

National Rural Drinking Water Programme

IEC guidelines for rural drinking water

1. Water is a State subject and State Government/ its agencies are responsible for managing safe drinking water to all habitations in rural areas. With 73rd Amendment of the Constitution, rural drinking water has been placed in the XIth Schedule of the Constitution to be devolved to PRIs. Improving the access and usage of safe drinking water on a sustainable basis is a difficult and complex process especially in rural areas. Consumption of potable drinking water has a profound bearing on the overall wellbeing of people and their health. National Rural Drinking Water Programme (NRDWP) aims at empowered, well aware and skilled stakeholders capable of proper planning, implementation, operation, maintenance and management of water supply and water resources at all levels.

2. In order to enable the village community and PRIs to play their rightful role, it is important that knowledge and information gaps – both thematic and programmatic on various aspects of drinking water are bridged and an enabling environment is created. To enable the PRIs especially at the village level to plan, implement, manage, operate and maintain ‘safe drinking water to all throughout the year on a sustainable basis’ and to ensure coverage of all rural habitations with access to safe drinking water, sustainability of drinking water systems and sources, and to address the problem of water quality in the affected habitations, it is necessary that a multi-pronged approach is adopted. In this context, a well planned information, education and communication (IEC) campaign plays a critical role.

Strategy

3. IEC Campaign has to inform, educate and persuade people to realize their roles and responsibilities, and benefits accruing from investing in right practices. It should take into account the barriers and variables related to infrastructure, socio-cultural practices and traditions. The focus of any communication activity should be on awareness, sensitization and motivation of people to follow right hygiene, sanitation and water handling practices. The medium to be used for the IEC will depend on the following aspects:

- i.) access to service in terms of quantity, quality and periodicity/ regularity of drinking water supply;
- ii.) various aspects of drinking water management viz. usage, conservation, safety and hygiene issues, economic aspects, operation, repair and maintenance, etc.;
- iii.) different age groups and people viz. children, women, village elders and community leaders, etc.; and
- iv.) local culture, traditional practices, language and dialect of the State/ region

4. The thrust of the IEC strategy requires promotion of community management to reorient the delivery of water services from the centralized supply-driven approach to the decentralized, demand-driven, community-managed approach to be managed by the PRIs and local communities. IEC strategy needs to prepare the PRIs and rural community to take over the responsibility of managing and providing safe drinking water to all on a sustainable basis. Different strategies and activities need to be used for different areas. The following four broad areas need to be kept in mind while preparing the IEC strategy of the State:

- i.) **Awareness** : The rural community needs be made aware about bacteriological contamination, water-borne diseases and their impact on health, safe hygienic and sanitation facilities, various aspects of safe drinking water, appropriate technologies, water quality standards, testing the quality of water, waste management, wise management of local water resources, etc.

- ii.) **Transparency** : It is very critical that people are fully informed about the plan, schemes and investments proposed to be made in their areas. In fact, they should have a major role in deciding on the appropriate option. The village committee should display details of funds received and utilized at a prominent place in such a manner that people can see and understand it. This should be updated on a regular basis.
- iii.) **People's participation** : Rural community should be involved in planning, implementation and monitoring of the programme. While designing the programme for the community its needs, resources and challenges have to be assessed.
- iv.) **Accountability & responsibility** : People are to be made aware that Gram Panchayat and Gram Sabha have a key role in monitoring the programme.

Objective

5. The objective of the IEC campaign is to trigger positive behavioural changes among stakeholders with respect to hygiene, use of safe drinking water and sanitation facilities. This requires enhancing knowledge regarding safe drinking water, hygiene and sanitation by preparing, involving and empowering the rural community to actively shoulder the responsibility. The objectives of the IEC campaign may be as follows:

- i.) create awareness and motivate people to take affirmative action for protection of drinking water sources, safe handling of drinking water;
- ii.) create awareness and motivate people to conserve water resources;
- iii.) trigger behavior change among individuals, families and communities to adopt improved health and hygiene practices;
- iv.) create awareness and demand for community participation;
- v.) create an enabling environment through strengthened coordination, effective advocacy with media and critical stakeholders; and
- vi.) promote personal accountability and responsibility for ensuring provision of safe drinking water to all.

Focused areas

6. IEC Campaign on safe drinking water would, *inter alia* include the following themes:

- i.) Use of safe and clean of drinking water
- ii.) Judicious use of drinking water
- iii.) Avoiding wastage of water
- iv.) Rainwater and rooftop water harvesting, recharge of ground water
- v.) Reuse and recycling of water
- vi.) Protection of drinking water sources
- vii.) Involvement of panchayats and community
- viii.) Formation of VWSCs with women and SC/ ST/ minority members and it's capacity building
- ix.) Water borne diseases
- x.) Water handling
- xi.) Wastewater and solid waste management
- xii.) Sustainability of water sources though various technologies
- xiii.) Hygiene behavior
- xiv.) Water quality & testing
- xv.) Gender specific water issues
- xvi.) Water resources and treatment
- xvii.) Operation & Maintenance of water systems

- xviii.) Management and planning of water services
- xix.) Low cost technological options
- xx.) Safe water in schools and anganwadis
- xxi.) Equity issues (SC/ ST/ minorities)
- xxii.) Cost effectiveness of various options

Planning IEC Campaign

7. Following target groups should be kept in view while planning the campaign:

- i.) **Primary Target Group** : creating awareness, raising the profile of issues and involving people in solving them – rural community, school going children and youth, Panchayat members and village elders/ community leaders
- ii.) **Secondary Target Group** : Other important stakeholders and influencers (programme managers, district officials, etc.)

8. While planning the campaign, the following should be considered:

- i.) for effective implementation of the IEC campaign, the following issues need to be kept in mind :
 - it is necessary to understand whose behavior (target group) needs to be changed;
 - which behavior pattern needs to be changed and in what direction;
 - specific messages should be given to specific groups;
- ii.) hence it is necessary to know:
 - what do people already know and do in terms of water and sanitation facilities;
 - their perception regarding health and hygiene aspects;
 - how do they define safe water, sustainability, sanitation, health and hygiene;
 - how much importance do they attach to safe drinking water sustainability and basic sanitation facilities;
- iii.) it is essential to establish in people’s mind the relationship between safe drinking water, sustainability, clean environment, sanitation and health and that these are not possible without community participation; and
- iv.) a sense of community ownership, accountability and responsibility to use and maintain facilities should be inculcated. Involvement of different implementing agencies is required in order to motivate the users in planning and implementing of the project.

Suggested List of IEC activities at State Level

9. State IEC activities shall intensify and extend the reach of Behavior Change Communication campaign. Selection of any communication medium is driven by the programme objective. While developing any communication activity it is necessary to keep in mind the requirement of the target audience in terms of information needed and the manner in which it has to be disseminated. Multiple channels are essential to harness optimum results. The key audience and merits of a media will be key factors in prioritizing the various channels.

10. The following suggested activities may be undertaken at State level:

I. Mass Media

- i.) “Audio-Visual spots” shown on TV
- ii.) “Audio Spots/Jingles” broadcast through radio.

- iii.) Street theatre to promote desirable behavior through kala jathas, street plays, folk songs etc.
- iv.) Talk shows, panel discussions and expert lectures on related issues on national and regional channels

II. Print Media:

- i.) Advertising in regional papers and magazines
- ii.) Development of concept for advertorials and daily updates
- iii.) Coverage of events, success stories in regional newspapers
- iv.) Development and supply of brochures, pamphlets, leaflets, flip charts, etc. highlighting the initiatives taken up by Government, schemes, technologies, sources available at all levels,
- v.) FAQs booklet

III. Outdoor Publicity:

- i.) Development and supply of hoardings and banners for panchayats offices, schools, anganwadis, health centers, railway stations, bus stops, post offices, District Administration Offices, on buses, bus stations, health sub-centre, Primary Health Centres, Post office and PRI offices, chemist shops, banks, etc.

IV. Activities at School and Anganwadi level with involvement of students:

- i.) Development of School Kit that includes behaviour posters, leaflet for children and parents, leaflet for teachers and hand-washing poster;
- ii.) Organizing State level essay and elocution competitions on health and hygiene among school children;
- iii.) Plan for awareness generation through rallies, padyatras, etc.; and
- iv.) Involvement of NSS, NSC, Scouts and Nehru Yuvak Kendras (NYKs)

VI. Non-Conventional media:

- i.) Using mobile messages (SMS);
- ii.) Message printed on inside and back cover pages of free textbooks and notebook.

VII. Other Relevant Activities:

- i.) Development of communication kit comprising of all IEC materials like posters, hoardings, banner, slogans, SMS messages, informative booklet, leaflets, audio-visual CDs, documentary films etc.;
- ii.) Celebrating National and International days such as World Water day (March 22nd), World Toilet day (November 19th), Hand Washing day(15th October or as modified), World Women's day (March 8th), Environment day (June 5th), etc.;
- iii.) Participating in Republic Day parade through tableau or felicitation of PRIs, schools, motivators, students and other stakeholders for best performance in various schemes;
- iv.) Production of documentary on success stories and innovative practices and showcasing it;
- v.) Awarding schools with best health and hygiene condition at State, district and block level;
- vi.) Partnership with other line department programmes such as NRHM, SSA, ICDS, etc.;
- vii.) Exposure visits at state, districts and panchayat level;
- viii.) Celebrity endorsement : using celebrity for awareness generation on health and hygiene;
- ix.) Web based publicity; and

- x.) Impact assessment through third party agency to assess the effectiveness of the communication activities in terms of quality and quantity

VIII. Capacity building and training:

- i.) Training of Trainers for local artists at state level

IX. Advocacy and Networking:

- i.) Media Communication workshop with eminent journalists from print & electronic media;
- ii.) Sensitization workshops for journalists from print and electronic media; and
- iii.) Sensitization workshops with Radio jockeys and programme production managers from Government Radio Channels.

IEC activities at the District Level:

I. Mass Media

- i.) Telecast of “Audio-Visual spots” through local cable networks;
- ii.) Broadcast of “Audio Spots/ Jingles” through local FM channels;
- iii.) Awareness generation through local cable operators.

II. Print Media:

- i.) Distribution of IEC materials to schools, anganwadi, panchayats pradhans, students, teachers, health workers, key opinion leaders, religious group members, individual beneficiaries, etc.
- ii.) Availability of above materials at relevant community congregation points viz. District Administration Office, PRI-offices, Post offices, schools, anganwadis, health centers, commercial/ market places, etc.

III. Inter-Personal communication:

- i.) Use of SARAR and PRA techniques to involve the community and PRIs in identifying the problem areas and intervention needed;
- ii.) Conducting focus group discussions and community level and door to door; and
- iii.) Health-walk especially for women and children.

IV. Outdoor Publicity:

- i.) Hoardings and banners at panchayats offices, schools, anganwadi, health centers, railway stations, bus stops, post offices, District Administration Office, Health sub-centres, Primary Health Centres, PRI offices, chemists shops, bank, etc.
- ii.) Wall painting at village entrance, schools mandies, Panchayat offices, schools, anganwadis, health centers, railway stations, bus stops, post offices, District Administration Office, Health sub-centres, Primary Health Centres, PRI offices, chemists shops, banks, etc.
- iii.) Panel/ messages inside and outside public transport buses.

V. Activities at School and Anganwadi level with involvement of students:

- iv.) Distribution of School Kits that includes behaviour posters, leaflet for children and parents, leaflet for teachers and hand-washing poster;
- v.) Using children as communication agents to spread the awareness about health and hygiene;
- vi.) Poster making, wall painting, slogan writing by students;

- vii.) Organizing various competitions like essay completion on health and hygiene among school children;
- viii.) Awareness generation through rallies, pad yatras, etc.;
- ix.) Involvement of NSS, NSC, Scout and NYKs;
- x.) Certificate for good habit for maintaining personal and environmental hygiene, to students by schools on periodical basis; and
- xi.) Messages on book covers for school children.

VI. Non-Conventional media:

- i.) Use of video vans, street plays, folk group, sport events, etc.
- ii.) Interactive programmes at melas, mandis and haats; and
- iii.) Awareness through pad yatras, rallies, slogans, etc.

VII. Other Relevant Activities:

- i.) Production of documentary on success stories and innovative practices and showcasing it;
- ii.) Awarding schools with best health and hygiene condition at district and block level;
- iii.) Partnership with other line department programmes such as polio eradication campaign, immunization programme, etc.;
- iv.) Exposure visits at state, districts and panchayat level to promote exchange of ideas and knowledge;
- v.) Use of Interactive tools like folklore based programmes, competitions, interactive games; and
- iii.) Workshop for local artist at district level.

IEC Activities at the Block level

I. Mass Media

- i.) Broadcast of “Audio Spots/ Jingles” through Community Radio.

II. Inter-Personal communication:

- i.) Use of SARAR and PRA techniques to involve the community and PRIs in identifying the problem areas and interventions needed;
- ii.) Conducting focus group discussion and door-to-door interactions;
- iii.) Health walk especially for women and children; and
- iv.) Calling women baithak (meeting) to discuss issues on health, hygiene, water, sanitation facilities, etc.

III. Outdoor Publicity:

- i.) Hoardings and banners at panchayats offices, schools, anganwadi, health centers, railway stations, bus stops, post offices, block offices, health sub-centres, Primary Health Centres, PRI offices, chemist’s shops, banks, etc.;
- ii.) Wall paintings at village entrance, schools, mandies, Panchayats offices, schools, anganwadis, health centers, railway stations, bus stops/ stations, post offices, health sub-centres, Primary Health Centres, PRI offices, chemist’s shops, banks, etc. and
- iii.) Panel/ message through public transport buses inside and outside.

IV. Activities at School and Anganwadi level with involvement of students:

- i.) Using children as communication agent to spread the awareness about health and hygiene;

- ii.) Distributing daily activity chart on good and bad habits to student to monitor at least 5 houses on weekly basis;
- iii.) Shramdan in schools on weekly bases with supervision by teacher and principal. Shramdan activities like cleaning of water sources, water collection utensil, cleaning school campus, cleaning of sanitation facilities and maintenance of personal hygiene; and
- iv.) Name plate in schools displaying names of students who are member of Swachatta club. Formation of Swachatta club by involving students as in charge of the club; and
- v.) Poster making, wall painting, slogan writing by students.

V. Other Relevant Activities:

- i.) Exposure visit at state, districts and panchayat level;
- ii.) Exhibitions at block level; and
- iii.) Use of interactive tools viz. folklore-based programmes, competitions, interactive games, etc.

IEC Activities at the Gram Panchayat / village level

I. Inter-Community communication

- i) Use of community led approaches to trigger behavioural change in safe water use, water conservation and sanitation has been found to be the most effective IEC activity.

II. Inter-Personal communication:

- i.) Use of SARAR and PRA techniques to involve the community and PRIs in identifying the underlying problem areas and intervention needed;
- ii.) Conducting focus group discussions and door-to-door interaction;
- iii.) Health walk especially for women and children; and
- iv.) Calling womens baithak (meeting) to discuss issues on health, hygiene, water, sanitation facilities, etc.

III. Outdoor Publicity:

- i.) Public announcement through loud speakers at village level by GPs;
- ii.) Tin plates on bus panels, cycle stands auto rickshaw stands, gram panchayats, schools, anganwadi centers etc.;
- iii.) Wall tiling at bathing ghats, common well, village squares (congregation point) etc.;
- iv.) Stickers on hand pumps located in public places; and
- v.) Stenciling in the village roads and other congregation points.

IV. Non-Conventional media:

- i.) Audio announcement at Azan, temples, dhabas, panshops, etc.;
- ii.) Publicity in village haats, melas, religious gathering, festival ceremony, sports competitions etc.;
- iii.) Interactive programme at melas, mandis, haats, etc.;
- iv.) Use of interactive tools viz. folklore-based programmes, competitions, interactive games, etc.;
- v.) Announcement at public gathering e.g. bus stand, railway platform, etc.
- vi.) Focus group meeting with SHGs.

Implementation Plan

11. A proper plan based on the above need to be developed well before the start of the financial year and should be followed during the year for effective IEC campaign.

12. Following key points should be considered while implementing the IEC campaign:

- i.) Baseline survey to understand basic information about the target audience and their felt needs, problems and services available;
- ii.) Preparation of State, district, block and village Panchayat specific IEC strategy and modules for carrying out the campaign;
- iii.) Formation of Village Water and Sanitation Committee (VWSC);
- iv.) Development and supply of required number of IEC materials;
- v.) Pre test of IEC material developed;
- vi.) Use of inter community communication and behavior change communication strategy while implementing the programme;
- vii.) Using interpersonal communication should be an integral part of IEC strategy;
- viii.) Conducting focus group discussion to understand needs, challenges and perception of the community about the programmes; and
- ix.) Monitoring and evaluation of the IEC by end use monitoring etc.

13. Funds available under Support Activities of NRDWP along with State resources and assistance available from other sources should be dovetailed while planning and implementing the IEC campaign.

IEC Fund distribution

14. SWSM should approve the IEC plan and accordingly distribute the funds for activities to be taken up at different levels. Out of the total available fund for IEC, about 10% funds may be allocated to activities at the State level, 20% to activities at the district level, 10% to the block level and 60% for village level activities. This norm is flexible and activities should be planned in such a manner that there is no duplication and economies of scale are achieved.
