



VISHWAS

VILLAGE BASED INITIATIVE TO
SYNERGISE HEALTH, WATER AND SANITATION

Guidance Note for
VHSNC Members and Community Representatives





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JUNE 2017



LIST OF ABBREVIATIONS

ANM	Auxiliary Nurse Midwife
AWC	Anganwadi Center
AWW	Anganwadi Worker
BCC	Behavioral Change Communication
CCDU	Communication and Capacity Development Unit
DCM	District Community Mobilizer
DWCD	Department of Women and Child Development
GP	Gram Panchayat
ICDS	Integrated Child Development Services
IEC	Information Education and Communication
IHHLs	Individual Household Latrines
IPC	Inter Personal Communication
MoPR	Ministry of Panchayati Raj
NCC	National Cadet Corps
NCDs	Non Communicable Diseases
NHM	National Health Mission
NSS	National Service Scheme
ODF	Open Defecation Free
PHED	Public Health Engineering Department
SBM	Swachh Bharat Mission
VHSNC	Village Health Sanitation and Nutrition Committee
VWSC	Village Water and Sanitation Committee
WCD	Women and Child Development
WSSO	Water and Sanitation Support Organization



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BACKGROUND OF VISHWAS CAMPAIGN

Under the National Rural Health Mission (NRHM) now the National Health Mission, Village Health Sanitation and Nutrition Committees (VHSNC), are envisaged as platforms for 'local action' on health at community level and serve as key programme component of communitisation, across the country. Overall, the success of VHSNCs in building community level collective action, has been mixed. States like Chhattisgarh and Odisha, have made effective use of this platform for community level monitoring of service delivery and processes for not only health but all social determinants of Health, but a large number of states across the country have not been able to activate the VHSNCs which is reflected in low expenditures of the VHSNC united funds.

The proposed campaign – **'VISHWAS' (Village based Initiative to Synergise Health, Water and Sanitation)** - will be carried out under the leadership of VHSNCs and will build a collective initiative at community level, for improving Water, Sanitation and Hygiene situation and its impact on Health and quality of life. It will strengthen convergent action in integration with various initiatives under Swachh Bharat Mission (SBM), and will also build the institutional capacity of VHSNCs to fulfill their roles as visualized in the original design.

The key strategy of this campaign will be to organize eleven monthly campaign days in every VHSNC village, which will be led by its VHSNC, and thereby build a systematic community action on key components related to Water, Sanitation and Hygiene.

Objective of Swachhta Campaign:

- Create awareness on Water Sanitation & Hygiene and their impact on Health, and create a platform for local action on these issues.
- Empower communities to participate in planning and implementation of the program.
- Build the institutional capacity of VHSNCs to fulfill their roles as visualized in its original design, by undertaking the monthly campaigns.

Role of VHSNC as platform for 'Community Action'

VHSNCs are an important mechanism for participation of stakeholders at community level ; families and community at large as target of promotive and preventive health efforts and the receiver of services, health providers who deliver the services and community representatives as well as general community members who have a dual role to support as well as monitor the services. The VHSNCs should also enable local planning by creating community level dialogue, and building convergent collective action on social determinants and public services related to health. NHM also envisages that by building local level planning processes, VHSNCs would support the process of Decentralized Health Planning. Thus the committee is envisaged to take leadership and provide a platform for improving health awareness and community's access to health services, address specific local needs and integrate it all into community-based planning. One of the key objectives of VHSNCs is to empower Panchayats to play their role effectively in the governance of health and other public services, and

to enable communities to take collective action for the attainment of a higher health status and improved quality of life in the village.

The role of collective action and institutionalizing community action

The health of individuals is determined by the environmental factors, health and hygiene behaviors at personal level, and other cultural practices, which influence health-seeking behavior. Collective community action on health would strengthen health promotion, and encourage all to adopt and follow personal behaviors that prevent diseases. It is largely through collective community action that the health outcomes of improved water sanitation and hygiene behaviours can be achieved; because health benefits can accrue to a community only when the whole community adopts change in practices.

Building a systematic action oriented campaign led by VHSNC, will strengthen the community's capacity to improve their sanitation and hygiene behaviour and will also, in this process, institutionalize the collective process of behavior change. It can also be used effectively as an organised social mobilization effort for active participation of community in their social development and health improvement, and create awareness on safe water, sanitation and hygiene practices, and related provisions and facilities available in different programmes. The campaign, which can be undertaken across the country, by each VHSNC in its own community, will create opportunity to reach majority of families, and the unreached sections of community in the vast spread of villages across the length and breadth of states. The campaign and the consequent social mobilization will also strengthen community participation in local decision-making, will improve access to available resources under various government programmes, and will ensure efficiency. Given below is a successful example a mass campaign on sanitation in *Avanur Gram Panchayat*, Kerala, India.

Successful example of Social Mobilization Campaign – Total Sanitation programme in Avanur Gram Panchayat, Kerala, India

This example of successful mobilization of the entire community by a gram panchayat to meet a basic need has been widely recognized. It has brought national honour and a cash prize of Rs 12 lac to the panchayat. In 1996, a survey held by the Avanur Gram Panchayat in Kerala State found that over 2000 of Avanur's 5000 households were too poor to afford basic sanitation facilities. The Gram Panchayat President convened a series of awareness-building meetings for all families below the poverty line.

As an outcome of these campaigns, it was agreed that the Gram Panchayat would provide all these families building material for a sanitation unit, with the condition that each beneficiary family would complete 20 percent of the work on its own. The meetings focused on awareness-building of women as main beneficiaries. Much to the surprise of all, the campaign was successfully completed within three months. The Gram Panchayat spent only 20 percent of allocated resources because 80 percent of the work was done by the beneficiary families themselves. In this way, a total of about Rs 12 Lac in assets, by way of a cash prize could be mobilized for the benefit of the village and its poor families.

STRUCTURE OF VHSNC LED VISHWAS CAMPAIGN

The campaign is aimed at building a community level collective initiative for improving the Water, Sanitation and Hygiene situation in their lives, and thereby improving their health and quality of life. This will be implemented in convergence with Swachh Bharat Mission (SBM), and contribute to achievement of Swachh Bharat - Swasthya Bharat.

The campaign will be conducted at the VHSNC level. Each VHSNC will undertake and lead this campaign for its village. The Gram Panchayat will oversee and support the VHSNC campaigns of all villages under its area.

The campaign will be aligned with the strategies and approaches of SBM. SBM envisages, active use of community based organisations for building awareness, community level analysis of the water sanitation and hygiene situation, and creating triggers for community action. The campaign will use participatory tools and methods like, village social and resource map, transect walk, and sanitation surveys, using them as methods of community analysis and social trigger for action.

VHSNCs will also identify Swachhta Doots in their community, from both within the members of VHSNC, and from among the larger village community, who have such inclination, knowledge, and a voluntary

spirit, and will actively lead them to get engaged in campaign as well as the SBM activities, aiming at closer integration between the two. Efforts will be made to ensure that the Village Water and Sanitation Committee (VWSC - formed under SBM at the Gram Panchayat level) makes available the incentives for Swachhta Doots as envisaged in SBM, for the volunteers under this campaign as well.

The key strategy of the campaign is to celebrate a campaign day, every month, focused on one of its themes (like, Open Defecation Free (ODF) Day, School and Anganawadi Sanitation day), and build collective action around the theme.

The first month of the year long campaign, will be focused on building community level preparations for the campaign, and in subsequent eleven months, each monthly campaign day will be focused on a particular theme. 10 to 15 days before every monthly campaign day will also be focused on preparation for the upcoming campaign day. These preparations will include, community level mobilization with active engagement of core group of the campaign and preparing logistics required for the campaign day.

In each campaign day, some activities and tasks for follow-up will emerge, which may require action at community level, but may also need coordination and follow up with government programme or agency for utilizing the programme provisions. Post campaign day follow up for building and use of toilets, or construction or repairs in school toilet are examples of critical follow-up actions. On each campaign day, an account of the follow-up actions from previous campaign days will also be presented and discussed, and efforts will be made to resolve the challenges and problems.

The structure of eleven monthly campaign days is illustrated in *Figure 1* given at the end of this chapter as Annexure 1.

Convergence of Campaign

At Gram Panchayat Level – the Gram Panchayat (GP) and the Village Water and Sanitation Committee (VWSC-formed at Gram Panchayat level) will oversee and support, the planning and implementation of the campaign in the villages within its area.

Strong convergence of campaign with Swachh Bharat Mission (SBM), is to be ensured. Convergent use of the funds available under the SBM and NHM, and integration of programme activities, will be made to operationalize and support the campaign. Following funds will be pooled-in to support the implementation of campaign -

- Funds available under SBM for building of Household Toilets, Community Toilets and toilet facilities in school and Anganwadi. For Household Toilets, a provision of Rs. 12000 per toilet is available under SBM (Gramin).
- Funds available under SBM for Solid/Liquid Waste Management (Capital Cost). Funds available are based on number of household in each GP (Up to a maximum of Rs. 7 lakh for a GP with up to 150 households, Rs. 12 lakh for up to 300 households, Rs.15 lakh for up to 500 households and Rs. 20 lakh for GPs with more than 500 households).



- Funds available under SBM for IEC, Start Up Activity and Capacity Building costs (Up to 5% of state's total project cost, which is available at State level).
- Untied fund of VHSNCs from NHM @ Rs. 10000 per VHSNC per year.
- Any other fund available from ICDS programme, Panchayat department or the Gram Panchayat's own resources.

Convergence of Campaign with Gram Panchayat

The campaign at the ground level will work in close coordination with and overall supervision and oversight of Gram Panchayat, as explained later in the support and supervision section in this Guidance Note. At the district level as well, the core group that will support and monitor the campaign, will include representation from the district level Panchayat structure.

Linkages of campaign with annual planning process of village and Gram Panchayat

The success and achievement of the campaign as well as the requirements of resources, infrastructure and provisions will be presented before the Gram Sabha, which will be organized at the end of the year long campaign, as the last monthly campaign day. Based on the approval of the Gram Sabha, requirements for resources and support will be submitted to Gram Panchayat, and will be presented in the annual planning day of the Gram Panchayat, which is held as the Gram Sabha for annual planning.

IEC and BCC strategies and tools for campaign

IEC and BCC strategies of the campaign will be based on the local context of the state and district. The focus will be mainly on:

- Display of posters and information leaflets related to theme of campaign of the day. IEC and BCC related communication

material of Swachh Bharat Mission will be used actively on all monthly campaign days.

- A play/skit on the theme of the day prepared by the core group of the campaign will be played on the evening of the campaign day.
- Films and Videos on the themes of the day, sourced from programmes within the government and outside, will be shown in monthly campaign days.
- Social Media can also be used for the campaign. The core group of the campaign and other active community members can make a whatsapp group or a group on any other social media platform to regularly share the campaign related information and community mobilization messages. Use of such media platforms will be limited by availability of smartphones, but the key messages of campaign can be shared among all those who have any mobile phones.
- A number of participatory tools will be used in the campaign, like, social and resource mapping by community, transect walk, sanitation and hygiene survey etc. A few such tools are detailed out in the Annexure 2 at the end of this Guidance Note.

OPERATIONAL DESIGN TO CONDUCT MONTHLY CAMPAIGN DAYS

Detailed strategy and activities, key messages and outcomes envisaged for each of the 11 monthly campaign days are detailed out in this chapter.

Campaign Day 1: Annual Planning Day for VHSNC Campaign

The Annual Planning day will be first in the series of 11 Monthly Campaign Days. Monthly Campaign Days are the core activity of VISHWAS initiative. The period of one month preceding the start of this series will be spent in preparing the ground and organizing critical resources and support.

Objectives:

- Sharing the key strategies and structure of VISHWAS Campaign and building a village level consensus for campaign and its operational plan (including the day and date of monthly campaign days, venue etc).
- Identify active volunteers for the campaign from community, VHSNC members and village level frontline workers.

- Conducting a participatory analysis of Water, Sanitation and Health situation of the community and village, and identifying key strategies of monthly campaign days, and support and monitoring processes.

The basic plan for organizing and conducting the next 10 monthly Swachhata days and the key activities of each campaign day, will be shared. Different potential activities and methods of the campaign like rally, skits, demonstration, campaign jingles, posters, wall painting, swachhta fair, public lectures, door to door campaigns, formation of a group of swachhta doots, (swachhta champions) will be discussed. Community feedback on appropriateness and feasibility of these methods/activities will be taken, and volunteers will be identified for different activities. The potential strategies for mobilising required resources would also be discussed.

The 11 Monthly Campaign Days will be as listed in the Annexure 2.

Background Preparations for the Day

VHSNC can conduct following as advance preparation for the day;

1. Prepare a list of village level stakeholders of health and sanitation related activities.
2. Meet the stakeholders, discuss with them the planned campaign and invite them for the Planning day.
3. Disseminate the information regarding the planning day widely through small group meetings, and household visits, for a larger participation.
4. Conduct a hygiene and sanitation situation analysis of the village, identify key challenges and prepare a list of priorities for the campaign.

5. Prepare a draft Campaign Plan – with the complete list of monthly campaign days and a brief of key activities of each campaign day (which will be presented during the planning day).
6. Make preparations for awareness events like street play, rally, exhibition of IEC materials etc.

Activities of the Day

The Planning day will be conducted in the village in a place like, Health Sub Centre, Panchayat Bhavan, Anganwadi Centre or a school where all villagers can gather easily and there is space available for a large village level meeting. The VHSNC members will make sure that large number of community members and stakeholders of health and sanitation in the village participate in the meeting (including frontline workers of government departments and programmes related to Water and Sanitation and Health).

Activities like, a collective 'Swachhta pledge' and 'Awareness Rally' can be organized as part of the day. Efforts will be made to emphasize on the message that Swachhta has to begin at the level of individual and family, and a collective village campaign can be successful only when every family and every section/hamlet of the village adopts and owns the campaign, and also makes efforts to change their own behavior with respect to Sanitation and Hygiene.

The key activities of the day will include:

- In the large village level meeting, first of all, the overall structure of VISHWAS Campaign will be discussed.
- A 'social and resource map' of the village will be made in a participatory manner. The map will include:
 - ❖ Location of different hamlets, and various social sections of village, especially the vulnerable sections.

- ❖ Open defecation areas of the village.
 - ❖ Water drainage channels and water logging spots.
 - ❖ Water sources, village ponds and rivers.
 - ❖ Garbage dumps.
 - ❖ Households with toilets and those without toilets, community toilets of village, if any exist.
 - ❖ School and Anganwadi of the village along-with an indication of functionality status of toilets and water facilities.
- A brief discussion on the seasonality of disease will also be done, to identify the links between the pattern and seasonality of diseases and water and sanitation challenges.
 - Overall cleanliness and sanitation hygiene practices in the village, in School and Anganwadi, in preparation and serving of Mid Day meal and hot cooked food, will be discussed.
 - Based on the discussions illustrated above, the key Water Sanitation and Hygiene challenges and their links with health situation of community and families will be identified, and priority issues of the village will be discussed.
 - A prioritization of the identified water sanitation and hygiene issues will be done, an action plan for the Campaign will be prepared, and its key activities will be listed and detailed out.
 - The responsibility of the Campaign activities will be allocated among VHSNC members and the members of larger community.
 - Mechanisms required for Coordination with other concerned departments and programmes of government, will be discussed and specific actions to ensure smooth coordination will be planned. The key stakeholders for this process will be Public

Health Engineering Department, Women and Child Development Department, Department of Rural Development, and Education Department.

- Information Education and Communication (IEC) and Inter Personal Communication (IPC) strategies will be discussed and the key methods for the campaign will be decided. Suitability of different IEC and mobilization methods for specific campaign days will also be discussed.
- Monitoring and Support activities for the campaign will be discussed, and VHSNC members as well as the community members, will be assigned the responsibilities as per the consensus.
- The community will be briefed about the idea of making swachhta Doot or volunteers for the campaign, so that they can explain the concept and mobilise the community to volunteer for this campaign.

Follow Up:

At the end of the day, VHSNC will allocate the responsibilities related to different campaign days among its members and the members from the larger community. VHSNC will subsequently follow up with its members and community members who have taken responsibility related to different campaigns and will support them.

Campaign Day 2 – Village Health and Sanitation Day

This campaign day will be focused on outlining the Components of Village Cleanliness and linkages between Hygiene Sanitation and Health. It will include activities for Collective Village Cleaning like, Swachh Basti Campaign or Parisar Swachhata Muhim in School or Anganwadi or Panchayat Bhawan.

Objectives:

1. Community is sensitized to and understands need for hygiene and sanitation.
2. Community understands the role of collective efforts for sanitation and hygiene, by undertaking collective cleaning of village area by Shramdaan.
3. Community prepares an action plan for keeping the village and its surroundings clean.

Preparations for the day:

1. Those who have volunteered to share responsibilities of this particular campaign day, will make preparations for the day in collaboration with various community groups like SHG, youth club, sports clubs etc. They will conduct a meeting, led by the core group to decide the activities and arrangements for the campaign day.
2. Arrangements for the poster campaign on Village Sanitation and Hygiene to be organized on the campaign day - the invitation for the poster campaign shall be given at least 10-15 days prior to the campaign day. Community members, students of the village and women in particular will be invited to make posters depicting different ways and priority areas to keep the village clean. Preparation/collection of posters for exhibition will be done in advance.
3. VHSNC will identify and invite a resource person to talk on the theme of the day.
4. A three member group of respected persons of the village (who have interest and understanding of sanitation and hygiene issues), will identify two to three clean households of every hamlet/tola

of the village, by making a round of the village. The list will be shared on the campaign day, and community will be encouraged to adopt the good hygiene practices of these households. These households will be honored and felicitated.

5. All materials required for village cleaning would be arranged in advance. This may include spade, basket, sickle etc.

Activities of the day:

The activities for the campaign day are:

1. A poster exhibition.
2. A talk on the importance of cleanliness.
3. Household wise cleanliness competition; selection of the cleanest house.
4. A collective social action involving the whole village community for cleaning the village or some selected areas like, school, Anganwadi, Panchayat Bhavan or any other place.

The activities of the day will start with a poster exhibition, which will also be used to start discussions around the relevant issues of sanitation and hygiene. This poster campaign will be organised in collaboration with Self Help Groups, youth sports clubs, or any other similar community groups available in the village. The posters will focus on the importance of clean village, and its different components. The posters shall be either developed by the community or collected from block or district government offices.

In continuation to the poster exhibition a small talk shall be conducted on the importance of hygiene and sanitation of the village. The VHSNC will arrange for an expert from an NGO/Govt. department, to speak on the subject. The ANM/AWW/ASHA of the village will also speak.

Important information to be disseminated on campaign day

Community cannot achieve optimum human development and quality of life in unhealthy and unclean living conditions and lack of access to safe water and sanitation and adequate nutrition. Use of unclean drinking water, improper disposal of human excreta, lack of personal and food hygiene and improper disposal of solid and liquid waste are key contributors to an unhealthy and unhygienic life, and they lead to many diseases. It is estimated that around 30 million people suffer from water related illnesses annually in our country. Children particularly girls and women are the most affected.

Critical components of healthy water, sanitation and hygiene behaviours are:

1. Building and use of sanitary toilets by every family, and complete elimination of open defecation from the community and its surrounding (it includes safe disposal of child feces).
2. General Cleanliness of the village area.
3. Individual and Home Hygiene – personal hygiene.
4. Use of safe and clean drinking water, and use of safe water for other daily purposes. Safe storage and handling of drinking water and food.
5. Regular hand-washing with soap – at all critical times.
6. Safe management of solid and liquid waste management – with emphasis on recycling.
7. Vector Control – elimination of sources of vector breeding.

A clean community will ensure action on every component listed above, and will try to ensure that every family and every person adopts these behavioural changes, because the health benefits of sanitation and hygiene interventions can be achieved only if the whole community adopts them.

A clean village will have toilets in every household, or every individual will have access to a clean community toilet, and open defecation will be completely eliminated from its surroundings (many villages, have also converted their open defecation areas into community parks, which adds a positive environment to the collective efforts). There will be no littering around in the village roads and common areas, and there will be earmarked spaces and waste bins for waste disposal and systems for regular collection and recycling of waste will be in place. Systematic composting of organic waste and waste segregation for recycling of waste will be encouraged. The water drainage systems also need to be organised systematically and recycling of water through easy methods like water soak pits (or soak channels for bigger volumes of wastewater) should be done, and these measures should ensure that there is water logging in the village. During the talk the importance of cleaning the village will be highlighted. This will include cleaning village roads, drains, community toilets, footpaths etc. It is important that a comprehensive plan for periodic and regular cleaning of village is prepared. The village community will decide what they will do and what government systems will do, and they will fix responsibilities to pursue the government agency or programme.

The activities of the day will also include a cleanliness competition among households. As mentioned earlier, the list of clean households of the village drawn up by the three-member group of respected persons of the village, will be presented during the day. Community may choose the cleanest household of the village from among the list. The cleanest family in the village can be honored and felicitated by VHSNC.

Follow Up Activities:

1. The SHG/youth club or other groups in the village organize periodic clean up activities of the village.

2. VHSNC will give responsibility for follow up of activities of the day to one of its members. S/he shall follow up with the groups in the village.
3. The VHSNC members will also follow up on the action plan developed during the day.

Campaign Day 3 - Open Defecation Free (ODF) Village Day

Objectives:

1. Sensitization of community on need for open defecation free villages and its linkages with health.
2. Providing information on technical options, resources and programmes for building toilets.
3. Preparing an action plan for building toilets and promoting behavior change and developing follow-up/implementation plan.

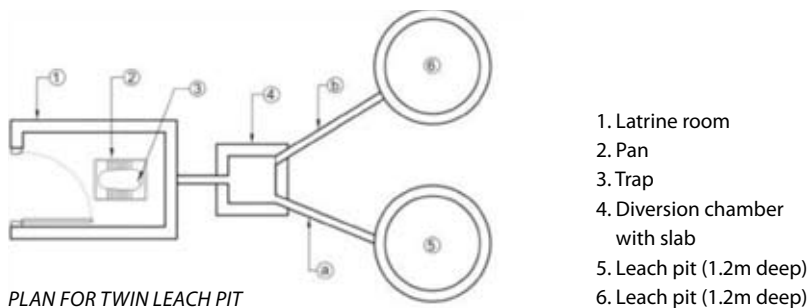
Background Preparation for the Campaign day:

- A hamlet level transect walk in various hamlets/areas will be done along with discussions and mobilisation for the campaign day, and an assessment of the open defecation areas, and availability of space for building Individual Household Latrines (IHHLs), as well as the community toilets. ASHA and AWW should also accompany. A tentative list of HHs with toilets and, those without toilets can be made during this hamlet level transect walk. Distant hamlets and vulnerable pockets, should be taken on priority.
- Relevant IEC material and posters, film, folk play, *nukkad natak* can be prepared or collected for the campaign day.

Activities of the Day:

- 1. Discussion on previous campaign days**, and a review of progress on their respective action plans.
- 2. Transect Walk of the village:** A quick transect walk of the village will focus on the open defecation areas of village (used by men, women and children). The focus will be on sensitization to problems related to open defecation, and how it leads to transmission of fecal contamination through water and soil, by flies, and through human contact.
- 3. Awareness building and information sharing dialogue:**
 - ❖ The observations from transact walk and links of how open defecation causes fecal contamination to reach our body, food and water, should be discussed. The cycle of transmission (Figure 2 on page no. 22) should be shown and the links should be explained. Discussion should lead to a common consensus on need for ODF and a resolve to do collective action. Following points should be stressed upon:
 - ❖ Fecal contamination is one of the most harmful determinants of health. Even small amount of feces contains lakhs of harmful bacteria. Feces of children is equally and more harmful (because they are prone to higher levels of contamination).

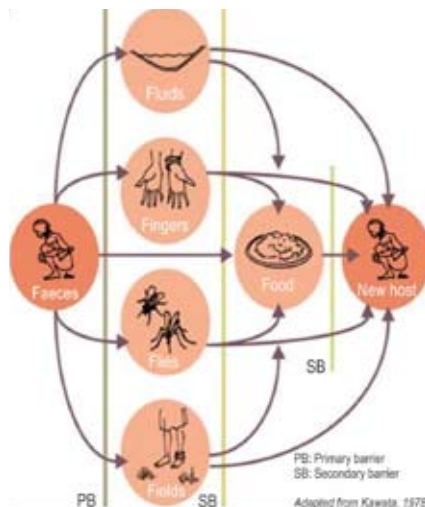
Figure 1: Twin Pit Toilet Design



- ❖ Use of Sanitary toilet by all, is an easy and effective way to break the transmission cycle and eliminate fecal contamination from our lives. But it is effective and leads to health outcomes only when open defecation is completely eliminated from our community and its surroundings.
- ❖ Linkages between diseases and hygiene and sanitation, particularly fecal contamination, which is most critical part of these linkages, should be discussed. Episodes of Diarrhea, especially in children contribute greatly to poor health status, malnutrition and morbidity and mortality. Community members can be encouraged to share their experiences of episodes of diarrhea.

4. Discussion on resources and support available: programmes and technical options available under Swachh Bharat Mission will be discussed. Representative from programme should provide complete information about the technical options and resources/support available for community. Applications Forms etc., if any for receiving financial support from the programme should be shown, explained and made available.

Figure 2: Fecal Transmission Route - 5 Fs



5. Action Planning – for building and use of toilets:

The discussion will start with assessment of availability and use of toilets in the village, both Individual Household Toilets as well as Community Toilets. Dialogue with individual households and representatives from different hamlets about building toilets will lead to listing of households who agree to and have land/space to build toilets, and can mobilise other resources to build toilets. Developing plan for mobilizing resources/credit for families who need the resources and a complete village action plan for 100 percent toilet coverage (Individual house hold Toilet and community toilets), is the next step.

6. Building implementation plan and fixing of responsibilities

will be next step. It should also have a monitoring and support plan. A strategy for promoting regular use of toilets should also be chalked out.

7. A plan for converting open defecation areas in to community utility spaces like, parks etc. should form part of the follow-up actions.

8. The day/date and venue and preparatory activities for the next campaign should be discussed and necessary responsibilities should be fixed.

Campaign Day 4 - Hand Washing Day

Objectives:

1. Community understands importance of hand-washing and knows critical times and correct steps of hand-washing.
2. A local culture of hand-washing with soap is fostered and supported.
3. A group to advocate hand-washing is created which includes school children and adolescents – as Swachhta Champions.

Keeping hands clean is one of the most important steps to reduce getting sick and spreading germs. Many diseases and conditions are spread by not washing hands with soap and clean water. On this day, we will conduct activities to create awareness on the importance of hand washing and teach the community how and when we need to wash hands. Hand-washing helps the community stay healthy. It is important to educate community that Hand-washing:

- Reduces the number of people who get sick with diarrhea by more than 30%.
- Reduces diarrheal illness in people with weakened immunity by close to 60%.
- Reduces respiratory illnesses like colds, in general population by about 20%.

Review of the previous day's action points:

The activities of the day will begin with a street play or a rally. The review of the previous month's actions shall be done subsequently.

Background/Advance preparations for the day:

1. Anganwadi Worker, ASHA and ANM will disseminate information about the day and date, time and venue of the campaign day and its activities, 10-15 days in advance.
2. Arrange IEC materials required to conduct large village level meeting.
3. Arrange water and soap to demonstrate hand-washing.
4. Arrange a trained resource person to talk on hand-washing and facilitate its demonstration (ASHA, ANM or Anganwadi Worker can also be trained to do this).

Activities suggested for the day:

- A street play/rally in collaboration with village school to create awareness on hand washing.
- Large village level meeting on importance of hand washing and demonstration of hand washing.

The day will start with a street play/rally (in collaboration with the school) to create awareness on the importance of hand-washing. This will also help to ensure participation of the community in large numbers. The key information to be disseminated during the day will include following:

1. Why to Wash your Hands?

Washing hands prevents illnesses and spread of infections. Hand washing with soap removes germs from hands. This helps prevent infections because:

- ❖ People frequently touch their eyes, nose, and mouth. Germs get into the body through this and make us sick.
- ❖ Germs from unwashed hands can get into food and drinks while we prepare or consume food. Germs also multiply in some foods or drinks under certain conditions, and grow further and make us sick.
- ❖ Germs from unwashed hands can be transferred to other objects, like handrails, tabletops, or toys, and are transmitted to another person's hands.
- ❖ Removing germs through hand washing therefore helps in preventing diarrhea and respiratory infections and also helps prevent skin and eye infections.

2. When to Wash your Hands

Most Critical:

- ❖ After using the toilet.
- ❖ Before eating food.

Essential:

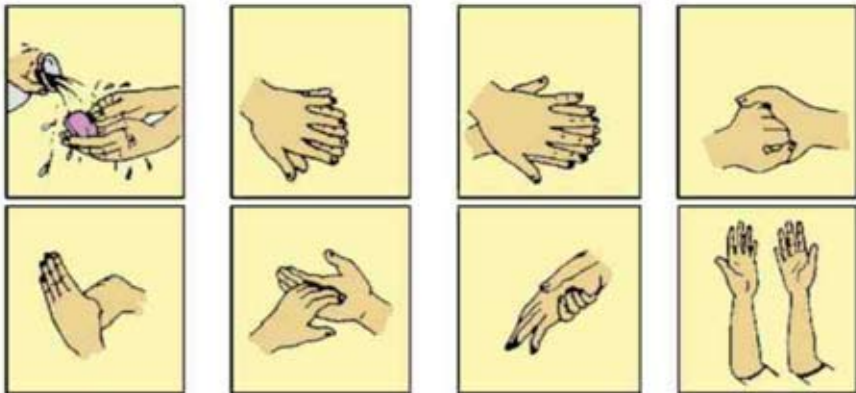
- ❖ Before and after taking care of a sick person.
- ❖ Before and after treating a cut or wound.
- ❖ Before and after preparing food.
- ❖ After changing diapers or cleaning feces of a child.

- ❖ After blowing nose, coughing or sneezing.
- ❖ After touching an animal, animal feed, or animal waste.
- ❖ After coming in contact with garbage.

Please remember, washing hands with Ash or Mud or Clay is not recommended as, they can be contaminated.

3. How to Wash your Hands

- ❖ Six-step hand washing is recommended for effective hygiene.
- ❖ Begin by wetting hands with water, take a soap or liquid soap, and rub hands with soap.
- ❖ Begin rubbing your palms together with your fingers closed, then together with fingers interlaced.
- ❖ Move your right palm over left dorsum with interlaced fingers and vice versa – make sure to rub in between your fingers.
- ❖ Interlock your fingers and rub their back by turning your wrist in a half circle motion.
- ❖ Clasp your left thumb in your right palm and rub in a rotational motion from the tip of your fingers to the end of the thumb, then switch hands and repeat the same.
- ❖ And finally scrub the inside of your right hand with fingers of left hand closed and repeat the same for your left hand.



During the session the resource person will also demonstrate hand-washing and request a few community members to practice it and demonstrate. Then a group of people will be formed, who will advocate and actively promote hand washing. They will also conduct hand-washing events with community every month, particularly with school children.

Follow Up Activities:

Community will ensure follow-up activities to promote for:

- Building a hand-washing station in households, and in all schools and Anganwadi centres.
- Behavior change in community to practice hand-washing with soap, at all critical times.
- Develop sanitation and hygiene champions, who will educate others about hand-washing.

VHSNC will give responsibility to two of its members to conduct visits to every household in the village and make a list of houses with a hand-washing station. During the visit the members will also demonstrate correct way of hand-washing. These members also will facilitate meetings of the advocacy group to conduct hand-washing events. The hand-washing champions will promote hand-washing practices in their area and will also organise group activity on hand-washing every month.

Campaign Day 5 - School and Anganwadi Sanitation Day

Objectives:

1. Importance of Hygiene and Sanitation in School and Anganwadi is understood and a process to improve practices is started and owned by Community.

2. A systematic review of infrastructure, upkeep of Water, Sanitation and Hygiene facilities, and practices on their use is conducted and process for improvement, its periodic review and follow up is put in place.
3. A process for Hygiene and Sanitation review of Mid Day Meal in school and Hot Cooked Meal in Anganwadi is conducted, and, process for improvement in provisions, upkeep and practices, is put in place.
4. A culture of hand-washing with soap, is nurtured among children, and a process for developing school sanitation champions of school and village, is started.

Background:

The Hygiene and Sanitation environment of school and Anganwadi plays a key role in the overall health and safety of children, students and teachers, and also makes strong impact on overall performance of students in school. Non-functional and poorly kept toilets, lack of convenient hand washing facilities, lack of safe drinking water facilities, and unhygienic conditions and practices in preparation and serving food under Mid Day Meal in schools, and Hot Cooked Food in AWCs are some of the key challenges. They also make a lasting impact on young minds and influence their life-long behavior. On the other hand, school and AWC also present a critical platform for demonstrating good sanitation and hygiene provisions and practices. Children, with better life skills, have been proved very effective as sanitation champions, who also influence behavior in community. Improving the systems and practices to ensure food protection, sanitation, safe water supply, healthy air quality, good lighting, and safe playgrounds in schools and Anganwadis will also contribute in preventing diarrhea and related diseases.

Review of the previous day's action points:

The activities of the day will begin with a tour of the School and Anganwadi. The VHSNC members will be asked about the progress made on action plan prepared during the last meeting. It is important to discuss the challenges and constraints faced by those responsible for completing the tasks and identify any support required from the group.

Advance preparations for the day:

- Anganwadi Worker and ASHA will communicate the date, time and venue of Campaign day to Village community, all VHSNC members, and the teachers and students of school and children in Anganwadi, preferably about seven days before the campaign day.
- Arrangement of IEC materials, printout of checklist and Quiz handout required for the Campaign Day, and small gifts and rewards for children for activities on quiz/games, will be done.

Activities of the day:

Step 1 – Tour of School and Anganwadi Centre

A. General cleanliness and overall maintenance of School and Anganwadi Centre:

Following need to be checked:

- a. Rooms are dusted and well ventilated, and regular systems for cleaning are in place. Check for any cracks on walls and roofs.
- b. School/AWC premises and rooms are free of junk and clutter.

- c. Premises are free of garbage and trash, dumped rubble/debris/ building waste, and systems for garbage disposal are in place.
- d. No water-logging in school/AWC premises. Systems of easy drainage are in place.
- e. Cleaning of insides of doors is done (including in toilets and kitchen).
- f. General storage, desks and benches are clean and their dusting is done regularly.
- g. There are no leakages in taps, valves, cisterns etc, and no blockages in drains, sewage pipes and waste water pipes, and there are provisions/resources for closing the gaps.
- h. Premises are free of insects, pests and rodents, if not, what gaps need to be plugged.

B. Sanitation facilities of the School and Anganwadi:

Following need to be checked:

- a. Separate functioning toilet blocks, with privacy and safety, are in place for boys and girls, and are used regularly. Toilet doors should lock properly from inside.
- b. Overall cleanliness of toilets – that there are no broken floorings and broken surfaces of toilet seat, water drainage is smooth and toilet flush is working. Systems for regular cleaning should be in place.
- c. Adequate water supply for toilet use and flushing is in place.
- d. Toilet blocks are located in safe and accessible place in school premises.
- e. Toilets have proper provisions for disposal of faecal matter (either into a septic tank or leech pit design tank) and connecting pipes are not broken.

- f. Hand-washing stations are placed appropriately within or next to toilet blocks, with proper height and dimensions as suitable for all age groups of School/AWC. Hand-washing stations must have - Basin, Source of running water for rinsing (tap, jug) and Soap.
- g. Waste basket is in place in toilets. In girls' toilet, provisions for sanitary napkin disposal should be in place.

C. Drinking Water Facilities in School and AWC:

Following need to be checked:

- a. The water supply tap and water tank are clean, and systems for their regular cleanliness and maintenance are in place.
- b. Check for quality of water – water should be Colour free and Odour free. Field Water Testing Kits should be used to test water quality.
- c. Availability of cup/glass at water access point is ensured.

D. Infrastructure and practices for Mid Day meal/hot cooked food:

Following need to be checked:

- a. Sanitation and hygienic practices are followed completely in the preparation area and in the process of cooking.
- b. Overall cleanliness of Kitchen including floors, walls, and cleanliness of Utensils is ensured.
- c. Separate area should be earmarked for washing of utensils, and cooking utensils should be washed properly before and after cooking.
- d. Hand-washing is ensured before cooking and serving the food.

- e. Only safe and clean water is used in preparation of food.
- f. Vegetables are washed properly before cooking.
- g. Disposal of food waste and waste material is done properly.
- h. Food is handled carefully while tasting of food is done.
- i. The cook and helpers maintain good personal cleanliness and hygiene and should not chew tobacco, betel, and khaini during food preparation and serving.

Step 2 – Sharing of Key findings

After the tour of school and Anganwadi, group members will discuss their observations with other team members and school teachers in assembly hall. A consensus on the priority areas will be arrived at and action planning for follow-up actions will be conducted.

Step 3 – Preparation of Action Plan

A Framework for Action Plan -

Facility /area Observed	Key Observations	Good Practices	Areas for improvement	Resources Required	Support/resources required from outside	Responsible Person	Timeline	Remarks
General Cleanliness								
Drinking Water Facility								
Toilet Facility								
Food Preparation & Serving Area								

Follow- up Activities Planned:				
Activity planned	Level / Location	Who will be involved (nos.) – students, community members	Resources required – Financial, Material	Proposed Timeline

Step 4 – After the preparation of School/AWC Action Plan, a demonstration of correct hand washing method will be done (Campaign day on hand washing has already been done in previous months) The students will be counseled on importance of hand washing - before eating food and after using toilet. After demonstration Mid Day meal will be served to students.

Step 5 – Now the School Champions will be selected based on a quiz that will be conducted on sanitation and hygiene issues. Teachers will facilitate this activity and distribute gifts to the winners. Teacher will also be given responsibility to select 10-12 Student Champions, with representation from each class and share the list with VHSNC members. These student champions will ensure that every student of their class will practice hand washing before eating food. At the end of the month teachers will take feedback from student champions and discuss their experiences and corrections needed if any.

Key Messages

- Always wash hands with soap before eating and after using toilet.
- Use only Safe Water for drinking.
- Use toilet at all times.
- Use toilet and urinal carefully and ensure cleanliness.
- School Teachers and VHSNC members together must conduct periodic review of Anganwadi and School Sanitation facilities and practices of their use.

Step 6 – Follow Up Action: The VHSNC members will now divide responsibility among themselves for follow-up actions. A team of two VHSNC members can take up responsibility of visiting School and Anganwadi every month. They will also meet the School Champions and listen to their experiences in promoting hand-washing. They will update other VHSNC members about the progress made on action plan prepared, and may also request for additional support and guidance from other VHSNC members during next meetings.

At the end of the campaign day VHSNC members will discuss the schedule of follow-up actions and the plan for next month's campaign.

Campaign Day 6 - Liquid and Solid Waste Management Day

The Liquid and Solid Waste Management Day aims to identify and discuss challenges of liquid and solid waste at community level, and build understanding and knowledge about their management in an environment friendly manner.

Objectives:

- Building awareness and understanding about challenges of liquid and solid waste management.
- Promoting regular waste segregation and recycling and safe liquid waste management practices.
- Orienting community on construction and use of Soak pits and Compost pits.

A major part of our garbage is organic matter, which can be converted by composting into very useful manure. Everything else that forms our garbage like, plastic, glass and metal etc., can also be easily recycled. Waste is often not segregated into dry waste and wet waste, due to which composting or recycling is not possible, and the garbage goes into landfills. Segregation of waste is the first and most important step

in waste management and environment preservation, and it allows for easy disposal of waste and encourages recycling and reuse. Similarly wastewater can also be easily used for a variety of purposes, and problems related to waterlogging can be solved. Effectively channelizing wastewater into soak-pits will also help in recharging of groundwater.

Preparations:

1. Liquid and Solid Waste Management Day will be organized in collaboration with the group of volunteers from village. ASHA should prepare the list of the volunteers after discussing with them the purpose of the campaign.
2. Volunteers should be identified for demonstration of making of soak pits and composting pits, and be trained on it. Material required for making of soak pits and compost pits should be organized beforehand.

Activities:

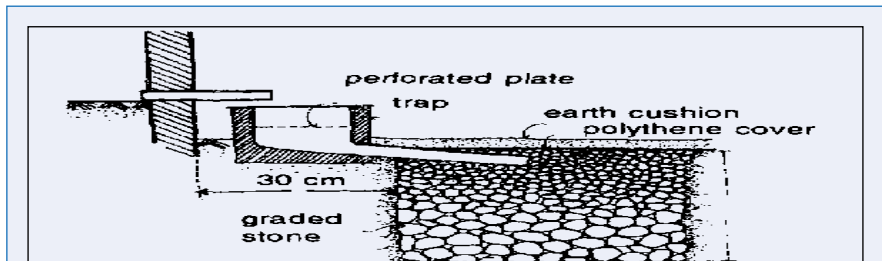
1. Orientation of community on problems related to management of garbage and wastewater.
2. A walk in some parts of the village to show the problems of garbage and wastewater, hold discussions on the related issues and help the community in analyzing the problems as well as solutions.
3. Demonstration of making and use of soakage pit for wastewater.
4. Discussions on how every household can start waste-segregation, and how organic waste can go into compost pits and other non-organic waste can be sent for recycling.
5. An action plan for building water soakage pits and compost pits in the village will be prepared, and location for these pits will be identified. Plan for fixing individual responsibilities and organizing necessary resources and material should also be finalized. The action plan should be subsequently shared with Gram Panchayat.

Why to segregate waste?

Lack of waste segregation is the cause of clogged landfills, blocked drains, and soil and water pollution. It also hinders the process of safe disposal of waste and its reuse. Segregating waste into wet (or organic waste), from the non-organic waste (like, plastic, metal, glass etc.), makes it possible for composting of organic waste and recycling of non-organic waste. The wastewater can be disposed by channelizing it into soakage pits.

How can we segregate waste?

Waste segregation is an easy practice to follow and it can start from kitchen. Waste can be segregated into three separate categories; one, which will have all the wet waste (food waste etc.), second will be dry waste which is bio degradable –kitchen waste, leaf and dry plants and the third category will have dry waste which is non bio degradable – plastic, polythene, metal and glass etc.



A soak pit, also known as a soak away or Sokhta Gadhaa, is a covered, porous-walled chamber that allows water to slowly soak into the ground. It can be made easily by digging a hole about 4 feet deep and wide. The size of pit may vary depending on the amount of the waste water. Fill the pit first with big stones (coconut size), followed by medium stones (guava size), and small stones (walnut size). After that the pit can be covered with a used jute bag or coconut fibre. The cover should stretch at least 15 cm beyond the sides of the pit. Spread mud on this cover and pack it to make the surface of the pit to the level of the ground. The water inlet into the soakpit should first pass through a chamber fitted with a perforated plate trap, and then it should reach the centre of the soakpit a little below the surface, as shown in the illustration.

Management of Waste Water

Day-to-day household tasks, such as cleaning, bathing, and washing clothes, produce wastewater. Stagnant pools of water around houses, near the hand pump, in the streets, and in choked drains are health hazards. Kitchen gardens are a good method to dispose wastewater, however, all families may not have space for a garden. Building a water soak pit is an easily doable, practical and effective method, and it will also help in recharge of groundwater.

Management of Solid Waste

Composting:

Composting is a simple process of breaking down the organic matter (food waste and other organic waste) in the presence of air and water, using microorganisms and small insects present in nature. The end product is called compost, which is rich in useful plant nutrients, which form a part of healthy soil.



How to begin your composting journey – Easy steps to compost your kitchen waste

Separate your edible kitchen waste (vegetable peels, fruit peels, small amounts of wasted cooked food) in an earth bin and collect dry organic matter (dried leaves, sawdust) in another earth bin. Dig a pit and line the bottom of pit with a layer of soil. Now start adding food waste in layers alternating wet waste (food scraps, vegetable and fruit peels) with dry waste (straw, sawdust, dried leaves). We should cover this pit with a jute bags or coconut fiber to help retain moisture and heat. If the pile is too dry, we can sprinkle some water to make it moist. Within 2 - 3 months, this pile will start forming compost that is dry, dark brown and smells of earth. By segregating and composting, a family of four members can reduce their waste from 1000 Kg to less than 100 kg every year.

Follow Up: VHSNC members will discuss the schedule and topic of the next campaign. The VHSNC members will also follow up with the Gram Panchayat on the action plan submitted to it on liquid and solid waste management.

Campaign Day 7 - Individual and Home Hygiene Day

Objectives:

- Building awareness and understanding in community about sanitation and hygiene practices at individual and household level, and impart necessary knowledge about it.
- Demonstration of hygienic practices in handling water and food, and during process of preparing food.
- Preparation of a plan by community for improving sanitation and hygiene practices at individual and household level.

Hygienic practices help to prevent the spread of germs and illnesses. Hygienic cleaning involves focusing your efforts in the areas from where germs are most likely to spread and cause infection. It's also important to understand that good hygiene is not about conducting deep and extensive cleaning occasionally, but it should be a regular process of our daily life.

Preparations for the day

Individual and home hygiene day should be seen as a continuation of the hand-washing day. On this day, hand-washing messages should also be repeated. The core activity of the day will be centered on women and children.

- ASHA and AWW with the help of VHSNC will find a suitable space in a common place, where people can gather and also cook a meal, and a demonstration of process of cooking food, can be conducted. The Mid-Day meal staff (cooking staff) of the school/s in the village will be involved very actively.

- Women of the village will be invited to the programme, they will be requested to bring raw food items and utensils for cooking a meal for the day. All arrangements for cooking a meal for the participants need to be made.
- Information of the activities, time and day will be communicated to community, in advance, by ASHA and AWW.

Activities of the day

The key activity of the campaign day will be a demonstration of cooking food, and discussions about the issues of water and food handling and hygiene (discussions will include menstrual hygiene) at individual and household level. The steps of the day will be:

- The women will gather in a place, as decided earlier. Men of the village shall also be invited to the meeting.
- A session on hygienic practices shall be taken by ASHA and AWW of the village (information of this Guidance Note will help in preparing the session). The session will include demonstration of hand-washing as well. Discussions will be done on menstrual hygiene issues as well.
- After the session the group will cook food with the items that they have brought and serve it to the participants.

Key discussions and information to be shared

The key areas of information sharing and discussions will be following:

A. Personal Hygiene practices for children, and community:

The toddlers and children play everywhere, and use their dirty hands to scratch an itch, eating food or wiping their nose. They should be taught about healthy and hygienic practices. Some of the important hygiene practices are:

Hand-washing: One of the critical habits which should be taught to children (and should be adopted by all) is hand-

washing at all crucial times. Ensuring proper hand-washing with soap, at all critical times will keep us protected from diseases and infections that are spread through our touch, and it will also help in preventing recurring common cold and flu. Six steps of hand washing should be demonstrated and children should be made to practice it and learn it well. They should be told about critical times when hand washing is essential; before eating and after defecation, blowing nose, or playing outside and touching common places.

Bathing: Bathing properly on a daily basis, is a critical hygiene practice for all of us. Teach children to take bath properly, preferably with soap. Ensure that everyone in community adopts these practices. Regularly cutting hair and nails, shaving or trimming beard/moustaches, and keeping them clean is also important.



Coughing and sneezing etiquette: Explain and demonstrate the protective measures to be taken while sneezing. ("See how I put a tissue/handkerchief over my nose and mouth so I didn't spread germs"). Teach small children to blow by pressing one nostril closed while exhaling gently through the other.



Brushing Teeth: Children need help in ensuring dental hygiene till around eight years of age. Explain and demonstrate correct way of brushing teeth (in vertical soft rubbing) and make them



comfortable with it, by practicing. Suggest the children to adopt a habit of brushing teeth twice a day.

Skin care: Toddlers and preschool children need parents to help them with skin care. Skin blemishes like, rashes, bumps and scabs, are common at this age. Proper bathing and use of moisturizing lotion (or mild oil like coconut oil) after bath is required to take care of the skin, by not only children but by all.

Nails: Fingernails are a breeding ground for bacteria. The germs that live under nails easily transfer to eyes, nose, and mouth. Help the children learn to keep their nails trimmed and clean.

Teaching the children using the toilet: Train your child to use toilet, and adopt habits that are important for cleanliness. Proper cleaning of buttocks after defecation and subsequently proper hand-washing is a critical hygienic habit.

Menstrual Hygiene: Menstrual Hygiene is a very critical part of our personal hygiene. Its important to teach girls to use sanitary pads during their menstrual cycle (or clean cloth which is regularly washed and dried in direct sunlight, if use of sanitary pad is not possible). Encourage girls to keep a chart of their menstrual cycle so that they are prepared to ensure menstrual hygiene during the periods. Safe disposal of sanitary pads after use, is also very critical.



B. Regular home cleaning practices for a healthy home

We need to regularly and properly clean our home to prevent the spread of illnesses. Household cleaning tasks need to be usually done according to the following timetable:

Several times daily

- ❖ Wipe down kitchen benches after food preparation.
- ❖ Wash dishes and cooking utensils after each meal.

Once daily

- ❖ Sweep the floors.
- ❖ Empty the kitchen rubbish bin.
- ❖ Clean the courtyard and surroundings of the house

Once or twice every week

- ❖ Wash the floors.
- ❖ Clean the toilet.
- ❖ Clean the laundry tubs.
- ❖ Clean the shower recess/bath and hand-basin.
- ❖ Dust surfaces.

Once every month

- ❖ Clean the stove/oven and refrigerator.
- ❖ Clean cupboards, windows and walls.
- ❖ Brush the fly-screens.
- ❖ Get rid of cobwebs.

It is important to remember that it may be necessary to do some cleaning tasks more often. For example, the toilet may get very dirty when a lot of children or visitors are using it or when someone in the house has diarrhea. Some people may not know about the importance of keeping a house clean or what needs to be done. ASHA and AWW can help them understand.

C. Kitchen Hygiene Practices

1. **Keep clean:** Protect kitchen areas and food from insects, pests and other animals and keep food covered or in closed containers.
2. **Keep raw and cooked food separately.**
3. **Cook thoroughly.**
4. **Keep food at safe temperatures:** Do not leave cooked food at room temperature for more than 2 hours. When food is kept for longer periods, it should be placed in a cool and dry place.
5. **Use safe water and raw materials.**
6. **Use long handle ladle in your house** - to fetch water from the water container, or use a container with a tap. The water containers should be kept on a clean and dry place preferably on a higher platform.

Campaign Day 8 - Health Awareness Day/Healthy Lifestyle Day

Health Awareness Day/Healthy Lifestyle Day is aimed at building community level awareness and understanding on key elements of healthy lifestyle:

Objectives:

- Promotion of healthy lifestyle and its key components; healthy nutrition and regular physical activity.
- Building understanding on harmful effects of tobacco, and alcohol and advocating a collective effort for their control.

- Building understanding on linkages between unhealthy lifestyle and common non communicable disease conditions (Diabetes and Hypertension), and promoting a culture of health screening.

The Health Awareness Day will promote health and wellbeing in families and the community by discussing key elements that affect health; food and nutrition, level of physical activity and body weight. It will focus on explaining and promoting benefits of eating healthy, doing physical exercise, and maintaining a healthy social interaction, as the critical components of a healthy lifestyle.

Figure 1: Dos and Dents



Figure 2: Alcohol Selling Shop



Figure 3: Blood Sugar Check up



Preparations:

- The day will be organized in collaboration with student groups of the schools in the village. The VHSNC will approach student groups like National Service Scheme, Scouts and Guides or National Cadet Corps (NCC), in Schools or nearby College. If such groups are not available VHSNC may ask School Teachers to create a group of students and adolescents in the village by orienting them about the objectives of Healthy Lifestyles Awareness Day.
- The VHSNC will coordinate with the student groups through schools and find ways to ensure their participation. If the campaign day falls on a day when schools are open, VHSNC will coordinate with school to allow students to participate.
- Preparations will be done for organizing health screening and check up activities for diabetes and hypertension on the campaign day.

Activities:

- As the first step, orientation of community by an expert (or school teacher, or a frontline worker like ANM who has been trained for it) on the issues related to health awareness will be done. ASHA/ ANM should orient the School teacher or Expert beforehand or apprise them on the prevalent practices and priority issues of the community.
 1. After the orientation, students will perform a role-play or *nukkad natak* (street play) on Healthy Lifestyle. Community members can also be involved in the play.
 2. After the play, important information will be shared on common Non Communicable Disease, Diabetes, Hypertension and three common Cancers, and a screening and check-up for all community members above 30 years of age will be organized.

3. A discussion will be conducted about shops and establishments in the village, which sell tobacco and tobacco products and alcohol, and measures that can be taken to prevent the sale of tobacco and tobacco products and Alcohol to minors, and youth.
4. An action plan to carry on the health promotion activities will be prepared. A group of 'Health Champions', who volunteer to continue the initiatives as agreed upon by the community, will be identified. Processes to review and support the health promotion activities by these Health Champions will be defined.

Elahiganj in Murshidabad district has become the first village in Bengal to ban sale and consumption of alcohol and narcotics within its limits and impose a fine for those flouting the rule.

About 6,000 residents of Elahiganj, about 215 km north of Kolkata, decided to crack down on the sale and consumption of alcohol after six people died after they consumed hooch in Galsi of neighbouring Burdwan district.

The villagers formed a committee of 80 people that took the decision to implement the ban in the first week of January. The decision was announced from the mosques over loudspeakers and no one raised any objection.

The committee member successfully turned village into an alcohol and drug-free one. Several residents of the village who were alcoholics have lost everything and a year ago a youth of the village was killed during a drunken brawl. So, most villagers were in favour of the ban. Members of the committee have decided to impose a fine Rs 2,000 from anyone consuming alcohol, or hooch, in Elahiganj. If anybody dares to sell alcohol he has to pay a fine of Rs 5,000,"

"So far every single resident of Elahiganj has supported this initiative and some villages in the area have evinced interest to emulate this initiative.

What is Health Promotion?

Health promotion aims at helping people live a healthy life by making changes in their lifestyle and working conditions, to prevent diseases, and avoid complications related to these diseases.

Key components of a Healthy Lifestyle:

Healthy Diet – The quantity of food that we need to meet body requirements differs with age, gender, body composition and physical activity. Those who engage in heavy physical work need to eat more, but those who do not do much physical activity need lower quantities. It is advisable for all of us to eat balanced and nutritious food, which has a right balance of all food groups, namely grains (eg. Wheat, Rice, Jawar, Bajra), pulses (Arhar, Chana Dal), Vegetables, and Fruits. There should be an optimum balance of Fat, Carbohydrate, Protein, Vitamins and Minerals in our daily diet. It's also important to have sufficient roughage and fiber in our food.

Regular Physical Activity – Adults should undertake at least 150 minutes of moderate exercise every week. This can be spread throughout the week e.g. 30 minutes of activity 5 times per week. Examples of moderate exercises are; brisk walking (walking fast), climbing stairs, jogging, cycling, dancing, playing sports and games, yoga, carrying/moving moderate loads (<20kg), etc.

Avoiding Tobacco – Avoiding consumption of tobacco of all forms is an important step to a healthy lifestyle. All different ways of consumption of tobacco, including smoking (cigarettes, bidis, cigars, hukkah) and smokeless (*gutkha, zarda, mawa, pan masala, gudakhu*) forms are equally dangerous for health. The negative health impacts include both long-term (i.e. High BP, Heart Attack and Cancer) and short-term (Asthma, bad breath and tooth decay) effects.

Avoid harmful use of Alcohol – Although alcohol has been consumed in India for a long time, in recent years the harmful use of alcohol has

increased. This means that people are drinking in quantities, which has harmful effects on body. Harmful effects of alcohol consumption include damages to the heart, causing stroke and high blood pressure, increasing the risk of developing certain cancers - mouth, food pipe, throat, liver and breast. It leads to a variety of problems related to the liver, kidney, and pancreas, and weakens the body's ability to fight diseases.

Important information related to Common Non Communicable Diseases

Diabetes – When you eat or drink, much of your food is broken down into a simple sugar called "glucose." People with **diabetes** either don't make insulin or their body's cells are resistant to insulin, leading to high levels of sugar circulating in the blood, called simply high blood sugar. Persistence of High blood sugar levels damages important parts of our body and its functioning like, kidney, liver and heart. Blood sugar levels need to be monitored and managed with medication and lifestyle changes, which includes, control on diet and regular physical activity.

Hypertension – Hypertension is also referred to as **“silent killer”**. This is because it can exist without causing any warning signs or symptoms. High blood pressure, if not controlled, can lead to damage of blood vessels, heart and other organs, such as the brain, kidneys and eyes. Regular screening of blood pressure helps in making an early diagnosis of hypertension. This is helpful in taking early corrective measures leading to better control and management of blood pressure.

Cancer – Cancer is a disease caused by uncontrolled division of cells in any part of the body. This causes abnormal growth of that part of the body. The cancer can also spread to other distant parts of the body through the blood. There is a variety of cancers that are prevalent in our country, but the three most common cancers in India are; cancer of the cervix and breast among women and oral cancers in both women and men.

Screening for Diabetes, Hypertension, and Cervical, Oral and Breast Cancer can be conducted at community level, by trained frontline

workers. On the campaign day screening can be organized as per the provisions and mechanisms under the Government of India initiative of ‘population based screening’ for non communicable diseases.

Figure 4: Screening Camps



KEY MESSAGES

- Non-communicable diseases (NCDs) are a leading cause of deaths and morbidity globally, and now India also faces this health challenge.
- NCDs burden families, reduce productivity, and cause impoverishment.
- Tobacco use, and harmful consumption of Alcohol, are the leading preventable risk factors for NCDs.
- Health promotion and positive lifestyle changes enhance the quality of life, and reduce premature deaths.
- By focusing on prevention, health promotion reduces the costs (both financial and human) that individuals and communities would spend on medical treatment.

Follow Up: At the end VHSNC members will discuss the schedule and structure of the next campaign. The VHSNC members will also follow up with the Gram Panchayat on the action plan of the day submitted to it.

Campaign Day 9 - Vector Control Day

Objectives:

1. Building an understanding on need for Vector Control at village level and its methods.

2. Demonstration of methods of vector control and promoting a culture of community level interventions for keeping the village vector free.
3. Preparing an action plan for keeping the village vector free.

Vectors are organisms that transmit disease causing pathogens & parasites from one infected humans/animals to another, causing serious diseases in populations. These diseases are more commonly found in regions and places where access to safe drinking-water and sanitation systems is not properly available. We can control the breeding of vectors by keeping our environment clean.

Preparations for Campaign Day;

- The day will be organized in collaboration with students groups of the schools in the village. The VHSNC will approach any student group like National Service Scheme, Scouts and Guides or National Cadet Corps (NCC) etc. If such groups are not available VHSNC can arrange a group of youth, students and adolescents in the village and orient them.
- The VHSNC will coordinate with the student groups through schools and ensure their participation on the campaign day.

Activities on Campaign Day:

- An Orientation session for students by an expert or one of the schoolteachers. The resource person shall be given a small orientation with the help of this Guidance Note to take the session.
- After receiving the orientation the students will conduct a door to door visit in the village in different groups and do the following:
 - ❖ Impart information regarding vector borne diseases.
 - ❖ Make a list of water logging areas/water bodies in the village.
 - ❖ Invite villagers for a programme on prevention of vector borne diseases.

- Cleaning of one of the water logging areas in the village, after a door-to-door campaign. Any pool of stagnant water is a source of mosquito breeding, and in all places where water is collected and remains stagnant, measures should be undertaken to stop mosquito breeding by regularly cleaning the water or by using measures like, pouring of chemicals/oils on the water surface.
- A small IEC activity (street play/skit/talk) on importance of keeping the village vector free, will be conducted.
- Students also will prepare a plan to keep the village vector free, which will be submitted to the Gram Panchayat for their needful action.

Steps and Methods to stop transmission of diseases through Vectors/ Mosquitoes:

To stop the spread of vector borne diseases, action has to be taken at many levels:

(i) Environmental Changes:

- ❖ Long lasting physical transformation of vector habitats that involves improving water supply lines (to plug leakages that lead to water logging), mosquito proofing (closing the openings with mosquito nets) of overhead tanks, cisterns or underground reservoirs.
- ❖ Management of essential and non-essential water containers and management or removal of natural breeding sites.

(ii) Changes at Household level

Steps to reduce man-vector contact by mosquito proofing of houses with screens on doors/windows will be taken.

(iii) Biological Control Measures to Stop Mosquito Breeding

- ❖ Larvivorous fish are recommended for control of some types of mosquito (*Ae. Aegypti*) in large water bodies or large water containers.

- ❖ A type of Endotoxin-producing bacteria, *Bacillus thuringiensis* serotype H-14 (Bt H-14) has been found an effective mosquito control agent.

(iv) Chemical Control Measures to Stop Mosquito Breeding

In this method a chemical is poured into water containers which kills mosquitoes. We can also use oils which are poured on to the water surface suffocating the larvae and pupae.

(v) Personal Protection

Personal protection is very important in keeping us safe from vector borne diseases. Protective clothing and repellents are common means of personal protection against mosquitoes and other biting insects. Household insecticide products, namely, insecticide treated bed nets, mosquito coils, pyrethrum space spray and aerosols have been used extensively for personal protection against mosquitoes.

Care should be taken while using Mosquito repellents: Mosquito repellents are quite effective but they should be used with the caution, do not use them for infants below 2 months of age. For infants older than 2 months, apply repellents containing 10 per cent DEET; but avoid applying them on palms, near eyes or mouth. Always read the instructions on the label of these repellents, particularly for babies, pregnant and breast-feeding women. Natural repellent like Neem Oil can also be used effectively to prevent mosquito bite.

Follow Up:

The VHSNC will follow up with the Gram Panchayat on the submission of the action plan submitted by students.

Check list of Mosquito hideouts

The list given below is not exhaustive, and is only indicative. Any stagnant water however small or big is source of mosquito breeding.

- Drains: Keep outdoor drains flowing freely.

- Irrigation: Do not release excess water, and repair areas with standing water.
- Flat roofs: Inspect for puddles after it rains.
- Tires: Dispose or drill holes for water drainage.
- Tool sheds: Eliminate water around foundation.
- Garbage cans/ Trash cans and recycling bins: Clean weekly and keep covered.
- Unused pipes: Store flat so no water collects.
- Water troughs for animals: Replace water weekly, stock with mosquito fish for larger animal troughs.
- Containers/Buckets etc. : Cover or turn upside down.
- Faucets and hoses: Fix any leaks.
- Machinery: Cover and clean any areas that may hold water.
- Potted plants: Do not over-water and empty the saucers every week.
- Tarps, plastic bags and sheets.
- Shrubs: Trim and thin shrubs and bushy plants where mosquitoes tend to hide.

Major Vector Born Diseases, their symptoms and prevention measures

Disease	Host/Transmission	Seasonality / Areas of Spread	Symptoms	Prevention	Treatment
Malaria	Malaria is transmitted via the bites of infected Female anopheles mosquitoes. Malaria-transmitting mosquitoes primarily bite between dusk and dawn.	Only the high altitude areas (above 2000 m / 6562 ft) of the following states are risk free: Himachal Pradesh, Jammu and Kashmir, Uttarakhand, Arunachal Pradesh, and Sikkim. Malaria Occurs throughout the year, during rainy season it occurs in high numbers.	Symptoms of malaria include intermittent fever with Chills, shivering, sweating, headache, and vomiting, and usually appear between 10 and 15 days after the mosquito bite.	Use mosquito killing/repelling products, bed nets and proper clothing. Reduction of number of mosquitoes by improved water storage, proper waste disposal, and checking water stagnancy.	If you have symptoms present yourself to a medical doctor. ASHA can guide you with diagnosis and referral for treatment

Disease	Host/Transmission	Seasonality / Areas of Spread	Symptoms	Prevention	Treatment
Dengue	It is transmitted by several species of mosquitoes	During and after the monsoon are ideal for the virus to grow and proliferate	<p>Early signs of dengue may include high fever, joint pains, headache, nausea, appetite loss, vomiting, dip in blood pressure and would perpetuate with a characteristic skin rash.</p> <p>The latter situation is characterized by a drop in the level of blood platelets, blood plasma leakage or a severely low blood pressure.</p> <p>The fever that lasts beyond 7 days is not dengue. Dengue virus is mostly active in the early morning and later afternoon.</p> <p>But Typically people infected with dengue virus are asymptomatic (80 per cent) and only 5 per cent have severe illness</p>	<p>Use mosquito killing products, bed nets and clothing.</p> <p>Reduction of number of mosquitoes by improved water storage, proper waste disposal, and checking water stagnancy.</p>	See a doctor, take the prescribed medication which are mostly pain relievers, rest and drink maximum fluids. If the situation worsens in the first 24 hours, do not delay going to a hospital for checking against criticalities.
Chikungunya	Mosquito bites	During and after the monsoon are ideal for the virus to grow and proliferate	Some of its clinical signs are similar to Dengue. It causes fever and severe joint pain. Other symptoms include muscle pain, headache, nausea, fatigue and rash. Joint pain is often debilitating and can vary in duration.	<p>Use mosquito killing products, bed nets and clothing.</p> <p>Reduction of number of mosquitoes by improved water storage, proper waste disposal, and checking water stagnancy.</p>	Treatment is directed primarily at relieving the symptoms, including the joint pain using anti-pyretics, optimal analgesics and fluids

Disease	Host/Transmission	Seasonality / Areas of Spread	Symptoms	Prevention	Treatment
Kala Azar Black fever	Sand-fly bite (Sand-flies are small insects, about one fourth of a mosquito)	Endemic in eastern States of India namely Bihar, Jharkhand, Uttar Pradesh and West Bengal	Recurrent fever intermittent or remittent with often double rise loss of appetite, pallor and weight loss with progressive emaciation weakness Skin - dry, thin and scaly and hair may be lost. Light coloured persons show grayish discolouration of the skin of hands, feet, abdomen and face which gives the Indian name Kala-azar meaning "Black fever" Anaemia - develops rapidly	Vector control through IRS with DDT up to 6 feet height. This is managed by government programme in endemic districts	Treatment is available in Primary Health Centres of Endemic districts for free.
JE	Mosquito bite	Southern India, Uttar Pradesh, North Eastern states, Haryana	JE virus infection presents classical symptoms similar to virus causing encephalitis (Early symptoms are fever, photophobia, and headache)	Reducing the vector density and in taking personal protection against mosquito bites using insecticide treated mosquito nets	
Filariasis	Blood-feeding black flies and mosquitoes	Filariasis is endemic in 17 States and six Union Territories	Filariasis doesn't show any initial symptoms. Swelling of arms, legs, damaging of lymph system are the major filaria symptoms of filaria. The disease manifests often in bizarre swelling of legs, and hydrocele and is the cause of a great deal of social stigma	Annual MDA single dose DEC (6 mg/kg body wt.) for at least five years to the entire population of an endemic district (excluding children under two years, pregnant women and severely ill patients), and home-based management of lymphoedema cases and hydrocelectomy operations in identified Community Health Centres (CHCs) and hospitals	

Campaign Day 10 – Campaign Celebration Day

The structure of the day will be flexible and will be designed by the local campaign team.

Objectives:

- Identifying key successes, outputs and outcomes achieved by the campaign overall, and those that relate to respective campaign days.
- Identifying and facilitating champions of the Campaign.
- Identifying key challenges, desired actions and required resources for the campaign, and mapping programmes and schemes as well as Panchayat and Government funds which can be targeted.

The spirit of the day will be celebratory and will focus on honoring the core group members, campaign champions as well as the community for their role in campaign. But the emphasis will also be on consolidating the future course of action and priorities for the campaign in the next year. The day will also decide the structure of representation and issues to be presented before the next month's campaign day – the Gram Sabha Day.

Campaign Day 11 – Gram Sabha on Sanitation & Cleanliness

The structure of the day will be designed by the local campaign team, as per the convenience, and suggestions of the community and Gram Sabha (which comprises of all adult members of community) of the village.

Objectives:

- Presenting before the Gram Sabha, key successes, outputs and outcomes of the overall campaign, and the respective campaign days.

- Recognition of champions of the campaign by the Gram Sabha.
- Presentation of the key challenges, desired actions and required resources for the campaign before Gram Sabha for their approval and support.

SUPPORT, SUPERVISION AND REPORTING SYSTEMS

The Gram Panchayat, will be the main platform at which the campaign will be monitored and supported on the ground.

The initial planning of the campaign during its first month of preparatory phase, will be presented by the campaign core group in the monthly meeting of Gram Panchayat, and will be finalized taking their inputs. Approval of GP will be taken on some of the key issues of campaign, namely:

- Timings and date/day and venue of the campaign – the day or date for monthly campaign days should be fixed for that village. Though the day/date may be different for different VHSNCs/villages.
- Key activities and methods of each campaign day.
- A draft list of 2-3 key monitoring indicators for each campaign day, will be shared.

Subsequently in each month's GP meeting a status report of the campaign will be presented by the campaign core group. The follow-up issues will be discussed, and convergence and coordination related action would

be planned. Because, the GP is the implementing agency for the SBM programme activities, the support to the campaign required from the available provisions under SBM will be discussed, finalized and followed up in the monthly GP meetings.

The team of programme managers from the Community Processes support structures (ASHA Programme Support Cadre), at the state and District level will lead, support and monitor the initiative at their respective levels.

Community Processes support teams of states will also work for coordination and convergence with other related departments at state level. Collaborative working groups will be formed at both state and district level. It may include representatives from resource unit under Swachh Bharat Mission (SBM) – (which is known as Water and Sanitation Support Organization (WSSO) or Communication and Capacity Development Unit (CCDU), and from Ministry of Women and Child (WCD), as well as the Ministry of Panchayati Raj (MoPR).

At district level also a similar collaborative group led by District Community Mobiliser (DCM under NHM), with representatives from District Swachh Bharat Mission Management Committee, representation from DWCD, and Department of Panchayati Raj, as well as from the Zila Panchayat can be formed.

A core group of the campaign will be formed, at the level of every VHSNC, comprising of the VHSNC members, and representatives chosen from among the community members.

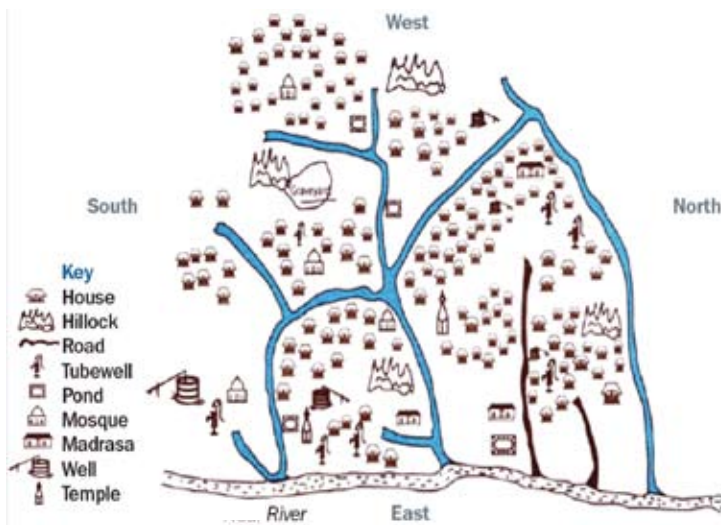
For every Campaign day, a set of 2-3 key indicators will be decided at the end of the campaign day, which can also be linked to the follow-up actions planned related to that campaign day. For example, for ODF Day, one key indicator can be the number of households without toilets who have agreed to building toilet in their houses.

METHODS AND TOOLS OF CAMPAIGN

◆ Social and Resource Map

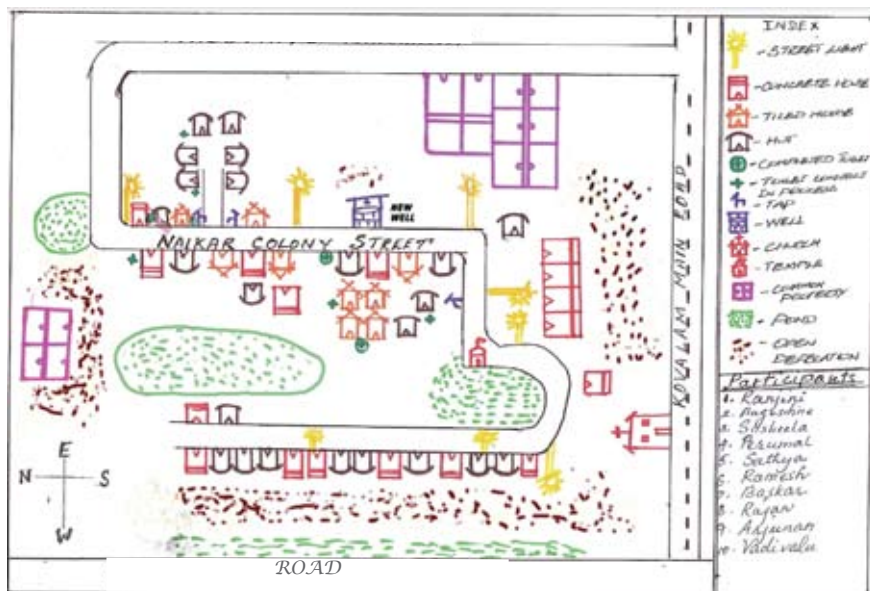
A social map of a village is a map drawn by the community members that shows the structure of village, its spatial design, roads and major landmarks as well as an indicative structure of how village is populated. Resources and institutions of village are also drawn on the map.

Figure 1: Social Map



In the social resource map for Swachhta Campaign all resources and locations important from the point of view of water, sanitation and hygiene will be clearly marked, to help the community analyse their problem areas and potential actions for improvement.

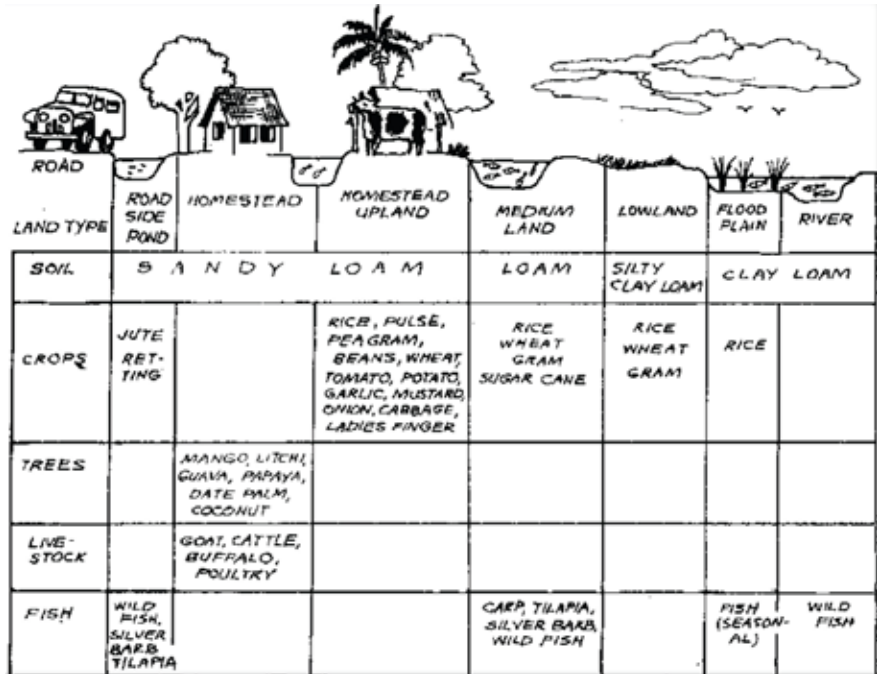
Figure 2: Resource Map



◆ Transect Walk

A transect walk is a systematic walk along a defined path (transect) across the community/village together with the local community to explore the water and sanitation conditions by observing, asking, listening, and looking at the water, sanitation and hygiene related practices, areas used for open defecation, and areas used for throwing and dumping garbage etc. This exercise will help the community understand their incorrect practices and systems and possible areas for improvement.

Figure 3: Transect Walk



◆ Seasonality of Diseases

In seasonality analysis of diseases, community identifies pattern of diseases and ailments in different seasons, based on their own experience. This analysis helps them identify possible interventions and preventive and promotive actions that can be undertaken to reduce and stop incidence and possible outbreak of infectious diseases.

◆ Sanitation and hygiene survey of village community and its institutions like, school, and anganwadi

In sanitation and hygiene survey, the residents will identify water, sanitation and hygiene challenges and needs of the community,

infrastructure, provisions, practices and facilities available as well as the improvements required.

◆ Sanitation survey of water sources

In sanitation survey of water sources the residents will map the water sources of the village, and with the help of frontline staff of water and sanitation department of the state, categorise them into those which are safe for drinking purposes and those which are safe for other requirements. The survey will also identify any breakages and broken platforms etc., around the drinking water sources like, Hand-pump, which pollutes the otherwise safe water source. The survey will also identify any repair, cleaning needs and interventions required for their use.

◆ Sanitation survey of liquid and solid waste management – demonstration of soak pit, compost pit:

Survey of liquid and solid waste management includes identifying incorrect methods of waste management practiced by the community such as dumping garbage on the roads, opening drains to common places etc. This activity shall also be accompanied by sharing information about good water and waste management practices such as making and use of soak pit or compost pit. During the survey community will look specifically at drainage lines, garbage related practices and other waste disposal systems.

◆ Demonstration of safe water & food handling practices:

A trained person or expert will explain and demonstrate safe practices of handling food and water such as washing hands before handling

food, keeping the food covered and away from contamination, practices related to handling and storage of drinking water etc.

◆ **Shramdaan for village cleaning:**

In Shramdaan the community voluntarily comes together to clean a specific area of the village. For example, cleaning a pond of the village. The resources required for cleaning activities can be arranged by community itself, or can be organized by VHSNC or Gram Panchayat. The residents shall be motivated and mobilized in advance for the activity.

LIST OF MONTHLY CAMPAIGN DAYS OF VISHWAS CAMPAIGN

1. Annual Planning Day for VISHWAS Campaign
2. Village Health and Sanitation Day (Components of Village Cleanliness and linkages between Hygiene, Sanitation and Health)
3. Open Defecation Free (ODF) Village Day
4. Hand Washing Day
5. School and Anganwadi Sanitation Day
6. Liquid and Solid Waste Management Day
7. Individual and Home Hygiene Day (safe water and food handling, better upkeep of drinking water)
8. Health Awareness Day/Healthy Life Style Day
9. Vector Control Day
10. Campaign Celebration Day
11. Gram Sabha on Sanitation & Cleanliness



Ministry of Health and Family Welfare
Government of India, Nirman Bhawan, Delhi