Ph D Abstract

ROLE AND IMPACT OF IEC CAMPAIGN ON RURAL SANITATION IN AP

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Introduction

Sanitation, hygiene, and cleanliness are the hallmarks of a civilized society. Sanitation is critical for health and sustainable socio-economic development. There is an increasing tendency for communities in rural hinterlands to defecate in the open much to the annoyance of officials who are working overtime to deal with different aspects of sanitation with individuals, families and the nation at large. NGOs and the staff and line agencies in the government see this as a crucial aspect for development, as this seems to be the biggest challenge for the governance of development in the 21st century.

Needless to emphasize, the quality of human life, inter-alia rests upon better accessibility to sanitation. The agenda set for providing clean water and better sanitation facilities apply more so for developing countries. For the marginalized communities, lack of clean water and adequate sanitation acts as an impediment for the Human Development growth in the communities across the world. A multidisciplinary subject, sanitation has the inherent potential to harness healthy living among the public at large. The larger societal development can only be achieved through empowering rural people on core issues of sanitation.

The quality of human life, directly or indirectly, depends upon accessibility to better sanitation. In the post globalization scenario, water and sanitation have become important agendas for developing countries, not truly reflected in rural areas.

The human development indicators also depend upon the better sanitation accessibility to the marginalized communities. Sanitation is not only a development issue, but also an empowerment tool for the development of society and it has now turned into a multidisciplinary subject in the global development sector.

Cleanliness and hygiene are important from not only the public health point of view, but also socio and economic development of the family. There is no doubt to say in this era sanitation dictates the human life.

India is just above Afghanistan and Pakistan in sanitation indices among developing countries in the world. Even Bangladesh is above India in this crucial social
The child malnutrition rate of 50 per cent in India is much higher than that of Eritrea, an African nation, where it is only 35 per cent. While these figures may disappoint Indians, there is no need for despair, Although India was once a laughing stock for other nations, various government programmes, including total sanitation campaign undertaken by the Ministry of Rural Development (MoRD), aimed at ameliorating rural poverty and improving sanitary conditions, have resulted in considerable improvement in living conditions.

Organisations like the World Bank and other multi donor or finance organisations are promoting sanitation activities. They are also concentrating on awareness generation and construction of infrastructure for providing better sanitation facilities. There was a successful campaign “No Toilet, No Bride” in the state of Haryana. In fact after getting sensitization about the need of toilet and sanitation practices, people were unable to overcome their habitual practices, though the campaign impacted many and has turned into most successful sanitation promotion effort till date. The awareness resulted in many young women refusing to marry unless the bridegroom furnishes their future home with a bathroom, freeing them from the inconvenience and embarrassment of using community toilets or squatting in fields.

Water and sanitation are key elements in the field of development. Shortage of water is now recognised as one of the world's biggest problems. As brought out at a recent Global WASH (Water, Sanitation and Hygiene for All) Forum in Dakar, Senegal, people are far more concerned about what emanates from their mouths than from other orifices in their bodies. The technology employed in ridding ourselves of our bodily wastes has remained unchanged, more or less, for three centuries.

The Water Supply & Sanitation Collaborative Council (WSSCC), a multi-stakeholder organisation under the umbrella of the World Health Organisation in Geneva, has been almost single-handedly trying to put sanitation and hygiene on the international agenda. It succeeded in including sanitation as one of the UN’s Millennium Development Goals (MDGs), at the 2002 World Summit on Sustainable Development in Johannesburg (the precursor to which was the spectacular Earth Summit at Rio 20 years earlier). Countries have now pledged to halve the number of people without access to sanitation in the world, a staggering 2.5 billion, by 2015.
Interestingly, the coverage of rural population increased from 56 per cent habitation in 1985 to 99.6 per cent habitation in 2004. That sort of conclusion is typically reached by referring to the number of villages covered, rather than the households within them.

Because people tend to use areas close to water when they defecate in the open, once we have sanitation in place, we can install water facilities with the confidence that these will not be polluted in the future. There is a long list of water borne diseases that can severely debilitate and even turn fatal.

Water has to be treated with respect and in the knowledge that it is a finite resource. To ensure that the local needs of everyone are met for both drinking and cooking purposes. It is a misnomer that water is good for washing clothes or for watering plants if it is not good enough for drinking.

Too much water is needlessly wasted because people do not understand how precious this natural resource is. The water pumps we use are all capable of being repaired at the village level. It is no good installing sophisticated hand pumps if they cannot be maintained. In Sierra Leone, rope pumps that can actually be made in the local area are being used. Sanitation and water combined are important factors in improving health, so it is only then that people are able to function efficiently in both education and work, and we can move on to livelihoods.

**Development Administration and Rural Sanitation**

The UN and other international development agencies are now focusing on sanitation as a priority issue to propel the development agenda. Earlier, the development process was considered the responsibility of the state alone. In the post globalization scenario, there is a shifting of responsibility to address development issues in the name of convergence and inter sector integration. Also, sector reforms have been started by initiating a few pilot programmes on rural water supply and sanitation. Because of this, space has been provided to civil society to intervene in the development process through various initiatives. In a developing country like India, social development is all about human progress, it centres on equality between women and men, social inclusion, access to education, community cohesion and poverty eradication.
At its core are human dignity and human rights. For the 2.6 billion people who have to defecate behind bushes, in plastic bags or buckets, along railway tracks or in roadside ditches, human dignity is under daily assault. The humble toilet can speed social development in a number of ways.

**Nature and Scope of Rural Sanitation**

Providing better sanitation facilities is one of the biggest challenges till date. After the millennium era, tackling sanitation and hygiene issues is becoming a key issue in terms of providing sanitation facilities and in creating awareness among the masses for behavioral change.

Social ailments like poverty are more than a lack of income or a shortage of material goods. Human poverty, lack of basic capabilities for participating in the standard activities of the communities is aggravated by lack of sanitation. For urban slum dwellers and rural population, living in areas surrounded by human waste and garbage is creating embarrassment and depriving people of participation, choices and opportunities. Around 8,00,000 people in India still live by manual scavenging by carrying feces in baskets on their heads, a livelihood that bars their inclusion in mainstream society. In these pathetic conditions, people are suffering due to lack of basic sanitation amenities. Poor awareness is the main cause for this problem. The sanitation problems in rural and urban areas are different and challenges also vary.

**Rural Sanitation in India**

In the mid nineties, the government of India strongly felt that rural water supply and sanitation are crucial aspects for rural development. After consultations with the different stakeholders, the Ministry of Rural Development finally decided to create a separate department at Government of India level. Because of this, the Department of Drinking Water Supply (DDWS) was created with separate institutional arrangements with a focused approach. From then, the government is allocating separate funds and making budgetary provisions to tackle the rural sanitation challenges. At the same time, based on the institutional changes, the state governments have also created separate departments and wings under the Panchayat Raj or Rural Development departments at the state level. States like Andhra Pradesh created separate department to focus on issues related to rural sanitation and safe drinking water.
Rural Sanitation coverage in India

The rural sanitation coverage in India is gradually improving every year. The census data shows the scenarios from the last three decades. In the year 1981, only 1 per cent of people had rural sanitation facilities. After two decades, in the year 2001, the percentage reached 22 per cent. By the end of the year 2005, the number reached 33 per cent. According to an estimate, 650 million people in India still defecate in the open every day. If we examine other facts, out of the 48.5 per cent in the year 2007 an estimated 200,000 tons of fecal matter is deposited in the open every day. If we observe from the public health point of view, totally six lakhs diarrhoea deaths occur in India per year. It means 1000 deaths every day (40 deaths in 60 minutes). One more fact is children aged below five fall prey to diarrhoeal deaths and surviving children suffer from three to five episodes of diarrhoea every year. According to available information, the rural sanitation facilities still pose a challenge for the government and civil society. The reason is not only low availability of funds, but also other aspects.

Objectives of the Study

Objective: 1: To study the role and impact of Information, Education and Communication (IEC) campaigns in rural sanitation initiatives

Objective: 2: To know the impact of different campaigns on the absorption of suitable low cost, effective and appropriate sanitation technologies by the rural people

Objective: 3: To know how various communication tools have been employed for implementation of rural sanitation programmes

Objective: 4: To assess linkages with the three-tier Panchayat Raj institutions through rural sanitation programmes

Objective: 5: To understand the rural sanitation approaches and implementation modalities of rural sanitation programmes through the communication processes

Objective: 6: To analyze the extent of media coverage given to core issues of sanitation in media

Objective: 7: To analyze how NGOs, media representatives and government functionaries look at sanitation
Scope of the Study

The research study is proposed to provide an empirical data of presentation related to the rural sanitation initiatives under rural sanitation programmes in Medak district of Andhra Pradesh. The study focuses on the rural sanitation with emphasis on the role and impact of IEC and the media. The study will seek to identify some of the significant issues in rural sanitation. The data and other information were collected for the period of 2003-2013.

Limitations of the Study

In spite of all the care taken, this study has its limitations. These include: material availability, limited time, geographical limitations. Again, it is not possible to make an overall assessment of the implementation of rural sanitation programmes for a PhD theses work for the entire Andhra Pradesh state.

Methodology

The research study is empirical. The study has been undertaken based on primary and secondary data. The primary data has been mainly obtained from official records, registers, government orders, pamphlets, brochures, training material and unpublished material. The researcher has conducted interactions, face-to-face discussions with rural stakeholders and held consultations with the officials dealing with this subject at various levels.

Case study of two of the selected villages was done to understand the implementation of the programme. The researcher also conducted formal and informal interviews and followed the technique of participation and non-participation by several officers and beneficiaries. Formal and informal interviews were conducted for the study, which proved to be highly beneficial in collection of factual data, reliable information from the officials and beneficiaries.

Information was gathered from the district administrative authorities of Medak and the Panchayat Raj - Rural Water Supply & Sanitation (PR - RWS & S) Department of Government of Andhra Pradesh (GoAP). Interviews, interactions, and discussions gave an insight into the implementation of rural sanitation coupled with an intensive fieldwork for completion of the research.
Review of Literature

Many international organizations have published lot of material, which is available in print and electronic modes. Moreover the Government of India and state governments have also issued many publications and reports on rural sanitation. The researcher has gone through the relevant literature available before undertaking the research study. The Millennium Development Goals (MDGs) have been framed by the United Nations with Environment and Sanitation as one of the goals.

The Asian Development Bank published a book on sanitation and discussed the sanitation conditions in South Asia. The authors have mentioned, 43.4 per cent population is living on less than $1.25 per day in South Asia. MDGs stipulate that many more people should have access to improved water sources and sanitation by 2015, and also that the mortality of children under five should be reduced by two thirds. The mere provision of water supply and sanitation facilities is not enough to bring down mortality and morbidity rates significantly; hygienic behaviour has a greater impact on health and also helps to ensure hygienic maintenance.


MDGs defined many strategies for sustainable development for the world. In a special chapter of a book titled “Key Indicators for Asia and the Pacific 2010, the Rise of Asia’s Middle Class” issues relating to sanitation have been examined. The MDG No. 7 has defined clear cut targets about the sanitation and has four sub targets. Target 7A, integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources. This target is applicable to the developed, as well as to the developing, economies of the region. 7B, reduce biodiversity loss and achieve significant reduction in the rate of loss by 2010, 7C, the new target introduced in the revised MDG framework envisages 50 per cent reach by 2015 and improving water and sanitation facilities in urban and rural areas. The targets are to reach to at least 50 per cent of the households that have no access to drinking water source and to improve sanitation
facilities. By 2020, 7D proposes to achieve significant improvement in the lives of at least 100 million slum dwellers.

European Commission’s (EC’s) report emphasizes on the important role of sanitation and safe water in maintaining health. The ‘sanitary revolution’ in the 19th and early 20th century to played a vital role in reducing illness and death from infectious diseases in industrialised countries.

In the International Drinking Water Supply and Sanitation Decade (IDWSSD), 1977-87, a report was published by the UN, which talked about achieving cent percent sanitation by 1980s. The aim was clear to achieve 100 per cent coverage in water supply and sanitation. Interestingly, in a study undertaken by Department for International Development (DFID) in 1998, it was noticed that the general provision of services did increase but the sanitation facilities could not keep pace with the rising population, meaning that the number of people continued to rise, unserved by good sanitation facilities. A Systematic Review and Meta-analysis” by Lorna Fewtrell and John M. Colford, Jr. in 2004 focussed attention on how the neglect of sanitation and hygiene issues result in increase cases of diarrhoea all over the globe. Global Annual Assessment of Sanitation and Drinking Water (GLAAS) is the key resource about sanitation and hygiene published by UN water. It provides a lot of information and fact sheets. The purpose of the GLAAS report is to provide key information, based on data collected from a large number of sources, regarding sanitation and drinking-water in the developing world: specifically, the use of sanitation and drinking-water services, government policies and institutions, investments of financial and human resources, foreign assistance and the influence of these factors on performance. It strives to enable comparisons to be made across countries and regions and is expected to achieve global reporting within the coming years. This first report covers 42 countries and 27 external support agencies.

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) provide a lot of information and progress in this sector. A 2010 update has been published by them and it is available. The Joint Monitoring Programme (JMP) report describes the status and trends with respect to the use of safe drinking-water and basic sanitation, and progress made towards the MDG drinking-water and sanitation targets.
Each report assesses the situation and trends anew. This is a bible in sanitation and supersedes previous reports.

The Millennium Development Goals Report, 2009 was released by the United Nations Department of Economic and Social Affairs (UNDESA). This report presents an annual assessment of progress towards the MDGs. It points to areas where progress towards the eight goals has slowed or reversed. The progress on drinking water and sanitation was mentioned with special focus on sanitation.

The WHO in its 2005 edition report, the “Joint Monitoring Programme (JMP)” focuses on the changes that simple improvements in water and sanitation services can make to people’s lifestyles, health and economic prospects – and the relatively small investments needed to make those improvements. The report provides a list of the main agencies that provide advocacy and technical support in the water, sanitation and hygiene sectors.

The United Nations Development Programme (UNDP), UN Millennium Project Task Force released a report on Water and Sanitation in 2005. This is intended primarily for the policy and technical communities concerned with the achievement of the Goals, particularly target 10, in governments, international organizations, bilateral donor agencies, specialized nongovernmental organizations, water agencies, and academia. It identifies what it will take to meet the targets on water and sanitation, including pinpointing the actions needed in other sectors; and identifying the actions needed in the water resources sector to meet the MDGs as a whole.

The United Nations Educational, Scientific and Cultural Organization (UNESCO) released an interesting document on “Women and Water: An ethical issue”. This publication is concerned with the ethical issues arising from the special role of women in water use and from related social and environmental problems. It discusses both the nature of some of the key problems and the efforts in recent decades by both inter-government and non-governmental organisations to overcome these problems.

A strategy paper was issued by the United Nations Development Programme (UNDP), Stockholm Environment Institute (SEI) in 2006 on water and sanitation issues. This paper analyses the relationship between water management and poverty reduction. It
considers water’s potential contribution to all of the MDGs, and not just those that refer explicitly to water.

The Water Supply and Sanitation Collaborative Council (WSSCC) in 2005 published a booklet on Community-driven development for water and sanitation in urban areas and its contribution towards meeting the MDG targets. This booklet focuses on the role of local, community-driven schemes in directly addressing the needs of the unserved or ill served in urban areas.

In 2004, the WSSCC published a book on the voices of those with long experience of, and commitment to, the cause of ‘water, sanitation and hygiene for all’. The publication brings together the contributions of engineers, sociologists, doctors, community and NGO leaders, government ministers, local government officials, academics, and private sector executives from Asia, Africa and Latin America.

United Nations Development Programme (UNDP) in 2004 released a document on Water Governance for Poverty Reduction, Key issues and the UNDP response to MDGs. This document examined the governance aspects of the water and sanitation crisis as also the various social, economic, environmental and capacity challenges as these relate to the MDGs, proposing solutions at every level. It draws on the experience and work of the UNDP.

The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) in 2008 in a publication provided an assessment of the population currently using an improved drinking-water source and basic sanitation disaggregated by urban and rural areas.

In 2009 the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) issued a discussion paper on Institutional Changes required to achieve the MDG target on Sanitation.

In 2005 the Global Health Council issued a book on sanitation and child health. The publication explained how infectious diseases affect the world unequally. Interestingly, the book says that sixty two percent of all deaths in Africa and 31 per cent of all deaths in Southeast Asia are caused by infections.

An interesting study by Luby et al. (Lancet, 2005) suggests that hand washing with soap can reduce respiratory infections in children under five by 50 percent. Hand washing
interrupts the transmission of disease agents and so can significantly reduce diarrhoea and respiratory infections, as well as skin infections and trachoma.

The Asian Development Bank (ADB), in its annual report of 2008 mentioned about its engagement with the civil society on sanitation aspects. It was brought out that the ADB engages with global, regional, national, and local CSOs undertaking advocacy or service delivery and working in a range of sectors, including water and sanitation, agriculture, irrigation, and transport.

The United Nations University and United Nations University Institute for Water, Environment and Health (UNU-INWEH), Canada in 2010 released a publication, titled “Voices from the Field”. It was mentioned that sanitation is the single most neglected MDG sector – accorded low priority by donor and recipient governments alike.

The International Year of Sanitation 2008 made sanitation as a big policy issue at the global level. Many publications and reading material, factsheets, booklets, pamphlets and posters that are being used in campaigns, were issued on the occasion.

A report on greater access to cell phones than toilets in India by UNU-INWEH (2010) offers a 9-point prescription made many people think about achieving Millennium Development Goal for Sanitation by 2015.

The World Bank released working papers from time to time on various development issues. Likewise, in 2005 a paper on Water Supply & Sanitation was published. It gives valuable sectoral information.

Third South Asian Conference on Sanitation’s (SACOSAN’s) Delhi Declaration on “Sanitation for Dignity and Health”states that, “Every one of two South Asians is still forced to undergo the indignity of defecating in the open, or using other forms of unimproved sanitation”. The conference was held on November 16-21 2008 at Vigyan Bhawan, New Delhi. The fourth SACOSAN conference conducted in Sri Lanka and the fifth is scheduled to be organized in Nepal.

Asian Development Bank (ADB) in 2007 released a discussion note, titled “Dignity, Disease, and Dollars”. It advocates that sanitation should be an urgent priority for governments in Asia. Our call to action—“Dignity, Disease, and Dollars”—has been chosen deliberately to focus attention on three areas where stakeholders need to see results: Better facilities for individuals so they can regain their dignity, disease prevention and
healthy environmental outcomes for the wider community, and financial viability of sanitation services for provider governments and utilities in tandem with affordability for households.

The Water Aid India released a document on sanitation conditions in India in 2005. In an enlightened report, titled “Drinking Water and Sanitation Status in India, Coverage, Financing and Emerging Concerns”, have been highlighted.

The Sweden based development organisation, Stockholm Environment Institute (SEI) is initiating the EcoSanRes Programme for Improved Livelihoods around the World. In 2004, the organisation published a document on sanitation in a global perspective.

“Feeling the Pulse, A Study of the Total Sanitation Campaign in Five States”, done by Water Aid India in 2008. A few published case studies on rural sanitation are very much useful for researchers.

“Human Development Report, 2006”, published by the UNDP mentioned about sanitation like beyond scarcity: Power, poverty and the global water crisis. This report discloses that, some 2.6 billion people, half of the developing world’s population, do not have access to basic sanitation. It also said, while basic needs vary, the minimum threshold is about 20 litres a day.

The International Development Agency published a study in 2005, titled “Sanitation and Water Supply, Improving Services for the Poor, Sanitation and water supply”. It emphasises that sanitation and hygiene are affordable, highly effective life savers.

One more important publication of Asian Development Bank in 2009, titled “India’s Sanitation for All: How to Make It Happen”, emphasises on a few insights related to sanitation in India exclusively. The sanitation landscape in India is still littered with 13 million unsanitary bucket latrines, which require scavengers to conduct house-to-house excreta collection. Over 700,000 Indians still make their living this way.

Chapterization

The research work is under completion stage with six chapters. In the introduction (chapter one), the concept, nature, scope and objectives of rural sanitation have been mentioned. The introduction also gives objectives, scope, limitations of the study, hypothesis, methodological approach, review of literature and chapter plan.
The chapter two has been presented to trace out the Background of Rural Sanitation Programs in India. Mainly deals with the background of Rural Sanitation Scenario in India. As Indian history, culture and heritage have been talked a lot about sanitation and hygiene aspects. Right from Indus valley civilization to Gandhian era we have witnessed some kind of sanitation work. Bapuji promoted sanitation and hygiene practices and in post independence era the Government of India started many sanitation initiatives. The new millennium also witnessed many sanitation initiatives. International Development Cooperation and the United Nations (UN) took a pledge and saw sanitation as a key for development and alleviating poverty.

Third chapter gives insight into rural sanitation scenario and the government of Andhra Pradesh’s efforts and also, on the ongoing rural sanitation programs implementation. Rural sanitation programs implementation mechanism and institutional modalities and role of NGOs also discussed in this chapter. Additional details like the Panchayat Raj – Rural Water Supply & Sanitation (PR-RWS&S), which is responsible for rural sanitation initiatives in Andhra Pradesh state is discussed. The Department of Panchayat Raj and Rural Development is responsible for planning and execution of programs for rural development.

The forth chapter gives an exclusive information about media and rural sanitation. For last few years media is seriously concentrating on rural sanitation as it has emerged as a development issue. From grassroots level, media has been covering sanitation related stories and IEC campaigns. Some of satellite television initiatives also mentioned in this chapter.

Fifth chapter titled “A Case Study on Rural Sanitation Programs in Medak District” this chapter gives in-depth analysis of findings from survey results and analysis of coverage of two Telugu dailies on rural sanitation through content analysis method. This chapter start with some introduction about Andhra Pradesh and its socio economic and geographical profile. Sixth and last chapter gives conclusion.

**Methodology**

TSC programme implemented by the DWSC, Medak was taken up for this study. Fieldwork was undertaken in two villages of two different Mandals (Sadasivpet and Patancheru) spread over a period of one decade from 2003 to 2013. The sustainability of
changed sanitation and hygiene behaviour was studied with focus on IEC campaign in 2008 (observed as UN International Year of Sanitation). A questionnaire was administered to the respondents and a survey was done of the two villages in Medak district, the schedule had 30 close ended questions. In order to better the understanding and assess the knowledge of the respondents, in-depth interviews with officials, media persons, elected representatives and NGOs and other field staff was done to comprehend the problems from a variety of perspectives. Observation during the innumerable field visits were systematically jotted down to incorporate the same at relevant places in this theses. Interaction with various stakeholders, like school children, teachers, and community mobilizers from the sanitation campaign was done to elicit their opinion and also to know about the impact of the campaign.

From the interview schedules, relevant questions on what makes them use the toilets, the motivation for construction of Individual Sanitary Latrine (ISL) at home was studied. In a comparative manner the campaign impact in two of the selected villages has been reported in this thesis. In all 200 such respondents were picked from two of the targeted villages and the data was fed using SPSS software. Each response sheet was carefully picked and the response sheets that were full were only fed for final analysis. Crosstabs of lead questions was done to get a holistic picture based on the demographics. On many of the interventions both pie and bar graphs were made for easy assimilation.

**Content Analysis**

Content analysis is one of potential tool for this study. The framework of content analysis, discourse analysis is used to analyze the data collected by the researcher through district editions of two prominent Telugu daily newspapers. The content analysis (newshole) has been extracted from two prominent Telugu newspapers in Andhra Pradesh.

In order to understand how local media looked into the issue of sanitation, a quantitative content analysis of the manifest content (coverage given to sanitation) was done of two of the leading Telugu newspapers/district editions (namely Eenadu and Andhra Jyothy). The newspapers under study during July 1 to 31 December 2008, as the year was UN International Year of Sanitation, was picked to make an assessment of the coverage given on sanitation campaign. Every fourth edition was picked for measurement during the study period. The newshole was categorized into seven different aspects and the
coverage given on sanitation was measured in sq.cms. Headlines and photographs were taken as part of news story and the quantum of coverage was looked into minus the newshole. The data was systematically fed into computer and the quantum of coverage given to the issue of sanitation was presented.

The panchayats were purposively chosen to offer a variety of conditions, in terms of socio-economic status, duration and intensity of intervention, and time elapsed since its completion. In each of the panchayats, ten percent of the population from two villages were randomly selected from the voter list provided by the gram panchayat concerned.

**Data Collection Methods**

The primary and secondary data was collected. Questionnaires were administered to each respondent and covered all wards of the gram panchayat concerned. Questionnaires were administered to villagers, sanitation project staff, government officials and members of the media. The questions about sanitation and awareness were deliberately open-ended. The questions were supplemented with a small discussion with respondents to elicit more information. In both these two villages, equal number of male and female respondents.

**Data analysis**

After the collection of data from two villages’ data analysis had been completed, the villagers were asked several questions about the sanitation activities. Based on the inputs on sanitation by DWSC, support of government departments, support from the panchayat, the level of involvement of the respondent was assessed.

**Profile of Villages**

The study was carried out in two rural panchayats Kardanoor and Rejinthal with a population of 929 and 983 respectively. Each panchayat is divided for administrative purposes into about nine wards having around 15 to 20 households. Most houses are built on their own land under government housing programmes. The local government consists of an elected panchayat Sarpanch (President) and a council of elected members, one member per ward. The case study focused on two panchayats in which rural sanitation and awareness campaign interventions had been completed.

The DWSC developed its sanitation promotion activities in Medak district with the support of SWSM. The DWSC is getting support and other inputs for TSC programme supported by the ministry of rural development, Govt through the Department of Drinking
The intervention aimed at providing permanent latrines to the total population, and to promote good sanitation hygiene practices among all households.

The duration of intervention in each panchayat was not fixed, but depended on local circumstances. In practice, it usually continued long enough to be able to organise and mobilise with local groups, and to achieve the agreed programme goals negotiated with the council of that panchayat and Village Water and Sanitation Committee (VWSC). The sanitation implementation strategy followed a few steps like creation of awareness, motivating the community to construct a toilet, identification of beneficiaries and providing subsidy and promoting sanitation hygiene practices at personal and village levels. In these two panchayats, the water supply activities were planned with the communities before sanitation started, but then provision of water supply came after the household latrine programme.

Findings

- A close association between respondents’ age group, education and motivation about the sanitation measures, hygiene practices, and campaign knowledge has been seen. Undoubtedly, TSC successfully created the awareness.
- Public participation in the campaigns had led to increase in the number of toilets in two of the targeted villages based on their level of participation, knowledge and practice of sanitation and hygiene in both villages.
- In Rejinthal village, half of the population had no toilets. But, in Kardanoor village, the participation and exposure to sanitation campaign was high among the respondents.
- Number of toilets constructed in the village shows as a measure for the effectiveness of the campaign and also shows on the motivation levels for change in hygiene behaviour.
- Campaign recall and its outcome was assessed and it was found that there was mixed response to the campaign launched previously.

TSC interventions in two of the panchayats impacted sanitation behavior especially of women, who had forced families to construct toilet by claiming subsidy component and also ensured that open defecation was prevented in the village. This has led to increase in
latrine coverage in two of the panchayats and its use could successfully overcome the earlier practice of people owning latrines based on socio-economic status.

**Media Understanding of Sanitation Issues**

In-depth interviews of reporters of two newspapers covering sanitation issues were done to know how print media understands this issue. Both reporters from Eenadu and Andhra Jody of Patancheru and Sadasivpet mandals of Medak district, shared that sanitation as an issue was covered as and when there were cases reported of diarrhea outbreak in the villages. The frequency was once in a while, with one or two news items in six months time. Copy editors response to the items on sanitation elicited no clear cut answers. People at the desk shared that no top priority to rural sanitation is given unless and until spot items like diarrhoeal outbreak in the villages.

In all sanitation training programmes organized by the district administration, media hardly participates because of a systemic flaw of not extending media invites. Media persons expressed their willingness to cover if NGOs or district administration invites to cover news items on sanitation.

Media persons share that community participation in TSC happened as and when street plays were performed as part of the campaign, as community gets attracted and show interest in the street play.

**Project Staffs’ Response on Rural Sanitation**

In 2003, DWSC was constituted in Medak district. DWSC through IEC campaigns aims to promote rural sanitation for hygiene in villages. District Collector is the Ex-officio chairperson of the DWSC. SE of PR RWS&S as Member Secretary with members from various departments.

MWSC at the mandal level is chaired by Mandal Parishad Development Officer (MPDO) with mandal level officials from various wings as members and AE/AEE as the secretary. All of them unequivocally feel that awareness creation in IEC campaigns is one of the major challenges in completion of targets set by the governments on TSC.

Consistency/frequency in conduct of IEC campaigns is a precursor for successful implementation, with just one or two such campaigns in villages, MWSC officials feel that it hardly impacts villagers or gives positive results. The officials stressed on the need to highlight the importance of sanitation for greater acceptance.
It was found that wherever local Sarpanch of the gram panchyat was active, there the impact of the campaign and its outcome were positive. It was observed that media was not showing much of interest in the sanitation cause, only on seeing incidents of poor conditions, media would write to blame the department.

In group meetings whenever SHGs met, sanitation issues took prominence and the discussions led to action of women taking up a door-to-door campaign to help in the implementation of the programme. Learning—collective initiative coupled with awareness can go a long way in addressing sanitation issues.

**What Can Better Rural Sanitation?**

Need an effective advocacy plan of water, sanitation and hygiene at all levels. Politicians, professional bodies, press and public are to be convinced that public health accrues out of safe waste disposal, plus the essentials:

**Be Informed**

Basic principles of the approach need to be discussed and the lessons learnt from the past experience should be shared with the players involved so that a sense of community ownership and participation helps achieve successful projects.

**Monitor Progress**

Monitoring the progress of the set goals is essential component of any successful programme implementation. Indicators of the progress offer scope for corrective measures.

**Reach Out**

Network to build collaborative partnerships – the media, schools and universities, scientists and technologists, medical and public health professionals, religious organizations, the business community, the entertainment industry, women`s groups, community, organizations should team together to attain water and sanitation goals.

**Research and Identify**

Allow local stakeholders to freely innovate to come up with alternatives and with the help of such allies, promote smaller innovations to be integrated with the available technologies so hat the community benefits out of their own creation.

**Promote Hygiene**

It is the personal hygiene that ensures public health, culture specific messages have to be communicated in order to better the outreach. Local knowledge of various hygiene
practices should parallely be promoted for wider acceptance and the information should be
shared for the good of the community.

Mobilize Resources

Locally pooled resources for the good of the community will offload governmental
funding on important aspects of sanitation. There is a need to identify all possible sources
of funds and the campaign needed to augment those resources. Initial estimates and
ongoing costs are to be met by sustainable planning of those scarce resources to ensure
success of water and sanitation programmes.

Documentation and Dissemination

Shared experiences needs well documentation (print, audio, video etc), which leads
to sharing of learned resources within the community. Such things have to be publicized,
success and failures have to assessed and reassessed and finally shared. Principles and
practical strategies evolved after sharing with the community helps in furthering water and
sanitation goals.

Scale up

Demonstration projects have their uses. But the real challenge today is to ‘scale up’
by building the institutional capacity that will put known solutions into action.
DWSC of Medak district should address these challenges in order to achieve hundred per
cent sanitation in rural areas.

Objectives and Highlights of Findings

Objective: 1

To study the role and impact of Information, Education and Communication
(IEC) campaigns in rural sanitation initiatives

- The impact of campaign is high (100%) in Kardanoor village, where all
  stakeholders were actively involved
- Women and Gram Panchayat representatives have not participated
  actively in Rejinthal (30.6%) village. Hence, the sensitization on issues of
  sanitation was very low among households.

Objective: 2

To know the impact of different campaigns on the absorption of suitable low cost,
effective and appropriate sanitation technologies by the rural people
Low cost sanitary models were demonstrated during the campaign in Kardanoor village, which resulted in effective implementation of the programme.

In Kardanoor village, women, elected representatives and government functionaries, along with the media, were strategically engaged in the campaign. As a result, the village achieved 100 percent sanitation coverage and the panchayat got award from the State government for 100 percent coverage.

Objective: 3

To know how various communication tools have been employed for implementation of rural sanitation programmes

In both villages, communication was effectively used in the campaign. Kalajatha, print material, audio cassettes, CDs, posters display, wall writings/slogans/messages were successfully used to create awareness. In Kardanoor, the emphasis was more on Kalajatha programme and in Rejintal the distribution of print material was extensive. The study proved that the Kalajatha programme was very effective. As a result, people showed interest and participated in the campaign.

Door to door Campaign and street plays had the desired impact on households, which motivated people to go in for implementation of sanitation.

Objective: 4

To assess linkages with the three-tier Panchayat Raj institutions through rural sanitation programmes

In Kardanoor village, Panchayat Raj, elected representatives have been involved actively in the sanitation coverage, which showed remarkable and improved coverage. But in Rejintal, Panchayat Raj, elected representatives’ participation was low and not satisfactory.

Objective: 5

To understand the rural sanitation approaches and implementation modalities of rural sanitation programmes through the communication processes
The research study proved that many households were motivated through the campaign and got clarity on issues of sanitation through the campaign.

In Rejinthal, the strategy of not involving the media had a bearing on the entire campaign. Local media was not actively involved and due to this, the programme awareness took a beating.

The study established that the campaign frequency was not uniform in two of the selected villages. In Kardanoor, where campaign was conducted frequently, it impacted people and they have gone for improved sanitation overage.

Objective: 6

To analyze the extent of coverage given on core issues of sanitation in media

Content Analysis was done of two of the major district supplements (Eenadu & Andhra Jyothy) during the period of July – December 2008 (United Nations observed the year 2008 as INTERNATIONAL YEAR OF SANITATION). News was measured in square centimeters. All news items were classified into five categories (general, development, political, others and rural sanitation). News minus advertisements was measured and quantum of coverage given to sanitation and issues pertaining to sanitation was established.

In Telugu newspapers, the sanitation coverage was 0.35% & 0.53% in Eenadu and Andhra Jyothy respectively. Both papers together it was 0.44% only.

CONTENT ANALYSIS DETAILS
NEWSHOLE

EENADU (in Sq Cms)

<table>
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<th>Advts.</th>
<th>General</th>
<th>Devpt.</th>
<th>Political</th>
<th>Others</th>
<th>Rural Sanitation</th>
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<td>(21.14%)</td>
<td>(8.41%)</td>
<td>(11.84%)</td>
<td>(34.17%)</td>
<td>(24.6%)</td>
<td>(0.35%)</td>
<td>(100%)</td>
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</table>
Objective: 7

To analyze how NGOs, media representatives and government functionaries look at sanitation

► Six out of Ten respondents from media covered the campaign on sanitation in their area of reporting and five were from village Kardanoor only where 100 percent sanitation coverage was achieved

► Only one respondent wrote a story negatively during the campaign

► Two respondents covered stories in 3 months and majority of respondents covered stories in the period of six months to 12 months

► Most of respondents from NGOs, GOs and media responded that sanitation is just for facility and not as a development aspect.

Millennium Development Goals of United Nations – aimed at achieving total sanitation by 2015. Today, UN talks about post-2015 with sanitation as a high priority area. Interlinked, it gives a realistic picture only when looked through different development indicators. In a developing country like India, sanitation problems need a
multi-pronged strategy, outreach to empower people on core sanitation issues, committed line and staff agencies, plus interventions on behalf of NGOs, civil society and media. This can alter and change for good if governments in power bring relevant policy changes to deftly tackle the issue and other stakeholders go to support those policies formulated by the government.

In the present context, socio-economic and cultural aspects of the community play a vital role in ensuring wider acceptance of sanitation as an issue. Media on its part plays a key role in beaming the ‘right’ message to its target; new media in the changed context has facilitated easy spread of messages within the community. Social media is influencing the mindset of people, which is more or less technology enabled in a simple handheld device. However, using a wide variety in form and content would ensure better outreach and will help generate creative content to suit the variegated needs of media consumption. It is in the regional space, print journalism is popular and the media managers need inputs of training on technical issues of sanitation, this can be done to better the comprehension among media professionals covering the issue so that regional space can effectively get across the development challenges in the realm of sanitation.

This thesis work shows that less than one percent coverage is given for an important issue like sanitation, which shows that local, media does not care for this issue. Lack of comprehension on behalf of stringers and news contributors has compounded the problems of sanitation reach. Here, governmental agencies will do well to rope in media as an integral part of the campaign.

If media can better the outreach, institutions working in this sector should team up to take the problems head on and facilitate easy access in the implementation process of various sanitation schemes. In order to prevent red tape, sanction at the local level would go a long way in providing the much needed impetus in the construction of household toilets. Sanitation campaign and sanction should go hand-in-hand for better outreach.