19 outbreak in March 2020 disrupted our door-to-door IPC in villages. PSI responded with agility to ensure our communication with households continued. We began reaching our target population over the phone, communicating not only on toilet use but also COVID-19 precautions. To standardize the COVID-19 preventive messaging, PSI prepared a script for SCs to disseminate across the project area. SCs initiated the tele-counselling in April 2020, reaching more than 65,000 households. The tele-counselling effort was much appreciated, with several households expressing delight about PSI caring for their well-being and educating them on how they could protect themselves from the COVID-19 infection.

3.6 Supported government in scaling-up the intervention

From the beginning of the project, PSI was focused on securing the intervention's sustainability through government buy-in. It is to this end that the intervention had its objectives aligned with the government's Swachh Bharat Mission. The intervention design and selection of project geographies was also done in close collaboration with government stakeholders; senior state and district leadership was continually engaged in project activities (such as the launch of different communication initiatives), and government officials were regularly updated about the project's progress. Impressed with the results of the intervention, the District Collector of Chittoor, the senior-most government official in the district, requested PSI's technical assistance to scale-up the intervention across the district through 16,000 government-hired Village Volunteers (VVs). PSI responded with enthusiasm and offered support on two key fronts, as briefly summarized below.



We partnered with PSI to address the behavioral issues related to open defecation. PSI used thematic mobile vans, conducted village-level events, and utilized counsellors to address these issues. A survey of their intervention's methodology and impact found nearly 25–30% improvement in usage of toilets at home. Accordingly, we decided to scale-up PSI's strategy all over the district's 1,372 gram panchayats. With their training support and huge insights, our Village Volunteers have been able to take the message across. I must thank PSI from the bottom of my heart for ensuring effective utilization of the household toilets constructed under the Swachh Bharat Mission."

– Dr. N. Bharath Guptha,
District Collector & Magistrate,
Chittoor District

A. Developed training materials and a mobile app for the government's ground force

PSI developed a training module and a training handbook to build the capacity of approximately 16,000 VVs to perform the BCC activities in their respective villages. Savera app, an Android-based mobile phone application, was also developed by PSI to aid in reporting by VVs. The app is aimed to be used by VVs to report on the number of daily household visits, names of family members, and toilet use behavior, etc. The application has been tested in the realistic environment with VVs conducting BCC activities, but it has not yet been rolled out. The project has, however, rolled out paper-based reporting by VVs.







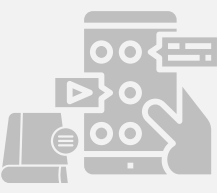

B. Conducted training and its cascade implementation

The project also supported the district nodal agency, the Rural Water Supply and Sanitation (RWS&S) department, in capacity building at the sub-district and lower levels through cascade training. PSI trained 198 master trainers, who then trained an additional 2,744 trainers at the sub-district level. These trainers are tasked with training the 16,000 VVs, each of whom is responsible for leading the BCC efforts for 50 households and reinforcing the message of regular toilet use and cleaning. Despite the adverse situation caused by the COVID-19 outbreak, the training of VVs was completed while following the COVID-19 prevention precautionary measures, such as social-distancing, use of masks, etc. As of March 2021, the PSI team had supported capacity building of 13,245 VVs. These trained ground workers have completed one-time coverage of all the households in their respective area and have begun reporting on their activities to village- and block-level authorities.

Adoption by government is the biggest hallmark of an intervention's success. Project Savera did very well on this count, evident from the Chittoor district administration's decision to scale-up the intervention across all 1,372 villages of the district through 16,000 government-appointed Village Volunteers.

KEY ACHIEVEMENTS

Project Savera's work across the 400 project villages in Chittoor demonstrated an evidence-based, intensive BCC approach to combat the widespread problem of open defecation. The project's multiple activities over its three-year term (August 2017–March 2021) have yielded encouraging results, as illustrated below.

<p>2 research studies</p> <p>conducted to build evidence on toilet usage practices</p> 	<p>Saturated coverage of 400 villages,</p> <p>covering every household and every member of each household</p> 
<p>Intensive IPC conducted with 3,10,435 households and 783,959 individuals**</p> 	<p>'Village birthday' events conducted in all 400 villages, directly engaging 13,417 adult male inconsistent users</p> 
<p>Tele-counselling conducted with more than 65,000 individuals during COVID-19</p> 	<p>The biggest testament to the project's success is the scale-up of our intervention across all 1,372 villages of the district through the government's own ground force.</p> 
<p>Training module, training handbook, and a mobile app created for use by 16,000 Village Volunteers</p> 	<p>Capacity building of 198 master trainers and 2,744 additional trainers</p> 

** As of January 2021

LESSONS LEARNED

1. The most critical barrier to behavior change is rarely just knowledge, it is the mindset. Intensive IPC may be best suited to addressing it.

Behavior change efforts in the past have largely focused on creating awareness through bursts of mass-media adverts. The limited impact of this approach is evident on the ground. Recognizing this, our project employed intensive IPC for the BCC effort. This ensured saturated coverage of villages through one-to-one meetings with each household and each member of the household to engage them at a personal level, providing them messages relevant to their context and clearing their doubts. The impressive increase in toilet usage and cleaning practices, as seen in OTS findings (see Chapter 3, section 3.5), indicates the positive impact of our approach.

2. Engaging men is critical to combat open defecation.

Most government IEC campaigns in the past have focused on women, appealing to their safety, privacy, security, and dignity. However, as our formative and baseline studies showed, there is a clear gender pattern in toilet usage in villages, with men less likely to use toilets than women. Men's motivations and barriers to toilet use must be addressed. The Savera project did this by focusing on inconsistent male users, engaging them in conversations about toilet use, and emphasizing toilet use by the entire household, not just women. To ensure our messaging reached those who needed it most (male agricultural/unskilled workers who were the most inconsistent toilet users), we took our IPC activities to where they were – workplaces (agricultural fields and MGNREGS sites) and male congregation points in the village.

3. Private sector partnerships can help create and leverage synergies.

The private sector has marketing expertise and is adept at understanding what motivates people and what can drive change in their behavior. Working with HUL allowed PSI to leverage their marketing expertise to create a compelling behavior change campaign. When engaging the private sector in a social program, it is important to create a shared value proposition, one that will have social impact as well as bring market gains for the private player.

4. Government involvement and buy-in is critical to ensure an intervention's sustainability.

Involvement of government authorities in the intervention not only aids its smooth implementation, but the buy-in also creates possibilities for scale-up. Our strategy of involving government authorities at all stages of the project paid off; the Chittoor district administration is scaling-up the intervention across all 1,372 villages of the district.

We also closely involved local government authorities, including Mandal Parishad Development Officers (MPDOs), Panchayat Secretaries (PS), and panchayat heads/KOLs. Their support enabled us to easily secure necessary permissions and helped resolve any troubles/issues during the implementation of project activities.

5. Identification of the right resources can accelerate scale-up efforts.

We helped the government in reviewing its existing resources on the ground – Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs), and Village Volunteers (VVs) – to assess which of these could serve as the best vehicle for sanitation messaging. VVs, an existing resource recruited by the government to take its welfare programs to people's doorstep in villages, were identified as best suited for the intensive IPC exercise. Every village in Andhra Pradesh has 10 VVs for every 500 households, i.e., one VV for every 50 households in a village. Their current engagement with households could be rapidly expanded to also include messaging on toilet use.

6. Involvement of influencers within the community can amplify impact.

The goal of BCC is to move the target population from awareness to intent to action. Endorsement by peers/role models (consistent toilet users) can be vital in supporting this journey, for example, by knowing and being inspired by the experiences of relatable role models during the 'village birthday' events and asking them questions to clear doubts. Similarly, participation of local authorities/KOLs can help mobilize the community to participate in events (e.g., village birthday) and also create an enabling environment for continued conversations.

CONCLUSION AND THE WAY FORWARD

Having access to sanitation infrastructure (toilets) is a start but does not go the whole way to address a long-standing habit like open defecation. The PSI-HUL Savera project has demonstrated a BCC approach to engage, educate, inspire, and follow-up on inconsistent users through its intensive IPC and emotionally resonant communication campaigns that drove home the need to use toilets regularly. Importantly, our project also focused on teaching people why and how they must keep their toilets clean, so that the newly created habit of toilet use does not get put off by smelly, unclean toilets.

The district administration of Chittoor district, where the intervention was piloted in 400 villages, recognized its impact and is scaling it to all 1,372 villages of the district. Such interventions should be considered for scale-up across the country if we are to truly reap the benefit of the impressive increase in toilet construction. It is also critical that the effort not limit itself to rural areas, but also extend to urban areas, where the urban poor often face much of the same issues as their rural counterparts.





Population Services International (PSI), India, implemented the behavior change intervention in Chittoor, Andhra Pradesh. PSI India is a registered Indian Society dedicated to the improvement of public health in India. As a mission, PSI makes it easier for people in the developing world to lead healthier lives and plan the families they desire by marketing affordable products and services.



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