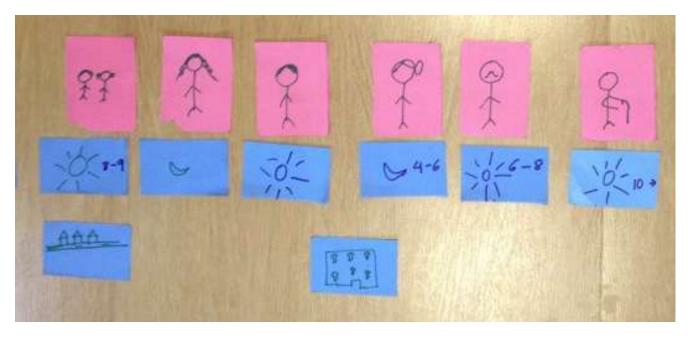


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Implementation of Social and Behaviour Change programs for WASH at ground level



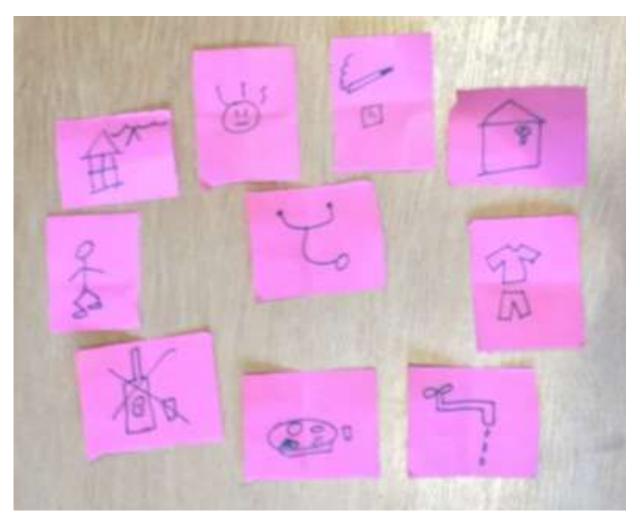
- Using a range of participatory methods and approaches as the starting point of SBCC
- Adapting principles of Participatory Hygiene and Sanitation Transformation (PHAST); Community Led Total Sanitation (CLTS); Participatory WASH mapping and action planning......



When do people defecate and linked physical, notional and practical challenges (especially with menstruation and diarrhoea)

What is the scope for handwashing at various points of time? What the linked challenges?

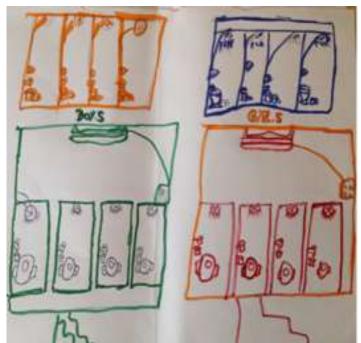
 Building from what "they" know and spiralling up through dialoguing and increasing the critical consciousness

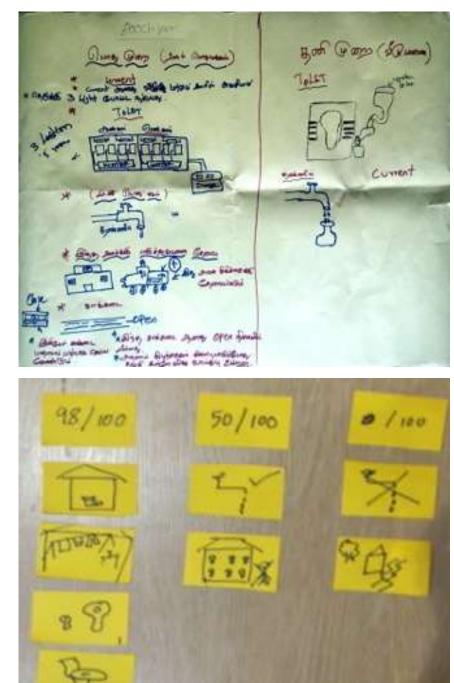


Unpacking health linkages to WASH

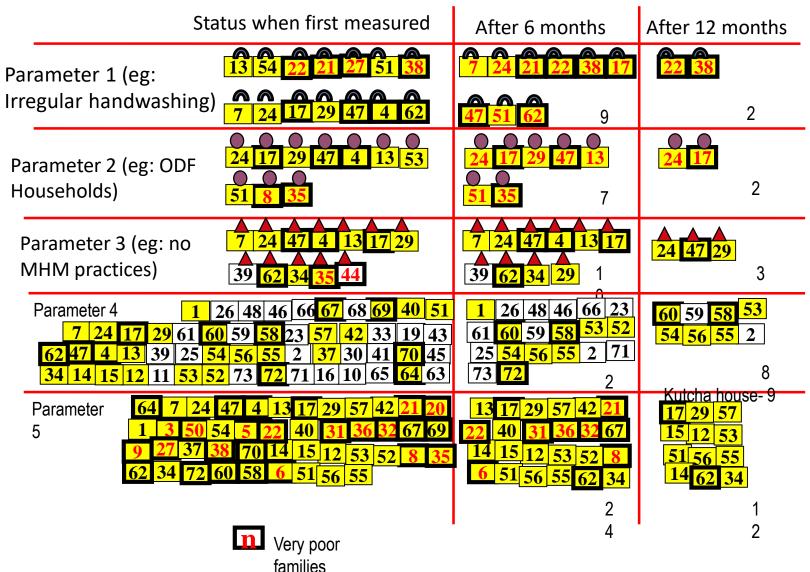
(children prone to absenteeism and impacts on play time; livelihoods of men and women being affected; increased indebtedness thus furthering the poverty

- Community led planning
- Change perspectives of users and doers not an able bodied man but a dalit girl with a disability.....





- Women and adolescent girls leading the way
- Community champions (single women pioneering construction, contributing for bathing space adjacent to toilets)
- Campaigning (through songs, videos...)
- Panchayat committees using simple monitoring tools



Challenges

- "Shaming" as a strategy to sustain behaviour change reinforces caste and patriarchal hierarchies in the long run
- Mismatched pace at which decentralisation happens and SBCC action is needed at the village level

Thank you