

Swami Vivekananda Youth Movement

Challenge: Improving village quality of life through education, youth, sanitation and increasing community involvement

Solution: Implement Project YES (Youth, Education, and Sanitation) in 60 Dharwad Villages

Benefits: Sustainable programs in the areas of youth, education and sanitation and increased community development and awareness

The Swami Vivekananda Youth Movement's (SVYM) (www.svym.net) sustainable Youth action for Education and Sanitation (Yes- Youth, education, and Sanitation) project is supported by the Deshpande Foundation . Started in November 2008 with the objectives of driving rural development and increasing community awareness through youth – led- initiatives, Project YES in Dharwad, Karnataka is an extension of SVYM's ongoing work in education , hygiene, and household sanitation in tribal and non –tribal population of the Heggadadevana (HD) kote Taluk of Msore District SVYM recognized early-on the need to stem, at the community-level, the hygiene and sanitation issues responsible for many illnesses and health problems. As a way to promote improved water, sanitation and hygiene-related practices in the rural areas of HD Kote, SVYM has operated programs that emphasize behavioral change, awareness generation, and demand generation for at least 15 years.

SVYM's Rural Oriented Health Initiative (ROHINI) program in HD Kote takes an integrated approach to healthcare and prominently includes Water, Sanitation, and Hygiene Education (WSHE) as part of prevention and community-based activities. Women and/or youth are directly targeted as the most receptive to new concepts of sanitation and most effective in changing mindsets about the benefits of safe drinking water, toilet usage, and personal and food hygiene.

SVYM is firmly committed to involving youth in the process of nation-building and encouraging the self-respect of women. This theme, with particular emphasis on youth as facilitators of change, is replicated in Project YES.

The Nairmalya Vahini project was undertaken to specifically address WSHE through direct work with schools and community based organizations, the projects' two main target groups. In 2008-2009, increased sanitation coverage and improved hygiene was achieved in 22 Gram Panchayats (GP) in HD Kote through a series of interventions that include behavioral change activities, awareness and demand generation strategies. In addition to this, the project incorporates networking and advocacy activities with local government and community-based organizations (CBOs). Project YES is based on the Nairmalya Vahini model.

The Situation

There is a strong need for youth development, education and sanitation in Dharwad. Project YES was taken up in 60 villages in Dharwad district. The residents of these villages were impoverished, unemployed or underemployed, lacking in quality education, inactive in their community-based organizations and school systems, and almost

universally unaware of the benefits of sanitation. Village youth were in want of development and job skills training but generally apathetic to village development. Open defecation was widely practiced and household latrines were limited, or were an unpopular option and thus were underutilized. Additionally, there was very little access to safe drinking water. Key stakeholders and decision-making bodies were unaware of sanitation campaigns and activities resulting in sanitation initiatives were not given priority and neglected.

SVYM conducted a development diagnostic study, initially in 90 villages in Dharwad district. Major findings identified were:

- *Youth:* High Unemployment rates (73.1%), high youth apathy (no more than 14.3% affiliated with any social organization in rural Dharwad), low involvement in village development activities of any type (<20% participation rate);
- *Education:* Parental apathy and limited awareness of the benefits of education (<54% parents visit schools), lack of understanding of SDMC roles among SDMC members (>75%), limited awareness of functions and existence of SDMC among a majority of households (> 64%), high dropout rates with educational environments not conducive to girl students, lack of reliable methods for monitoring school dropout rates (opinion-based and thus widely variable).
- *Sanitation:* Limited Household toilets (<25%, with only 15% actually utilized), Open defecation practiced (>75% of adults), almost universal lack of awareness of benefits of child, personal, and household hygienic methods (up to >98%), lack of sanitation campaigns awareness among >53% of panchayat members and thus limited Water and Sanitation committees across the villages.

Based on the results of the study, SVYM determined that area standards of health, educational achievement, and economic growth were being hampered by its lack of sanitation and hygiene practices and ineffective and underutilization of community youth. SVYM saw a definite need for an initiative that would focus on the three important areas of youth, education, and sanitation if the overall outcomes of the villages were to improve. Thus began the process of implementing Project YES in 60 select villages of Dharwad.

The project is currently in the completion of its first year and has been conceived as a five-year project. Its implementation is broken into three (3) phases – phase I involves 2 years of direct intervention in **Dharwad** villages to actively promote hygiene- and education-related practices; phase II will gradually scale up the intervention activities of phase I into **Navalgund, Kalghatagi, Hubli, and Kundagol blocks**, while beginning the process of phasing out those in the villages of Dharwad. The final 6 months (phase III), in line with the SVYM goal to develop self-reliant communities and organizations, will begin the withdrawal phase of training and shifting the responsibilities of the project from SVYM over to the community itself, partner NGO's and youth volunteers.

The Challenges

There are some challenges that need to be addressed to effectively scale up Project YES in the next 2 to 4 years.

- Number of youth interviewing for the Y4D program has diminished, with familial resistance (especially in the case of girls) and the attractiveness of higher-paying industries cited as major factors.
 - How can Project YES, built around the concept of youth as facilitators of changes, emphasize the necessity of rural development to avoid a “brain drain”, as well as change mindsets to increase the number of female volunteers?
- Information on dropouts and irregular students is collected sporadically by school and government officials or provided not at all by schools, and at times is falsified by parents and/or teachers, jeopardizing the ability to monitor delinquent children and reduce the dropout rate.
 - What steps can be taken to standardize data collection techniques and ensure reliable statistics?
- Continuing infrastructure issues such as power cuts and outages and general lack of a power supply have hindered the progress of some awareness activities. Lack of reliable transportation has frequently kept street play teams from reaching villages in time for awareness performances.
 - Keeping in mind the existing infrastructure, how can Project YES develop and implement a more effective outreach strategy?
- Sanitation, health and education have yet to become priority for many villagers, hindering the progress of some sanitation and safe drinking water awareness initiatives.
 - What changes can Project YES make to existing outreach activities to more effectively reach the most resistant community members to sanitation initiatives?

The Solution

Changing Mindsets about Sanitation and Education – Innovative Strategies

*Cultivating Youth to Facilitate Development: SVYM identifies and trains rural youths aged 18 – 35 to undertake rural development initiatives in the “**Youth for Development**” (Y4D) training course. Y4D volunteers act as agents of change in their communities and facilitate the adoption of safe water and sanitation practices, and motivate behavior change and awareness in local villagers towards education and hygiene initiatives. Volunteers receive small, performance-based honorariums for their work in YES and other project activities. Y4D is linked directly to Project YES.*

Awareness and Demand Generation through Community Outreach and Behavior Change Communications (BCC): Project YES has aggressively started the process of generating awareness about sanitation, safe drinking water, and education in Dharwad. SVYM’s community outreach activities form the basis of direct intervention in the villages.

Activities in 2008-2009 included street plays, sanitation fests, workshops, jathas (awareness rallies), melas, household visits, and public wall paintings on education and sanitation issues. SVYM also facilitates meetings and discussions with community-based organizations (CBOs) and self-help groups (SHGs). These structured programs use a participatory method to involve the entire community in major problem identification and solution-finding. SVYM understands that successful implementation of development

initiatives depends upon demand. The direct, educative, and interactive nature of these outreach activities create demand where initially there was none.

Partnerships with Local Government and NGOs, and Strengthening Community Organizations through Training: SVYM partners with local School Development Monitoring Committees (SDMCs) to strengthen the education system of the project area and increase the chance for sustainability of education initiatives after Project YES is withdrawn. Project YES provides training to the SDMC on improved teaching methods, identifying school dropouts, and understanding the need for basic facilities.

SVYM also partners with local NGOs, who have a facilitative role in helping to procure sanitation materials for toilet construction, provide some financial support, and sustain project objectives after Project YES gradually reduces its financial and technical support in Phase III. Training is also provided for women SHGs as well, and to GP members on education and sanitation issues.

Participatory Rural Appraisal (PRA): PRAs were undertaken as a means to identify areas of intervention, map current facilities, and jumpstart the selection process of sanitation units and materials at the village level. Selection is based on need, with a preference of those villagers living below the poverty line, or of disadvantaged groups such as scheduled caste and tribes and other backwards castes (OBC). A PRA has been completed for all villages in Phase I. Sanitation coverage, literacy rates, and NGO availability in the villages were found to be the most needed interventions across all villages. The highest average rate of sanitation coverage found in the study area was only 11%. The villages with the highest average rate of sanitation also had the highest average literacy rates (59%) - conversely, the villages with the lowest rates of sanitation coverage (5.8%) also had the lowest average literacy rate at 52%.

The Results

In its first year of operation in Dharwad, Project YES is on track to meet Phase I objectives in each project category within the allotted timeframe of 24 months.

Build capacity of village youth to drive community development: 36 of the targeted 70 youth members (51%) have completed training in the Youth for Development Program, 35 youth volunteers have been identified and trained in more than 50% of the villages in the project area and, to date, 14 youth groups have formed in 14 villages. Youth groups actively participate in development activities and act as role models – group members construct toilets in their own homes, taking the lead in sanitation initiatives in their communities. 90 people have been motivated to start constructing toilets in their villages through the efforts of Y4D trainees.

Awareness and Demand Generation: 100% of school cabinet formation and school cabinet training program (for youth) activities are already completed, more than 22 melas were conducted in all villages for villagers (more than 5 times the initial target), and 4 of 7 of the remaining major sanitation outreach activities have achieved at least 60% of their

target for Phase I - audio video programs (60%), pamphlets (100%), posters (100%), procurement of *Information, Education and Communication* (IEC) materials (100%).

Increased Sanitation Coverage by facilitating the building of 300 household sanitation units: Successful motivational awareness and demand generation strategies have lead to 44 families completing construction of toilets, and 118 families starting new construction of toilets out of the targeted 300 families in the project area for phase I. 8000 water purification tablets for safe drinking water have also been distributed to 16 villages.

Monitor school dropout rates, with goal to reduce by 75% in Phase I: To date, Project YES has identified and is monitoring all irregular and dropout school children (75 children).

Strengthen or build contextually relevant community institutions: Monthly SDMC meetings are conducted in 65 of 83 (78%) schools in the project area and training of 100% of targeted GPs (2) at the cluster level is complete. Community contributions were used for GP training and GP members have encouraged 145 of their own members to construct toilets.