

**Research and Evaluation of Behaviour Change Communication Project to Improve  
Sanitation in Davangere District**

**Revised Impact Evaluation Report**

**Submitted to**

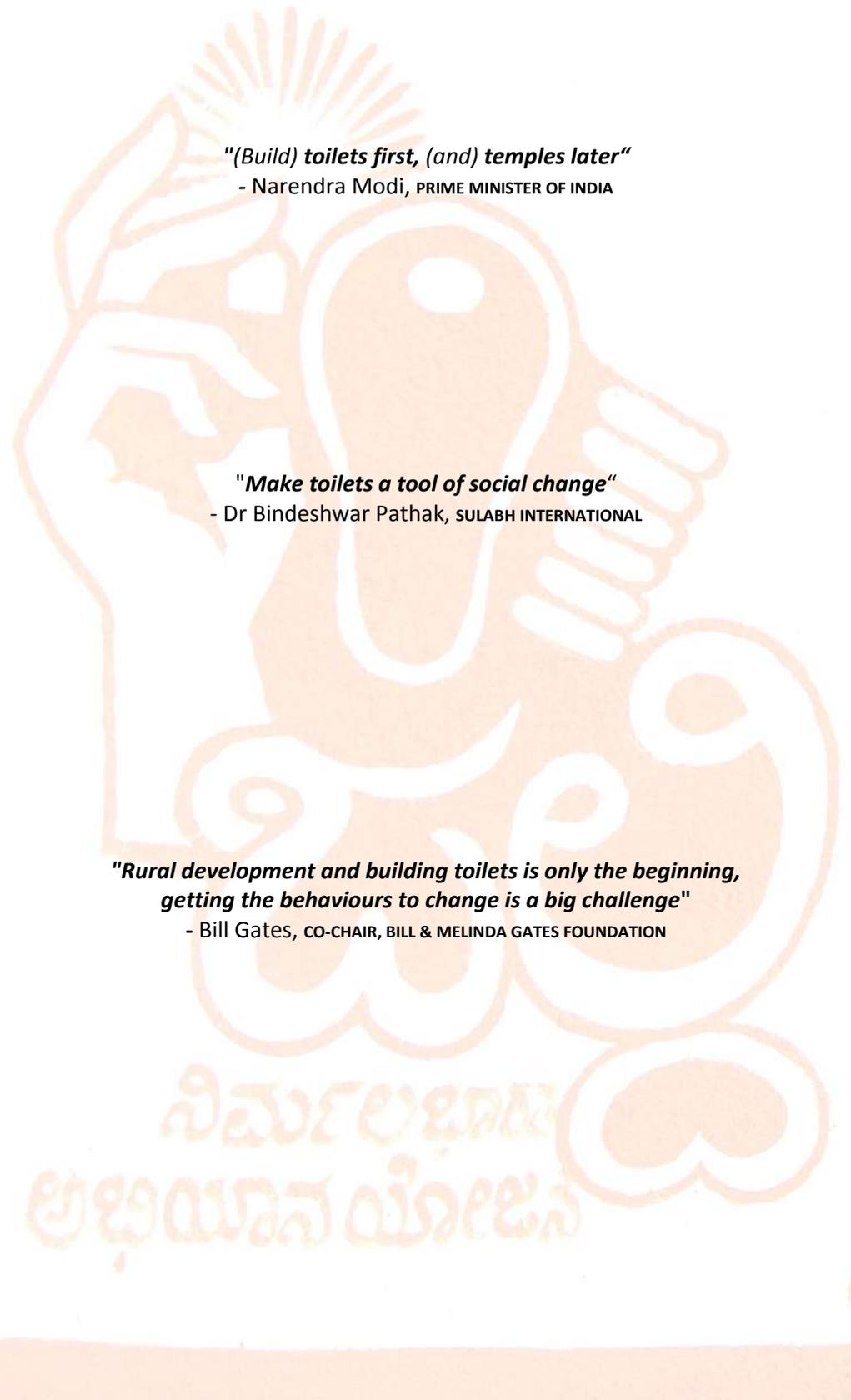


**By**



**PUBLIC AFFAIRS FOUNDATION**  
Partnership for Better Governance

**14<sup>th</sup> November 2014**



***"(Build) toilets first, (and) temples later"***  
- Narendra Modi, PRIME MINISTER OF INDIA

***"Make toilets a tool of social change"***  
- Dr Bindeshwar Pathak, SULABH INTERNATIONAL

***"Rural development and building toilets is only the beginning,  
getting the behaviours to change is a big challenge"***  
- Bill Gates, CO-CHAIR, BILL & MELINDA GATES FOUNDATION

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ಅಭಿವೃದ್ಧಿಯ ಯೋಜನೆ

# Sanitation and Toilets

Red Fort and Rashtrapathi Bhawan to  
United Nations and The White House

Toilets and sanitation, subjects rarely spoken about,  
are now being discussed at national and international forums  
on a scale never imagined so far.

Learning from this study, we hope,  
will add value to the future efforts of all stakeholders -

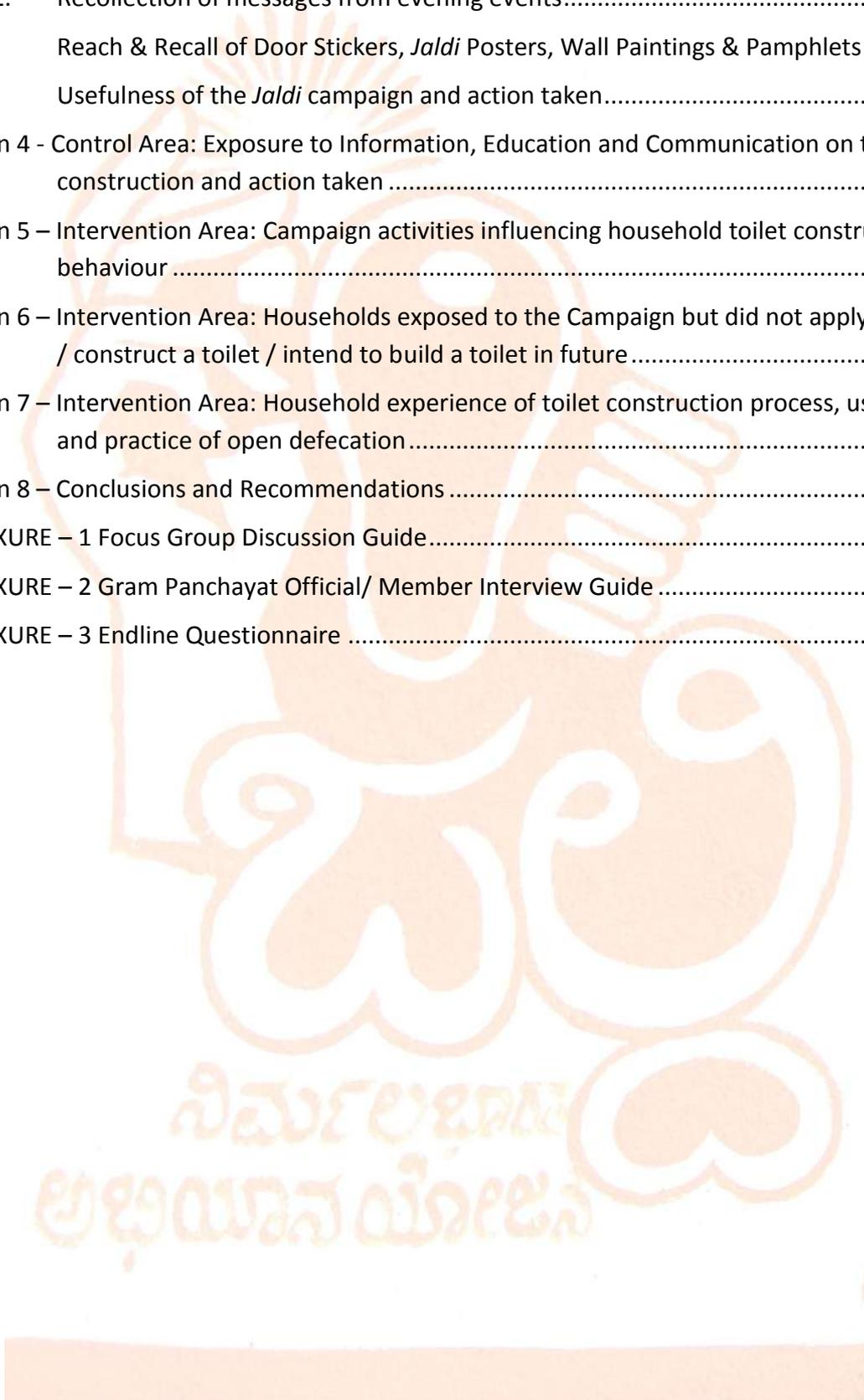
Arghyam,  
Government of Karnataka,  
other State Governments,  
the Central Government,  
Civil Society Organisations,  
communication specialists like Centre of Gravity,  
and a host of others in India and around the world -  
to scale up and focus on not merely construction of toilets,  
but also on the effective utilisation of IEC funds  
to change attitudes,  
alter behaviour,  
prioritise the need,  
encourage construction, and  
motivate usage.

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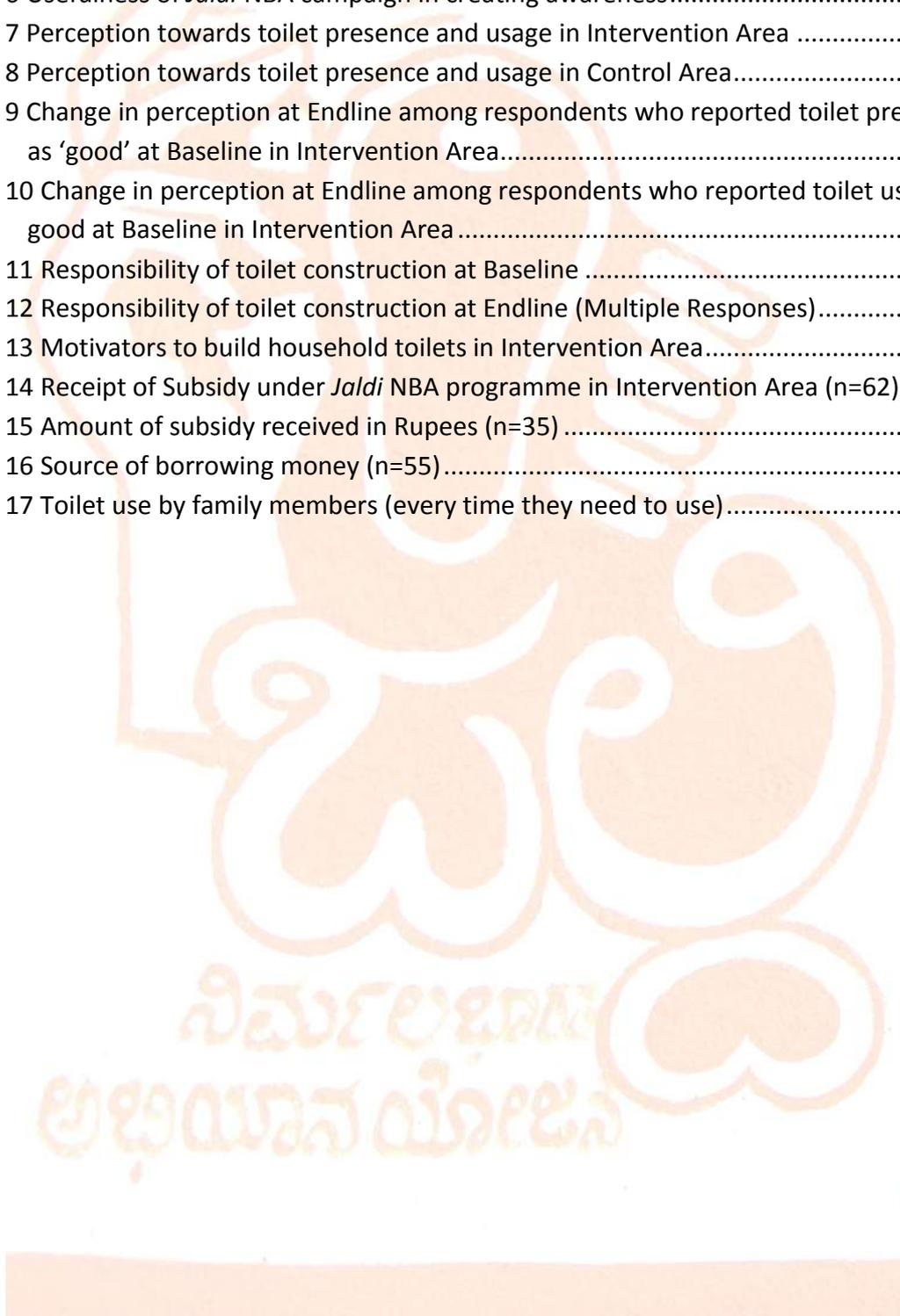


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## List of Abbreviations

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi worker
BCC	Behaviour Change Communication
BPL	Below Poverty Line
BNV	Bharat Nirman Volunteer
CEO	Chief Executive Officer
CoG	Centre Of Gravity
GP	Gram Panchayat
IEC	Information Education Communication
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MIS	Management Information System
NBA	Nirmal Bharat Abhiyan
NGO	Non Government Organisation
OBC	Other Backward Caste
PAF	Public Affairs Foundation
PDO	Panchayat Development Officer
SC	Scheduled Caste
SD	Swachchata Doot
SHG	Self Help Group
ST	Scheduled Tribe
TSC	Total Sanitation Campaign
UPS	Uninterrupted Power Supply

## Section 1 – Executive Summary

### Arghyam

Arghyam, a Bangalore based grant making charitable foundation, has implemented a Behaviour Change Communication (BCC) project that aims to apply social marketing and behavioural science research approaches to improve sanitation in rural Karnataka. In collaboration with the Government of Karnataka, Arghyam is implementing a pilot Intervention – BCC campaign in rural areas of Davangere district under the Nirmal Bharat Abhiyan (NBA) programme to increase the demand for and construction of household toilets.

### Centre of Gravity (CoG)

Communication specialists Centre of Gravity [CoG], Bangalore has supported Arghyam by conceptualising, designing and executing the BCC campaign.

### Public Affairs Foundation (PAF)

Public Affairs Foundation [PAF], Bangalore provided evaluation support to Arghyam through a quasi-experimental study design. The project goals were to a) estimate the toilet coverage and usage in the district and b) measure the impact of the BCC campaign on toilet construction behaviour using impact evaluation methodology.

Baseline Survey (prior to implementation of the BCC Campaign) and an Endline Survey (after implementation of the BCC campaign) in the Intervention Area (where the BCC campaign was conducted) and the Control Area (where the BCC campaign was not conducted) form a critical part of the study design.

The Baseline Survey was carried out to estimate toilet coverage and usage prior to the BCC campaign. The survey was conducted during the month of December 2013 across 25 randomly selected Gram Panchayats (GPs) in the Intervention Area with a sample of 800 households, and in 20 randomly selected GPs in the Control Area with a sample of 500 households. After the Baseline Survey, the BCC campaign was conducted in all the 25 GPs of the Intervention Area between January and February 2014. The BCC Campaign was carried out in two rounds. In the first round multiple activities were held for two consecutive days. The second round was a follow up held for a day.

To measure the Impact of the BCC campaign, the Endline Survey was carried out between the last week of May and first week of June 2014. Only those households that did not have a toilet or reported discontinued toilet construction at Baseline Survey (Intervention Area – 365HHs; Control Area – 230 HHs; Total – 595 HHs) were selected for the Endline Survey. Lost to follow up and matching of the households resulted in the final endline sample of 338 households in the Intervention Area and 221 households in the Control Area.

A detailed sample selection methodology for the Endline Survey can be found in the Methodology section. Focus Group Discussions (FGDs) were also held with groups of men and women in select Intervention Area (10 FGDs) and Control Area (8 FGDs) villages to understand the norms, behavioural patterns, reasons for construction / non-construction of a toilet post BCC campaign, and toilet usage.

Presented in this Report are a) salient findings from the Baseline Survey, b) a short note on the BCC campaign implementation strategies, and, c) evaluation study findings of the BCC campaign in terms of reach, recall and impact on household behaviour. Also presented is the impact on the attitudes and behaviour towards toilet construction, usage and responsibility.

### Impact Evaluation – Major Findings

#### ◆ Demographic profile:

- The sample population is predominantly young (average age 41 yrs); belonged to OBC social category; Hindu; living in Semi-Pucca house; owning up to 5 acres of land; owning livestock, and using predominantly wood as a fuel for cooking.
- A typical surveyed house is an own house, composed of five family members. More than half (60%) of the surveyed population is literate.
- Employment status at household level reflects more marginal workers with upto six months of work in a year.
- More than half the households had a membership with a Self Help Group.
- 71% households in Intervention Area and 81% in Control Area fall under medium to low affordability measure.
- Public tap / Stand post emerged as the main source of water; mostly adult women family members fetched water within a distance of 100 meters from the house. Specifically for toilet use, family members use an average of less than 20 litres of water in a day. Disturbance in water supply from main source was evident in only half of the households in the year preceding the survey.

#### ◆ Behaviour Change Communication Campaign Reach & Recall: respondents from 93% households in the Intervention Area had heard about the campaign; 89% attended the events., 95% attended Morning and 61% attended Evening events.

- **Morning events** received the highest participation compared to other events. Announcement through vehicle (97%) and personal invitations (80%) by GP officials / members / Anganwadi worker / ASHA worker were prominent activities recalled. Respondents who received the invitations found the invitation card colourful and interesting. *Banni Banni* song played between the announcements had maximum recall (65%) than *Nadedalo Hennu* (50%). The message most recalled was – "*construct a toilet and receive the subsidy amount within 20 days after construction*".
- **Afternoon events** were attended by 36% households. School rally was mainly held across most GPs. SHG rally was not held in most GPs. Among the afternoon events, 98% of the respondents confirmed watching the School rally. Prominent slogans

recalled were – "*construct a toilet and be a responsible person*", and "*keep the village clean by constructing a toilet*".

- **Evening events** were attended by 61% respondents, mostly men; women's participation was low. Skit by artists was the most recalled (94%) activity followed by *Responsible Father* film (69%). Skit and film were liked by all the respondents. Venue arrangements were well appreciated. The learnings were – every household should construct a toilet, problems faced by the girl in the film can also be faced by daughters in the household, parents (especially fathers) should understand problems of girls and women in the household and construct a toilet.
- **Door Stickers** had higher visibility and reach; 68% respondents had seen the stickers.
- **Jaldi NBA campaign** had nearly 81% respondents expressing that the information is useful; 45% among them took multiple actions such as - approached GP to apply for subsidy and/or started construction of a toilet.
- **IEC messages** - compared to the *Jaldi* NBA Campaign, in the Control Area, 44% households were exposed to regular IEC messages under NBA in the six months before the Endline survey. The most prominent source of information was a GP member, and the medium was house to house visits with a frequency of once a month. Apart from '*construct a toilet*' message, no specific IEC message was recalled by respondents. Although many (78%) felt the information was useful, 80% among them did not report taking any action.
- **Activity wise exposure** - compared to round wise and event wise exposure to the campaign, individual activity wise exposure analysis revealed stronger and more positive association between independent variables of exposure with short term and intermediate term outcomes of the campaign (of approaching GP and starting construction) than long term outcome (of toilet construction). In the event category, afternoon events had positive impact on households approaching the GP for application, and starting construction of toilet.
- **Activity wise analysis** shows that in the morning event, personal invitations had very significant association with the short and intermediate term outcomes of application to the GP and commencement of toilet construction compared to the activity of announcements and songs. School rally in the afternoon event also showed a strong association in the evening events, both the skit and the *Responsible Father* film showed a strong association with intermediate outcome of commencement of toilet construction. Categorisation of exposure into high, medium and low also confirmed positive association of the campaign with the short and intermediate outcomes.

- ✦ **Exposure / impact of the BCC Campaign** - compared to the impact of the IEC messages on toilet construction behaviour in control area, impact of the BCC campaign showed a strong positive association between exposure to BCC campaign with short, medium and long term outcomes ( $p$  value  $<0.05$ ).

Post BCC campaign, there is increased realisation among households about toilet presence and usage in the village. More than 50% respondents, who at Baseline stated toilet presence in the village as "Good", shifted their opinion to "Average" / "Bad" after the campaign. Similarly, 36% respondents at Endline survey changed their opinion about toilet usage in the village from "Good" at Baseline to "Average" / "Bad" in Endline Survey. More than half of the households at Baseline, who reported toilet construction as the responsibility of GP member / officials, shifted their opinion to responsibility being that of the household, after the campaign. This change in opinion and attitude after BCC campaign was found to be statistically significant (McNemar's Test of significance for matched paired households).

Control Area households also showed increased realisation about toilet presence and usage, however, such a change could be because of confounding factors such as GP officials from all the GPs attending *Jaldi* NBA meetings, wider coverage of 'toilet construction' in media.

- ✦ **Impediments to positive actions** - lack of financial resources, lack of space, observed delay in subsidy disbursement by GP members to beneficiaries, awaiting approval from government for a housing scheme were the major impediments for 58% households who had not taken any action even after attending *Jaldi* Campaign. However, 91% of these households showed a positive intention of building a toilet within a year's time.

- ✦ **Positive outcomes:**

- **Construction of toilets** - in the Intervention Area, 70 households had constructed a toilet post BCC campaign (February 2014 onwards); out of these, 65 households had constructed the toilet under *Jaldi* NBA. In the Control Area 11 households had constructed the toilet February 2014 onwards; out of these, 5 households constructed the toilet under NBA.
- **Toilet usage** was found to be higher among female family members compared to male members who still practiced open defecation.
- More than three quarter of the respondents who had constructed a toilet suggested recommending toilet construction to others in the village.

- ✦ **Motivators**

- **Women family members** - in the Intervention Area, among households with a toilet, family members (mainly women) emerged as one of the main motivators; 87% of

these respondents in turn also reported getting motivated by *Jaldi* NBA campaign. Swachchata Doot and GP officials helped the households in applying for subsidy.

- **Subsidy in 20 days** - among households that had constructed a toilet, almost 71% of the respondents reported that the promise of subsidy disbursement within 20 days of toilet construction was the main motivational message to initiate the toilet construction process. However, in reality, only 7% of the respondents received the subsidy amount within 20 days of toilet construction; only 3% households reported receiving the total subsidy of Rs.9900 (including beneficiary contribution of Rs. 700).

#### ✦ **De-motivators**

- **Financial difficulties** for households in toilet construction were evident as 89% households who had constructed the toilet had to borrow money from money lenders / relatives / friends / neighbours.
- **Delay in subsidy** - not receiving subsidy amount within 20 days of toilet construction was the major problem faced by households.

The rest of the report is organised as follows:

- Section 2 describes the evaluation design and methodology
- Section 3 includes impact of BCC campaign activities on toilet construction behaviour
- Section 4 includes Control Area specific findings on exposure to IEC and toilet construction behaviour
- Section 5 specifically presents campaign activities influencing toilet construction behaviour
- Section 6 describes why even after exposure to the BCC campaign some households did not take any action
- Section 7 includes household experience of toilet construction process
- Section 8 contains conclusions and recommendations

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अध्ययन की शुरुआत

## Section 2 – Evaluation Design and Methodology

### 2.1. Study design and project overview

Despite programmatic interventions over decades, improvement in rural sanitation across India is still patchy. The Government of India through its flagship subsidy based programme, the Total Sanitation Campaign (Nirmal Bharat Abhiyan), is promoting sanitation behaviours among the population. The focus of the campaign is to generate demand for sanitary facilities through Information, Education, Communication (IEC) and capacity building activities. The campaign considered existing economic disparity and provided options to people to build household toilets. The campaign is people centric and community led. Financial subsidy is provided to the economically weaker sections of the society (Below Poverty Line households) for construction of household toilets.

Nirmal Bharat Abhiyan (NBA) recognised the importance of IEC in demand generation and hence strongly promoted the use of IEC involving Panchayat Raj Institutions, ASHA workers, Anganwadi workers, Self-Help Groups, Women's' groups and NGOs. A campaign approach is the mainstay of NBA. To bring about behavioural changes in sanitary practices, a two pronged approach is envisaged which includes a) Intensive IEC and advocacy b) convergence of Panchayat Raj Institutions with other sectors and NGOs.

To facilitate the Government efforts on IEC, Arghyam, a Bangalore based grant making charitable foundation, implemented a Behaviour Change Communication (BCC) project that applied social marketing and behaviour science research approach to improve sanitation in Davangere district, rural Karnataka. The project demonstrated use of improved IEC strategies focusing on changing behaviour practises of people to affect increase in demand for construction and use of toilets. Arghyam adopted market based and new communication approaches to achieve desired and sustainable outcomes. This project was implemented in Davangere district in Karnataka state.

Public Affairs Foundation [PAF] Bangalore, a pioneer in conducting user feedback led public service delivery improvement projects, is the research and evaluation partner for this project.

#### **Project Overview**

Arghyam, in collaboration with the Government of Karnataka and a communication agency - Centre of Gravity, designed and implemented a communication strategy for sanitation. The strategy aims to improve the quality, effectiveness, and impact of IEC messages under the NBA. A fresh communication campaign that was specially conceptualised and created from this strategy was piloted across randomly selected GPs in Davangere district in Karnataka.

PAF independently measured the impact of the campaign by first conducting a Baseline Survey (prior to implementation of the Behaviour Change Communication (BCC) Campaign) and then an Endline Survey after the BCC campaign was implemented.

The objectives of PAF's project were as follows:

**Pre- BCC Campaign (Baseline Survey)**

- To estimate toilet coverage and usage in the district
- To explore the sources and medium of information on toilet coverage and usage
- To understand the household experience of toilet construction under Nirmal Bharat Abhiyan programme
- To identify factors that determine toilet construction and usage

**Post- BCC Campaign Impact Evaluation (Endline Survey)**

- To measure the reach of the BCC campaign and recall of the messages
- To measure the impact of the BCC campaign in terms of short term, intermediate and long term outcomes achieved with respect to exposure to the campaign
- To measure change in attitude and behavior of the household members
- To understand household experience of toilet construction under the Nirmal Bharat Abhiyan programme and,
- To recommend actions for scale up

Following figure illustrate the evaluation study design:

**Figure 1 Illustration of the Study Design**

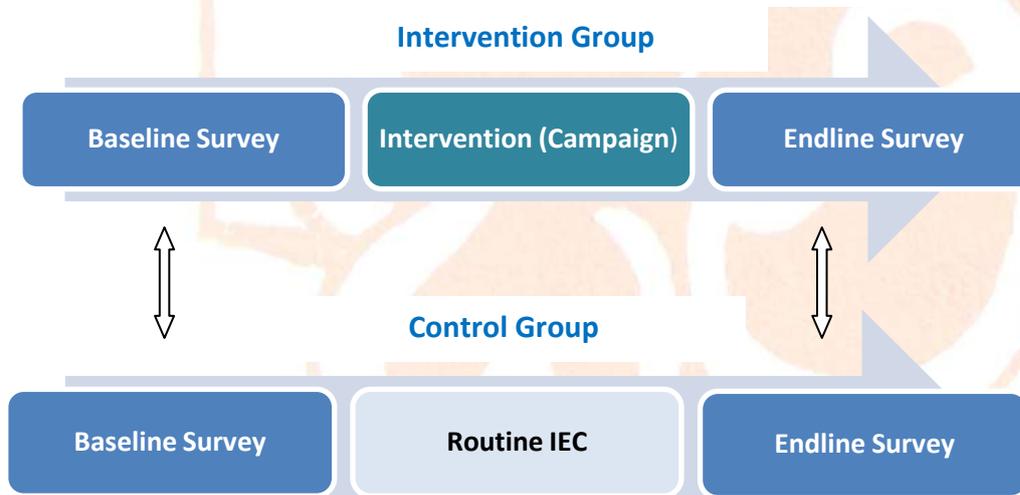


Table 1 describes the logic model adopted for evaluating the Impact of the BCC campaign.

**Table 1 Logic Model / Framework used for evaluation of the BCC Campaign**

Inputs	Activities	Outputs	Outcomes		
			Short Term	Intermediate	Long Term
Staff Equipment Materials Partnerships Time	<ul style="list-style-type: none"> <li>Announcement through vehicle</li> <li>Personal Invitations</li> <li>Posters / Door stickers/Wall paintings</li> <li>Songs                             <ul style="list-style-type: none"> <li><i>Nadedalo Henuu</i></li> <li><i>Banni Banni</i></li> <li><i>Group song</i></li> </ul> </li> <li>Video Shooting of households with toilets</li> <li>Game</li> <li>Films                             <ul style="list-style-type: none"> <li>Responsible father</li> <li>Household experience of toilet construction</li> <li>CEO Message</li> </ul> </li> <li>Skit</li> <li>Speech by GP/Block officials</li> <li>Pledge</li> <li>Certificate distribution</li> </ul>	<ul style="list-style-type: none"> <li>No. of households attending the campaign events</li> <li>No. of households attending morning, afternoon and evening events</li> <li>No. of households attending individual activities in the morning, afternoon and evening</li> <li>No. of respondents seen the Posters/Door stickers/Wall Paintings</li> <li>No. of respondents receiving invitation cards</li> <li>No. of respondents participated in the game</li> <li>No. of respondents took pledge</li> <li>No. of respondents received certificates</li> <li>No. of respondents received pamphlets</li> <li>No. of respondents seen use of flipchart</li> </ul>	<ul style="list-style-type: none"> <li>Households aware of NBA</li> <li>Recall of campaign message</li> <li>Households liked the campaign events and activities</li> <li>Households reporting the invitation card readable, interesting and colourful</li> <li>Households satisfied with the arrangements at the venue</li> <li>Households reporting campaign information useful</li> <li>Households expressing the need for toilets</li> <li>Households are motivated by the campaign</li> <li>Households are discussing the possibility of building a toilet</li> <li>Attitude towards toilet construction and usage has changed</li> <li>Households intend to build a toilet</li> </ul>	<ul style="list-style-type: none"> <li>Household members reach out for more information on subsidy</li> <li>Calls/visits to Panchayat office from potential applicants</li> <li>Household members apply for a subsidy under NBA</li> <li>Households started the construction of a toilet</li> </ul>	<ul style="list-style-type: none"> <li>Households completed toilet construction</li> <li>Family members using the toilet</li> </ul>



## 2.2. Baseline Survey

### 2.2.1. Baseline Survey Sample

The sample for the Baseline Survey included households from Intervention Area and Control Area. The Intervention and Control Areas were matched on several indicators to ensure similarity in characteristics. Davangere district has 6 taluks, 230 GPs and about 800 inhabited villages. On an average there are 3 to 4 villages per GP. The highest number of GPs is in Channagiri taluk with 61 and lowest number is in Jagalur taluk with 22 GPs. The GPs in Harihar are bigger in terms of number of households (HHs) while GPs in Honnali and Channagiri taluk are smaller.

**Table 2 Distribution of Gram Panchayats (GPs) and Households (HHs) by Taluks \***

Taluk	Number of GPs	Distribution of GPs (%)	Average number of HHs	Distribution of HHs with toilets (%)
Harihar	25	10.9	1489	41.66
Harappanahalli	35	15.2	1447	14.56
Jagalur	22	09.6	1478	18.24
Davanagere	40	17.4	1322	42.20
Honnali	47	20.4	1002	56.30
Channagiri	61	26.5	1015	49.20
Total	230	100.0	1227	38.30

The distribution of GPs by size class of households is given in Table 2. The table shows that about one third of the GPs have less than 1000 households. A majority of GPs are in the size class of 1000 to 1500 households. The toilet coverage shows an interesting pattern. The coverage is high in small GPs and decreases with the increase in the size of GPs; it reaches a minimum of 29.6% in the size class of 1500 to 2000 households and then increases to 45.8% in big GPs with 2000 and more households.

**Table 3 Distribution of GPs by the size of HHs**

Size class of HHs	Number of GPs	GPs (%)	Coverage of toilets (%)
Less than 1000	76	33.04	46.71
1000 to 1499	100	43.48	38.13
1500 to 1999	45	19.57	29.66
2000 and above	9	3.91	45.81
Total	230	100.00	38.30

\* [http://www.zpdavangere.kar.nic.in/dist\\_stat.html](http://www.zpdavangere.kar.nic.in/dist_stat.html) Accessed on September 11, 2013;

<http://davanagere.nic.in/newsite/index.html> Accessed on September 11, 2013

There is variability in the coverage of toilets across the size class of GPs. Hence, the sample selection to study the intervention has taken into consideration the size class of GPs.

**i. Selection of GPs for the Intervention Area (BCC Campaign)**

Out of the 230 GPs in Davanagere district, the intervention was planned to be rolled out in 50 GPs<sup>†</sup>. The selected GPs should represent the characteristics of the district in terms of the size of GPs and the coverage of toilets. The sample design that captures these aspects is PPS (Probability Proportion to Size) sampling procedure. Hence, PPS sampling procedure was adopted for selecting the GPs. The 50 GPs selected to receive the intervention show the household size distribution similar to the distribution of all the 230 GPs.

**Table 4 Distribution of GPs in the Intervention Area by the size of HHs**

Size class of HHs	Number of GPs	Distribution of all GPs (%)	Number of sample GPs	Distribution of sample GPs (%)
Less than 1000	76	33.04	16	32
1000 to 1499	100	43.48	22	44
1500 to 1999	45	19.57	10	20
2000 and above	09	03.91	02	04
Total	230	100.00	50	100

**ii. Selection of GPs for Baseline Survey from the Intervention Area GPs**

From the 50 GPs selected for the campaign, 25 GPs were selected for the Baseline Survey. From the 50 GPs distributed over the four size classes given in Table 4, half of the GPs were selected from each size class at random. The selected GPs for the Baseline Survey are presented in Table 5.

<sup>†</sup> Subsequently, numbers of GPs selected for Intervention Area were reduced from 50 GPs to 25 GPs considering limited number of days available to roll out the Intervention because of possible enforcement of election code of conduct.

**Table 5 Names of the selected GPs for Baseline Survey**

Sl.No	Taluk	Name of the GP	Number of HHs	Number of HHs with toilets
1	Harihar	Kokkanur	1728	611
2	Harihar	Rajanahalli	1397	300
3	Harihar	Haralapura	1703	1288
4	Harapanahalli	Koolahalli	994	167
5	Harapanahalli	Kadabagere	1112	78
6	Harapanahalli	Anajigere	1503	399
7	Harapanahalli	Hiremagalagere	2362	735
8	Jagalur	Kyassenahalli	1336	34
9	Jagalur	Mustur	821	66
10	Jagalur	Biderakere	1544	392
11	Davanagere	Avaragolla	1083	397
12	Davanagere	Hadadi	1462	521
13	Davanagere	Kandavakovi	902	186
14	Davanagere	Mayakonda	1142	514
15	Davanagere	Hebbalu	1707	702
16	Honnali	Guddehalli	504	164
17	Honnali	H.Kadadakatte	1218	768
18	Honnali	Govinakovi	971	565
19	Honnali	Benakanahalli	1298	604
20	Channagiri	Kanivebilachi	962	566
21	Channagiri	Navilehal	1145	811
22	Channagiri	Kakanur	1213	307
23	Channagiri	Lingadahalli	954	497
24	Channagiri	Vaddanal	1028	654
25	Channagiri	Tavarekere	986	580
		<b>Total</b>	<b>31075</b>	<b>11906</b>

### iii. Sample size for the Baseline Survey in the Intervention Area GPs

The sample size for each selected GP was 32 households. Two villages were selected from each GP if the number of villages in a GP was more than one. The sample of 32 households was allocated to the main village and a second village in proportion to the number of households. The second village was included in the selection to cover all size classes of villages. A rotation procedure based on the village size was followed in the selection of second village from GP to GP. The total sample size for the Intervention Area was 800 households. Table 6 below lists names of the villages and the number of households covered in each village.

**Table 6 Intervention Area – Sample size for the Baseline Survey**

Taluk	Gram Panchayat	Sample villages	No. of HHs	Sample size
Channagiri	Kanivebilachi	Kanivebilachi	425	26
		Kengapura	90	6
	Navilehal	Navilehal	730	27
		Ramagondanahalli	110	5
	Kakanur	Kakanur	495	23
		Dodderekatte	189	9
	Lingadahalli	Lingadahalli	235	17
		Somashettihalli	202	15
	Vaddanal	Vaddanal	556	20
		V bannihatti	350	12
Tavarekere	Tavarekere	647	27	
	Godihosahalli	88	5	
Davanagere	Avaragolla	Avaragolla	628	24
		Cikkabudihal	208	8
		Hadadi	1137	27
	Hadadi	Javalaghatta	140	5
		Kandavakovi	214	16
	Kandavakovi	Siddanuru	202	16
		Mayakonda	1142	32
	Hebbalu	Hebbalu	401	27
M.gollarahatti		42	5	
Harpanahalli	Koolahalli	Koolahalli	268	21
		Aredettinahalli	146	11
	Kadabagere	Kadabagere	438	25
		Hikkimagere	115	7
	Anajigere	Anajigere	303	26
		Hunasikatte	68	6
	Hiremagalagere	Hiremagalagere	570	26
Potalakatte		133	6	
Harihar	Kokkanur	Kokkanur	1070	27
		G.T.Katte	197	5
	Rajanahalli	Rajanahalli	600	25
		Ramatirtha	160	7
	Haralapura	Haralapura	1175	22
Ganganarasi		528	10	
Honnali	Guddehalli	Guddehalli	386	27
		Neraginakere	44	5
	H.kadadakatte	H.Kadadakatte	172	25
		Appar tunga	48	7
	Govinakovi	Govinakovi	362	21
		Kuruva	200	11
	Benakanahalli	Benakanahalli	523	27
Vijayapura		27	5	
Jagalur	Kyasenahalli	Kyasenahalli	289	19
		Marikatte	191	13
	Mustur	Mustur	460	22
		Siddahalli	218	10
	Biderakere	Biderakere	757	27
Matadadyamavvanahalli		56	5	
<b>Total households</b>			<b>17735</b>	<b>800</b>

#### iv. Selection of GPs for the Control Area and Baseline Survey

Out of the 230 GPs, 50 were selected for the Intervention Area. The remaining 180 GPs were arranged in ascending order of location code numbers based on census codes and 20 GPs were selected using PPS sampling procedure. The following table presents the list of the selected GPs for the Control Area:

**Table 7 Names of the selected GPs for the Control Area**

Sl.No	Taluk	Name of the GP	Number of HHs	Number of HHs with toilets
1	Harihar	Kadaranayakanahalli	1537	818
2		Haralahalli	1590	574
3		K bevenahalli	846	252
4	Harapanahalli	Chigateri	1071	390
5		Nittur	1228	150
6		Kanchikeri	1491	182
7	Jagalur	Hosakere	1540	196
8		Hanumanthapura	1946	216
9	Davanagere	Doddabati	2004	1259
10		Kukkavada	1102	753
11		Anagodu	1634	666
12		Lokikere	1383	545
13	Honnali	Savalanga	1047	720
14		Hanumasagara	1041	305
15		H.gopagundanahalli	785	362
16		Kesanakere	751	188
17	Channagiri	Kariganur	1193	695
18		Doddabbigere	707	199
19		Bulasagara	684	330
20		Hodigere	675	415
		<b>Total</b>	<b>24255</b>	<b>9215</b>

#### v. Sample size for Baseline Survey in Control Area GPs:

The sample size for each selected GP in the Control Area was 25 households. The procedure for selection of villages and the allocation of samples between the villages was similar to that adopted for the GPs in the Intervention Area. The total sample size for the Control Area GPs was 500 households.

**Table 8 Control Area – Sample size for the Baseline Survey**

Taluk	Panchayat	Sample villages	Number of HHs	Sample size
Channagiri	Kariganur	Kariganur	758	20
		Kadaranahalli	135	5
	Doddabbigere	Doddabbigere	441	19
		Kasturaba village	149	6
	Bulasagara	Bulasagara	254	19
		Akalikatte	81	6
Hodigere	Hodigere	863	25	
Davanagere	Doddabati	Doddabati	1502	20
		Neelanahalli	132	5
	Kukkavada	Kukkavada	611	20
		Honnamaradi	106	5
	Anagodu	Anagodu	598	20
		Bullapura	55	5
	Lokikere	Lokikere	1082	25
	Harpanahalli	Chigateri	Chigateri	910
Nittur		Nittur	493	18
		Yarabalu	177	7
Kanchikeri		Kanchikeri	988	20
		Honnannahalli	135	5
Harihar		Kadaranayakanahalli	Kadaranayakanahalli	726
	Palya		280	7
	Haralahalli	Haralahalli	695	17
		Sankalipura	314	8
	K Bevenahalli	K Bevenahalli	462	17
		Salaganahalli	222	8
Honnali	Savalanga	Savalanga	468	20
		Salabalu	64	5
	Hanumasagara	Hanumasagara	415	20
		Konayakanahalli	97	5
	H.Gopagundanahalli	H.Gopagundanahalli	406	20
		Hosakatte	47	5
	Kesanakere	Kesanakere	520	20
		Bairanahalli	143	5
Jagalur	Hosakere	Hosakere	421	20
		Hirebannihatii	106	5
	Hanumanthapura	Hanumanthapura	411	17
		Uddagatta	183	8
<b>Total Households</b>			15450	500

## **vi. Selection of households for Baseline Survey in selected villages of chosen GPs in Intervention and Control Areas:**

Each selected village was spatially divided into four parts. The assigned sample size was equally divided among different parts of the village. In each part of the village the required number of sample households was selected using systematic random sampling procedure based on the list of households at the GP wherever available.

### **2.2.2. Baseline Survey questionnaire, pre-testing and data collection**

A series of discussions were held between the PAF and Arghyam teams to design a comprehensive Baseline questionnaire which captures all the elements of the study as per the defined scope of the work. Subsequently, the draft questionnaire translated into Kannada, pretested and based on the learning's the questionnaire was revised, translated and finalised. PAF hired an experienced team of enumerators to conduct the Baseline Survey. The enumerators had undergone a two-day extensive training programme. A total of 23 enumerators and 4 supervisors were part of the baseline survey data collection team. Data collection commenced on 19<sup>th</sup> December 2013 and was completed on 31<sup>st</sup> December 2013. Senior team members from PAF monitored entire data collection process.

### **2.2.3. Data verification, cleaning, entry and quality checks**

Data verification was carried out on the field on daily basis by the supervisors and also by PAF senior staff. Data entry was carried out by professional data entry operators. Data quality checks were carried out to ensure error free data entry. The data went through a process of cleaning and quality inspection at PAF before it was accepted and analysed. Data tabulation and Analysis were done in-house at PAF.

### **2.2.4. Qualitative data – FGDs and GP Official Interviews**

Quantitative data collected to understand the situation in the district with respect to toilet coverage and usage was further supplemented by conducting FGDs with groups of men and women in the districts and interviews with the GP officials. 18 FGDs were conducted (10 in Intervention Area and 8 in Control Area). The GPs for conducting the FGDs were selected using random sampling. PAF staff conducted and moderated the FGDs and GP interviews. Total of 45 GP officials were interviewed, one in each GP (25 in Intervention and 20 in Control Areas).

### **2.2.5. Baseline Survey - Salient Findings**

Baseline survey revealed a young population in the district (average age 41 years). The survey established the fact that both the Intervention and Control Areas were similar on most of the socio-demographic variables. Most (82%) houses were semi-pucca; around 67% of the surveyed population was literate; household land ownership was less than 5 acres (80% households) and only a fifth of the households were found using LPG as a fuel for cooking.

### Exposure to IEC messages, source and medium of information

GP members and officials emerged as the main sources of information on toilet construction and usage in the villages; the officials used house to house visits as a medium of information dissemination, however, frequency of such visits was once or less than once in a month. The messages were mainly focused on requesting households to construct a toilet as the government is giving a subsidy.

### Toilet availability and usage

More than half of the Baseline survey households (54%) had constructed a toilet; 44% households did not have a toilet; 2% households had discontinued toilet construction; whereas, less than a percent of the household reported toilet under construction.

Socio economic factors such as households with high affordability, affiliation to a higher social category, availability of water, and use of LPG as a cooking fuel showed a strong positive correlation with households having a toilet. Apart from these factors, contextual factors such as reduced open spaces in the villages coupled with increased felt need of toilet for women family members were the main drivers of toilet uptake in the villages. This is further substantiated by the fact that in nearly half of the surveyed households, adult women members expressed the need for a toilet and were also the most frequent users of the toilet.

Households that did not have a toilet cited financial problems, lack of space and lack of information on subsidy as major barriers to toilet construction.

### Household experience of toilet construction under NBA

Nearly 90% of the households that had constructed a toilet were aware of the NBA programme and had applied to the GP to receive the subsidy amount. The average lag period between the discussion with the family members on toilet construction and actually having initiated the construction process was nearly 2 months.

Respondents from almost all of the households that had a toilet were aware of the NBA process including submission of photographs at different stages of toilet completion. On average, a household received the subsidy amount within three months of toilet completion. Financial problem in construction of a toilet was evident by the fact that nearly half of the households had to borrow money from money lenders.

Among those households who reported receiving a subsidy from the GP, only a third received the full subsidy amount.

Household attitudes and behaviour towards toilet construction were quite positive. Although there is a consensus on necessity of a toilet, most of the respondents were of the view that it is women who need it the most than men in the society. There seems to be disconnect between the agreement about the importance of toilets for good health and

priority of building a toilet (68% respondents said that toilet construction is the least priority activity in a household). Observed attitudes and behaviours did not show any variation with respect to social category, social affiliation, gender and literacy.

### 2.3. A brief on Implementation of the BCC Campaign

The BCC campaign was carried out in selected GPs between 27<sup>th</sup> January 2014 and 26 February 2014. Nine teams were trained to conduct the campaign across 25 select GP villages in the district. Each team consisted of one campaign manager, two artistes (male and female), a helper, and a driver-cum-technician, all of whom moved around in a specially/colourfully painted/decorated van stocked with campaign collaterals, required audio/video equipment, and a back-up generator.

The campaign was carried out in two rounds.

**Round 1** of the campaign was conducted over two days. On the first day the Swachhata Doot (SD), ANM, AWW, ASHA worker, and GP officials were required to distribute invitations (for the following evening's programme), paste stickers on doors and fix posters in prominent places. The SD was also required to coordinate with the PDO and the head teacher to organize the school rally.

The second day's campaign began early at 6.30 am with announcements from the campaign vehicle. The van followed a defined route, while the artistes made announcements from a given script. Announcements were interspersed with two catchy songs (women's problem (*Nadedalo Henu*) and *Jaldi NBA (Banni Banni)*). This was done till about 10.30 am. Meanwhile, SD, ANM, AWW and other officials completed any pending work from the previous evening - distribution of invitations, fixing posters and pasting stickers. In the afternoon around 2.30 pm, the campaign team would head to the designated school where, to build rapport and as a warm up, they would start with playing some games with the children. The artists would train the children on participation in the rally and then take them around the village, shouting slogans and carrying placards.

A series of activities were organised in the evening, consisting of speeches by authorities, screening of three specially created films, and performance of a skit by the artistes. At the end of the programme, tear-off slips from the invitations were to be collected as a sign of willingness to construct a toilet and a pledge was taken. The SD was required to follow up on these households to help them complete the application formalities in the period between Rounds 1 and 2.

**Round 2** of the campaign lasted a day. Commencing at about 6.30am, the campaign team would go around the village shooting videos of households that had constructed a toilet or were in the process of constructing one. The campaign van would go around, like in Round 1, making announcements and playing songs. In the afternoon, around 3pm a meeting would be held with members of SHGs followed by a rally by them around the village. A series of activities were organised as part of the evening event - screening of the video shot in the morning and the other films, performance of a skit, speeches by important people who attended the function and certificate distribution.

## 2.4. Endline Survey - Methodology

### 2.4.1. Endline Survey Sample

Findings from the Baseline survey revealed that 54% of the sampled households had constructed or were in the process of completing the construction of a toilet in both intervention (n=435) and control (n=271) areas. To measure the impact of the BCC campaign, it was discussed and decided by Arghyam and PAF to interview only those households in the Endline survey who did not have a toilet at Baseline. Thus, 365 households from Intervention Area and 230 households from control area, 595 households in all, were followed up in the endline survey. The taluk- and GP-wise spread of the Endline survey sample across Intervention and Control Areas is presented in Table 8 and Table 9.

**Table 9 Intervention Area - Endline Survey Sample**

Name of the Taluk	Name of the GP	Baseline Sample (Households)	Households with Completed Toilet/Under construction in Baseline survey	Endline Sample (Households)
Harihar	Kokkanur	32	13	19
	Rajanahalli	32	10	22
	Haralapura	32	24	8
Harapanahalli	Koolahalli	32	9	23
	Kadabagere	32	10	22
	Anajigere	32	13	19
	Hiremagalagere	32	14	18
Jagalur	Kyasenahalli	32	8	24
	Mustur	32	14	18
	Biderakere	32	15	17
Davanagere	Avaragolla	32	18	14
	Hadadi	32	17	15
	Kandavakovi	32	21	11
	Mayakonda	32	25	7
	Hebbalu	32	12	20
Honnali	Guddehalli	32	23	9
	H.Kadadakatte	32	15	17
	Govinakovi	32	25	7
	Benakanahalli	32	21	11
Channagiri	Kanivebilachi	32	25	7
	Navilehal	32	18	14
	Kakanur	32	16	16
	Lingadahalli	32	27	5
	Vaddanal	32	23	9
	Tavarekere	32	19	13
<b>TOTAL</b>		<b>800</b>	<b>435</b>	<b>365</b>

**Table 10 Control Area - Endline Survey Sample**

Name of the Taluk	Name of the GP	Baseline Sample (Households)	Households with Completed Toilet/Under construction in Baseline survey	Endline Sample (Households)
Harihar	Kadaranayakanahalli	25	15	10
	Haralahalli	25	14	11
	K. Bevenahalli	25	10	15
Harapanahalli	Chigateri	25	8	17
	Nittur	25	8	17
	Kanchikeri	25	8	17
Jagalur	Hosakere	25	11	14
	Hanumanthapura	25	6	19
Davanagere	Doddabati	25	18	7
	Kukkavada	25	19	6
	Anagodu	25	17	8
	Lokikere	25	11	14
Honnali	Savalanga	25	21	4
	Hanumasagara	25	8	17
	H.Gopagundanahalli	25	15	10
	Kesanakere	25	13	12
Channagiri	Kariganur	26	18	8
	Doddabbigere	25	15	10
	Bulasagara	25	20	5
	Hodigere	25	16	9
	<b>TOTAL</b>	<b>501</b>	<b>271</b>	<b>230</b>

#### 2.4.2. Endline Survey Questionnaire and Pre-Testing

A series of discussions were held between the PAF and Arghyam teams to design a comprehensive Endline questionnaire to capture all the elements of short term, intermediate and long term impact outcomes of the BCC campaign as per the defined scope of the work. Please see Annexure 3 for the Endline questionnaire.

The draft Endline questionnaire was translated into the local language - Kannada. A senior PAF team member along with the survey agency team lead and a supervisor field tested the questionnaire in Hebbalu main village of Hebbalu GP. Due care was taken not to interview those households who were part of the Endline survey sample. The questionnaire was pre-tested with four respondents from different households who have different levels of exposure to the BCC campaign. The pre-testing helped in improving a) phrasing of the questions in Kannada b) sequencing of the questions and, c) ensuring skips are properly placed in the questionnaire. Based on this learning, the questionnaire was revised and finalised in both English and Kannada.

The questionnaire was divided into different sections to collect information about a) household identification b) socio-economic profile c) exposure to IEC on toilet construction d) exposure to *Jaldi* NBA campaign activities in the morning, afternoon and evening events, different rounds, individual activities attended, recall of the messages and activities liked by respondents e) household toilet availability and usage f) household experience of toilet built under (*Jaldi*) NBA g) household attitude and behaviour towards toilet construction and usage in the village, and h) observation of a household toilet to measure the usage.



Picture 1 Pre-testing of the Endline Questionnaire

#### 2.4.3. Enumerator Training and Data Collection

**The Enumerator Team:** PAF hired an experienced team of a survey team lead, 11 enumerators, and 3 supervisors to conduct the Endline survey. Many of these enumerators were part of the Baseline survey and/or BCC Campaign monitoring team, and hence were aware of the geographical spread of the sample, campaign activities, and the scope of the questionnaire in general. The enumerators were from different districts of Karnataka. Almost all of them were graduates and had prior experience of survey research and data collection in rural Karnataka. The survey team lead and survey supervisors' were mandatorily asked to be part of the entire training programme. The supervisors were asked to train and build capacities of the 3-4 enumerators of their team.

**Training programme:** A two-day training programme was organised at Davangere on 28<sup>th</sup> and 29<sup>th</sup> May 2014 for the survey enumerators, supervisors, and team lead to a) inform them about the subject area of the study, and impart background information on the overall study design and b) train enumerators specifically about administering the Endline questionnaire across selected GPs, villages and households.



Picture 2 Enumerator Training on Endline questionnaire

On the first day, apart from being informed about the objectives of the Endline Survey, enumerators were given questionnaires and were asked to study every question, in English and Kannada. They were explained the purpose of asking each question and provided clarifications till they were able to fully understand and grasp the intent of the entire questionnaire. In the afternoon, enumerators and supervisors were made to conduct mock interviews under the supervision and guidance of the PAF team.

On the second day, mock interviews were held again to give more practice to the enumerators with specific focus on questions pertaining to campaign activities and recall, asking questions and seeking answers (without and with probe) and documentation of the responses in the questionnaire. GP and village specific household details including address and phone numbers (collected during the baseline survey) were shared with the supervisors to reduce the time and effort required in locating the matched households.

**Data collection:** Endline data collection commenced in the district on 30<sup>th</sup> May 2014 and was completed on 9<sup>th</sup> June 2014. A senior PAF staff monitored the data collection process.

#### **2.4.4. Quality Monitoring - During Training, Data Collection and Data Entry**

A senior PAF staff member was assigned to conduct the training, monitor data collection process, and to ensure quality data collection.

**Survey team training & selection:** On completion of the training programme, the staff assessed every enumerator and supervisor in terms of preparedness and capability. Quality assurance commenced with selection of the best performing and most capable enumerators from the available pool; enumerators who did not meet our expectations were dropped.

The PAF senior staff accompanied all the supervisors and most of the enumerators in the sample villages. The enumerators/supervisors were guided and corrected wherever necessary. PAF staff and the survey agency team lead carried out 10% back checks. Supervisors accompanied enumerators by rotation, and covered as many interviews as

possible; they checked all the filled in questionnaires for completeness and correctness of data on the day of data collection in the village.

**Lost to follow up:** The proportion of households who were lost to follow up was 6% overall (7% in intervention area and 4% in control area).

**Data entry:** Post survey, after receiving all the filled in questionnaires, 10% of these questionnaires (randomly selected) were scrutinised by PAF staff to check for completeness of information. The filled in questionnaires were then sent to a professional data entry agency. The data entry structure was reviewed by PAF staff, and fine-tuned, before data entry. After complete data entry, senior staff from PAF personally visited the data entry agency and checked entered data for 10% of randomly selected filled in questionnaires. Apart from a few coding errors, no major data entry error was found during this quality check.

#### **2.4.5. Data Quality Checks, Matching Households, Household sample to measure the impact of the campaign**

**Matching households:** After receiving the corrected and entered dataset, PAF team cross-checked the entered household data with the household data shared with the survey team to ensure a) households were matched and b) the survey team contacted same households interviewed during baseline survey. Out of the total 565 households interviewed at the Endline, the first level of scrutiny resulted in 94% of Endline households demographic information matched with Baseline survey records. 35 households with unmatched demographic information across were contacted again. Respondents from 34 households were able to confirm that one of their family members had spoken with the enumerator during the endline survey. The mismatch was a result of (i) respondents' having multiple names or aliases, causing variations between names recorded during baseline and endline surveys, (ii) some family members who spent time between their sons' houses happened to be at the respondents house during the endline survey, and so on. Only one record from control area did not match with the baseline record and hence was deleted from the endline database. The total endline sample thus was 564 households (341 HHs in intervention area and 223HHs in control area).

Further, to measure the impact of the BCC campaign activities, PAF team looked at the month and year of commencement of toilet construction and completion. Data quality check revealed that five households which had constructed a toilet under the TSC, and well before the baseline survey, did not report it to the enumerators at that time in the expectation that they could claim the subsidy from the GP by appearing to have constructed the toilets under the NBA! Our checks with the household revealed that the GP had not disbursed the subsidy under TSC even though the toilets had been built under that scheme. These five records (3 from Intervention Area and 2 from Control Area) were removed from the Endline dataset as they already had a toilet prior to Baseline survey.

**The scrutinized, corrected and final Endline survey household sample used for data analysis was 559 households (338 households from Intervention Area and 221 households from Control Area).**

## Impact analysis of BCC campaign – Selection of households with completed toilet post BCC Campaign

Out of the 338 households interviewed in the Intervention Area in the Endline survey, 75 households had constructed and completed a household toilet. A closer look at the month of commencement and completion of the toilet construction revealed that 5 households had completed toilet construction in the month of January 2014, that is before the BCC campaign was held in the district. Hence these 5 households were not considered for impact analysis of the BCC campaign. **Thus only 70 households with completed toilet were considered for BCC impact analysis.**

### **2.4.6. Qualitative data - FGDs & GP officials interviews**

#### Focus Group Discussions (FGDs)

To understand the normative behaviour of the people of the district, apart from the quantitative survey, FGDs were held with men and women members of the society to understand their experiences in terms of effectiveness of the BCC campaign in changing household behaviour towards toilet construction and usage, views on BCC campaign implementation strategies, support provided by the GP officials during and after the campaign, perceived most impactful activities of the campaign, and their suggestions to improve the campaign effectiveness further. A specifically designed FGD guide was used to focus and moderate the discussion (see Annexure 1). A total of 18 FGDs were conducted, 10 in Intervention Area (5 each with men and women's groups) and 8 in Control Area (4 each with men and women's groups). FGDs were conducted in the same GPs where FGDs had been conducted during the Baseline survey.

FGD data were analysed thematically with respect to profile of households with and without toilets, campaign activities held and participation, effective campaign activities, sources of information on the *Jaldi* NBA campaign, NBA subsidy received/not received, if received within how many days after completion, subsidy amount received, problems faced, and perceived impact of the campaign. Findings from the FGDs have been included in the main text of this report as complimentary evidence to the survey findings.

#### GP officials/members Interviews

GP officials/members from the selected GPs were interviewed during the Endline survey to understand a) the campaign implementation process and service delivery mechanisms that were in place to roll out the *Jaldi* NBA campaign in the district, and b) their role in the campaign, BCC campaign preparedness, service delivery preparedness to address increase in demand for toilet construction post campaign, problems faced in implementing the campaign and in providing post campaign support to the villagers, and so on.

A total of 18 GP officials/members interviews were held in select GPs in Intervention and Control Areas, using a specifically designed Interview guide (see Annexure 2).

GP interview data were analysed thematically with respect to campaign activities conducted; perceived impact in terms of directional increase (or no increase) in number of applications; reasons for increase; whether and how many officials participated in the campaign activities; roles of GP officials, Swachchata doot, SHGs and women members; disbursement of subsidy amount to beneficiaries within 20 days of construction of toilet, if not, the reasons, difficulties encountered in implementing the campaign activities and addressing subsequent demand; and suggestions to improve the campaign. Findings from the GP interviews have been included in the main text of this report as complimentary evidence to the survey findings.

#### **2.4.7. Endline Survey Data Analysis Plan**

##### Reach and Impact of the BCC campaign in Intervention Area

Endline survey data was analysed with respect to household participation in campaign activities, message recall, usefulness of the information, and actions taken. Actions taken by households was measured for short-term outcomes: actions taken immediately after the campaign such as reach/recall of the campaign, activities attended by household members, activities that received more likes from the respondents, change/s in attitudes of the respondents; intermediate-term outcomes such as submission of application to the GP to receive the subsidy, and starting construction of a toilet; and long-term outcome of completion of a toilet.

##### Exposure levels to the campaign and impact

To understand the impact of the campaign, campaign activities in the morning and evening events were categorised into high, medium and low exposure scores based on the purpose of each activity. Test of association was conducted between the exposure variables such as attendance in Round 1 or Round 2 or both rounds, individual activities attended, and level of exposure to the events, and the short, intermediate and long term outcomes proposed in the study.

##### Measure of change in attitudes

To measure the effect of the campaign in terms of change in attitude and opinion of the household members compared to the attitudes and opinions expressed during Baseline survey, McNemar's test of significance for matched paired sample was conducted.

##### Exposed to the campaign but no action taken

Data was analysed for those households who participated in the campaign but did not take any action, to understand the reasons for not taking any action.

### Beneficiary experience of toilet construction process and toilet usage

Beneficiary experience of toilet construction process under the *Jaldi* NBA (Intervention Area) and NBA (Control Area) was explored with respect to a) activities/events of the BCC campaign that motivated the households, b) application submission process, time taken to submit the application, supportive documents submitted, payment of any extra money, awareness about entitled subsidy amount for a household, actual amount received, proportion of households receiving subsidy amount within 20 days of toilet construction as promised in the campaign, and any other problems faced.

Unlike toilet construction, toilet usage is not a focus area of this study. Nevertheless, Endline survey did collect information from respondents and by observation, about toilet usage in households that had a completed toilet, based on select parameters of usage e.g. availability of water inside the toilet, wet floor, stains, etc. Reasons for toilet non usage (even if one family member was not using a toilet) were also explored.

### Exposure to IEC messages in the Control Area and action by households

Data from Control Area was analysed with respect to the exposure to IEC messages during the six months prior to the Endline survey; sources, medium and frequency of information dissemination; and action/s taken in terms of submitting an application to the GP, starting toilet construction, and completion<sup>‡</sup>.

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<sup>‡</sup> Only 11 households in the Control Area constructed a toilet between February and May 2014. Data is inadequate to give estimations at the district level.

## Section 3 – Intervention Area: Exposure to BCC campaign activities and toilet construction behaviour

### 3.1. Socio – Economic Information

#### 3.1.1. Demographic Characteristics

##### 3.1.1.1. Age

The age distribution of respondents was similar across Intervention and Control Areas. A little more than half (54%) of the respondents in the Intervention Area and 57% in Control Area were aged between 20 and 40 years, 39% and 37% in Intervention and Control Areas were in the age group of 41 to 60 years.

##### 3.1.1.2. Gender

More men (55%) than women (45%) were interviewed in the Intervention Area compared to lesser men (43%) and more women (57%) in the Control Area.

##### 3.1.1.3. Social Affiliation

OBC households form the largest segment - 60% in Intervention and 52% in Control Areas, followed by SCs, STs and General category.

##### 3.1.1.4. Religion

Most of the respondents (98%) in Intervention and Control Areas belong to Hindu religion; a very small proportion to Islam and Christianity.

##### 3.1.1.5. Type of house

A majority of the households in the Intervention Area (81%) and in Control Area (86%) live in Semi-Pucca houses; 14% and 11% in Kuchcha houses; and 4% each in Pucca houses.

##### 3.1.1.6. Land Ownership

About 64% households in Intervention Area and 66% households in Control Area owned land. A majority among them - 62% in Intervention and 67% in Control Area - owned land between 1 and 5 acres.

##### 3.1.1.7. Asset Ownership

Asset ownership data shows that nearly all households in Intervention and Control Areas have electricity, and that more than 90% have mobile telephone connections.

**Table 11 Asset Ownership of Households**

<b>Asset</b>	<b>Intervention Area (n=338)</b>	<b>Control Area (n=221)</b>
Electricity	99%	100%
Mobile Telephone	91%	91%
Watch/Clock	87%	84%
Mattress	87%	89%
Chair	85%	79%
Colour TV	70%	69%
Electric Fan	63%	60%
Cot/Bed	57%	55%
Pressure Cooker	29%	17%
Motorcycle / Scooter	28%	19%
LPG gas stove	27%	20%
Bicycle	26%	23%
Table	18%	17%
Sewing Machine	13%	13%
Animal Drawn Cart	13%	10%
Black and White TV	4%	5%
Radio / Transistor	4%	1%
Water Pump	3%	3%
Refrigerator	2%	3%
Tractor	2%	4%
Any Other Telephone	2%	2%
Car	1%	1%
Computer	0%	1%
Thresher	0%	1%

**3.1.1.8. Livestock**

Ownership of Cows/Bulls/Bufaloes is higher in both Intervention and Control Areas compared to other livestock such as goats and sheep. About 7% households in Intervention Area and 4% in Control Area owned goats, 11% households in each owned sheep, whereas, nearly 50% households in Intervention Area and 46% in Control Area owned Cows/Bulls/Bufaloes. About 10% households owned Chicken / Fowl.

**3.1.1.9. Type of fuel used for cooking**

Almost 85% households in Intervention and 93% in Control Area mainly used wood as a fuel for cooking, which is also reflected in households even though having LPG connection; seldom use it as the main fuel - 12% houses in Intervention and 5% in Control Area used LPG as a main fuel for cooking. Other sources of fuel were Kerosene and Charcoal.

### 3.1.1.10. Household information

Household composition in both the Intervention and Control Areas reflects a good gender balance with 2 male and 2 female family members. A little more than half of the surveyed households reported 4 to 5 family members in both the Intervention and Control Areas. Table 12 below reflects a similar pattern across both the Areas.

**Table 12 Number of family members in a household**

<b>Number of family members</b>	<b>Intervention Area (n=338)</b>	<b>Control Area (n=221)</b>
upto 3	26%	24%
4 to 5	50%	52%
More than 5	24%	24%

#### a) Literacy

Literacy rate in the sample was 62% in Intervention Area and 58% in Control Area. The total sample showed the literacy rate of 60%.

#### b) Employment Status

Among 42% surveyed households in Intervention Area and 36% in Control Area, at least one family member has worked as a main worker (six months to one year of employment) in the previous one year. The proportion of households reporting a family member having worked as a marginal worker for a period of three to six months in the previous one year was higher in both Intervention (75%) and Control Areas (65%). Even higher proportion of the households (Intervention Area – 86%, Control Area – 82%) reported a family member working as a marginal worker for a period of less than 3 months in the previous one year.

#### c) Head of the household

About 83% households in the Intervention Area and 80% in Control Area were headed by men. Less than a fifth of the households were headed by women.

#### d) SHG Membership

About 53% households in both Intervention and Control Areas reported a family member currently being member of a SHG in their village.

#### e) Ownership of a house

Respondents from 96% of the households in Intervention Area and 91% in Control Area reported ownership of the house. Respondents from the rest of the households were tenants.

f) Availability and Usage of water

Public tap / Stand post emerged as the most frequently reported source of water for households (Intervention Area – 72%; Control Area – 70%).

**Table 13 Main Source of Water**

Source of water	Intervention Area (n=338)	Control Area (n=221)
Public Tap/Stand Post	72%	70%
Household piped water piped into yard	14%	21%
Household piped water piped into dwelling	12%	7%
Tube well / Bore well	1%	1%
Protected / Unprotected well	1%	0.5%

- Across Intervention and Control Area, adult women in the family fetched water (Intervention Area - 62%; Control Area – 66%). Among a fifth of the households (23% in Intervention and 21% in Control Area) adult men fetched water. Among the rest of the households children, specifically a girl child, fetched water.
- Most of the respondents (93% in Intervention Area; 94% in Control Area) reported travelling a distance of less than 100 meters to fetch water during both normal times and scarcity times. There is a proportionate decrease in the number of respondents travelling a distance of less than 100 meters to fetch water from the main source during scarcity (76% in Intervention Area; 75% in Control Area).
- Most of the households in Intervention and Control Areas reported using less than 20 litres of water per day for toilet use (86% in Intervention Area; 94% in Control Area).
- More than half of the households in the Intervention (55%) and Control (57%) Areas did not report any disturbance in water supply from the most frequently used water source.

g) Urban residence of a family member

About 8% households in Intervention Area and 5% in Control Area reported a family member residing in a City.

### 3.1.2. Affordability Measure

An affordability measure was prepared considering the ownership of household assets of cot/bed, electric fan and table, with HHs possessing all the three assets being categorised as high affordability HHs, those with any of the two assets as medium affordability HHs, and others with only one asset as low affordability HHs. Assets such as mobile telephone, watch/clock, mattress, and colour TV are not considered for this analysis given the fact that

more than 70% of the households across Intervention and Control Areas own these assets. Assets that were reported owned by less than a fifth of the households were also not considered for analysis as the sample is too small to arrive at any meaningful estimate.

Table14 below describes the distribution of HHs based on the Affordability measure. Many HHs in the Intervention and Control Areas belong to medium and low category. About 26% of the households in both Intervention and Control Areas did not report ownership of cot/bed, electric fan and table.

**Table 14 Distribution of Households based on Affordability Measure**

Affordability Measure	Intervention Area	Control Area
High	29%	19%
Medium	33%	39%
Low	38%	42%
n	249	163





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### 3.2. Exposure to campaign activities and message recall

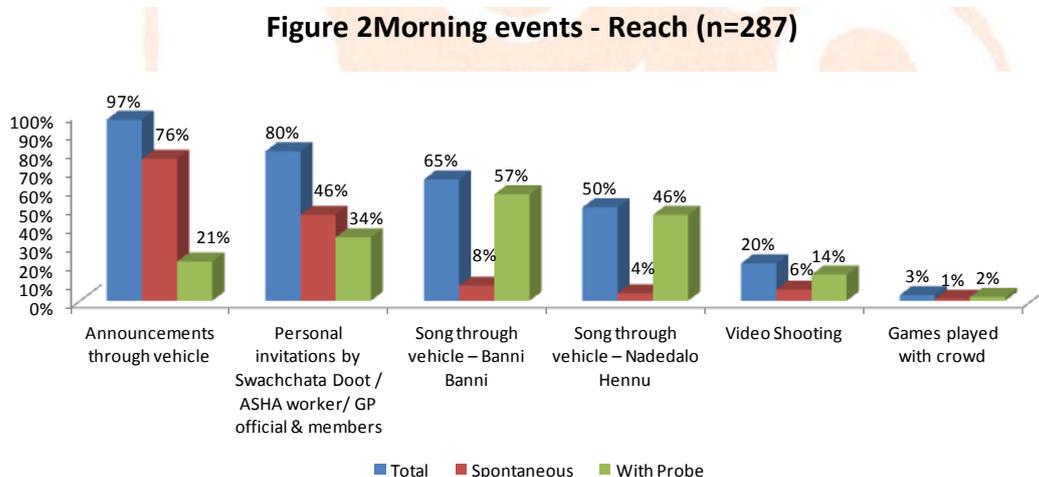
The BCC campaign was conducted between 27<sup>th</sup> January and 26<sup>th</sup> February 2014, and was carried out in two rounds. Different activities were conducted in each of these rounds; households eligible to receive subsidy under the NBA programme were reached by different media such as Personal invitations, Announcements through vehicles, Songs, Films, Games, School and SHG rallies, Skits, Speeches by GP officials, Pledge, and Distribution of certificates, and so on.

#### 3.2.1. Reach of the BCC campaign

Almost all the respondents (93%) in the Intervention Area stated that they or their family members had heard about the 'Jaldi' campaign; 89% of the respondents in the Intervention Area attended various events of the campaign. Participation in the morning events was much higher at 95% compared to the level of attendance for the activities in the afternoon which was far lower at only 36%; this waning attendance level got some boost during the evening session when 61% of people attended the events.

#### 3.2.2. Morning events

Among the six prominent activities held in the morning, announcements through vehicle and personal invitations had the maximum reach and recall by respondents.



##### 3.2.2.1. Recollection of messages from morning events

Among the respondents who heard / saw / participated in the morning activities, 95% reported that the announcement vehicle visited their neighborhood; all of them also added that the announcements were clear and easy to hear. The five top most messages recalled were a) *construct a toilet*, b) *construct a toilet and receive subsidy amount within 20 days of construction*, c) *government is helping eligible households to build a toilet by giving subsidy*, d) *every household should utilize the opportunity, get the subsidy and construct a toilet*, and

e) *visit the evening's event to get more details on the programme and seek clarification on any issue related to toilet construction and government support.*

Nearly 92% of the respondents received personal invitation cards from the Swachchata Doot/ASHA workers/GP officials and members. FGD data also confirmed that Swachchata Doot and ASHA workers were part of the group and were instrumental in motivating households to a larger extent.

The prominent messages shared by these functionaries were a) *build a toilet for a house*, b) *once the toilet is built, GP can give you subsidy within 20 days*, c) *Government is providing subsidy towards toilet construction*, d) *attend the evening programme to get more details about the campaign and how GP can help you in building a toilet*, and e) *having a toilet will help women in the household, they can avoid going out.*

When asked to recollect the messages on the invitation card, respondents recalled noticing their name and address, a request for construction of a toilet, and owning responsibility towards building it. The card also described the process of toilet construction with help from the GP functionaries.

Respondents who received the invitation card reported that the card was colorful and interesting (almost all - 99%), text on the card was readable (61%), and content in the card was easy to understand (57%). Only 63% of the respondents remembered a tear off coupon attached to the invitation card.

The third prominent activity (refer figure 2) in terms of reach were two songs. Among the respondents (n=143) who heard the *Nadedalo Henu* song, 75% liked the song; comparatively, only 46% of the respondents who heard (n=186) *Banni Banni* song, liked the song.

The most frequently reported reasons for liking these songs were – a) availability of information about government subsidy to build a household toilet and the request to build a toilet, b) the song clearly depicted the plight of rural women when they go for open defecation, c) the songs were catchy and nice to hear, d) the songs informed about the subsidy amount given for a household, the process of toilet construction, and how to seek help from the GP to receive the subsidy amount.

Out of the 20% of the respondents who saw photo documentation (video shooting) of the toilet construction process, 97% reported the process happening in their own village; only 16% reported being interviewed and video graphed.

### 3.2.3. Afternoon events

Two prominent activities were carried out in the afternoon - the School Rally and the SHG Rally. Out of the 36% (n=110) respondents who attended the afternoon events, most (98%) attended the school rally. SHG rally was not carried out in most of the GP. 78% of the respondents who attended School Rally were able to recollect slogans from the School rally. Prominent slogans recalled were – *“construct a toilet”, “just as there is a temple for every*

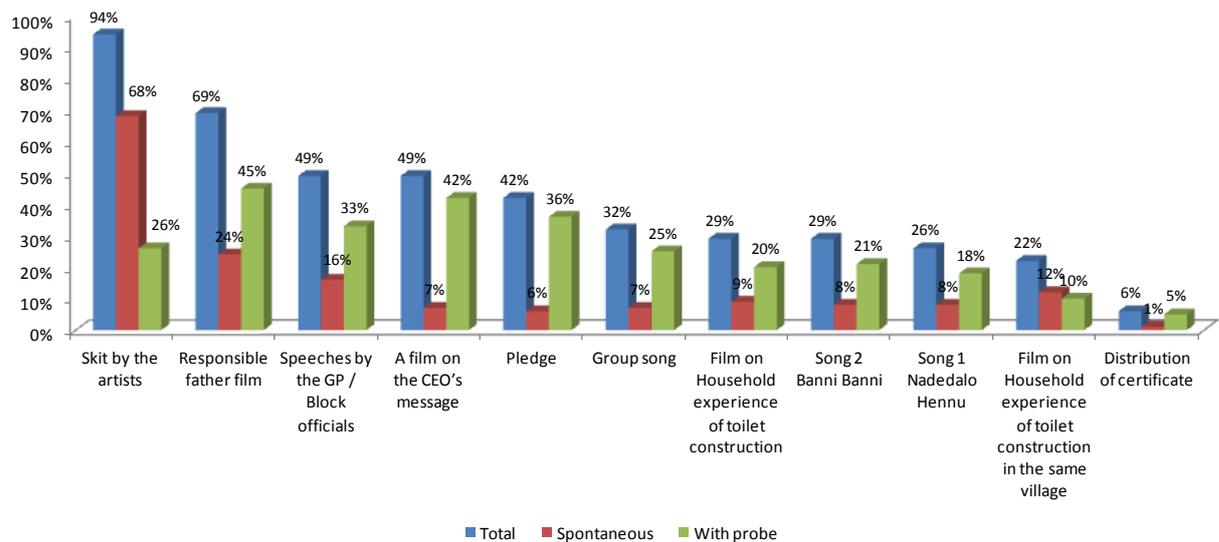
village”, “every household should have a toilet”, “construct a toilet and be a responsible person”, “keep the village clean by constructing a toilet”.

### 3.2.4. Evening events

Out of the 89% (n=302) households who reported attending the *Jaldi* NBA campaign activities, 61% (n=184) attended the evening activities. Many (39%) respondents, primarily women, did not attend the evening activities because of a) household chores such as cooking, b) they were not informed about the evening activities, and c) the respondent felt unsafe to reach the place of the event which was some distance away from the house.

Skit by artists emerged as the most recalled activity among the evening events, followed by Responsible father film, speeches by GP or block level officials, and a film with messages by CEO, Davangere district.

**Figure 3 Evening events - Reach (n=184)**

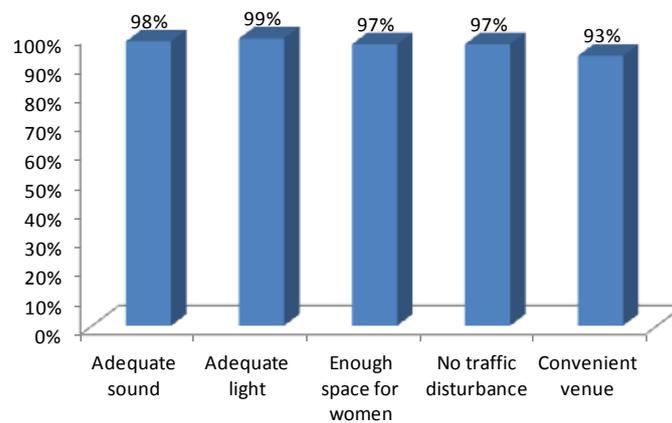


Among the attendees of the evening events, 61% households reported men attending the event, 10% said women; a third of the households reported both men and women members of the family attending the evening event. As highlighted earlier, low attendance of women for the evening events was because they were busy with household chores, not informed/aware, and felt unsafe.

#### 3.2.4.1. Venue preparedness for the evening event

In most villages, the evening events were well organized. Almost all the respondents (more than 92%) who attended the evening events expressed that the arrangements at the venue were good with respect to visibility, sound and lighting on the stage, space for women to sit and watch the activities, less traffic disruption, and convenience of the location.

**Figure 4 Evening events - Feedback on the venue**



#### **3.2.4.2. Recollection of messages from evening events**

##### **1) Skit**

About 98% of the respondents who saw the Skit liked it. Respondents mainly recalled that a male actor in the Skit was made to wear sari in response to the challenge from his wife who asks him to experience and understand life as a woman. Respondents also recalled the problems faced by the male actor when he, as a woman, goes for open defecation.

The most significant learning from the Skit which the respondents shared was the need for a toilet at home. They also reported becoming aware of the many problems faced by women when they go for open defecation. FGD participants, especially women, reported that a) the Skit had a major impact on all, b) it was most effective in convincing men to construct a toilet, c) it was very informative, and d) it gave them strength and courage to confront their husbands.

##### **2) Responsible father film**

The second most observed activity (refer figure 3) was the film, which respondents liked. The main message recalled was that a father should understand the problems faced by his children, especially daughters. Respondents also narrated the scene in the film where the girl, who goes out for open defecation in a field, gets scolded; and the danger posed by snakes and scorpions when one goes for open defecation.

The learning shared by the respondents were - a) as a member of the family it is our responsibility to construct a toilet, b) problems faced by the girl in the film can also be faced by our own daughters, c) men should understand the problems faced by women and

construct a toilet for them, d) parents, especially the father, should understand problems faced by their daughters.

### **3) Speeches by GP and Block level officials**

Respondents recalled (refer figure 3) that the GP and Block level officials a) focused their speech on the toilet construction programme, b) said that whoever builds a toilet will receive the subsidy amount in 20 days, c) requested every household to build a toilet at the earliest, and d) requested households to avoid sending women members of the family for open defecation by constructing a toilet, thus protecting the life and dignity of women.

### **4) A message by the CEO, ZP, Davangere**

The only message that the most of the respondents who had watched the CEO film (refer figure 3) recalled was his assurance of disbursing the subsidy amount within 20 days of toilet construction under the *Jaldi* programme.

### **5) Pledge**

All the respondents who recalled observing people taking a pledge in the evening event (refer figure 3) said that many from their village did take a pledge to construct a household toilet; a third (33%) of the respondents personally took the pledge.

### **6) Songs - *Nadedalo Henu*, *Banni Banni* and Group song**

Of the 26% (n=47) respondents who heard *Nadedalo Henu* song in the evening event, 94% liked the song. 91% among the 29% (n=54) respondents who heard *Banni Banni* song, liked it, whereas group song was heard by 31% (n=57) respondents, of them 81% liked the song. FGD participants also spontaneously recalled the *Nadedalo Henu* song.

Three messages that respondents recalled from the *Nadedalo Henu* song were a) the song depicts problems experienced by girls and women in the village, b) before sunrise a girl or a woman has to complete her work including going out for toilet, and c) the song describes how girls and women in the village feel shy to talk about the issue of toilet.

Respondents who recalled that *Banni Banni* song informed about a) current toilet construction programme implemented by the government, b) promise of a subsidy amount from GP within 20 days of toilet construction, and c) every household should build a toilet.

Group song was mainly about a) keeping the village environment clean, and b) building toilets for good health.

There was not much variation in their responses when asked about their learning from these songs. Respondents opined that these songs mainly helped them to a) understand the problems faced by women in the village when they go for open defecation either early in the morning or late in the evening, b) realise why toilets need to be built at least for the

sake of women members of the family, and c) be aware about the *Jaldi* NBA programme and the amount of subsidy a household is eligible to receive under this programme.

Nearly 6%, 9% and 19% respondents who did not like the *Nadedalo Henu, Banni Banni and Group* song stated reasons to substantiate their views. They said that a) the songs were played very fast and it was difficult to understand the content of the message, and b) it is insulting for women who practice open defecation.

#### **7) Film on household experience of toilet construction**

Nearly a third of the respondents 29% (n=53) and 22% (n=41) recalled watching a film on household experience of toilet construction in general and a film showing household experiences from their own village. Their main learning was that every household should construct a toilet as it will be convenient for women and elder family members, avoid the many problems they face especially during rainy season, and ensure good health of all family members.

Respondents added that they also saw how family members in a household prioritized building a toilet by borrowing money to safeguard the dignity of female family members of the household. All the respondents liked the film. Three respondents said that they were interviewed as they were constructing the toilet and the film clip was shown in the evening event which happened a few days after the first event.

#### **8) Certificate**

Out of the 11 respondents (6%) who observed distribution of certificates to members of households that started toilet construction, 4 reported that they were recipients of the certificates.

### 3.2.5. Reach & Recall of Door Stickers, *Jaldi* Posters, Wall Paintings & Pamphlets

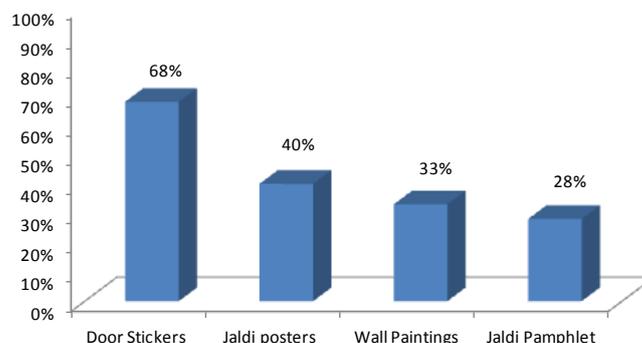


Picture 3 Poster, Wall Painting and Door Stickers

Some of the traditional mediums of information used for the campaign were posters, door stickers, pamphlets, and wall paintings. Door stickers had a higher visibility and reach as reported by 68% (n=206) of the respondents. The prominent messages recalled from the door stickers were a) build a toilet and fulfill your responsibility, b) a responsible father builds a toilet for his daughter, c) a man standing in front of a newly built toilet along with his daughter and wife.

A little more than a third of the respondents (33%; n=100) observed that names of the heads of eligible households were painted on the walls of the GP or the nearby school; among them, 65% (n=65) of the respondents confirmed observing the name of their head of the household.

Figure 5 Reach of Door Stickers, *Jaldi* Posters, Wall Paintings & Pamphlets

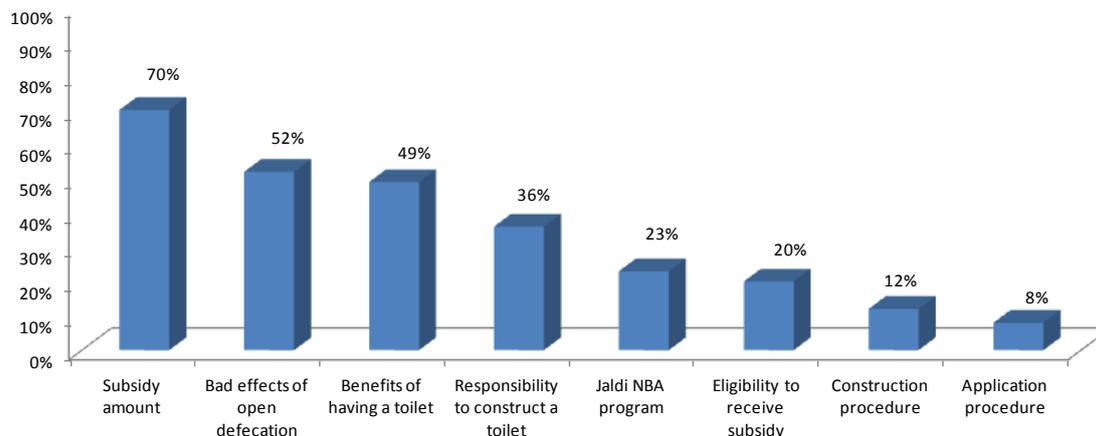


Only 6% (n=19) of the respondents recalled observing a flip chart used by the volunteers (GP officials/Swachchata Doot / ASHA workers etc) who distributed invitations.

### 3.2.6. Usefulness of the *Jaldi* campaign and action taken

About 81% (n=244) of the respondents affirmed usefulness of the *Jaldi* campaign. Among them, according to 70% of respondents, the campaign gave them an insight into the subsidy amount available to construct a toilet; 52% respondents became aware about the ill effects of open defecation, while 49% said that because of the campaign they are now aware of the benefits of having a toilet in the house.

**Figure 6 Usefulness of *Jaldi* NBA campaign in creating awareness**



More than half of the respondents (55%; n=135) who were exposed to the *Jaldi* NBA campaign, and also found it useful, did not take any action. Nearly 45% households took multiple actions: a quarter among those exposed to the campaign approached the GP to apply for the subsidy amount, while a third started construction of a toilet.

On being asked if they had submitted an application to receive subsidy under the *Jaldi* NBA, 85% (n=76) of the respondents stated that they had done so. Among them, 60% (n=46) of the respondents said they themselves went to submit the application at the GP office. The process of application for 25% of the respondents was facilitated by Swachhata Doots whose helpfulness respondents acknowledged. 15% of the respondents reported that GP officials visiting their houses helped fill the applications. Along with the application, respondents also had to submit supporting documents which included their ration card, voter's ID card, bank passbook, and MGNREGA job card.



## **Section 4 - Control Area: Exposure to Information, Education and Communication on toilet construction and action taken**

### **Sources and Medium of Information**

Out of the total Control Area sample of 221 households, respondents from 44% (n=97) households were exposed, during the six months prior to the survey, to IEC messages about toilet construction. The most frequently reported source of information on toilet construction was GP members (54%); less than a fifth of the respondents reported receiving information from Anganwadi workers (22%), from GP officials (19%), from SHG members (14%), and to a lesser extent also from ANMs at the health centres and ASHA workers in the village. None of the respondents reported receiving any information from either the Swachchata Doots or from the Bharat Nirman Volunteers.

House to house visits by these functionaries emerged as the main medium of information dissemination reported by three quarter of the respondents. There seems to be no fixed periodicity in receiving information on toilet construction. Respondents indicated that GP members / officials / ANMs / ASHA workers generally visited households once in a month, and out of many issues that they discussed at the household level, one was about toilet construction.

### **Recollection of messages**

Respondents (44%; n=97) could recollect that most of the information sources informed them a) to construct a toilet for the household, b) about the benefits of having a toilet such as improved health and helpfulness for women family members, and c) about the subsidy given by government to construct a toilet.

### **Usefulness of information and action taken**

More than three quarter of the respondents (78%) who were exposed to IEC information said that the information was useful for them specifically a) to know about the benefits of having a toilet, b) to become aware of the dangers of not having a toilet, and c) to learn about the subsidy given by the government for a household.

### **Action taken based on the exposure**

Most of the respondents (80%) did not take any action based on the information received from different sources; 7% approached GP to apply for toilet construction whereas, 13% started the construction.



## Section 5 – Intervention Area: Campaign activities influencing household toilet construction behaviour

Endline survey findings reflect a positive directional change as far as the exposure to the messages and the impact is considered. Compared to Control Area households where, 44% of the households were exposed to any IEC messages on toilet construction in the six months prior to the Endline survey, in Intervention Area, 96% of the households were exposed to the IEC messages of the BCC Campaign on toilet construction and usage.

The survey revealed that a little more than a fifth of the households (22%) in the Intervention Area had constructed a toilet compared to 5% households in the Control Area. It is important to note here that these were the same households in both areas which did not have a toilet at the Baseline survey. There is a positive trend in terms of proportion of households applying for a subsidy at the GP and starting construction or reporting toilet under construction.

**Table 15 Toilet Construction Status in Intervention and Control Areas at Endline survey**

Toilet Construction Status	Intervention Area	%	Control Area	%
Applied	21	6%	4	2%
Partially Constructed / Under Construction	38	11%	9	4%
Fully Constructed / Completed Toilet	75 <sup>5</sup>	22%	11	5%
No Toilet	203	60%	196	89%
Resumed Construction	1	0.3%	1	0.5%
n	338		221	



**Picture 4 Completed toilet under Jaldi NBA**

<sup>5</sup> The month of start and completion of the toilet construction revealed that 5 households had completed toilet construction in the month of January 2014 that is before the BCC campaign was held in the district, hence, these 5 households were not considered for impact analysis of the BCC campaign. Percentage of HHs with completed toilet thus stands at 21% (n=70).

The exposure data was analysed with the outcome variables at three levels - short term, intermediate, and long term.

Data pertaining to short term outcomes has been analysed with respect to the reach of the campaign activities and described in Section 3.2 above.

Table 16 describes the results of the test of association (chi square) between the exposure variables [exposure to IEC messages of the *Jaldi* NBA campaign in Intervention Area] and intermediate outcome variables – a) household approached GP for application, b) started construction; and long term outcome variable - completed toilet construction.

**Table 16 Impact of attending Round 1/2/both on toilet construction behaviour\*\***

	Approached Gram Panchayat to apply for subsidy	%	Started construction of a toilet	%	Completed the toilet construction post February 2014	%
Attended Round 1 events						
Yes	46	75%	51	72%	50	71%
No	15	25%	20	28%	20	29%
<i>Total</i>	61		71		70	
<i>p value</i>	0.15		0.40		0.46	
Attended Round 2 events						
Yes	3	5%	2	3%	2	3%
No	58	95%	69	97%	68	97%
<i>Total</i>	61		71		70	
<i>p value</i>	0.01		0.29		0.28	
Attended events of Both Rounds						
Yes	12	20%	18	25%	14	20%
No	49	80%	53	75%	56	80%
<i>Total</i>	61		71		70	
<i>p value</i>	0.92		0.21		0.97	

Except for households who reported a family member attending Round 2 of the campaign and approached the GP to apply for subsidy, attending Round 1 or both the rounds did not show any significant association on the outcome variables.

To understand the impact of the campaign events conducted in the morning, afternoon and evening on the above stated three outcome variables, chi square test of association was conducted where attendance to these events (morning/afternoon/evening) was considered as an exposure variable. Table 17 describes the results of these tests.

\*\* The association is significant at  $p < 0.05$

**Table 17 Impact of the events attended on toilet construction behaviour<sup>††</sup>**

	Approached GP to apply for subsidy	%	Started construction of a toilet	%	Completed the toilet construction post February 2014	%
Attended morning events						
Yes	57	93%	66	93%	62	94%
No	4	7%	5	7%	4	6%
<i>Total</i>	61		71		66	
<i>p value</i>	0.52		0.35		0.64	
Attended afternoon events						
Yes	30	49%	36	51%	28	42%
No	31	51%	35	49%	38	58%
<i>Total</i>	61		71		66	
<i>p value</i>	0.02		0.00		0.25	
Attended evening events						
Yes	40	66%	49	69%	42	64%
No	21	34%	22	31%	24	36%
<i>Total</i>	61		71		66	
<i>p value</i>	0.40		0.11		0.61	

The only positive association found was among households who reported attending the afternoon events with the outcome variables of approaching GP to apply for the subsidy and initiating the toilet construction process. Although high impact activities were conducted in the morning and evening events, these activities collectively did not seem to have an impact on influencing households in either motivating to approach the GP to apply for subsidy or to start/complete the construction of a toilet.

Data was analysed further to see the impact of most prominently viewed / heard / participated sub-activity conducted in the morning, afternoon and evening events on toilet construction behaviour. Table 18 describes the impact of the individual campaign activity.

<sup>††</sup> The association is significant at  $p < 0.05$

**Table 18 Impact of Individual events attended - in the Morning, Afternoon and Evening - on toilet construction behaviour<sup>##</sup>**

	Approached GP to apply for subsidy	%	Started construction of a toilet	%	Completed the toilet construction post February 2014	%
<b>A] MORNING</b>						
Announcement through vehicle						
Yes	56	92%	64	90%	62	89%
No	5	8%	7	10%	8	11%
<i>Total</i>	61		71		70	
<i>p value</i>	0.03		0.05		0.12	
Personal Invitations						
Yes	53	87%	57	80%	50	71%
No	8	13%	14	20%	20	29%
<i>Total</i>	61		71		70	
<i>p value</i>	0.00		0.00		0.42	
<i>Banni Banni Song</i>						
Yes	43	70%	47	66%	46	66%
No	18	30%	24	34%	24	34%
<i>Total</i>	61		71		70	
<i>p value</i>	0.00		0.03		0.05	
<b>B] AFTERNOON</b>						
School rally						
Yes	30	49%	35	49%	28	40%
No	31	51%	36	51%	42	60%
<i>Total</i>	61		71		70	
<i>p value</i>	0.00		0.00		0.10	
<b>C] EVENING</b>						
Skit						
Yes	24	39%	22	31%	31	44%
No	37	61%	49	69%	39	56%
<i>Total</i>	61		71		70	
<i>p value</i>	0.09		0.00		0.36	
Responsible Father Film						
Yes	32	52%	30	42%	44	63%
No	29	48%	41	58%	26	37%
<i>Total</i>	61		71		70	
<i>p value</i>	0.07		0.00		0.93	

Strong positive association was found between the activities conducted in the morning, afternoon and evening events on the short term and intermediate outcomes. Only the morning activity of listening to *Banni Banni* song showed a positive association with long term outcome of toilet completion.

<sup>##</sup> The association is significant at  $p < 0.05$

## Level of exposure to campaign activities and its impact on outcome variables

### Morning Activities:

1. Announcements through vehicle
2. Video shooting
3. Personal Invitations
4. Song – *Nadedalo Henuu*
5. Song – *Banni Banni*
6. Games

Activities of video shooting and games were not included in measuring exposure levels because of low participation of eligible households. Following table describe the score assigned to the morning activities and method of scoring morning exposure levels into high, medium and low categories based on these scores.

**Table 19 Morning activities and respective scores**

Activity	Score
Personal Invitations	3
Announcements	2
Songs	1

The activity of personal invitation was given a score of 3 because - a) It was a personalised information delivery to the eligible households, b) family members were explained the NBA process, c) family members were personally invited to attend evening campaign activity, d) family members were directly nudged to construct a toilet.

Announcement was given a score of 2 because – a) messages were specific to toilet construction under *Jaldi* NBA, b) community members were informed about the *Jaldi* NBA process including subsidy amount and promise of subsidy amount disbursement within 20 days of toilet construction.

Both songs collectively received a score of 1 because - a) their focus was general, to generate an interest on the issue of toilet construction among all the population segments, b) not specifically targeted to eligible households, c) used as an ice breaker to pass on the main message of *Jaldi* NBA.

Based on the given scores, exposure levels were categorised (Table 20 below) into High (households with score between 5 and 6), Medium (households with score between 3 and 4) and Low (households with score between 1 and 2).

**Table 20 Morning activities: exposure levels based on total score**

Exposure level	Total score for a household
High	5-6
Medium	3-4
Low	1-2

**Table 21 Exposure to morning activities & its impact on the toilet construction behaviour<sup>§§</sup>**

	Approached GP to apply for subsidy	%	Started construction of a toilet	%	Completed the toilet construction post February 2014	%
Morning Exposure Level						
High	52	85.0%	55	77%	50	71%
Medium	4	6.0%	9	13%	10	14%
Low	1	1.0%	2	3%	2	3%
No Exposure	4	8.0%	5	7%	8	12%
<i>Total</i>	61		71		70	
<i>p value</i>	0.00		0.05		0.46	

Table 21 above clearly reflects the impact on the intermediate outcomes predominantly in terms of households approaching GP to apply for subsidy amount and, to a marginal extent, on actually starting the construction of a toilet.

**Evening Activities:**

1. Song 1 – *Nadedalo Henu*
2. Song 2 – *Banni Banni*
3. Group Song
4. Skit by Artists
5. Speeches by GP / block officials
6. Responsible father film
7. Film – household experience of toilet construction
8. Film – household experience of toilet construction in the same village
9. Film – CEO message
10. Pledge
11. Distribution of Certificate

Evening activities were scored as High exposure and Low exposure as described in Table 22 and the note that follows:

<sup>§§</sup> The association is significant at  $p < 0.05$

**Table 22 Evening activities and respective scores**

Activity	Score <sup>***</sup>
Skit by artists	4
Responsible father film	
Speeches by GP / block officials	2
Film – household experience of toilet construction	
Film – household experience of toilet construction in the same village	
Song1 – <i>Nadedalo Henu</i>	1
Song2 – <i>Banni Banni</i>	
Group Song	
Film – CEO message	
Pledge	
Distribution of Certificate	

Skit by artists and /or Responsible father film was given a score of 4 because - a) these were the main activities of the communication campaign, b) they specifically show the plight of girls and women when they go for open defecation and hence drive home the need for a household toilet, c) they target men specifically, and d) Skit and Responsible father film received the maximum reach as far as campaign reach is concerned.

Speech by GP and/or block officials and/or Film on household experience of toilet construction and/or Film on household experience of toilet construction in the same village received a score of 2 because – a) they convey assurances from the GP/block officials for effective implementation of the NBA programme, b) they share experiences households who built toilets under *Jaldi* NBA so that the audience (specifically men) can relate better with the campaign and the NBA programme, and c) these activities were aimed at enabling households to take that first step to approach the GP.

Song 1 – *Nadedalo Henu* and/or Song 2 – *Banni Banni* and/or Group Song and/or Film – CEO message and/or Pledge and Distribution of Certificate received a score of 1 because - a) the songs mainly served as ice breakers, to create interest and attract the audience for the evening programme, b) our experience on the field revealed that the audience could not relate much to the CEO message and perceived this film as a filler; besides, it was shown towards the later part of the evening, after the skit, speeches, films, and songs by which time people started leaving the venue and not many of them actually viewed the CEO message, c) thereafter, pledge and distribution of certificate, which were more focused on the people interested in / started construction of toilet, were held at the end of the evening, resulting in low audience exposure.

<sup>\*\*\*</sup> Among the listed activities, if the HH had attended one or more of the activities, they receive the score for that category. Note that score of 3 is not assigned to any activity/group of activities to avoid getting the total score of 3 (so as to not let it fall in the high exposure level).

**Table 23 Evening activities: exposure levels based on total scores**

Exposure level	Total score for a household
High	4 - 7
Low	1 - 3

**Table 24 Exposure to evening activities & its impact on the toilet construction behaviour<sup>+++</sup>**

	Approached GP to apply for subsidy	%	Started construction of a toilet	%	Completed the toilet construction post February 2014	%
Evening Exposure Level						
High	37	61%	49	69%	39	56%
Low	3	5%	0	0%	3	4%
No exposure	21	34%	22	31%	28	40%
<i>Total</i>	61		71		70	
<i>p value</i>	0.05		0.00		0.23	

Exposure to the evening activities also showed a positive association more with the intermediate rather than the long term outcomes. Evening activities seems to have a cumulative effect on the outcomes where positive association is more evident with the outcome of households starting construction of a toilet than those who were applying to the GP to receive the subsidy amount.

#### **Incremental Impact of the Campaign on Toilet Construction in Intervention Area compared to Control Area**

In the Intervention Area, the BCC campaign had an impact on toilet coverage. Compared to routine IEC conducted in the Control Area, the targeted BCC in the Intervention Area lead to increase in toilet coverage by 14.3% in the Intervention Area. Specifically, post BCC campaign, 16% more households in the Intervention Area constructed a toilet compared to households in Control Area.

**Table 25 Incremental Impact of the BCC campaign on toilet coverage**

	Intervention Area	Control Area
Baseline Sample	800	501
HHs with toilet at Baseline	435	271
Toilet Coverage at Baseline (%)	54.4	54.1
Lost to Follow up	27	9
Baseline Sample ( less lost to follow up)	773	492
HHs with toilet at Endline (post January 2014)	70	11
Total HHs with toilet	505	282
Toilet Coverage as % of Baseline Sample (less lost to follow up)	65.3	57.3
% Increase in Toilet Coverage	20.3	6.0
<b>Incremental Impact of Campaign on toilet coverage (%)</b>	<b>14.3</b>	

<sup>+++</sup> The association is significant at  $p < 0.05$

**Table 26 Incremental Impact of the BCC campaign on toilet construction at Endline**

	Intervention Area	Control Area
Endline Sample	333	221
HHs with toilet at Endline	70	11
Toilet Coverage at Endline (%)	21	5
<b>Incremental Impact of Campaign (%)</b>	<b>16</b>	

**Exposure to communication messages and impact on toilet construction behaviour: Comparison across Intervention and Control Areas**

Compared to Control Area, the Intervention Area showed a strong positive association between the campaign messages and the intermediate and long term outcomes, clearly reflecting the campaign had an impact in terms of influencing household behaviour towards increased application to the GP for toilet construction, commencing toilet construction work, and completion of toilet construction.

**Table 27 Comparison of the impact of IEC messages in Intervention and Control Area on household toilet construction behaviour<sup>\*\*\*</sup>**

	Approached GP to apply for subsidy		Started Construction of a toilet		Completed the toilet construction post February 2014		n
	Yes	No	Yes	No	Yes	No	
Intervention Area	61	241	71	231	66	236	302
%	20%	80%	23%	77%	22%	78%	
Control Area	6	91	10	87	5	92	97
%	6%	94%	10%	90%	5%	95%	
<i>p</i> value	0.00		0.00		0.00		

**Who were the toilet adopters after the campaign?**

It was interesting to find out who among the exposed households got motivated and constructed a toilet. Some of the crucial socio economic factors that were looked at - social affiliation, land ownership, affordability measure, type of fuel used for cooking (LPG), family member living in a city, membership of SHG, gender of the head of the household, availability of water and female literacy.

Post campaign, households with LPG as a main cooking fuel showed a statistically significant association with completed toilet construction. Social affiliation and households with a family member living in a city showed a marginal association with the outcome variable.

<sup>\*\*\*</sup> The association is significant at  $p < 0.05$

**Table 28 Socio-Economic Characteristics of toilet adopters post BCC campaign<sup>§§§</sup>**

	Completed the toilet construction post February 2014 (n=338)			
Social Affiliation	Yes	%	No	%
SC	9	13%	59	22%
ST	8	11%	39	15%
OBC	45	64%	158	59%
General	8	11%	12	4%
<i>p</i> value	0.05			
Land Ownership				
Yes	45	65%	171	64%
No	25	35%	97	36%
<i>p</i> value	0.94			
Affordability Measure				
No asset	13	19%	76	28%
Low	21	30%	74	28%
Medium	15	21%	68	25%
High	21	30%	50	19%
<i>p</i> value	0.11			
Type of fuel used for cooking				
LPG	26	37%	59	22%
Other	44	63%	209	78%
<i>p</i> value	0.00			
A family member living in a city				
Yes	11	16%	22	8%
No	59	84%	246	92%
<i>p</i> value	0.06			
Self Help Group Membership				
Yes	33	47%	140	52%
No	37	53%	128	48%
<i>p</i> value	0.44			
Gender of the head of the household				
Male	59	84%	220	82%
Female	11	16%	48	18%
<i>p</i> value	0.66			
Availability of water (faced disturbance in the last 1 year)				
Yes	39	56%	146	55%
No	31	44%	122	45%
<i>p</i> value	0.85			
Female Literacy (number of literate )members (n=277)				
One member	27	44%	113	53%
More than one member	35	56%	102	47%
<i>p</i> value	0.21			
Female Literacy				
No literate family member	8	11%	53	20%
At least one literate family member	62	89%	215	80%
<i>p</i> value	0.10			

<sup>§§§</sup> The association is significant at  $p < 0.05$



## Change in the perceptions, attitude of households towards toilet construction and usage

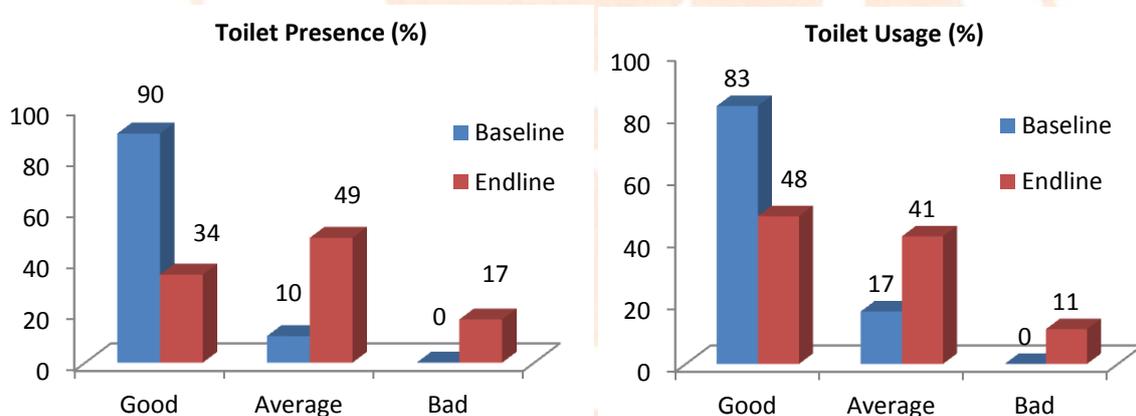
This section maps the change in the perceptions, attitude of households towards toilet construction post the behaviour change communication campaign. The focus here is on perceptions, attitudes and behaviour of the respondents towards toilets. In general the questions were aimed at capturing household perception on toilet construction and usage, attitudes towards responsibilities related to sanitation, and perceived impact of toilets on the health of family members.

### **Presence and Usage of toilets**

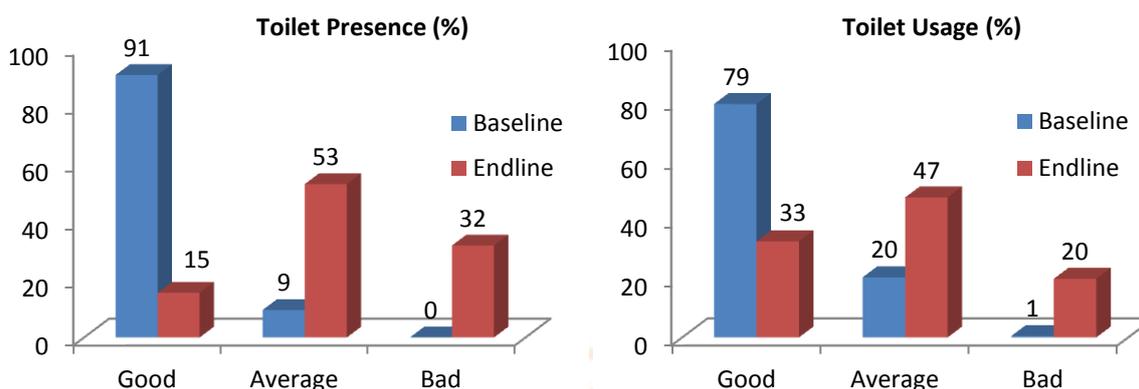
Comparison of the responses of the households at Baseline and Endline survey with respect to the question of whether households should construct toilets shows that there has been a little change in the Intervention Area while it has remained the same in the Control Area. At Baseline 99% the respondents in the Intervention and 100% in the Control Area stated that construction of toilet was imperative in their village; the number reached/ remained 100% in the Endline survey.

However, when it came to perception towards the presence of toilets in their village, there was a noticeable shift in the Intervention Area. Compared to Baseline rating of toilet presence as 'good' reported by almost 90% households, post campaign the rating of 'good' reduced to 34% while their 'average' increased from about 10% to almost 49%, as can be seen in Figure 7 and Figure 8.

**Figure 7 Perception towards toilet presence and usage in Intervention Area**



**Figure 8 Perception towards toilet presence and usage in Control Area**

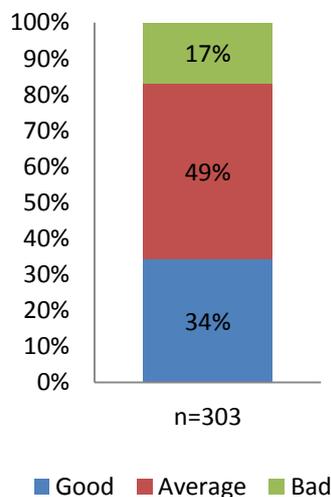


On closer examination of data (both Intervention and Control Areas) it is also observed that out of those respondents who stated the toilet presence and usage as 'good' at Baseline, a significant number have shifted their opinion at Endline to 'average' and 'bad'. As a result of this shift, there is a new category of respondents in the Endline who rate toilet presence as 'bad', a category which was non-existent at the Baseline, for the same households. Of the households who reported toilet presence as 'good' at the Baseline, post campaign only 34% retained their opinion, 49% shifted the opinion to 'average' and 17% to 'bad' (Figure 7).

The change in respondents' perception about toilet presence and usage in their villages is more in Control Area (Figure 7 & 8) than in Intervention Area. This change in perception in Control Area (in addition to changes witnessed in the Intervention Area) may be because of confounding factors such as a) GP officials (PDOs) from all the GPs attended joint meetings where the *Jaldi* NBA program was discussed. They in turn could have informed households in their respective GPs about the need for toilet construction, b) 'toilet construction' in rural areas received wider coverage in the media. These factors were not controlled in this study. Scope of the study did not allow control of systemic factors such as GP official meetings.

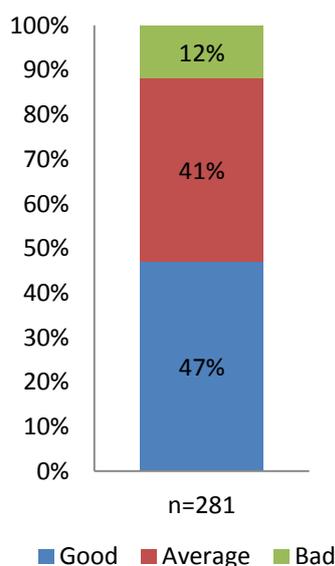
ನಿಮ್ಮ ಲಕ್ಷ್ಯವು  
ಅಭಿವೃದ್ಧಿಯ ಯೋಜನೆ

**Figure 9 Change in perception at Endline among respondents who reported toilet presence as 'good' at Baseline in Intervention Area**



Another interesting finding emerged with respect to the question of usage of toilet facilities in the village. At Baseline, 83% of respondents in the Intervention Area stated toilet usage was 'good' in the village, and 17% stated it was 'average'. Post campaign, only half of the respondents who rated toilet presence 'good' at Baseline retained their opinion at the Endline, 41% shifted their opinion to 'average' and 12% to 'bad' (Figure 9).

**Figure 10 Change in perception at Endline among respondents who reported toilet usage as good at Baseline in Intervention Area**



## Toilets and Health

At Baseline, 90% respondents in the Intervention Area and 91% in the Control Area agreed that toilet usage was related to the health of the villagers. Post campaign, respondents reiterating this opinion in both Intervention and Control Areas increased to 99%.

With respect to the household behaviour at Baseline, 94% respondents in the Intervention and 92% in Control Area agreed that having a toilet ensures good health of their family members. In the Endline, there was a small increase in the number of people in both areas who held the same opinion.

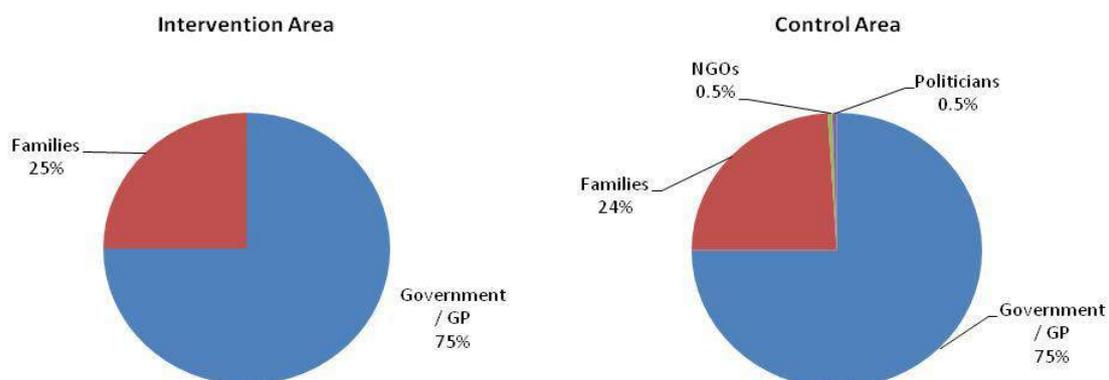
Similarly, the number of respondents agreeing that hygienic practices (such as washing hands after defecation or cleaning the area soiled by children) should be followed showed a small increase in both Intervention and Control Areas.

However, despite the recognition for the need to follow hygienic sanitation practices, when respondents were questioned on the issue of children defecating inside, outside or near the house, more than a third of the households (39% in Intervention Area and 37% Control Area) thought that it is alright for children to do so at Baseline; at the Endline, it was surprising that even more respondents (44% Intervention Area and (59% Control Area) subscribed to this view.

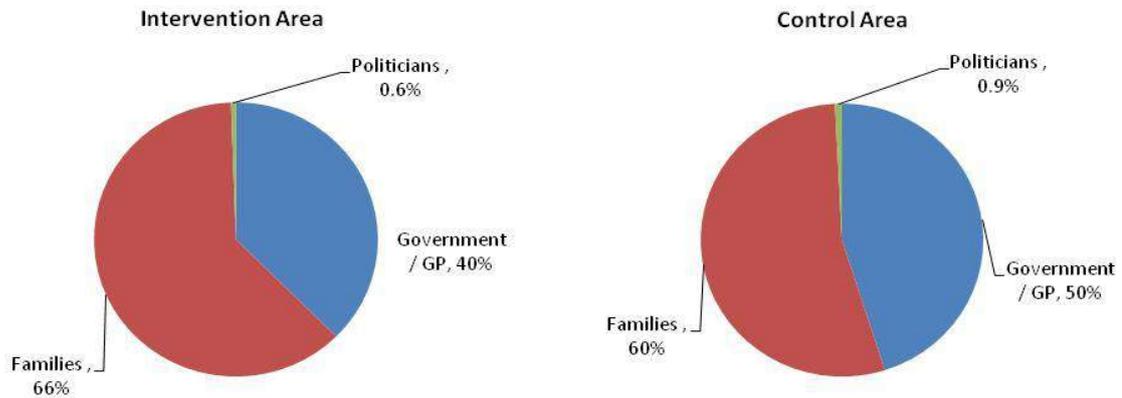
### Responsibility of toilet construction

In the Baseline survey, according to 75% respondents in both in the Intervention and Control Areas, the responsibility of toilet construction in the village lies with the Government/GP. However, in the Endline survey, there was a change in this response with lesser proportion of households holding this view and significantly more saying it is the responsibility of the household - 66% in the Intervention Area and 60% in the Control Area. (Figure 10 and 11)

**Figure 11 Responsibility of toilet construction at Baseline**



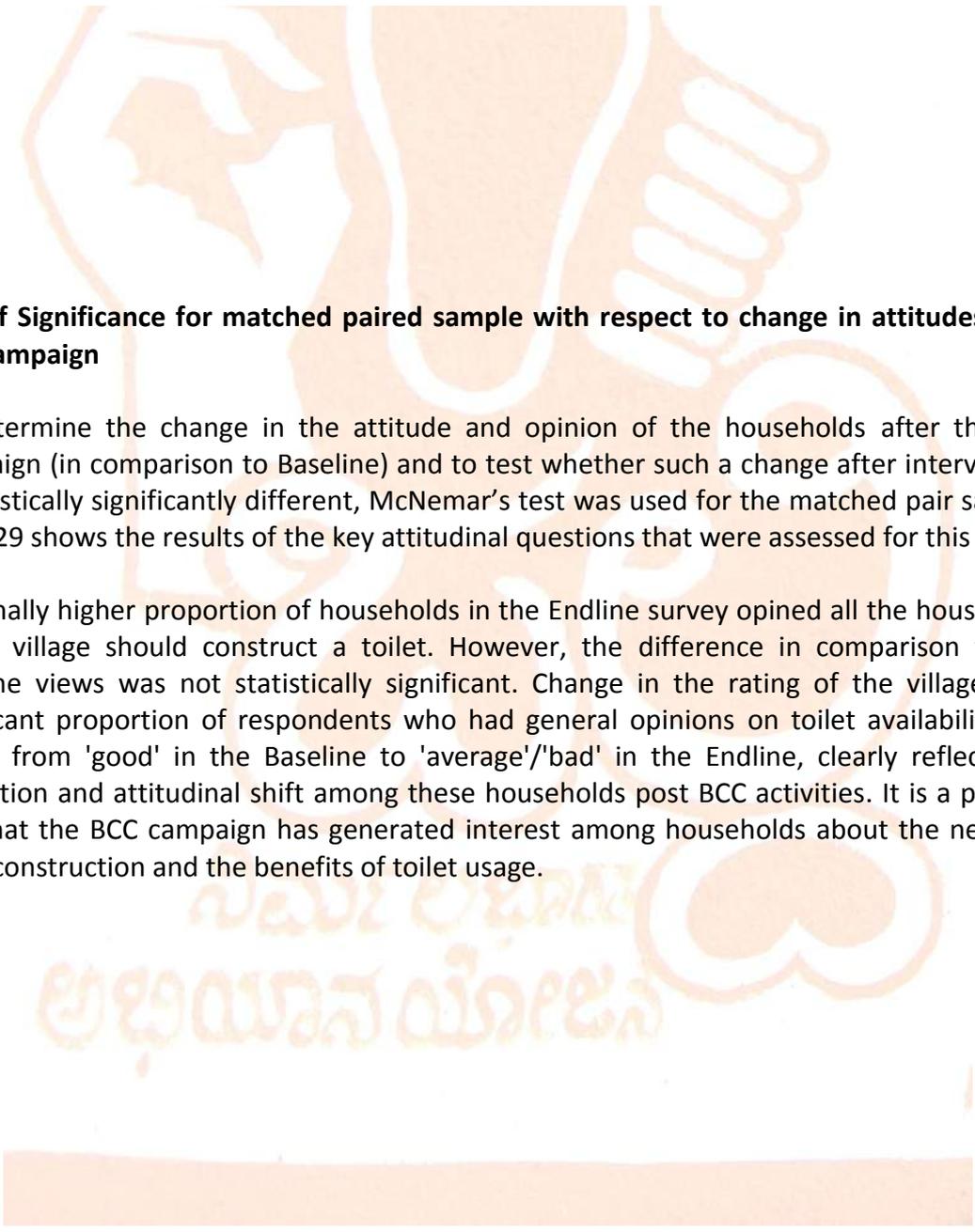
**Figure 12 Responsibility of toilet construction at Endline (Multiple Responses)**



**Test of Significance for matched paired sample with respect to change in attitudes after BCC Campaign**

To determine the change in the attitude and opinion of the households after the BCC Campaign (in comparison to Baseline) and to test whether such a change after intervention is statistically significantly different, McNemar’s test was used for the matched pair sample. Table 29 shows the results of the key attitudinal questions that were assessed for this test.

Marginally higher proportion of households in the Endline survey opined all the households in the village should construct a toilet. However, the difference in comparison to the Baseline views was not statistically significant. Change in the rating of the village by a significant proportion of respondents who had general opinions on toilet availability and usage, from 'good' in the Baseline to 'average'/'bad' in the Endline, clearly reflects the realisation and attitudinal shift among these households post BCC activities. It is a positive sign that the BCC campaign has generated interest among households about the need for toilet construction and the benefits of toilet usage.



**Table 29 McNemar's Test of Significance to determine the change in perception, attitude of households pre- and post- Intervention \*\*\*\***

Statements	Endline Survey (n=338)	
	Yes	No
<b>All HHs in the village should construct a toilet</b>		
Baseline – Yes (n=335)	334 (99.7%)	1 (0.3%)
Baseline – No (n=3)	3 (100%)	0
<i>p</i> value	0.62	
<b>Rating of village in terms of toilet presence</b>	<b>Good</b>	<b>Average / Bad</b>
Baseline – Good (n=303)	104 (34%)	199 (66%)
Baseline - Average / Bad (n=35)	12 (34%)	23 (66%)
<i>p</i> -value	0.00	
<b>Rating of village in terms of toilet usage</b>	<b>Good</b>	<b>Average / Bad</b>
Baseline –Good (n=281)	132 (47%)	149 (53%)
Baseline -Average / Bad (n=57)	29 (51%)	28 (49%)
<i>p</i> -value	0.00	
<b>Toilet usage related to health of the villagers</b>	<b>Yes</b>	<b>No</b>
Baseline –Yes (n=305)	300 (98%)	5 (2%)
Baseline –No (n=33)	33 (100%)	0
<i>p</i> -value	0.00	
<b>Responsibility of toilet construction in a village</b>	<b>Government/ GP Officials</b>	<b>Households</b>
Baseline -Government/ GP Officials (n=250)	86 (34%)	164 (66%)
Baseline –Households (n=85)	28 (33%)	57 (67%)
<i>p</i> -value	0.00	
<b>Building toilet in the house is of least priority in terms household expenditure</b>	<b>Agree</b>	<b>Disagree</b>
Baseline –Agree (n=226)	113 (50%)	113 (50%)
Baseline –Disagree (n=111)	61 (55%)	50 (45%)
<i>p</i> -value	0.00	

Compared to Baseline, higher proportions of households at Endline felt that health of the villagers is directly linked with having a household toilet in every household and family members using the toilet.

Statistically significant difference was observed among households who, post BCC campaign, reported toilet construction is the responsibility of the households as compared to those who reported so at Baseline. Similarly, McNemar's test determined that there was a statistically significant difference between Baseline and Endline in the proportion of households who disagreed to the statement 'building toilet in the house is of least priority in terms of spending in a house'.

#### **Toilet – whose need?**

Both at the Baseline and Endline surveys it was observed that most respondents thought that toilets are necessary for women and not so much for men. Post campaign, there was a decrease in the percentage of respondents in the Intervention Area who felt that men do

\*\*\*\* The difference is significant at  $p < 0.05$

not need toilets; however Control Area respondents retained the same opinion as in Baseline.

The opinion that there was a safety concern for both women and adolescent girls when it came to open defecation was constant both at Baseline and Endline surveys. Further analyses based on the gender of the respondents revealed that more women respondents were of this view than men respondents; 16% of women and only 5% men respondents at Baseline. Post campaign, only 9% women and 7% men were of the same opinion, indicating a greater awareness, by women and men, of the need of a toilet for men too.

Even though both men and women agreed that toilet construction and usage is imperative in their village, its importance did not reflect as a main concern in the household budget during the Baseline survey. However there was a marginal increase in the response to this question during the Endline survey by both men and women who now agreed that toilet construction figures in their household budget.



## **Section 6 – Intervention Area: Households exposed to the Campaign but did not apply to GP / construct a toilet / intend to build a toilet in future**

A majority (89%; n=302) of the respondents from the Intervention Area attended the *Jaldi* NBA campaign. Post campaign, at Endline, 58% of the respondents neither had a toilet nor did they apply for a subsidy at the GP. Their reasons for not taking either of these actions were: lack of financial resources, lack of space, observed delay in subsidy disbursal by GP to beneficiaries, and households awaiting approval of a housing scheme from government.

Most of these respondents who did not built a toilet even though they were exposed to the campaign mainly visited the open fields to relieve themselves. Only four respondents reported using neighbours' toilet. Time taken to access the open fields ranged from 10 to 60 minutes, with an average of 20 minutes.

However, it is disheartening to note that households did not construct toilets although family members (mostly women) in 85% of the households expressed the need for one. In 93% of the households that did not build a toilet, respondents took no action even though they were aware about the subsidy given by the GP to construct the toilet. FGD participants in most of the GPs were well aware of the subsidy entitlement of Rs 9200 per household under the convergence programme, consisting of Rs 4700 under NBA and Rs 4500 from MGNREGA.

Despite the need, the awareness, and the information, households did not construct a toilet, the primary reason being financial difficulty. It may be inferred that since the initial amount for construction is to be contributed by the household, unaffordability of this upfront payment could be a key hindrance. Respondents' observation of delay in receiving (within 20 days as assured) the subsidy amount by friends and relatives who started construction of a toilet under the *Jaldi* programme, was also strongly stated as a reason by FGD participants who wanted to construct toilets but had financial difficulties. In addition, FGD participants also stated that lack of prompt follow-up / processing by GP officials, even after the pit was dug, discouraged them to take any further action.

When respondents were asked about their intention to construct toilets in future, 91% in the Intervention Area showed willingness to do so, by next year 2015 (51%).

### ***Expected features in a toilet***

Availability of water was the most frequently cited feature; other frequently reported features include – enough day light in the toilet, electricity in the night so that the toilet can be used, proper ventilation, enough space to sit inside the toilet to be comfortable, availability of tap inside the toilet, and the toilet should not smell.

## Section 7 – Intervention Area: Household experience of toilet construction process, usage and practice of open defecation

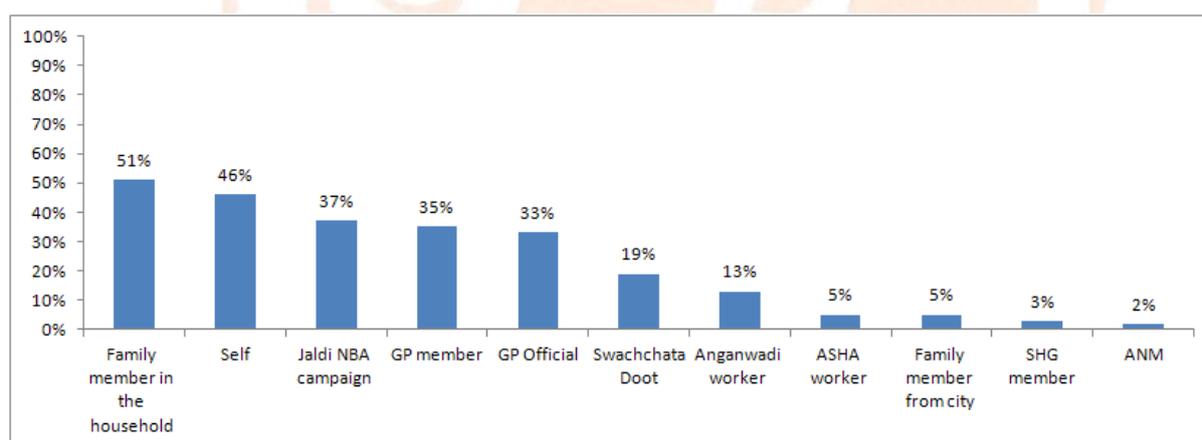
This section describes the household experience of toilet construction & usage in the district. It looks into various reasons which enabled the decision of building a toilet; family members who motivated the household for construction of the toilet and those who led the discussions; experience of households about the application process and receiving the subsidy amount; and problems faced by respondents.

Out of the 70 toilets constructed after BCC campaign (January 2014) in the Intervention Area, 63 (90%) were constructed under the *Jaldi* NBA programme, while 7 (10%) households built toilets with their own funds. In the Control Area, out of 11 toilets built after January 2014, 5 were built under NBA programme; 6 households built the toilets with their own funds.

When asked for whom toilet construction was the primary need in the family, 29 households (46%) in the Intervention Area and 3 households in the Control Area stated that it was for adult women in the age group of 20 to 50 years. At the same time, nearly half (46%; n=29) of the interviewed households in the Intervention Area stated that toilet was a primary need for everyone in the family. Increasing realisation in the Intervention Area is evident in more respondents in the Endline stating that toilet is a need of everyone in the family.

The respondents reported multiple personnel who motivated them to build a toilet (Figure 13). Most frequently reported motivators in the intervention area were family members, the respondents themselves, *Jaldi* NBA campaign, GP officials and members, Swachchata Doot, etc.

**Figure 13 Motivators to build household toilets in Intervention Area**



All of these respondents who reported motivators at the household level were also asked whether *Jaldi* NBA campaign played any motivational role in their decision of toilet construction. Overwhelmingly, 87% (n=55) of the respondents reported positively.

89% (n=49) of these 55 respondents reported that it was the promise of receiving subsidy amount within 20 days of toilet construction that motivated them the most; while, 29% (n=16) respondents were solely motivated with the idea of being a responsible father.

### ***Application process***

It was observed that after the initial discussions within the households on the issue of toilet construction, actual toilet construction work started after an average of 13 days in the Intervention Area; comparatively in the Control Area construction work started a month after initial discussions.

Almost 87% (n=57) of the respondents in the Intervention and only 3 respondents in the Control Area stated that they had submitted an application to the GP. All the respondents in Intervention and Control Areas reported submitting applications before starting construction of toilets.

About 24% (n=13) respondents in the Intervention Area reported that the Swachchata Doot visited the house to fill the application; 22% (n=12) respondents said that the form was filled by GP officials who visited the house; more than half of the surveyed respondents (54%; n=29) either personally or through a family member visited the GP to fill the application.

Along with the application, in the Intervention Area, respondents submitted supportive documents such as ration card (94%), MGNREGA job card (80%), voter's ID card (93%) and bank pass book (83%). In the Intervention Area, respondents reported paying average of three visits to complete the application process. About 63% of the respondents stated the application process was easy.

Nearly all the respondents (92%, n=58) had to submit photographs of work stages to the GP office. Those who submitted the photographs reported that photographs were taken predominantly by a photographer (66%), GP officials (24%), and Swachchata Doot (10%). Photographs were submitted at different stages of construction; 95% (n=55) of the respondents in the Intervention Area had submitted a photo after the pit digging was complete; 83% (n=48) submitted at an intermediate stage of the construction, and 85% (n=49) submitted after completion of the toilet. Three quarter of the respondents (n=44) in the Intervention Area had to pay for the photographs; the average amount paid for a photograph was Rs.50.

### ***Payment of extra money***

- None of the respondents in Intervention and Control Areas paid money to get selected as a beneficiary
- Only one respondent in the Intervention Area paid extra money to speed up the application process; none in Control Area
- Only one respondent in the Intervention Area paid extra money to speed up release of the subsidy amount; none in Control Area

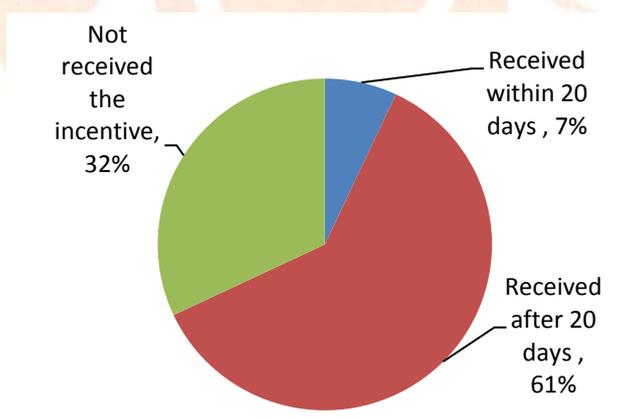
### **Receipt of Subsidy**

The promise of subsidy disbursement within 20 days of toilet construction was one of the mainstays of the campaign; this was also reflected by respondents (89%; n=49) stating the 20 days promise was the main motivator for them to initiate toilet construction process. We explored whether, and what proportion, of respondents received the subsidy within 20 days; else within how many days after toilet construction.

Only 7% (n=4) out of 62 who responded to this question received the subsidy within 20 days as promised; 32% (n=20) reported yet to receive the subsidy; a majority 61% (n=38) received the subsidy after 20 days of completion of the toilet. Number of days taken to receive the subsidy ranged from 30 days (after toilet completion) up to 3 months, with an average of 36 days.

In the Control Area, out of 5 respondents who built the toilet under NBA, none reported receiving the subsidy amount.

**Figure 14 Receipt of Subsidy under Jaldi NBA programme in Intervention Area (n=62)**



### **Awareness about the subsidy amount**

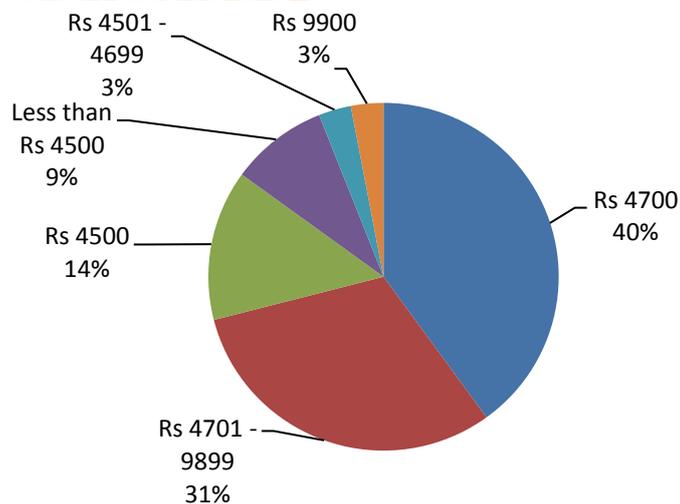
Almost all the respondents 98% (n=61) who had constructed a toilet in the Intervention Area reported being aware of the subsidy given by the GP to construct a toilet. In Control Area, of the 5 respondents who had a completed toilet, 3 reported being aware of the subsidy amount.

Only 9 respondents (15%) in the Intervention Area out of the 61 were able to state the breakup of amounts received by a household under MGNREGA and NBA; 85% were aware only of the total (combined) subsidy amount received by a household. The amount received under MGNREGA was Rs.4500, under NBA Rs.4700, the total amount of subsidy reported was Rs.9200. In Control Area, 3 out of the 5 respondents were aware about the total subsidy amount of Rs.9200.

### **Actual subsidy amount received**

Only 35 households out of the 63 households in the Intervention Area were able to share the subsidy amount received that ranged from Rs. 3000 to Rs. 9900; nearly 40% (n=14) said they had received Rs.4700; 14% (n=5) households said they had received Rs.4500.

**Figure 15 Amount of subsidy received in Rupees (n=35)**



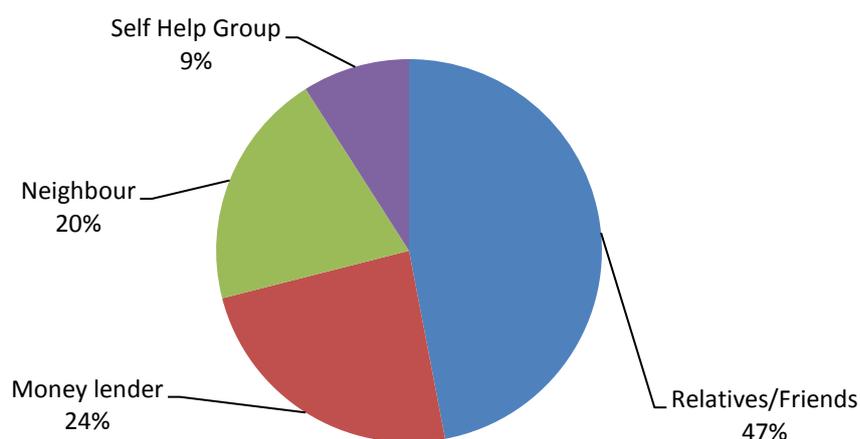
Four respondents in the Intervention who received Rs.9200 and one who received Rs. 9900 reported receiving the total subsidy as per the programme. Of the 30 respondents, 25 respondents followed up with the GP about receiving the remaining subsidy amount; none received the remaining amount till the time of the survey.

The average total cost of the toilet construction in the Intervention Area was Rs.15000; some households also reported spending upto Rs.22000. Households in the Control Area spent between Rs.15000 and Rs.20000.

### **Borrowing money to construct a toilet**

About 89% (n=55) respondents in the Intervention had borrowed money to construct a toilet. Even in Control Area 3 respondents out of 5 reported borrowing money. Relatives/friends, money lenders and neighbours emerged as the main sources for borrowing (Figure 16) at interest of 2 to 3 percent per month. Only a fifth of the respondents who had borrowed money said they have repaid the total amount.

**Figure 16 Source of borrowing money (n=55)**



### ***Problems faced in receiving subsidy amount***

About 42% (n=26) of respondents in the Intervention Area faced problems in receiving the subsidy amount. The most frequently reported problem was not receiving the subsidy amount within 20 days of toilet construction as promised. Half of these respondents raised the complaint with the GP officials and members.

In one of the FGDs in the Intervention Area, participants very strongly expressed their distrust in GP officials; participants said that they had borrowed money at 2 to 3 percent monthly interest to construct a toilet only after the promise of receiving subsidy within 20 days of toilet construction but this was not fulfilled by the GP officials; a few among them postponed family functions just to use the saved money to construct a toilet. A sense of frustration prevailed during the discussion.

GP Officials confirmed delay in subsidy disbursement. They stated that after the campaign, villagers approached the GP to apply for the subsidy amount and GP reciprocated positively by promising to disburse the subsidy under NBA after confirming that the household had initiated the toilet construction process in terms of digging the pit. GP officials confirmed disbursing NBA subsidy amount immediately after the BCC campaign, however, procedural issues and objections raised by higher authorities on possibility of households not completing the toilets resulted in many GPs releasing total subsidy amount only after the household completed the toilet construction; this resulted in households not receiving the subsidy within 20 days of toilet completion as promised during the campaign.

### ***Recommendation to others to build a toilet under Jaldi NBA***

Of the 63 households who had constructed a toilet after the campaign activities and under the *Jaldi* NBA programme, only 26 households (41%) responded to this question, others were unsure about their views as, on one hand they find the toilets useful for family members but on the other, GP not able to disburse the subsidy within 20 days as promised. Among these 26 respondents, 20 respondents said that they would recommend others to construct a toilet under the *Jaldi* NBA programme.

## **Toilet Availability and Usage**

### ***Households at different stages of toilet completion***

At the Endline it was observed that 60% (n=203) respondents in the Intervention Area and 88% (n=196) in the Control Area reported that they did not have a toilet and had not submitted an application to the GP. Only 22% households in the Intervention Area and 5% in the Control Area reported a completed toilet. About 90% (n=63) households in the Intervention Area and five households in the Control Area have built the toilet under *Jaldi* NBA / NBA programme. This sub-section examines the availability and usage of toilets of those households who have a toilet or it is under construction or resumed construction.

### ***Reasons for toilet construction***

Both in Intervention and Control Area, difficulties faced by women family members (when they go for open defecation) emerged as the main reason for a household to construct a toilet; the other important reasons cited were: health problems faced by family members, elderly family members in the house who cannot walk long distances, and problems created by miscreants.

### ***Who expressed the need for a toilet?***

On being asked as to which members of the family expressed the need for a toilet in the family, adult women in the family in the age group of 20 to 50 years emerged as one of the frequently reported family members (Intervention Area - 41%; Control Area - 70%). It is interesting to note that 50% respondents in Intervention Area also cited toilet was the need for all the family members compared to 24% respondents in the Control Area.

### ***Type of toilet***

Of the respondents who had a completed toilet, 92% and 96% in the Intervention and Control Areas respectively stated that the toilet was a 'pan with flush connected to single pit' type.

### ***Stage of toilet construction and practice of open defecation***

Among households that reported toilet construction completed, under progress & resumed construction, 94% (n=110) Intervention Area and 91% (n=21) Control Area) said that the pit for the toilet had been dug. The rest of the respondents reported that the walls of the toilet had been constructed (78% both areas), the pan had been fixed (68% Intervention and 65% Control Area), and the roof had been fixed (68% Intervention Area and 61% Control Area).

Of the households who reported that they had resumed the construction of their toilet and toilet is under construction, for 11% (n=39) in Intervention Area and 4% (n=10) in Control Area, February 2014 emerged as the month when the highest number resumed work, with April 2014 being the next month of high response.

Among households who reported that the toilet construction was in progress / resumed or had submitted an application to the GP for a toilet, when asked about where they or their family members go for defecation, open fields emerged as the main location, and the time taken to reach such a place ranged from 15 to 30 minutes.

***Information on subsidy (HHs with completed toilet, under construction, resumed construction)***

There were 114 HHs in Intervention Area and 21 households in the Control Area with completed toilet/under construction/resumed construction. When respondents were asked if they were aware of a subsidy given by the GP to construct a toilet, 93% (n=106) respondents in the Intervention Area and 19 respondents (out of 21) in the Control Area stated that they were aware of it.

On being further questioned about how this subsidy was disbursed to the eligible beneficiaries, 96% (n=102) of the respondents in the Intervention Area and 58% (n=11) in the Control Area stated that it was given in stages.

Almost 41% (n=43) respondents in the Intervention Area and 21% (n = 4) in the Control Area had received the subsidy amount. The amount of subsidy received in Intervention Area shows a bimodal distribution where, 16% (n=7) respondents received Rs.4500 and 39% (n=17) received Rs.4700; 11% (n=5) received amount lesser than Rs. 4500; 2% (n=1) received Rs.4600 and 32% (n=14) received more than Rs.4700. In Control Area, 2 respondents received Rs.4500 while one each received Rs.3500 and Rs.6000.

***Toilet usage***

Among households with completed toilets, all the respondents in the Intervention Area reported that family members were using the toilet; 5 (7%) respondents said that family members are not using the toilet. In the Control Area all the respondents (n=11) reported use of toilet by family members. According to the respondents, among the toilet users, apart from the respondents themselves, spouse, son and daughter emerged as the other frequent users of the household toilet; grand children, elderly parents, brothers and sisters and daughter-in-law were also reported using the toilet in Intervention Area by more number of respondents than from the Control Area.

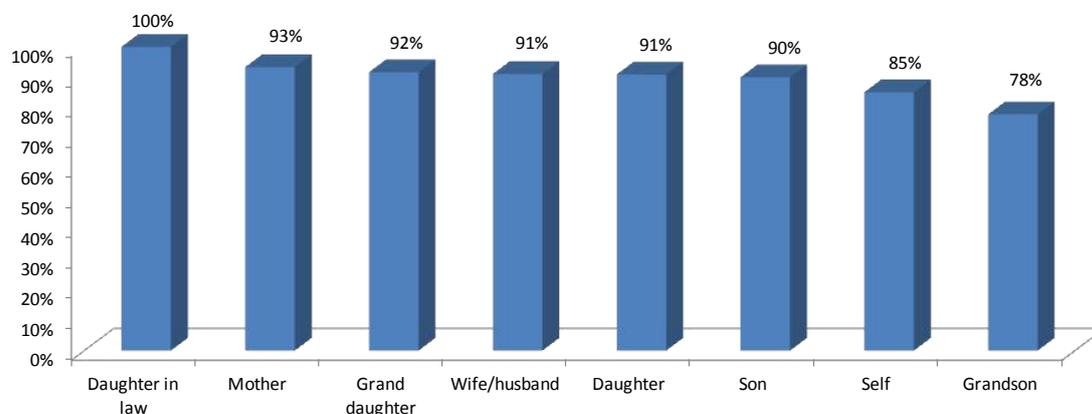


**Table 30 Toilet usage by family members (Multiple Answer Question)**

Relation	Intervention Area		Control Area	
	Frequency	%	Frequency	%
Self	68	97	11	100
Wife/husband	56	80	8	73
Son	50	71	8	73
Daughter	33	47	6	55
Grandson	9	13	2	18
Grand daughter	12	17	0	0
Brother	8	11	0	0
Sister	1	1	0	0
Daughter in law	18	26	3	27
Father	7	10	0	0
Mother	15	21	2	18
n	70		11	

When asked about the frequency of usage of the toilet by each family member it was found that the usage was more by female members in the household as compared to the male members both in the Intervention and Control Areas; family members used the toilet whenever they had a need.

**Figure 17 Toilet use by family members (every time they need to use)**



To understand the practice of open defecation among households with completed toilet, the households were asked whether any family member still practices open defecation. Respondents from a little more than a quarter (28%; n=21) of the households in the Intervention Area reported family members practice open defecation; comparatively in the Control Area, only one household reported practice of open defecation; reasons - fear of pit filling up quickly, and lack of need. This practice was more evident among male members of households who practiced open defecation in the fields during agricultural activities, and while travelling to other places.

### **Observation of the Toilet in the House**

In order to determine the condition of toilets which were reported complete by respondent's, enumerators visited these households and made observations. It was observed that the pathway/passage to the toilet was uneven and the toilet was not in the same building as the house. In both the Intervention and Control Areas, survey results show that the toilet was not locked.

Water was available in the toilets across households in the Intervention and Control Areas, with water being stored both inside and outside the toilet. However, there was an absence of a functional tap inside the toilet in the Intervention Area but the Control Area was a little better in this respect. Cleaning materials such as brush and cleaning liquid were absent in most toilets. It was observed that most of the toilets which were inspected had a wet floor, faecal residue, and water stains, indicating that the toilet was in use.

Although most of the toilets had good ventilation, they lacked an electric light inside. It was also observed that the toilet was not being used as a storehouse for things such as firewood, clothes, hay etc.

**Table 31 Observation of the toilet**

	<b>Intervention Area (n=63)</b>	<b>Control Area (n=5)</b>
<b>Structural aspects:</b>		
Toilet is locked	13%	40%
Toilet inside the same building as the house	35%	0%
Water facility available	84%	80%
Water tap inside the toilet	18%	20%
Electric light facility in the toilet	27%	40%
Dark inside the toilet	27%	20%
Ventilator in the toilet	65%	80%
Things stored in the toilet (wood, clothes, hay etc.,)	5%	0%
Cleaning materials in the toilet (brush, cleaning liquid)	49%	0%
<b>Usage aspects:</b>		
Water stored outside the toilet	65%	40%
Water stored inside the toilet	64%	80%
Toilet floor wet	78%	80%
Toilet pan covered	2%	0%
Toilet have recent faecal residues / stains / water	46%	40%

### **Toilet design and structure**

Almost all the respondents from households with completed toilet in Intervention (97%) and Control (100%) Areas were satisfied with the design and structure of the toilet. To improve the user experience of toilet usage, respondents in both Intervention and Control Areas were of the view that the toilet should be well ventilated; water should be available; and there should be sufficient light inside.

## Section 8 – Conclusions and Recommendations

The overall reach of the BCC campaign has been extensive across the villages in the Intervention Area. In contrast, in the Control Area, the routine IEC activities did not show much reach or recall.

### 1) High Recall of Content of Most of the Campaign Events

Morning Events resonate with experiences of respondents. The key message - benefits of constructing a toilet and easy availability with prompt disbursement of the subsidy has found their mark in the target audience. Although low attendance was recorded for the afternoon events, respondents reported high recall of the events. Skit is the highlight of the evening events, recall of other activities was mostly after prompting.

#### Recommendation:

- Morning events - were most effective; they can be retained with some refinement of content, only including activities (personal invitations and announcements) that had significant impact on the toilet construction behavior
- Afternoon events – School rally, found effective, can be held in the morning to increase the message coverage and impact.
- Evening events - retain major activities (skit and responsible father film); modify some activities (suggestions: reduce total duration by removing low impact activities such as pledges; make the CEO film shorter and move it to an earlier slot; eliminate some activities (e.g. pledge, group songs).
- Choose venues and times that are more convenient and safe for all, especially women.

### 2) High Short Term Impact, Low Medium and Long Term Impact of the BCC Campaign on Toilet Construction Behaviour

Morning events were more successful in motivating households to submit an application for the subsidy while the evening programme was more successful in motivating those who had applied to start / complete construction. Higher the exposure to morning events, greater is the positive association with short term outcomes. Higher the exposure to evening events, greater is the positive impact on the intermediate outcome.

There is no dramatic increase (could be attributed to shorter period for evaluation) but there exists significant difference between the proportion of toilets completed in the Intervention Area because of the BCC campaign compared to the Control Area.

### 3) BCC Campaign brings about changes in Perceptions & Attitudes on Toilet Construction

The increased awareness in the Intervention Area has resulted in significant shifts in perceptions and attitudes of respondents on major issues of toilet presence, usage,

responsibility of toilet construction, priority allocation for toilet construction among household expenses and need of a toilet for every household member including men.

**Recommendation:**

- Positive directional change in perceptions and attitudes resulting from the campaign indicates that there are important implications for future campaigns. Well designed, and efficiently executed IEC can be effective in bringing about changes in behaviour and attitudes and translate into construction of toilets.

#### 4) Printed Material used in the Campaign Received Well

The printed materials (including pictures) used in the campaign - stickers, posters and pamphlets and wall painting have different levels of effectiveness in terms of visibility and recall. Pictures were better recalled than text.

**Recommendation:**

- Retain printed material such as door stickers and posters that were well appreciated and recalled
- Fix more *Jaldi* posters across every campaign village and ensure visibility for a longer duration to ensure better recall and subsequent impact

#### 5) Campaign Found Useful in Informing and Motivating Households

Although the campaign helped people gain knowledge, and the study found a shift in perceptions and attitudes towards the need for a toilet, not much of that got translated into toilet construction yet. It remains to be seen whether the information and motivation translates into toilets over time.

**Recommendation:**

- A more efficient and streamlined process of speeding up disbursement of the subsidy - both NBA and MGNREGA to eligible beneficiaries can contribute significantly (with a multiplier effect) to a) motivate more households to apply to GPs and build toilets and b) support and encourage GP members/officials and all other functionaries to implement the programme with confidence.

#### 6) Government Officials and Elected Representatives Major Source and House Visits the Main Medium of Exposure

The GP officials and elected representatives are the main sources of information on toilet construction.

**Recommendation:**

- Although programmes like the BCC campaign can dramatically add to the reach of the messages, greater involvement of block and district level officials and elected representatives is essential to achieve not only the effectiveness of IEC and special projects like the BCC campaign but also the overall objectives of NBA / *Swachh Bharat*.

## 7) Women Family Members and GP Officials are Key Motivators to the Construction of Toilets

This study has demonstrated that the key motivators for toilet application and construction, apart from the BCC Campaign itself, are women family members, GP officials/members and other functionaries who are in direct contact with beneficiary households.

### Recommendation:

- District and ZP officials involved in sanitation, GP officials/members and other district functionaries, should be encouraged to work as "teams" and "task forces" and involved before, during and after any campaign, for greater impact on toilet construction.
- Rather than 'one size fits all' mode of campaign, to reach more women in the villages other avenues should be thought off (e.g. arranging awareness programmes during SHG meetings).

## 8) Lack of Funds, Lack of Space and Delay in Payment Major Reasons for Non-Construction of Toilets Despite Exposure

### Recommendation:

- Quicker clearing of backlog, more efficient processing of fresh applications, and fulfilling the promise of making payment in 20 days, are essential confidence building measures and vital back-end support services which will complement IEC/campaign efforts.

## 9) Open Defecation still prevails

Not only do almost all those without a toilet in their homes resort to open defecation, but many men (and some family members too) in households that do have toilets prefer to defecate in the open.

### Recommendation:

- Future campaigns need to incorporate a stronger component for building awareness and changing this practice and mindset, especially amongst men. This includes propogating a message that toilets are for everyone, not just for the safety, honor and convenience of women of the household.

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## 10) BCC campaign had an Incremental Impact on Toilet Construction and Coverage

The BCC campaign positively impacted toilet construction behavior to a moderate extent, leading to a net increase in toilet coverage by 14.5% and a net post intervention increase in toilet construction by 16% as compared to the impact of routine IEC activities in the Control Areas.

### Recommendation:

- The moderate impact could perhaps be due to early evaluation of the campaign (about three months after the campaign ended). A second round of evaluation conducted about ten to twelve months after the BCC campaign may help assess whether there is a larger impact of the campaign on toilet construction compared to the three month time frame of this study.
- In this follow up study, it would also be worthwhile to study the household toilet usage behavior as an impact measure on family members as a whole and on men in particular in comparison to the usage benchmark established at Baseline. The study will help document directional change and findings can inform the BCC strategies to improve toilet usage.

The campaign evaluation offers evidence based and effective learning for replication and scale up and can have much better impact with the modifications recommended.

The findings of this study are interesting and exciting. They reflect a deep commitment to the project by all its stakeholders. They demonstrate great attention to detail in conceptualizing, designing, orchestrating, and executing the pilot project of Behaviour Change Communication campaign in Davanagere District of Karnataka.

We believe the learning from this study will add value to the future efforts of stakeholders – Arghyam, Government of Karnataka, Communication specialists like Centre of Gravity, and a host of others - to replicate, scale up and focus on not merely construction of toilets, but also the effective utilization of IEC funds to change attitudes, alter behaviors, motivate usage, and teach maintenance of toilets to users.

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## ANNEXURE – 1 Focus Group Discussion Guide

### Focus Group Discussion Guideline

(Endline)

Date:

Name of the Taluk:

Name of the GP:

Name of the village:

Whether village received the *Jaldi* NBA Intervention: Yes / No

Place where FGD was conducted:

Total number of participants: Men:      Women:

Name of the Moderator:

Name of the Scribe:

Start Time of the FGD:

End Time of the FGD:

1. General Household toilet situation in the village
  - a. Number of household with toilet and without toilet
  - b. What percentage of the toilets was built under NBA / *Jaldi* NBA scheme in your village?
2. Availability of toilets –
  - a. Profile of households that have toilet and reasons for construction
  - b. Profile of household that do not have toilet and reasons for no construction  
(Probe effect of economic status, education (women members), land, social affiliation, women's need & security etc)
3. What information has been received on construction and use of toilet in the previous six months? What are the main messages? (probe)
  - NBA campaign
  - *Jaldi* NBA Campaign
    - Round 1 and Round 2
    - Morning events - Announcements through vehicle, Video Shooting, Personal invitations by Swachchata Doot / ASHA worker, Song through vehicle – Nadedalo hennu, Song through vehicle – Banni Banni, Games played with crowd
    - Afternoon events - School rally, Self Help Group meeting /rally
    - Evening events - Skit by the artists, Speeches by the GP / Block officials, "Responsible father" film, Film on Household experience of toilet construction, Film on Household experience of toilet construction in the same village, A film on the CEO's message.
    - What were the most interesting campaign activities? Why?
    - What were the most informative campaign activities? Why?
    - What were the main messages learnt from the campaign?
  - Campaign by NGO
  - Campaign by Government on Television
  - Any other source?
4. Sources of information on NBA scheme/ *Jaldi* NBA scheme (probe - GP officials, Swachchata Doot, Bharat Nirman Volunteers, Teacher, ASHA worker, ANM, etc.)
5. Is there any incentive given to construct a toilet? How much incentive is given? Before or after construction of toilet? Within how many days of construction of toilet it is given? Is the incentive disbursed within the stipulated number of days?
6. Were any problems faced in applying for the incentive? What were the problems?
7. Did all the households who were exposed to the campaign construct the toilet? If not, why?
8. Do you think information disseminated through NBA campaign / *Jaldi* NBA campaign had an impact on the household behavior? What impact? How? If not, why?
9. Any other observation / comment related to the NBA campaign / *Jaldi* NBA campaign.

## ANNEXURE – 2 Gram Panchayat Official/ Member Interview Guide

### Interview Guideline for Gram Panchayat (GP) Official (Endline)

Date:

Name of the Taluk:

Name of the GP:

Name of the Village:

Name of the GP official/member:

Designation:

Interview conducted by:

Interview Start Time:

Interview End Time:

1. Whether GP received the *Jaldi* NBA Intervention: Yes / No
2. Profile of the GP
  - a. Demographic profile of the GP (Religion, Caste, Income, Occupation, Education etc.)?
  - b. Total number of households
  - c. Percentage of the BPL households
  - d. Availability of water in the GP – round the year? Scarcity?
3. Toilet Situation
  - a. Percentage of households that have constructed the toilet and their profile (probe – effect of Education, Income, Religion, Caste, Occupation etc.)
  - b. Profile of the households that have not yet constructed the toilet (probe - Education, Income, Religion, Caste, Occupation etc.)
  - c. Percentage BPL households with toilet
  - d. Number of application received to construct the toilet:
  - e. Reasons for increase / decrease / no change in number of applications for toilet construction? (refer table above)
4. Nirmal Bharat Abhiyan (NBA) / *Jaldi* Nirmal Bharat Abhiyan (NBA)
  - a. What specific IEC activities did the GP implement in the last six months?
  - b. Who all were involved in disseminating information on NBA / *Jaldi* NBA?
  - c. What was the role of the SHGs, Panchayat members, Swatchata Doots and women in general in the village?
  - d. What was the response from people in the village? (probe – number of people attended, men / women / children,
  - e. Did all the eligible households who received information apply for the incentive? If not, why?
  - f. Did all the eligible households who applied for the incentive receive the incentive within the stipulated time? If not, what was the problem?
5. Do you think NBA / *Jaldi* NBA campaign influenced household behaviour towards toilet construction? How? How do you think it could have been done better? What was your contribution to the campaign?
6. Observations:
  - a. Are there NBA / *Jaldi* NBA information posters in the Gram Panchayat
  - b. Is the list of the eligible households painted on the Gram Panchayat wall
  - c. Any other (related to NBA / *Jaldi* NBA).....



**ANNEXURE – 3 Endline Questionnaire**

(See Next Page)



Baseline HH ID:

Schedule Number:

**Research and Evaluation of Behaviour Change Communication Project  
to Improve Sanitation in Davangere District**

**Endline Survey**

**Household Questionnaire**

**May, 2014**



Partnership for Better Governance  
**PUBLIC AFFAIRS FOUNDATION**



### Verbal Consent Form

Namaskara! My name is..... I have come from Public Affairs Foundation based in Bangalore. We specialize in citizen feedback based studies which help improve public service delivery. We have conducted studies in different states of India including Karnataka on public services such as education, health, water, sanitation etc.

If you remember, we had come to your house a few months ago (December 2013) to talk to you about a study we are carrying out on the "Behaviour change communication project to improve sanitation in the district of Davangere". We are carrying out this second survey to understand current attitudes, behaviour and practices of people in the district about sanitation, specifically toilet construction and usage and to measure the impact of the campaign.

In this regard, we wish to talk to you again for some time. The survey will take about **30 - 40** minutes to complete. I request you to spare this time for me. I assure you that information provided by you will be kept strictly confidential and not be used for any other purpose other than this study.

ನಮಸ್ಕಾರ! ನನ್ನ ಹೆಸರು ..... ನಾನು ಬೆಂಗಳೂರಿನಲ್ಲಿರುವ ಪಬ್ಲಿಕ್ ಅಫೇರ್ಸ್ ಫೌಂಡೇಷನ್‌ನಿಂದ ಬಂದಿದ್ದೇನೆ. ನಾವು ಸಾರ್ವಜನಿಕ ಸೇವೆಗಳ ತಲುಪುವಿಕೆಯನ್ನು ಉತ್ತಮಗೊಳಿಸಲು ಸಹಾಯವಾಗುವ ನಾಗರಿಕರ ಅನಿಸಿಕೆ ಪ್ರತ್ಯುತ್ತರಗಳ ಆಧಾರಿತ ಅಧ್ಯಯನಗಳಲ್ಲಿ ಪರಿಣಿತಿ ಹೊಂದಿದ್ದೇವೆ. ನಾವು ಕರ್ನಾಟಕವೂ ಸೇರಿದಂತೆ ಭಾರತದ ಹಲವಾರು ರಾಜ್ಯಗಳಲ್ಲಿ ಶಿಕ್ಷಣ, ಆರೋಗ್ಯ, ನೀರು, ನೈರ್ಮಲ್ಯ, ಇತ್ಯಾದಿ ಸಾರ್ವಜನಿಕ ಸೇವೆಗಳ ಬಗ್ಗೆ ಅಧ್ಯಯನ ನಡೆಸಿದ್ದೇವೆ.

ನಿಮಗೆ ನೆನಪಿದ್ದರೆ, ನಾವು ನಿಮ್ಮ ಮನೆಗೆ ಈ ಕೆಲವು ತಿಂಗಳುಗಳ ಹಿಂದೆ (ಡಿಸೆಂಬರ್ 2013) "ದಾವಣಗೆರೆ ಜಿಲ್ಲೆಯಲ್ಲಿ ನೈರ್ಮಲ್ಯ ಉತ್ತಮಗೊಳಿಸಲು ನಡವಳಿಕೆ ಬದಲಾವಣೆ ಸಂವಹನ ಯೋಜನೆ"ಯ ಬಗ್ಗೆ ಅಧ್ಯಯನ ನಡೆಸುತ್ತಿದ್ದುದರ ಬಗ್ಗೆ ಮಾತನಾಡಲು ಬಂದಿದ್ದೆವು. ನಾವು ಈ ಎರಡನೇ ಸಮೀಕ್ಷೆಯನ್ನು ಪ್ರಸ್ತುತ ಮನೋಭಾವ, ನಡವಳಿಗೆ ಮತ್ತು ನೈರ್ಮಲ್ಯ ತಿಳಿಯಲು ಬಂದಿದ್ದೇವೆ.

ಈ ನಿಟ್ಟಿನಲ್ಲಿ ನಾವು ನಿಮ್ಮೊಂದಿಗೆ ಸ್ವಲ್ಪ ಕಾಲ ಮಾತನಾಡಲು ಬಯಸುತ್ತೇವೆ. ಈ ಸಮೀಕ್ಷೆಯನ್ನು ಪೂರ್ಣಗೊಳಿಸಲು **30-40**ನಿಮಿಷಗಳು ಬೇಕಾಗುತ್ತದೆ. ದಯವಿಟ್ಟು ಈ ಸಮಯವನ್ನು ನಿಮ್ಮೊಂದಿಗೆ ಕಳೆಯಬೇಕೆಂದು ಕೋರಿಕೊಳ್ಳುತ್ತೇನೆ. ನೀವು ನೀಡಿದ ಎಲ್ಲಾ ಮಾಹಿತಿಯನ್ನು ಗೌಪ್ಯವಾಗಿಡಲಾಗುವುದು ಮತ್ತು ಅದನ್ನು ಅಧ್ಯಯನದ ಉದ್ದೇಶಕ್ಕೆ ಮಾತ್ರ ಬಳಸುತ್ತೇವೆ ಎಂದು ಭರವಸೆ ನೀಡುತ್ತೇವೆ.

Baseline HH ID: Schedule Number: 

Section A: Household Identification  
 ವಿಭಾಗ ಎ: ಕೌಟುಂಬಿಕ ಗುರುತು

Sr.No. ಕ್ರ.ಸಂ.	Question ಪ್ರಶ್ನೆ	Answers ಉತ್ತರ	Code ಕೋಡ್	Skips ಗೆ ಹೋಗಿ
A1	Name of the Taluk ತಾಲೂಕಿನ ಹೆಸರು	Harihar ಹರಿಹರ Harpanahalli ಹರಪನಹಳ್ಳಿ Jagalur ಜಗಳೂರು Davangere ದಾವಣಗೆರೆ Honnali ಹೊನ್ನಾಳಿ Channagiri ಚನ್ನಗಿರಿ	1 2 3 4 5 6	
A2	Name of the Gram Panchayat ಗ್ರಾಮ ಪಂಚಾಯತಿಯ ಹೆಸರು			
A3	Name of the Village ಗ್ರಾಮದ ಹೆಸರು			
A4	Village Type ಗ್ರಾಮದ ರೀತಿ	Main Village ಪ್ರಮುಖ ಗ್ರಾಮ Hamlet of main village ಮುಖ್ಯ ಹಳ್ಳಿಯ ಸಣ್ಣ ಹಳ್ಳಿ (ತಾಂಡ) Other village ಇತರೆ ಗ್ರಾಮ Hamlet of other village ಇತರೆ ಗ್ರಾಮದ ಸಣ್ಣ ಹಳ್ಳಿ (ತಾಂಡ)	1 2 3 4	
A5	Address of the household ಮನೆ ವಿಳಾಸ	Oni name: ಓಣಿಯ ಹೆಸರು Area or Locality name: ಪ್ರದೇಶದ ಹೆಸರು Nearest landmark: ಹತ್ತಿರದ ನೆಲಗುರುತು Name of the neighbour: ನೆರೆಹೊರೆಯವರ ಹೆಸರು: Land line number / Mobile number : ಸ್ಥಿರ ದೂರವಾಣಿ/ಮೊಬೈಲ್ ಸಂಖ್ಯೆ:		
A6	Name of the Interviewer ಸಂದರ್ಶಕರ ಹೆಸರು			
A7	Date of Interview ಸಂದರ್ಶನದ ದಿನಾಂಕ	(in DD/MM/YYYY format) (ದಿನಾಂಕ/ತಿಂಗಳು/ವರ್ಷ ಶೈಲಿಯಲ್ಲಿ)		
A8	Time of the interview ಸಂದರ್ಶನದ ಸಮಯ (24 hr time / railway time) (24ಗಂಟೆ/ರೈಲ್ವೆ ಸಮಯ)	Start time ಪ್ರಾರಂಭದ ಸಮಯ End time ಮುಗಿಸಿದ ಸಮಯ		
A9	Name of the Supervisor ಪರಿವೀಕ್ಷಕರ ಹೆಸರು			
A10	Spot check details ಸ್ಥಳ ಪರಿಶೀಲನೆ ವಿವರ	Date: ದಿನಾಂಕ Name of person who did spot check : ಸ್ಥಳ ಪರಿಶೀಲನೆ ಮಾಡಿದ ವ್ಯಕ್ತಿಯ ಹೆಸರು Signature : ಸಹಿ		

Baseline HH ID:

Schedule Number:

<b>A11</b>	<b>Back check details</b> ಮರು ಪರಿಶೀಲನೆ ವಿವರ	<b>Date:</b> ದಿನಾಂಕ  <b>Name of person who did back check:</b> ಮರು ಪರಿಶೀಲನೆ ಮಾಡಿದ ವ್ಯಕ್ತಿಯ ಹೆಸರು  <b>Signature:</b> ಸಹಿ
<b>A12</b>	<b>Final Scrutiny details'</b> ( in case it is scrutinized by the supervisor and PAF staff both names and signatures will come here) ಅಂತಿಮ ಪರಿಶೀಲನೆ (ಸ್ಕೂಟಿನಿ) ವಿವರ (ಇದನ್ನು ಪರಿವೀಕ್ಷಕರು ಮತ್ತು ಪಿಎಎಫ್‌ನ ಸಿಬ್ಬಂದಿ ಇಬ್ಬರೂ ಪರಿಶೀಲಿಸಿದ್ದರೆ ಹೆಸರುಗಳು ಮತ್ತು ಸಹಿಗಳ ಇಲ್ಲಿ ಬರುತ್ತವೆ)	<b>Date:</b> ದಿನಾಂಕ  <b>Name of person/s who did final scrutiny:</b> ಅಂತಿಮ ಪರಿಶೀಲನೆ (ಸ್ಕೂಟಿನಿ) ವ್ಯಕ್ತಿಯ/ಗಳ ಹೆಸರು  <b>Signature/s:</b> ಸಹಿ/ಗಳು

Baseline HH ID: Schedule Number: **INSTRUCTION: SPEAK TO THE HEAD OF THE HOUSEHOLD [20 YEARS OR ABOVE]**

ಸೂಚನೆ: ಕುಟುಂಬದ ಮುಖ್ಯಸ್ಥರೊಂದಿಗೆ ಮಾತನಾಡಿ (20 ವರ್ಷ ಮೇಲ್ಪಟ್ಟವರು)

**Section B: Household Socio-Economic Profile****ವಿಭಾಗ ಬಿ: ಕೌಟುಂಬಿಕ ಸಾಮಾಜಿಕ-ಆರ್ಥಿಕ ವ್ಯಕ್ತಿಚಿತ್ರ**

Speak to the head of the household. In households where head of household consults with other members of the family, mention the name of that member and relationship with the head of the household. Ensure that the atleast one of the other members who is consulted is of the opposite gender to that of the head of the household. ಕುಟುಂಬದ ಮುಖ್ಯಸ್ಥರೊಂದಿಗೆ ಮಾತನಾಡಿ. ಕುಟುಂಬದ ಮುಖ್ಯಸ್ಥರು ಕುಟುಂಬದ ಇತರ ಸದಸ್ಯರೊಂದಿಗೆ ಸಮಾಲೋಚನೆ ನಡೆಸಿದರೆ ಆ ಸದಸ್ಯರ ಹೆಸರು ಮತ್ತು ಕುಟುಂಬದ ಮುಖ್ಯಸ್ಥರೊಂದಿಗಿನ ಅವರ ಸಂಬಂಧವನ್ನು ಸೂಚಿಸಿ. ಸಮಾಲೋಚಿಸಿದ ವ್ಯಕ್ತಿಗಳಲ್ಲಿ ಕನಿಷ್ಠ ಒಬ್ಬರಾದರೂ ಕುಟುಂಬದ ಮುಖ್ಯಸ್ಥರ ವಿರುದ್ಧ ಲಿಂಗದವರು ಇರುವಂತೆ ಗಮನವಹಿಸಿ.

Other family member 1 Name.....Gender: Male – 1, Female -2  
ಇತರೆ ಕುಟುಂಬ ಸದಸ್ಯ 1 ಹೆಸರು ಲಿಂಗ

Other family member 2 Name .....Gender Male -1, Female - 2  
ಇತರೆ ಕುಟುಂಬ ಸದಸ್ಯ 2 ಹೆಸರು ಲಿಂಗ

<b>B1</b>	Name of the Respondent ಪ್ರತಿವಾದಿ (ರೆಸ್ಪಾಂಡೆಂಟ್) ಹೆಸರು			
<b>B2</b>	Age of the respondent in completed years ಪ್ರತಿವಾದಿಯ ವಯಸ್ಸು ಪೂರ್ಣಗೊಂಡ ವರ್ಷಗಳಲ್ಲಿ	.....years ವರ್ಷಗಳು		
<b>B3</b>	Gender of the respondent ಪ್ರತಿವಾದಿಯ ಲಿಂಗ	Male ಗಂಡು Female ಹೆಣ್ಣು	1 2	
<b>B4</b>	Do you have the following: ನಿಮ್ಮ ಬಳಿ ಇವುಗಳು ಇವೆಯೇ			
	Asset ಆಸ್ತಿ	Yes (ಹೌದು)	No (ಇಲ್ಲ)	
B4.1	Electricity ವಿದ್ಯುತ್	1	2	
B4.2	Mattress ಹಾಸಿಗೆ	1	2	
B4.3	Pressure cooker ಪ್ರೆಷರ್ ಕುಕ್ಕರ್	1	2	
B4.4	Chair ಕುರ್ಚಿ	1	2	
B4.5	Cot/bed ಮಂಚ	1	2	
B4.6	Table ಮೇಜು	1	2	
B4.7	Electric fan ವಿದ್ಯುತ್ ಫ್ಯಾನ್	1	2	
B4.8	Radio/transistor ರೇಡಿಯೋ/ಟ್ರಾನ್ಸಿಸ್ಟರ್	1	2	
B4.9	B & W Television ಕಪ್ಪು ಬಿಳುಪು ಟಿವಿ	1	2	
B4.10	Colour Television ಬಣ್ಣದ ಟಿವಿ	1	2	
B4.11	Sewing machine ಹೊಲಿಗೆ ಯಂತ್ರ	1	2	
B4.12	Mobile telephone ಮೊಬೈಲ್ ದೂರವಾಣಿ	1	2	
B4.13	Any other telephone ಇತರೆ ದೂರವಾಣಿ	1	2	
B4.14	Computer ಕಂಪ್ಯೂಟರ್	1	2	
B4.15	Refrigerator ರೆಫ್ರಿಜಿರೇಟರ್	1	2	
B4.16	Watch/clock ಕೈಗಡಿಯಾರ/ಗಡಿಯಾರ	1	2	
B4.17	Bicycle ಸೈಕಲ್	1	2	
B4.18	Motorcycle/scooter ಮೋಟಾರ್ ಸೈಕಲ್/ಸ್ಕೂಟರ್	1	2	
B4.19	Animal-drawn cart ಪ್ರಾಣಿಗಳು ಎಳೆಯುವಂತಹ ಬಂಡಿ	1	2	
B4.20	Car ಕಾರು	1	2	
B4.21	Water pump ನೀರಿನ ಪಂಪ್	1	2	
B4.22	Thresher ತೆಷರ್ (ತೆನೆ ಬೇರ್ಪಡಿಸುವ ಕೃಷಿ ಯಂತ್ರ)	1	2	
B4.23	Tractor ಟ್ರಾಕ್ಟರ್	1	2	
B4.24	Fishing boat ಮೀನು ಹಿಡಿಯುವ ದೋಣಿ	1	2	
B4.25	LPG gas connection ಎಲ್‌ಪಿಜಿ ಗ್ಯಾಸ್ ಕನೆಕ್ಷನ್	1	2	

Baseline HH ID: Schedule Number: 

<b>B5</b> What type of fuel does your household mainly use for cooking? ನಿಮ್ಮ ಕುಟುಂಬವು ಅಡಿಗೆ ಮಾಡಲು ಪ್ರಮುಖವಾಗಿ ಯಾವ ಅನಿಲವನ್ನು ಬಳಸುತ್ತದೆ? <b>SINGLE RESPONSE</b> ಒಂದೇ ಪ್ರತಿಕ್ರಿಯೆ		Dung cakes ಬೆರಣಿ Agricultural crop waste ಕೃಷಿ ತ್ಯಾಜ್ಯ Straw/shrubs/grass ಕಡ್ಡಿ/ಪೊದೆ/ಹುಲ್ಲು Wood ಕಟ್ಟಿಗೆ Charcoal ಕಲ್ಲಿದ್ದಲು Kerosene ಸೀಮೆಎಣ್ಣೆ Biogas ಜೈವಿಕ ಅನಿಲ (ಬಯೋಗ್ಯಾಸ್) LPG/Natural gas ಎಲ್‌ಪಿಜಿ/ನೈಸರ್ಗಿಕ ಅನಿಲ Electricity ವಿದ್ಯುತ್ Others (specify)----- ಇತರೆ (ವಿಶೇಷಿಸಿ)	1 2 3 4 5 6 7 8 9 99	
<b>B6</b> Are you or any members of your family a member of a Self Help Group? ನೀವು ಅಥವಾ ನಿಮ್ಮ ಕುಟುಂಬ ಸದಸ್ಯರು ಯಾರಾದರೂ ಸ್ವಸಹಾಯ ಗುಂಪಿನ ಸದಸ್ಯರೇ?		Yes ಹೌದು No ಇಲ್ಲ	1 2	
<b>B7</b> Is any member of your family living in the city? ನಿಮ್ಮ ಕುಟುಂಬ ಸದಸ್ಯರು ಯಾರಾದರೂ ನಗರದಲ್ಲಿ ವಾಸವಿದ್ದಾರೆಯೇ?		Yes ಹೌದು No ಇಲ್ಲ	1 2	If coded 2 go to Section C 2 ಕೋಡ್ ಆಗಿದ್ದರೆ ವಿಭಾಗ c ಗೆ ಹೋಗಿ
<b>B8</b> How is /are this / these person / persons related to the head of the household? ಕುಟುಂಬದ ಮುಖ್ಯಸ್ಥರೊಂದಿಗೆ ಇರುವ ಸಂಬಂಧವೇನು? <b>MULTIPLE RESPONSE</b> ಬಹು ಪ್ರತಿಕ್ರಿಯೆ		Wife/Husband ಹೆಂಡತಿ/ಗಂಡಾ Son ಮಗ Daughter ಮಗಳು Grandson ಮೊಮ್ಮಗ Granddaughter ಮೊಮ್ಮಗಳು Brother ಸಹೋದರ Sister ಸಹೋದರಿ Daughter in law ಸೊಸೆ Father ತಂದೆ Mother ತಾಯಿ Other relatives (specify)..... ಇತರೆ ಸಂಬಂಧ (ವಿಶೇಷಿಸಿ)	1 2 3 4 5 6 7 8 9 10 99	

Baseline HH ID: Schedule Number: 

## Section C: Exposure to Information, Education and Communication on Toilet construction

ವಿಭಾಗ ಸಿ: ಶೌಚಾಲಯ ನಿರ್ಮಾಣದ ಬಗ್ಗೆ ಮಾಹಿತಿ, ಶಿಕ್ಷಣ ಮತ್ತು ಸಂವಹನೆಗೆ ತೆರೆದುಕೊಂಡಿರುವಿಕೆ

<b>C1</b>	<p>In the last six months, did you hear/see/read messages about toilet construction?</p> <p>ನೀವು ಕಳೆದ ಆರು ತಿಂಗಳುಗಳಲ್ಲಿ ಶೌಚಾಲಯ ನಿರ್ಮಾಣದ ಏನಾದರೂ ಸಂದೇಶವನ್ನು ಕೇಳಿದ್ದೀರಾ/ನೋಡಿದ್ದೀರಾ/ಓದಿದ್ದೀರಾ?</p>	<p>Yes ಹೌದು</p> <p>No ಇಲ್ಲ</p>	<p>1</p> <p>2</p>	<p>If coded 2 go to Section D 2 ಕೋಡ್ ಆಗಿದ್ದರೆ ವಿಭಾಗ ಡಿಗೆ ಹೋಗಿ</p>																										
<b>C2</b>	<p>From which source/s did you hear about toilet construction?</p> <p>ನೀವು ಯಾವ ಮೂಲದಿಂದ/ಗಳಿಂದ ಶೌಚಾಲಯ ನಿರ್ಮಾಣದ ಬಗ್ಗೆ ತಿಳಿದುಕೊಂಡಿರಿ?</p> <p><b>MULTIPLE RESPONSE</b> ಬಹು ಪ್ರತಿಕ್ರಿಯೆ</p>	<table border="1"> <thead> <tr> <th>Source (ಮೂಲ)</th> <th>Code</th> <th>Source (ಮೂಲ)</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>Gram Panchayat officials ಗ್ರಾಮ ಪಂಚಾಯಿತಿ ಅಧಿಕಾರಿಗಳು</td> <td>1</td> <td>Self Help Group ಸ್ವಸಹಾಯ ಗುಂಪು</td> <td>7</td> </tr> <tr> <td>Gram Panchayat members ಗ್ರಾಮ ಪಂಚಾಯಿತಿ ಸದಸ್ಯರು</td> <td>2</td> <td>NGOs ಎನ್‌ಜಿಒಗಳು</td> <td>8</td> </tr> <tr> <td>ANM/Nurse ಎಎನ್‌ಎಮ್/ನರ್ಸ್</td> <td>3</td> <td>Swachchata Doot ಸ್ವಚ್ಛತಾ ಧೂತ್</td> <td>9</td> </tr> <tr> <td>Health worker ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು</td> <td>4</td> <td>Bharat Nirman volunteers(BNV) ಭಾರತ್ ನಿರ್ಮಾಣ ಸ್ವಯಂಸೇವಾಕರ್ತರು (ಬಿಎನ್‌ಎ)</td> <td>10</td> </tr> <tr> <td>Anganwadi staff ಅಂಗನವಾಡಿ ಸಿಬ್ಬಂದಿ</td> <td>5</td> <td rowspan="2">Others (specify)----- ಇತರೆ (ವಿಶೇಷಿಸಿ)</td> <td rowspan="2">99</td> </tr> <tr> <td>ASHA worker ಆಶಾ ಕಾರ್ಯಕರ್ತರು</td> <td>6</td> </tr> </tbody> </table>			Source (ಮೂಲ)	Code	Source (ಮೂಲ)	Code	Gram Panchayat officials ಗ್ರಾಮ ಪಂಚಾಯಿತಿ ಅಧಿಕಾರಿಗಳು	1	Self Help Group ಸ್ವಸಹಾಯ ಗುಂಪು	7	Gram Panchayat members ಗ್ರಾಮ ಪಂಚಾಯಿತಿ ಸದಸ್ಯರು	2	NGOs ಎನ್‌ಜಿಒಗಳು	8	ANM/Nurse ಎಎನ್‌ಎಮ್/ನರ್ಸ್	3	Swachchata Doot ಸ್ವಚ್ಛತಾ ಧೂತ್	9	Health worker ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು	4	Bharat Nirman volunteers(BNV) ಭಾರತ್ ನಿರ್ಮಾಣ ಸ್ವಯಂಸೇವಾಕರ್ತರು (ಬಿಎನ್‌ಎ)	10	Anganwadi staff ಅಂಗನವಾಡಿ ಸಿಬ್ಬಂದಿ	5	Others (specify)----- ಇತರೆ (ವಿಶೇಷಿಸಿ)	99	ASHA worker ಆಶಾ ಕಾರ್ಯಕರ್ತರು	6
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ASHA worker ಆಶಾ ಕಾರ್ಯಕರ್ತರು	6																													

Baseline HH ID: Schedule Number: 

<b>C3</b>	What was the medium used? ಯಾವ ಮಾಧ್ಯಮ ಬಳಸಲಾಯಿತು? <b>MULTIPLE RESPONSE</b> ಬಹು ಪ್ರತಿಕ್ರಿಯೆ	<b>Medium(ಮಾಧ್ಯಮ)</b>	<b>Code</b>	<b>Medium(ಮಾಧ್ಯಮ)</b>	<b>Code</b>
		Television ಟಿವಿ	1	Hoarding ಹೋರ್ಡಿಂಗ್	10
		Radio ರೇಡಿಯೋ	2	Telephone call centre ದೂರವಾಣಿ ಕಾಲ್ ಸೆಂಟರ್	11
		Newspapers ದಿನಪತ್ರಿಕೆಗಳು	3	Announcements from vehicles ವಾಹನಗಳಲ್ಲಿ ಪ್ರಕಟಣೆ	12
		Hand bills ಕರಪತ್ರಗಳು	4	Film ಚಿತ್ರ	13
		Street plays ಬೀದಿ ನಾಟಕಗಳು	5	House to house visit to inform ಮಾಹಿತಿ ನೀಡಲು ಮನೆ, ಮನೆ ಭೇಟಿ	14
		School Rallies ಶಾಲಾ ರ್ಯಾಲಿಗಳು	6	House to house visit to invite for events ಕಾರ್ಯಕ್ರಮಕ್ಕೆ ಆಹ್ವಾನಿಸಲು ಮನೆ, ಮನೆ ಭೇಟಿ	15
		Wall paintings ಗೋಡೆ ಮೇಲಿನ ಚಿತ್ರಗಳು	7	Posters ಭಿತ್ತಿಚಿತ್ರಗಳು	16
		Flip chart presentation ಫ್ಲಿಪ್ ಚಾರ್ಟ್ ಪ್ರಸ್ತುತಿ	8	Exhibitions/Melas ಪ್ರದರ್ಶನಗಳು/ಮೇಳಗಳು	17
		Games ಆಟಗಳು	9	Others (specify) ಇತರೆ (ವಿಶೇಷಿಸಿ)	99

**C4**

How frequently did you hear/see information about toilet construction from the following sources –  
 ಈ ಕೆಳಗಿನ ಮೂಲಗಳಲ್ಲಿ ನೀವು ಎಷ್ಟು ಆಗಿಂದಾಗ್ಗೆ ಶೌಚಾಲಯ ನಿರ್ಮಾಣದ ಬಗ್ಗೆ ಮಾಹಿತಿ ಕೇಳಿದ್ದೀರಿ/ನೋಡಿದ್ದೀರಿ-

**MULTIPLE RESPONSE**

ಬಹು ಪ್ರತಿಕ್ರಿಯೆ

**Circle the applicable frequency against the source**

ಮೂಲದ ಮುಂದೆ ಅನ್ವಯಿಸುವ ಬಾರಿಗಳನ್ನು ವೃತ್ತಾಕಾರದಲ್ಲಿ ಗುರುತು ಮಾಡಿ

		Daily ದಿನಿಂನ	More than twice a week ಪಾರದಲ್ಲೆ ಎರಡು ಬಾರಿಗಿಂತ ಹೆಚ್ಚು	Once a week ಪಾರದಲ್ಲೆ ಒಮ್ಮೆ	Fortnightly ಪಾಕಿ (15 ದಿನಗಳಿಗೊಮ್ಮೆ)	Once a month ತಿಂಗಳಲ್ಲಿ ಒಂದು ಬಾರಿ	Less than once a month ತಿಂಗಳಲ್ಲಿ ಒಂದು ಬಾರಿಗಿಂತ ಕಡಿಮೆ	Never ಎಂದೂ ಇಲ್ಲ
C4.1	Gram Panchayat officials ಗ್ರಾಮ ಪಂಚಾಯಿತಿ ಅಧಿಕಾರಿಗಳು	1	2	3	4	5	6	7
C4.2	Gram Panchayat members ಗ್ರಾಮ ಪಂಚಾಯಿತಿ ಸದಸ್ಯರು	1	2	3	4	5	6	7
C4.3	ANM/Nurse ಎನ್‌ಎಮ್/ನರ್ಸ್	1	2	3	4	5	6	7
C4.4	Health worker ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು	1	2	3	4	5	6	7
C4.5	Anganwadi staff ಅಂಗನವಾಡಿ ಸಿಬ್ಬಂದಿ	1	2	3	4	5	6	7
C4.6	ASHA worker ಆಶಾ ಕಾರ್ಯಕರ್ತರು	1	2	3	4	5	6	7
C4.7	Self Help Group ಸ್ವಸಹಾಯ ಗುಂಪು	1	2	3	4	5	6	7
C4.8	NGOs ಎನ್‌ಜಿಓಗಳು	1	2	3	4	5	6	7
C4.9	Swachchata Doot ಸ್ವಚ್ಛತಾ ಧೂತ್	1	2	3	4	5	6	7
C4.10	Bharat Nirman volunteers(BNV) ಭಾರತ್ ನಿರ್ಮಾಣದ ಸ್ವಯಂಸೇವಾಕರ್ತರು (ಬಿಎನ್‌ವಿ)	1	2	3	4	5	6	7
C4.11	Others .....	1	2	3	4	5	6	7

**C5**

How frequently is the medium given below used?

ನೀವು ಎಷ್ಟು ಆಗಿಂದಾಗ್ಗೆ ಈ ಕೆಳಗೆ ಕೊಟ್ಟಿರುವ ಮಾಧ್ಯಮಗಳನ್ನು ಉಪಯೋಗಿಸುತ್ತೀರಿ **MULTIPLE RESPONSE (ಬಹು ಪ್ರತಿಕ್ರಿಯೆ)**

**Circle the applicable frequency against the medium**  
 ಮಾಧ್ಯಮದ ಮುಂದೆ ಅನ್ವಯಿಸುವ ಬಾರಿಗಳನ್ನು ಚೃತ್ತಾಕಾರದಲ್ಲಿ ಗುರುತು ಮಾಡಿ

		Daily ದಿನ	More than twice a week ವಾರದಲ್ಲಿ ಎರಡು ಬಾರಿಗಿಂತ ಹೆಚ್ಚು	Once a week ವಾರದಲ್ಲಿ ಒಮ್ಮೆ	Fortnightly ಪಾತ್ನಿಕ (15 ದಿನಗಳಿಗೊಮ್ಮೆ)	Once a month ತಿಂಗಳಲ್ಲಿ ಒಂದು ಬಾರಿ	Less than once a month ತಿಂಗಳಲ್ಲಿ ಒಂದು ಬಾರಿಗಿಂತ ಕಡಿಮೆ	Never ಎಂದೂ ಇಲ್ಲ
C5.1	Television ಟಿವಿ	1	2	3	4	5	6	7
C5.2	Radio ರೇಡಿಯೋ	1	2	3	4	5	6	7
C5.3	Newspapers ದಿನಪತ್ರಿಕೆಗಳು	1	2	3	4	5	6	7
C5.4	Hand bills ಕರಪತ್ರಗಳು	1	2	3	4	5	6	7
C5.5	Street plays ಬೀದಿ ನಾಟಕಗಳು	1	2	3	4	5	6	7
C5.6	School Rallies ಶಾಲಾ ರ್ಯಾಲಿಗಳು	1	2	3	4	5	6	7
C5.7	Wall paintings ಗೋಡೆ ಮೇಲಿನ ಚಿತ್ರಗಳು	1	2	3	4	5	6	7
C5.8	Flip chart presentation ಫ್ಲಿಪ್ ಚಾರ್ಟ್ ಪ್ರಸ್ತುತಿ	1	2	3	4	5	6	7
C5.9	Games ಆಟಗಳು	1	2	3	4	5	6	7
C5.10	Hoarding ಹೋರ್ದಿಂಗ್	1	2	3	4	5	6	7
C5.11	Telephone call centre ದೂರವಾಣಿ ಕಾಲ್ ಸೆಂಟರ್	1	2	3	4	5	6	7
C5.12	Announcements from vehicles ವಾಹನಗಳಲ್ಲಿ ಪ್ರಕಟಣೆ	1	2	3	4	5	6	7
C5.13	Film ಚಿತ್ರ	1	2	3	4	5	6	7
C5.14	House to house visit to inform ಮಾಹಿತಿ ನೀಡಲು ಮನೆ, ಮನೆ ಭೇಟಿ	1	2	3	4	5	6	7
C5.15	House to house visit to invite for events ಕಾರ್ಯಕ್ರಮಕ್ಕೆ ಆಹ್ವಾನಿಸಲು ಮನೆ, ಮನೆ ಭೇಟಿ	1	2	3	4	5	6	7
C5.16	Posters ಭಿತ್ತಿಚಿತ್ರಗಳು	1	2	3	4	5	6	7
C5.17	Exhibitions/Melas ಪ್ರದರ್ಶನಗಳು/ಮೇಳಗಳು	1	2	3	4	5	6	7
C5.18	Others .....	1	2	3	4	5	6	7

**C6**

Can you please share some important messages that you recollect from these sources and media?

ನೀವು ಈ ಮಾಧ್ಯಮ ಮತ್ತು ಮೂಲಗಳಿಂದ ನೋಡಿರುವ ಸಂದೇಶಗಳಲ್ಲಿ ಕೆಲವನ್ನು ನೆನಪು ಮಾಡಿಕೊಂಡು ನಮ್ಮೊಂದಿಗೆ ಹಂಚಿಕೊಳ್ಳಬಹುದೇ?

**(Instruction: Ask and record complete messages and not just the topic of the message)**

(ಸೂಚನೆ: ವಿಷಯದ ಹೆಸರು ಮಾತ್ರವಲ್ಲ ಸಂಪೂರ್ಣ ಸಂದೇಶವನ್ನು ಕೇಳಿ ಮತ್ತು ದಾಖಲಿಸಿಕೊಳ್ಳಿ)

Baseline HH ID: Schedule Number: 

<b>C7</b>	<p>Was this information useful to you? ಈ ಮಾಹಿತಿಯು ನಿಮಗೆ ಉಪಯುಕ್ತವಾಗಿತ್ತೆ?</p>	<p>Yes ಹೌದು No ಇಲ್ಲ</p>	<p>1 2</p>	<p>If coded 2 go to Section D → 2 ಕೋಡ್ ಆಗಿದ್ದರೆ ವಿಭಾಗ ಡಿಗೆ ಹೋಗಿ</p>
<b>C8</b>	<p>The information was useful to know about: ಈ ಮಾಹಿತಿಯು ಯಾವುದರ ಬಗ್ಗೆ ತಿಳಿಯಲು ಉಪಯೋಗಕಾರಿಯಾಗಿತ್ತು: <b>MULTIPLE RESPONSE</b> ಬಹು ಪ್ರತಿಕ್ರಿಯೆ</p>	<p>Benefits of having a toilet ಶೌಚಾಲಯ ಹೊಂದುವುದರಿಂದ ಇರುವ ಲಾಭಗಳು The NBA program ಎನ್‌ಬಿಎ ಕಾರ್ಯಕ್ರಮ Eligibility to receive incentive ಪ್ರೋತ್ಸಾಹ ಧನ ಪಡೆಯುವ ಅರ್ಹತೆ Incentive amount ಪ್ರೋತ್ಸಾಹ ದನದ ಮೊತ್ತ Application procedure ಅರ್ಜಿ ಪ್ರಕ್ರಿಯೆ Bad effects of open defecation ತೆರೆದ ಮಲವಿಸರ್ಜನೆಯ ಕೆಟ್ಟ ಪರಿಣಾಮಗಳು Construction procedure ನಿರ್ಮಾಣ ಪ್ರಕ್ರಿಯೆ Other (Specify)..... ಇತರೆ (ವಿಶೇಷಿಸಿ)</p>	<p>1 2 3 4 5 6 7 99</p>	
<b>C9</b>	<p>Did you take any action based on the information received on toilet construction? ಶೌಚಾಲಯ ನಿರ್ಮಾಣದ ಬಗ್ಗೆ ನೀವು ಪಡೆದ ಮಾಹಿತಿಯ ಆಧಾರವಾಗಿ ನೀವು ಏನಾದರೂ ಕ್ರಮ ತೆಗೆದುಕೊಂಡಿದ್ದೀರಾ? <b>MULTIPLE RESPONSE</b> ಬಹು ಪ್ರತಿಕ್ರಿಯೆ</p>	<p>No action taken ಏನೂ ಕ್ರಮ ಕೈಗೊಂಡಿಲ್ಲ Approached Gram Panchayat to apply for toilet construction ಶೌಚಾಲಯ ನಿರ್ಮಾಣಕ್ಕಾಗಿ ಗ್ರಾಮ ಪಂಚಾಯತಿಯನ್ನು ಸಂಪರ್ಕಿಸಿರುವುದು Started the construction of toilet ಶೌಚಾಲಯ ನಿರ್ಮಾಣ ಪ್ರಾರಂಭಿಸಿರುವುದು Other (Specify)..... ಇತರೆ (ವಿಶೇಷಿಸಿ)</p>	<p>1 2 3 99</p>	

Section D – Information, Education and Communication on **Jaldi NBA Campaign**

ವಿಭಾಗ ಡಿ- ಜಲ್ಡಿ ಎನ್‌ಬಿಎ ಅಭಿಯಾನದ ಮಾಹಿತಿ, ಶಿಕ್ಷಣ ಮತ್ತು ಸಂವಹನೆ

D1	<p>In the last six months, did you or your family members hear/see/read messages about the "Jaldi NBA" campaign?</p> <p>ನೀವು ಅಥವಾ ನಿಮ್ಮ ಕುಟುಂಬ ಸದಸ್ಯರಾದರೂ ಕಳೆದ ಆರು ತಿಂಗಳುಗಳಲ್ಲಿ "ಜಲ್ಡಿ ಎನ್‌ಬಿಎ" ಅಭಿಯಾನದ ಬಗ್ಗೆ ಏನಾದರೂ ಸಂದೇಶವನ್ನು ಕೇಳಿದ್ದೀರಾ/ನೋಡಿದ್ದೀರಾ/ಓದಿದ್ದೀರಾ?</p>	<p>Yes ಹೌದು No ಇಲ್ಲ</p>	<p>1 2</p>	<p>If coded 2 go to Q.D3 2 ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಡಿ3ಗೆ ಹೋಗಿ</p>
D2	<p>Share with us some of the messages from the campaign that you can recollect?</p> <p>ನೀವು ಆ ಅಭಿಯಾನದಲ್ಲಿದ್ದ ಕೆಲವು ಸಂದೇಶಗಳಲ್ಲಿ ನೆನಪು ಮಾಡಿಕೊಂಡು ನಮ್ಮೊಂದಿಗೆ ಹಂಚಿಕೊಳ್ಳಿ.</p> <p><b>(Instruction – Do not write the name of the topic but write the complete message)</b> (ಸೂಚನೆ – ವಿಷಯದ ಹೆಸರು ಬರೆಯಬೇಡಿ ಆದರೆ ಪೂರ್ಣ ಸಂದೇಶವನ್ನು ಬರೆಯಿರಿ)</p>			
D3	<p>Did you or your family members attend any events of the Jaldi NBA campaign?</p> <p>ನೀವು ಅಥವಾ ನಿಮ್ಮ ಕುಟುಂಬ ಸದಸ್ಯರಾದರೂ ಜಲ್ಡಿ ಎನ್‌ಬಿಎ ಅಭಿಯಾನದ ಯಾವುದಾದರೂ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಭಾಗವಹಿಸಿದ್ದೀರಾ? <b>(Instruction: Refer events in Q.D6)</b> (ಸೂಚನೆ: ಪ್ರ.ಡಿ6ರಲ್ಲಿರುವ ಕಾರ್ಯಕ್ರಮಗಳನ್ನು ಉಲ್ಲೇಖಿಸಿ)</p>	<p>Yes ಹೌದು No ಇಲ್ಲ</p>	<p>1 2</p>	<p>If coded 2 go to Section E 2 ಕೋಡ್ ಆಗಿದ್ದರೆ ವಿಭಾಗ ಇ ಗೆ ಹೋಗಿ</p>
D4	<p>Attended the events in: ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಭಾಗವಹಿಸಿದ್ದು: <b>MULTIPLE RESPONSE</b> ಬಹು ಪ್ರತಿಕ್ರಿಯೆ</p>	<p>Round 1 (1ನೇ ಸುತ್ತು) Round 2 (2ನೇ ಸುತ್ತು) Both (ಎರಡೂ)</p>	<p>1 2 3</p>	
D5	<p>Did you or any member of your household attend <b>morning events</b> of the campaign?</p> <p>ನೀವು ಅಥವಾ ನಿಮ್ಮ ಕುಟುಂಬ ಸದಸ್ಯರು ಯಾರಾದರೂ ಅಭಿಯಾನದ <b>ಬೆಳಿಗಿನ ಚಟುವಟಿಕೆಗಳಲ್ಲಿ</b> ಭಾಗವಹಿಸಿದ್ದೀರಾ?</p>	<p>Yes ಹೌದು No ಇಲ್ಲ</p>	<p>1 2</p>	<p>If coded 2 go to Q.D20 2 ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಡಿ20ಕ್ಕೆ ಹೋಗಿ</p>

Baseline HH ID: Schedule Number: 

<b>D6</b>	Which of the following activities in the morning event did you or any member of your household see / hear / participate in? ಬೆಳಗಿನ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ನೀವು ಅಥವಾ ನಿಮ್ಮ ಕುಟುಂಬ ಸದಸ್ಯರು ಯಾರಾದರೂ ಈ ಕೆಳಗಿನ ಯಾವ ಚಟುವಟಿಕೆಗಳನ್ನು ನೋಡಿದ್ದೀರಿ / ಕೇಳಿದ್ದೀರಿ / ಅದರಲ್ಲಿ ಭಾಗವಹಿಸಿದ್ದೀರಿ? <b>MULTIPLE RESPONSE</b> ಬಹು ಪ್ರತಿಕ್ರಿಯೆ	Activities	<b>Spontaneous</b> ಸ್ವಯಂಪ್ರೇರಿತ ಉತ್ತರ	<b>With probe</b> ಪ್ರೇರಿತ ಉತ್ತರಗಳು
		Announcements through vehicle ವಾಹನಗಳ ಮೂಲಕ ಪ್ರಕಟಣೆ	1	1P
		Video Shooting ವಿಡಿಯೋ ಚಿತ್ರೀಕರಣ	2	2P
		Personal invitations by Swachchata Doot / ASHA worker/ GP official & members ವೈಯಕ್ತಿಕ ಆಹ್ವಾನ - ಸ್ವಚ್ಛತಾ ಧೂತ್/ಆಶಾ ಕಾರ್ಯಕರ್ತೆ/ಗ್ರಾ. ಪಂ.ಅಧಿಕಾರಿಗಳು, ಸದಸ್ಯರು	3	3P
		Song through vehicle – Nadedalo hennu ವಾಹನ ಮೂಲಕ ಹಾಡು - ನಡೆದಲೋ ಹೇಣ್ಣು	4	4P
		Song through vehicle – Banni Banni ವಾಹನ ಮೂಲಕ ಹಾಡು - ಬನ್ನಿ ಬನ್ನಿ	5	5P
		Games played with crowd ಗುಂಪಿನೊಂದಿಗೆ ಆಟ ಆಟವಾಡುವುದು	6	6P

Instruction – If coded 1/1p in Q. D6 ask questions Q.D7 to Q.D9 (Announcements through vehicle)

ಸೂಚನೆ – ಪ್ರ. ಡಿ6ರಲ್ಲಿ 1/1p ಕೋಡ್ ಆಗಿದ್ದಲ್ಲಿ ಪ್ರ. ಡಿ7 ರಿಂದ ಪ್ರ.ಡಿ9ವರೆಗೆ ಕೇಳಿ (ವಾಹನಗಳ ಮೂಲಕ ಪ್ರಕಟಣೆ)

<b>D7</b>	Did the announcement vehicle come to your neighbourhood / on? / ಪ್ರಕಟಣೆ ವಾಹನವು ನಿಮ್ಮ ನೆರೆಹೊರೆಗೆ/ಓಣಿಗೆ ಬಂದಿತೆ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
<b>D8</b>	Were the announcements clearly heard? ಪ್ರಕಟಣೆಗಳು ಸ್ಪಷ್ಟವಾಗಿ ಕೇಳಿಸಿತೆ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
<b>D9</b>	What messages do you recollect from the announcements? ನೀವು ಪ್ರಕಟಣೆಗಳಲ್ಲಿ ಯಾವ ಸಂದೇಶವನ್ನು ನೆನಪು ಮಾಡಿಕೊಳ್ಳಬಲ್ಲೀರಿ?			

Instruction – If coded 2/2p in Q. D6 ask questions Q.D10 AND Q. D11 (Video Shooting)

ಸೂಚನೆ – ಪ್ರ. ಡಿ6ರಲ್ಲಿ 2/2p ಕೋಡ್ ಆಗಿದ್ದಲ್ಲಿ ಪ್ರ. ಡಿ10 ಮತ್ತು ಪ್ರ. ಡಿ11 ಕೇಳಿ (ವಿಡಿಯೋ ಚಿತ್ರೀಕರಣ)

<b>D10</b>	Did video recording of interviews with household members happen in your village? ನಿಮ್ಮ ಗ್ರಾಮದಲ್ಲಿ ಕುಟುಂಬದ ಸದಸ್ಯರುಗಳ ಸಂದರ್ಶನದ ವಿಡಿಯೋ ಚಿತ್ರೀಕರಣ ಆಯಿತೆ?	Yes ಹೌದು No ಇಲ್ಲ Do not know ಗೊತ್ತಿಲ್ಲ	1 2 3	
<b>D11</b>	Did video recording happen in your house? ನಿಮ್ಮ ಮನೆಯಲ್ಲಿ ವಿಡಿಯೋ ಚಿತ್ರೀಕರಣ ಆಯಿತೆ?	Yes ಹೌದು No ಇಲ್ಲ Do not know ಗೊತ್ತಿಲ್ಲ	1 2 3	

Instruction – If coded 3/3p in Q. D6 ask questions Q.D12 to Q.D15 (Personal invitations by Swachchata Doot / ASHA worker)  
 ಸೂಚನೆ – ಪ್ರ. ಡಿ6ರಲ್ಲಿ 3/3p ಕೋಡ್ ಆಗಿದ್ದಲ್ಲಿ ಪ್ರ. ಡಿ12 ರಿಂದ ಪ್ರ. ಡಿ15ರವರೆಗೆ ಕೇಳಿ (ಸ್ವಚ್ಛತಾ ಧೂತ್/ಆಶಾ ಕಾರ್ಯಕರ್ತ/ ಗ್ರಾ. ಪಂ.ಅಧಿಕಾರಿಗಳು, ಸದಸ್ಯರು ರಿಂದ ವೈಯಕ್ತಿಕ ಆಹ್ವಾನ)

<b>D12</b>	Did Swachchata Doot / ASHA worker/ GP official and members give you an invitation card? ಸ್ವಚ್ಛತಾ ಧೂತ್/ಆಶಾ ಕಾರ್ಯಕರ್ತ/ ಗ್ರಾ. ಪಂ.ಅಧಿಕಾರಿಗಳು, ಸದಸ್ಯರು ನಿಮಗೆ ಆಹ್ವಾನ ಪತ್ರಿಕೆ ನೀಡಿದರೆ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	If coded 2 go to instruction before Q.D16 2 ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ.ಡಿ16ಕ್ಕೆ ಮುಂಚೆ ಇರುವ ಸೂಚನೆಗೆ ಹೋಗಿ																
<b>D12.1</b>	What did Swachchata Doot / ASHA worker/ GP official and members tell you while giving the invitation? ಸ್ವಚ್ಛತಾಧೂತ್/ಆಶಾ ಕಾರ್ಯಕರ್ತರು/ ಗ್ರಾ. ಪಂ.ಅಧಿಕಾರಿಗಳು, ಸದಸ್ಯರು ನಿಮಗೆ ಆಹ್ವಾನ ಪತ್ರಿಕೆ ನೀಡುವಾಗ ಏನು ಹೇಳಿದರು?																			
<b>D13</b>	What was written in the invitation? ಆಹ್ವಾನ ಪತ್ರಿಕೆಯಲ್ಲಿ ಏನು ಬರೆಯಲಾಗಿತ್ತು?																			
<b>D14</b>	How was the invitation card? ಆಹ್ವಾನ ಪತ್ರಿಕೆ ಹೇಗಿತ್ತು? <b>MULTIPLE RESPONSE</b> ಬಹು ಪ್ರತಿಕ್ರಿಯೆ			<table border="1"> <thead> <tr> <th></th> <th>Yes ಹೌದು</th> <th>No ಇಲ್ಲ</th> <th>Cant Read</th> </tr> </thead> <tbody> <tr> <td>D14.1 Colourful and interesting ವರ್ಣಮಯ ಮತ್ತು ಕೂತೂಹಲಕರ</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>D14.2 Text was readable ಅಕ್ಷರಗಳು ಓದಬಲ್ಲಂತಿತ್ತು</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>D14.3 Content was easy to understand ಒಳಪಡಿಯು ಅರ್ಥವಾಗುವಂತಿತ್ತು</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		Yes ಹೌದು	No ಇಲ್ಲ	Cant Read	D14.1 Colourful and interesting ವರ್ಣಮಯ ಮತ್ತು ಕೂತೂಹಲಕರ	1	2	3	D14.2 Text was readable ಅಕ್ಷರಗಳು ಓದಬಲ್ಲಂತಿತ್ತು	1	2	3	D14.3 Content was easy to understand ಒಳಪಡಿಯು ಅರ್ಥವಾಗುವಂತಿತ್ತು	1	2	3
	Yes ಹೌದು	No ಇಲ್ಲ	Cant Read																	
D14.1 Colourful and interesting ವರ್ಣಮಯ ಮತ್ತು ಕೂತೂಹಲಕರ	1	2	3																	
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D14.3 Content was easy to understand ಒಳಪಡಿಯು ಅರ್ಥವಾಗುವಂತಿತ್ತು	1	2	3																	
<b>D15</b>	Was there a tear off coupon with the invitation card? ಆಹ್ವಾನ ಪತ್ರಿಕೆಯೊಂದಿಗೆ ಹರಿಯಬಲ್ಲ ಕೂಪನ್ ಇತ್ತೆ?	Yes ಹೌದು No ಇಲ್ಲ Dont know ಗೊತ್ತಿಲ್ಲ	1 2 3																	

Instruction – If coded 4/4p and 5/5p in Q. D6 ask questions Q. D16 AND Q.D17  
 (Song through vehicle – Nadedalo hennu, Banni Banni)

ಸೂಚನೆ – ಪ್ರ. ಡಿ6ರಲ್ಲಿ 4/4p ಮತ್ತು 5/5p ಕೋಡ್ ಆಗಿದ್ದಲ್ಲಿ ಪ್ರ. ಡಿ16 ಮತ್ತು ಪ್ರ. ಡಿ17 ಕೇಳಿ  
 (ವಾಹನ ಮೂಲಕ ಹಾಡು – ನಡೆದಳೋ ಹೇಣ್ಣು, ಬನ್ನಿ ಬನ್ನಿ)

<b>D16</b>	Which song did you like more? ನಿಮಗೆ ಯಾವ ಹಾಡು ಹೆಚ್ಚು ಇಷ್ಟವಾಯಿತು?	Song 1 through vehicle – Nadedalo hennu ವಾಹನ ಮೂಲಕ ಹಾಡು 1 – ನಡೆದಳೋ ಹೇಣ್ಣು  Song 2 through vehicle – Banni Banni ವಾಹನ ಮೂಲಕ ಹಾಡು 2 – ಬನ್ನಿ ಬನ್ನಿ	1 2	
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Baseline HH ID: Schedule Number: 

<b>D17</b>	What are the reasons? ಕಾರಣಗಳೇನು?												
Instruction – If coded 6/6p in Q. D6 ask questions Q.D18 TO Q.D19.2 (Games played with crowd) ಸೂಚನೆ – ಪ್ರ. ಡಿ6ರಲ್ಲಿ 6/6p ಕೋಡ್ ಆಗಿದ್ದಲ್ಲಿ ಪ್ರ. ಡಿ18 ಮತ್ತು ಪ್ರ. ಡಿ19 ಕೇಳಿ (ಗುಂಪಿನೊಂದಿಗೆ ಆಟಾ ಆಟವಾಡುವುದು)													
<b>D18</b>	Did you play the game? ನೀವು ಆಟವಾಡಿದಿರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2										
<b>D19</b>	What was the game about? ಆಟವು ಯಾವುದರ ಕುರಿತಾಗಿತ್ತು?												
<b>D19.1</b>	Did you like the game? ನಿಮಗೆ ಆಟ ಇಷ್ಟವಾಯಿತೇ?	Yes ಹೌದು No ಇಲ್ಲ	1 2										
<b>D19.2</b>	What are the reasons? ಕಾರಣಗಳೇನು?												
<b>D20</b>	Did you or any member of the household attend <b>afternoon events</b> of the campaign? ನೀವು ಅಥವಾ ನಿಮ್ಮ ಕುಟುಂಬದ ಸದಸ್ಯರು ಯಾರಾದರೂ ಅಭಿಯಾನದ <b>ಮಧ್ಯಾಹ್ನದ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ</b> ಭಾಗವಹಿಸಿದ್ದೀರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	→ If coded 2 go to Q.D24 2 ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಡಿ.24ಕ್ಕೆ ಹೋಗಿ									
<b>D20.1</b>	Which of the following activities in the afternoon event did you or any member of your household see / hear / participate in? ಮಧ್ಯಾಹ್ನದ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ನೀವು ಅಥವಾ ನಿಮ್ಮ ಕುಟುಂಬದ ಸದಸ್ಯರು ಯಾರಾದರೂ ಈ ಕೆಳಗಿನ ಯಾವ ಚಟುವಟಿಕೆಗಳನ್ನು ಕೇಳಿದ್ದೀರಿ/ ಅದರಲ್ಲಿ ಭಾಗವಹಿಸಿದ್ದೀರಿ?  <b>MULTIPLE RESPONSE</b> ಬಹು ಪ್ರತಿಕ್ರಿಯೆ	<table border="1"> <thead> <tr> <th>Activities</th> <th>Spontaneous ಸ್ವಯಂಪ್ರೇರಿತ ಉತ್ತರ</th> <th>With probe ಪ್ರೇರಿತ ಉತ್ತರಗಳು</th> </tr> </thead> <tbody> <tr> <td>School Rally ಶಾಲಾ ರ್ಯಾಲಿ</td> <td>1</td> <td>1P</td> </tr> <tr> <td>Self Help Group ಸ್ವಸಹಾಯ ಗುಂಪಿನ ಸಭೆ/ರ್ಯಾಲಿ</td> <td>2</td> <td>2P</td> </tr> </tbody> </table>	Activities	Spontaneous ಸ್ವಯಂಪ್ರೇರಿತ ಉತ್ತರ	With probe ಪ್ರೇರಿತ ಉತ್ತರಗಳು	School Rally ಶಾಲಾ ರ್ಯಾಲಿ	1	1P	Self Help Group ಸ್ವಸಹಾಯ ಗುಂಪಿನ ಸಭೆ/ರ್ಯಾಲಿ	2	2P		<p>If coded 1 OR 1p continue 1 ಅಥವಾ 1ಪಿ ಕೋಡ್ ಆಗಿದ್ದರೆ ಮುಂದುವರಿಸಿ</p> <p>If coded 2 / 2p go to Q.D23 2/2ಪಿ ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಡಿ 23ಕ್ಕೆ ಹೋಗಿ</p> <p>If coded 1 and 2 OR 1p and 2p continue 1 ಅಥವಾ 2 ಕೋಡ್ ಆಗಿದ್ದರೆ 1ಪಿ ಮತ್ತು 2ಪಿ ಗೆ ಮುಂದುವರಿಸಿ.</p>
Activities	Spontaneous ಸ್ವಯಂಪ್ರೇರಿತ ಉತ್ತರ	With probe ಪ್ರೇರಿತ ಉತ್ತರಗಳು											
School Rally ಶಾಲಾ ರ್ಯಾಲಿ	1	1P											
Self Help Group ಸ್ವಸಹಾಯ ಗುಂಪಿನ ಸಭೆ/ರ್ಯಾಲಿ	2	2P											
<b>D21</b>	Do you recollect the slogans? ಘೋಷಣೆಗಳು ನಿಮಗೆ ನೆನಪಿದೆಯೇ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	→ If coded 2 go to Q.D23 2ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಡಿ 23ಕ್ಕೆ ಹೋಗಿ									

Baseline HH ID: Schedule Number: 

<b>D22</b>	Please list the slogans ದಯವಿಟ್ಟು ಘೋಷಣೆಗಳನ್ನು ಪಟ್ಟಿ ಮಾಡಿ		
<b>D23</b>	Do you recollect the messages from the self help group meeting/rally? ಸ್ವಸಹಾಯ ಗುಂಪಿನ/ರಾಲಿಯಿಚಿದ ಬಂದ ಸಂದೇಶಗಳನ್ನು ನೀವು ನೆನಪಿಸಿಕೊಳ್ಳಬಹುದೇ?	Yes ಹೌದು No ಇಲ್ಲ	1 2 → If coded 2 go to Q.D 24 2ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ.ಡಿ 24ಕ್ಕೆ ಹೋಗಿ
<b>D23.1</b>	Please list the messages ದಯವಿಟ್ಟು ಸಂದೇಶಗಳನ್ನು ಪಟ್ಟಿ ಮಾಡಿ		
<b>D24</b>	Did you or any member of the household attend <b>evening events</b> of the campaign? ನೀವು ಅಥವಾ ನಿಮ್ಮ ಕುಟುಂಬ ಸದಸ್ಯರು ಯಾರಾದರೂ ಅಭಿಯಾನದ <b>ಸಂಜೆಯ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ</b> ಭಾಗವಹಿಸಿದ್ದೀರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 → If coded 1 go to Q.D24b 2 1 ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ.ಡಿ24ಬಿ ಗೆ ಹೋಗಿ.
<b>D24a</b>	What are the reasons why you or your family members did not attend the evening event? ನೀವು ಅಥವಾ ನಿಮ್ಮ ಕುಟುಂಬದ ಸದಸ್ಯರು ಸಂಜೆಯ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಭಾಗವಹಿಸದೇ ಇರಲು ಕಾರಣವೇನು? <b>MULTIPLE RESPONSE</b> ಬಹು ಪ್ರತಿಕ್ರಿಯೆ	Did not know about it ಅದರ ಬಗ್ಗೆ ತಿಳಿದಿರಲಿಲ್ಲ Did not get enough information about it ಅದರ ಕುರಿತಾಗಿ ಸಾಕಷ್ಟು ಮಾಹಿತಿ ದೊರೆಯಲಿಲ್ಲ The timing was not convenient ಸಮಯವು ಅನುಕೂಲಕರವಾಗಿರಲಿಲ್ಲ It was far from the house ಅದು ನಮ್ಮ ಮನೆಯಿಂದ ದೂರವಿತ್ತು Because of fear of anti social elements ಸಮಾಜಘಾತುಕ ಶಕ್ತಿಗಳ ಭಯದಿಂದಾಗಿ Not interested in building a toilet ಶೌಚಾಲಯ ನಿರ್ಮಾಣದಲ್ಲಿ ಆಸಕ್ತಿ ಇಲ್ಲ Had household work to attend to ಕೌಟುಂಬಿಕ ಕೆಲಸಗಳಿಗೆ ಹೋಗಬೇಕಿತ್ತು Was more interested in watching tv ಟಿವಿ ನೋಡುವುದರಲ್ಲಿ ಹೆಚ್ಚು ಆಸಕ್ತಿ ಇತ್ತು Others (specify)..... ಇತರೆ ವಿಶೇಷಿಸಿ	1 2 3 4 5 6 7 8 99 After writing the reasons go to Q.D54 ಕಾರಣಗಳನ್ನು ಬರೆದ ನಂತರ ಪ್ರ. ಡಿ54ಕ್ಕೆ ಹೋಗಿ

<b>D24b</b>	Which of the following activities in the evening event did you or any member of your household see / hear / participate in? ಸಂಜೆಯ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ನೀವು ಅಥವಾ ನಿಮ್ಮ ಕುಟುಂಬದ ಸದಸ್ಯರು ಯಾರಾದರೂ ಈ ಕೆಳಗಿನ ಯಾವ ಚಟುವಟಿಕೆಗಳನ್ನು ಕೇಳಿದ್ದೀರಿ/ ಅದರಲ್ಲಿ ಭಾಗವಹಿಸಿದ್ದೀರಿ?  <b>MULTIPLE RESPONSE</b> ಬಹು ಪ್ರತಿಕ್ರಿಯೆ	<b>Activities</b>	<b>Spontaneous</b> ಸ್ವಯಂಪ್ರೇರಿತ ಉತ್ತರ	<b>With probe</b> ಪ್ರೇರಿತ ಉತ್ತರಗಳು
		Song 1 through vehicle – Nadedalo hennu ವಾಹನ ಮೂಲಕ ಹಾಡು 2 – ನಡೆದಳೋ ಹೆಣ್ಣು	1	1P
		Song 2 through vehicle – Banni Banni ವಾಹನ ಮೂಲಕ ಹಾಡು – ಬನ್ನಿ ಬನ್ನಿ	2	2P
		Group song ಸಮೂಹ ಗಾಯನ	3	3P
		Skit by the artists ಕಲಾವಿದರಿಂದ ಕಿರುನಾಟಕ	4	4P
		Speeches by the GP / Block officials ಗ್ರಾ.ಪಂ/ಕ್ಷೇತ್ರದ ಅಧಿಕಾರಿಗಳ ಭಾಷಣ	5	5P
		"Responsible father" film "ಜವಾಬ್ದಾರಿಯುತ ತಂದೆ" ಚಿತ್ರ	6	6P
		Film on Household experience of toilet construction ಶೌಚಾಲಯ ನಿರ್ಮಾಣದ ಕೌಟುಂಬಿಕ ಅನುಭವದ ಚಿತ್ರ	7	7P
		Film on Household experience of toilet construction in the same village ಅದೇ ಗ್ರಾಮದಲ್ಲಿ ಶೌಚಾಲಯ ನಿರ್ಮಾಣದ ಕೌಟುಂಬಿಕ ಅನುಭವದ ಚಿತ್ರ	8	8P
		A film on the CEO's message ಸಿಇಒ ಸಂದೇಶದ ಚಿತ್ರ	9	9P
		Pledge ಪ್ರತಿಜ್ಞೆ	10	10P
		Distribution of certificate ಪ್ರಮಾಣಪತ್ರ ಹಂಚಿಕೆ	11	11P
<b>D24.1</b>	Who from your household attended the evening event? ನಿಮ್ಮ ಕುಟುಂಬದಲ್ಲಿ ಯಾರು ಸಂಜೆಯ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಭಾಗವಹಿಸಿದ್ದರು?	Men ಪುರುಷರು  Women ಮಹಿಳೆಯರು  Both ಇಬ್ಬರೂ	1  2  3	If coded 1 or 2 continue 1 ಅಥವಾ 2 ಕೋಡ್ ಆಗಿದ್ದರೆ ಮುಂದುವರಿಸಿ,  If coded 3 go to Q.D24.3, 3 ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಡಿ24.3ಕ್ಕೆ ಹೋಗಿ
<b>D24.2</b>	What are the reasons why they did not attend the evening event? ಅವರು ಸಂಜೆಯ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಭಾಗವಹಿಸದೇ ಇರಲು ಕಾರಣವೇನು?	Did not know about it ಅದರ ಬಗ್ಗೆ ತಿಳಿದಿರಲಿಲ್ಲ  Did not get enough information about it ಅದರ ಕುರಿತಾಗಿ ಸಾಕಷ್ಟು ಮಾಹಿತಿ ದೊರೆಯಲಿಲ್ಲ  The timing was not convenient ಸಮಯವು ಅನುಕೂಲಕರವಾಗಿರಲಿಲ್ಲ  It was far from the house ಅದು ನಮ್ಮ ಮನೆಯಿಂದ ದೂರವಿತ್ತು  Because of fear of anti social elements ಸಮಾಜಘಾತುಕ ಶಕ್ತಿಗಳ ಭಯದಿಂದಾಗಿ  Not interested in building a toilet ಶೌಚಾಲಯ ನಿರ್ಮಾಣದಲ್ಲಿ ಆಸಕ್ತಿ ಇಲ್ಲ  Had household work to attend to ಕೌಟುಂಬಿಕ ಕೆಲಸಗಳಿಗೆ ಹೋಗಬೇಕಿತ್ತು  Was more interested in watching tv ಟಿವಿ ನೋಡುವುದರಲ್ಲಿ ಹೆಚ್ಚು ಆಸಕ್ತಿ ಇತ್ತು  Had work in the agricultural field ಕೃಷಿ ಕೆಲಸಗಳಿಗೆ ಹೋಗಬೇಕಿತ್ತು  Others (specify) ಇತರೆ(ವಿಶೇಷಿಸಿ)	1  2  3  4  5  6  7  8  9  99	

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<b>D24.3</b>	Was the sound adequate to understand the program? ಕಾರ್ಯಕ್ರಮ ಅರ್ಥಮಾಡಿಕೊಳ್ಳಲು ಸಾಕಾಗುವಷ್ಟು ಧ್ವನಿ ಇತ್ತೆ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
<b>D24.4</b>	Was the lighting adequate to see the program? ಕಾರ್ಯಕ್ರಮ ನೋಡಲು ಸಾಕಾಗುವಷ್ಟು ಬೆಳಕು ಇತ್ತೆ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
<b>D24.5</b>	Was there enough space for everyone especially women to sit and watch the program? ಕಾರ್ಯಕ್ರಮವನ್ನು ಕುಳಿತು ವೀಕ್ಷಿಸಲು ಎಲ್ಲರಿಗೂ, ಪ್ರಮುಖವಾಗಿ ಮಹಿಳೆಯರಿಗೆ ಸಾಕಷ್ಟು ಸ್ಥಳಾವಕಾಶವಿತ್ತೆ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
<b>D24.6</b>	Was traffic disrupting the event? ವಾಹನ ದಟ್ಟಣೆ ಕಾರ್ಯಕ್ರಮಕ್ಕೆ ಅಡ್ಡಿ ಪಡಿಸುತ್ತಿತ್ತೆ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
<b>D24.7</b>	Was the venue of the event convenient for you to attend? ಕಾರ್ಯಕ್ರಮ ನಡೆದ ಸ್ಥಳವು ನಿಮಗೆ ಭಾಗವಹಿಸಲು ಅನುಕೂಲಕರವಾಗಿತ್ತೆ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	

Instruction - If coded 1/2/3 /all three OR 1p /2p/3p/all three in Q. D24b ask question Q.D25 to Q.D28

ಸೂಚನೆ - ಪ್ರ. ಡಿ24b ರಲ್ಲಿ 1/2/3/ಎಲ್ಲವೂ ಕೋಡ್ ಆಗಿದ್ದರೆ ಅಥವಾ 1p/2p/3p / ಎಲ್ಲವೂ ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಡಿ25ರಿಂದ ಪ್ರ. ಡಿ28 ರವರೆಗೆ ಕೇಳಿ

<b>D25</b>	What do you recall from the songs? ನಿಮಗೆ ಹಾಡುಗಳಿಂದ ಏನೇನು ನೆನಪಿದೆ?	1) Nadelao hennu ನಡೆದಳೋ ಹೆಣ್ಣು  2) Banni Banni ಬನ್ನಿ ಬನ್ನಿ  3) Group song ಸಮೂಹ ಗಾಯನ														
<b>D26</b>	What did you learn from the songs? ನೀವು ಹಾಡುಗಳಿಂದ ಏನು ಕಲಿತಿರಿ?	1) Nadelao hennu ನಡೆದಳೋ ಹೆಣ್ಣು  2) Banni Banni ಬನ್ನಿ ಬನ್ನಿ  3) Group song ಸಮೂಹ ಗಾಯನ														
<b>D27</b>	Did you like the songs ನಿಮಗೆ ಹಾಡುಗಳು ಇಷ್ಟವಾಯಿತೇ			<table border="1"> <thead> <tr> <th></th> <th>Yes ಹೌದು</th> <th>No ಇಲ್ಲ</th> </tr> </thead> <tbody> <tr> <td>Nadedalo hennu ನಡೆದಳೋ ಹೆಣ್ಣು</td> <td>1</td> <td>2</td> </tr> <tr> <td>Banni Banni ಬನ್ನಿ ಬನ್ನಿ</td> <td>1</td> <td>2</td> </tr> <tr> <td>Group song ಸಮೂಹ ಗಾಯನ</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes ಹೌದು	No ಇಲ್ಲ	Nadedalo hennu ನಡೆದಳೋ ಹೆಣ್ಣು	1	2	Banni Banni ಬನ್ನಿ ಬನ್ನಿ	1	2	Group song ಸಮೂಹ ಗಾಯನ	1	2
	Yes ಹೌದು	No ಇಲ್ಲ														
Nadedalo hennu ನಡೆದಳೋ ಹೆಣ್ಣು	1	2														
Banni Banni ಬನ್ನಿ ಬನ್ನಿ	1	2														
Group song ಸಮೂಹ ಗಾಯನ	1	2														

Baseline HH ID:

Schedule Number:

<b>D28</b>	What are the reasons? ಕಾರಣಗಳೇನು?	1) Nadelao hennu ನಡೆದಳೋ ಹೆಣ್ಣು  2) Banni Banni ಬನ್ನಿ ಬನ್ನಿ  3) Group song ಸಮೂಹ ಗಾಯನ
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INSTRUCTION: Instruction - If coded 4/4p in Q. D24b ask question Q.D29 to Q.D32

ಸೂಚನೆ: ಡಿ.24b ರಲ್ಲಿ 4/4 p ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಡಿ29ರಿಂದ ಡಿ.32ರ ವರೆಗೆ ಕೇಳಿ

<b>D29</b>	What do you recall of the skit? ನಿಮಗೆ ಕಿರುನಾಟಕದಲ್ಲಿ ಏನು ನೆನಪಿದೆ?	
<b>D30</b>	What did you learn from the skit? ನೀವು ಆ ಕಿರುನಾಟಕದಿಂದ ಏನು ಕಲಿತಿರಿ?	
<b>D31</b>	Did you like the skit? ನಿಮಗೆ ಕಿರುನಾಟಕ ಇಷ್ಟವಾಯಿತೇ?	Yes ಹೌದು No ಇಲ್ಲ
<b>D32</b>	What are the reasons? ಕಾರಣಗಳೇನು?	1 2

Instruction - If coded 5/5p in Q. D24b ask question Q.D33

ಸೂಚನೆ- ಪ್ರ. ಡಿ24b ರಲ್ಲಿ 5/5 p ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಡಿ33ರವರೆಗೆ ಕೇಳಿ

<b>D33</b>	What did you learn from the speeches given by the GP / Block officials? ನೀವು ಗ್ರಾ.ಪಂ/ಬ್ಲಾಕ್ ಅಧಿಕಾರಿಗಳ ಭಾಷಣದಿಂದ ಏನು ಕಲಿತಿರಿ?	
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Instruction - If coded 6 / 6p (Responsible father film) in Q. D24b ask questions Q.D34 to Q.D37

ಸೂಚನೆ- ಪ್ರ. ಡಿ24b ರಲ್ಲಿ 6/6p ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಡಿ34 ರಿಂದ ಡಿ.37ರವರೆಗೆ ಕೇಳಿ

<b>D34</b>	What do you recall from the film? ನಿಮಗೆ ಚಿತ್ರದಿಂದ ಏನು ನೆನಪಿದೆ?	
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Baseline HH ID:

Schedule Number:

<b>D35</b>	What did you learn from the film? ನೀವು ಆ ಚಿತ್ರದಿಂದ ಏನು ಕಲಿತೀರಿ?			
<b>D36</b>	Did you like the film? ನಿಮಗೆ ಚಿತ್ರ ಇಷ್ಟವಾಯಿತೇ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
<b>D37</b>	What are the reasons? ಕಾರಣಗಳೇನು?			

Instruction - If coded 7/7p (household experience on toilet construction – households from other villages) in Q. D24b ask questions Q.D38 to Q.D41

ಸೂಚನೆ- ಪ್ರ.ಡಿ 24b ರಲ್ಲಿ 7/7p (ಶೌಚಾಲಯ ನಿರ್ಮಾಣದ ಕೌಟುಂಬಿಕ ಅನುಭವ – ಇತರೆ ಗ್ರಾಮದ ಕುಟುಂಬಗಳು) ಆಗಿದ್ದರೆ ಡಿ38ರಿಂದ ಪ್ರ. ಡಿ41ರ ವರೆಗೆ ಕೇಳಿ

<b>D38</b>	What do you recall from the film? ನಿಮಗೆ ಚಿತ್ರದಿಂದ ಏನು ನೆನಪಿದೆ?			
<b>D39</b>	What did you learn from the film? ನೀವು ಆ ಚಿತ್ರದಿಂದ ಏನು ಕಲಿತೀರಿ?			
<b>D40</b>	Did you like the film? ನಿಮಗೆ ಚಿತ್ರ ಇಷ್ಟವಾಯಿತೇ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
<b>D41</b>	What are the reasons? ಕಾರಣಗಳೇನು?			

Instruction - If coded 8/8p (household experience on toilet construction – households from same village) in Q. D24b ask questions Q.D42 to Q.D45

ಸೂಚನೆ- ಪ್ರ.ಡಿ 24b ರಲ್ಲಿ 8/8p (ಶೌಚಾಲಯ ನಿರ್ಮಾಣದ ಕೌಟುಂಬಿಕ ಅನುಭವ – ಅದೇ ಗ್ರಾಮದ ಕುಟುಂಬಗಳು) ಆಗಿದ್ದರೆ ಪ್ರ. ಡಿ42ರಿಂದ ಪ್ರ. ಡಿ45ರ ವರೆಗೆ ಕೇಳಿ

<b>D42</b>	What do you recall from the film? ನಿಮಗೆ ಚಿತ್ರದಿಂದ ಏನು ನೆನಪಿದೆ?			
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Baseline HH ID: Schedule Number: 

<b>D43</b>	What did you learn from the film? ನೀವು ಆ ಚಿತ್ರದಿಂದ ಏನು ಕಲಿತೀರಿ?			
<b>D44</b>	Did you like the film? ನಿಮಗೆ ಚಿತ್ರ ಇಷ್ಟವಾಯಿತೇ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
<b>D45</b>	What are the reasons? ಕಾರಣಗಳೇನು?			
Instruction - If coded 9 / 9p( CEO's message) in Q. D24b ask questions Q.D46 to Q.D49 <b>ಸೂಚನೆ- ಪ್ರ.ಡಿ 24b ರಲ್ಲಿ 9/9p (ಸಿಇಒ ಸಂದೇಶ) ಆಗಿದ್ದರೆ ಪ್ರ. ಡಿ.46ರಿಂದ ಪ್ರ. ಡಿ49ರ ವರೆಗೆ ಕೇಳಿ</b>				
<b>D46</b>	What do you recall from the film? ನಿಮಗೆ ಚಿತ್ರದಿಂದ ಏನು ನೆನಪಿದೆ?			
<b>D47</b>	What did you learn from the film? ನೀವು ಆ ಚಿತ್ರದಿಂದ ಏನು ಕಲಿತೀರಿ?			
<b>D48</b>	Did you like the film? ನಿಮಗೆ ಚಿತ್ರ ಇಷ್ಟವಾಯಿತೇ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
<b>D49</b>	What are the reasons? ಕಾರಣಗಳೇನು?			
Instruction - If coded 10 / 10p(Pledge) in Q. D24b ask questions Q.D50 and Q.D51 <b>ಸೂಚನೆ- ಪ್ರ.ಡಿ 24b ರಲ್ಲಿ 10/10p (ಪ್ರತಿಜ್ಞೆ) ಆಗಿದ್ದರೆ ಪ್ರ. ಡಿ.50ರಿಂದ ಪ್ರ. ಡಿ51ರ ವರೆಗೆ ಕೇಳಿ</b>				
<b>D50</b>	Did you see people taking a pledge during the evening event? ನೀವು ಸಂಜೆಯ ಕಾರ್ಯಕ್ರಮದ ಸಂದರ್ಭದಲ್ಲಿ ಜನರು ಪ್ರತಿಜ್ಞೆ ಮಾಡುವುದನ್ನು ನೋಡಿದೀರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	If coded 2 go to Instruction before Q.D52 2ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಡಿ52ಕ್ಕೆ ಮುಂಚೆ ಇರುವ ಸೂಚನೆಗೆ ಹೋಗಿ

Baseline HH ID: Schedule Number: 

<b>D51</b>	Did you take the pledge? ನೀವು ಪ್ರತಿಜ್ಞೆ ಮಾಡಿದೀರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
Instruction - If coded 11 /11p( Distribution of Cetificates) in Q. D24b ask questions Q.D52 and Q.D53, Else go to Q.D54 ಸೂಚನೆ- ಪ್ರ.ಡಿ 24b ರಲ್ಲಿ 11/11p (ಪ್ರಮಾಣ ಪತ್ರ ವಿತರಣೆ) ಆಗಿದ್ದರೆ ಪ್ರ. ಡಿ.52ರಿಂದ ಪ್ರ. ಡಿ53ರ ವರೆಗೆ ಕೇಳಿ, ಇಲ್ಲವಾದಲ್ಲಿ ಪ್ರ. ಡಿ54ಕ್ಕೆ ಹೋಗಿ				
<b>D52</b>	Were certificates distributed during the evening event? ಸಂಜೆಯ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಪ್ರಮಾಣ ಪತ್ರವನ್ನು ವಿತರಿಸಲಾಯಿತೇ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
<b>D53</b>	Have you received the certificate? ನೀವು ಪ್ರಮಾಣ ಪತ್ರ ಸ್ವೀಕರಿಸಿದೀರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
Instruction - Ask following questions of everyone ಸೂಚನೆ - ಈ ಕೆಳಗಿನ ಪ್ರಶ್ನೆಗಳನ್ನು ಎಲ್ಲರಿಗೂ ಕೇಳಿ				
<b>D54</b>	Have you seen Jaldi posters in the village? ನೀವು ಗ್ರಾಮದಲ್ಲಿ ಜಲ್ಡಿ ಪೋಸ್ಟರ್‌ಗಳನ್ನು ನೋಡಿದ್ದೀರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	If coded 2 go to Q.D56 2ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಡಿ56ಕ್ಕೆ ಹೋಗಿ
<b>D55</b>	Can you recollect messages on the poster? ನೀವು ಆ ಪೋಸ್ಟರ್ ಮೇಲಿನ ಸಂದೇಶವನ್ನು ನೆನಪಿಸಿಕೊಳ್ಳಬಹುದೇ?			
<b>D56</b>	Have you seen names of the eligible household (Head of the household) painted on the walls of the GP / other walls? ನೀವು ಅರ್ಹ ಕುಟುಂಬದ (ಕುಟುಂಬದ ಮುಖ್ಯಸ್ಥರ) ಹೆಸರನ್ನು ಗ್ರಾ.ಪಂ.ಯ ಗೋಡೆ/ಇತರೆ ಗೋಡೆಗಳ ಮೇಲೆ ಬರೆದಿರುವುದನ್ನು ನೋಡಿದ್ದೀರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	If coded 2 go to Q.D58 2ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಡಿ58ಕ್ಕೆ ಹೋಗಿ
<b>D57</b>	Have you seen the name of your head of the household in the list? ನೀವು ನಿಮ್ಮ ಕುಟುಂಬದ ಮುಖ್ಯಸ್ಥರ ಹೆಸರನ್ನು ಪಟ್ಟಿಯಲ್ಲಿ ನೋಡಿದ್ದೀರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
<b>D58</b>	Have you seen door stickers of Jaldi NBA? ನೀವು ಜಲ್ಡಿ ಎನ್‌ಬಿಎ ಬಾಗಿಲ ಸ್ಟಿಕ್‌ಗಳನ್ನು ನೋಡಿದ್ದೀರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	If coded 2 go to Q.D60 2ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಡಿ60ಕ್ಕೆ ಹೋಗಿ
<b>D59</b>	Can you recollect messages on the stickers? ನೀವು ಸ್ಟಿಕ್‌ಗಳ ಮೇಲಿನ ಸಂದೇಶವನ್ನು ನೆನಪಿಸಿಕೊಳ್ಳಬಹುದೇ?			
<b>D60</b>	Did you receive any pamphlets of Jaldi NBA? ನೀವು ಜಲ್ಡಿ ಎನ್‌ಬಿಎಯ ಯಾವುದಾದರೂ ಕರಪತ್ರ ಪಡೆದುಕೊಂಡೀರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	If coded 2 go to Q.D62 2ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಡಿ62ಕ್ಕೆ ಹೋಗಿ
<b>D61</b>	Can you recollect messages on the pamphlets? ನೀವು ಕರಪತ್ರದ ಮೇಲಿನ ಸಂದೇಶವನ್ನು ನೆನಪಿಸಿಕೊಳ್ಳಬಹುದೇ?			

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<b>D62</b>	Have you seen the flipchart used by the volunteers at the time of giving the invitation? ನೀವು ಕಾರ್ಯಕರ್ತರು ಅಹ್ವಾನ ಪತ್ರಿಕೆ ಹಂಚುವ ಸಮಯದಲ್ಲಿ ಬಳಸಿದ ಫ್ಲಿಪ್ ಚಾರ್ಟ್ ನೋಡಿದ್ದೀರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
<b>D63</b>	Have you seen the flipchart used by the volunteers at the time of follow up? ನೀವು ಕಾರ್ಯಕರ್ತರು ಫುನರ್ ಪರಿಶೀಲನೆ (ಫಾಲೋ ಅಪ್) ಸಮಯದಲ್ಲಿ ಬಳಸಿದ ಫ್ಲಿಪ್ ಚಾರ್ಟ್ ನೋಡಿದ್ದೀರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
<b>D64</b>	Was the Jaldi NBA campaign information useful to you? ಜಲ್ಡಿ ಎನ್‌ಬಿಎ ಅಭಿಯಾನದ ಮಾಹಿತಿಯು ಉಪಯುಕ್ತವಾಗಿತ್ತೇ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	If coded 2 go to Q.D67 2 ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಡಿ67ಕ್ಕೆ ಹೋಗಿ
<b>D65</b>	The information was useful to know about: ಮಾಹಿತಿಯು ಇದರ ಬಗ್ಗೆ ತಿಳಿಯಲು ಉಪಯುಕ್ತವಾಗಿತ್ತು: <b>MULTIPLE RESPONSE</b> ಬಹು ಪ್ರತಿಕ್ರಿಯೆ	Benefits of having a toilet ಶೌಚಾಲಯ ಹೊಂದುವುದರಿಂದ ಲಾಭಗಳು Jaldi NBA program ಜಲ್ಡಿ ಎನ್‌ಬಿಎ ಕಾರ್ಯಕ್ರಮ Eligibility to receive incentive ಫಲಾನುಭವ ಸ್ವೀಕರಿಸಲು ಅರ್ಹತೆ Incentive amount ಪ್ರೋತ್ಸಾಹ ಧನದ ಮೊತ್ತ Application procedure ಅರ್ಜಿ ಪ್ರಕ್ರಿಯೆ Bad effects of open defecation ತೆರೆದ ಮಲ ವಿಸರ್ಜನೆಯ ಕೆಟ್ಟ ಪರಿಣಾಮಗಳು Construction procedure ಶೌಚಾಲಯ ನಿರ್ಮಾಣ ಪ್ರಕ್ರಿಯೆ Responsibility to construct a toilet ಶೌಚಾಲಯ ನಿರ್ಮಾಣ ಮಾಡುವ ಜವಾಬ್ದಾರಿ Inspection procedure ಪರಿಶೀಲನೆ ಪ್ರಕ್ರಿಯೆ Other (specify)..... ಇತರೆ (ವಿಷೇಷಿಸಿ)	1 2 3 4 5 6 7 8 9 99	
<b>D66</b>	Did you take any action based on the information received? ನೀವು ಪಡೆದ ಮಾಹಿತಿಯ ಆಧಾರವಾಗಿ ಯಾವುದಾದರೂ ಕ್ರಮ ಕೈಗೊಂಡೀರಾ? <b>MULTIPLE RESPONSE</b> ಬಹು ಪ್ರತಿಕ್ರಿಯೆ <b>(PROBE AND CONFIRM)</b> (ಒತ್ತು ಕೊಟ್ಟು ಕೇಳಿ ಮತ್ತು ಖಚಿತಪಡಿಸಿಕೊಳ್ಳಿ)	No action taken ಏನೂ ಕ್ರಮ ಕೈಗೊಂಡಿಲ್ಲ Approached Gram Panchayat to apply for toilet construction ಶೌಚಾಲಯ ನಿರ್ಮಾಣಕ್ಕಾಗಿ ಗ್ರಾಮ ಪಂಚಾಯತಿಯನ್ನು ಸಂಪರ್ಕಿಸಿರುವುದು Started the construction of toilet ಶೌಚಾಲಯ ನಿರ್ಮಾಣ ಪ್ರಾರಂಭಿಸಿರುವುದು Other (Specify)..... ಇತರೆ (ವಿಶೇಷಿಸಿ)	1 2 3 99	If coded 1 go to Section E 1 ಕೋಡ್ ಆಗಿದ್ದರೆ ವಿಭಾಗ ಇಗೆ ಹೋಗಿ
<b>D67</b>	Did you submit an application to receive incentive under Jaldi NBA? ನೀವು ಜಲ್ಡಿ ಎನ್‌ಬಿಎ ಅಡಿಯಲ್ಲಿ ಪ್ರೋತ್ಸಾಹ ಧನ ಸ್ವೀಕರಿಸಲು ಅರ್ಜಿ ಸಲ್ಲಿಸಿದ್ದೀರಾ?	Yes ಹೌದು No ಇಲ್ಲ Planning to submit ಸಲ್ಲಿಸುವ ಯೋಚನೆ ಮಾಡಲಾಗಿದೆ	1 2 3	If coded 2 OR 3 go to Section E 2 ಅಥವಾ 3 ಕೋಡ್ ಆಗಿದ್ದರೆ ವಿಭಾಗ ಇಗೆ ಹೋಗಿ

Baseline HH ID: Schedule Number: 

<b>D68</b>	<p>How did you submit an application? ನೀವು ಅರ್ಜಿಯನ್ನು ಹೇಗೆ ಸಲ್ಲಿಸಿದಿರಿ?</p> <p><b>SINGLE RESPONSE</b> ಒಂದೇ ಪ್ರತಿಕ್ರಿಯೆ</p>	<p>Swachchata Doot visited the house and filled the application ಸ್ವಚ್ಛತಾಧೂತ್ ಮನೆಗೆ ಭೇಟಿ ಮಾಡಿ ಅರ್ಜಿ ಭರ್ತಿ ಮಾಡಿದರು</p> <p>GP officials visited the house and filled the application ಗ್ರಾ.ಪಂ.ಯ ಅಧಿಕಾರಿಗಳು ಮನೆಗೆ ಭೇಟಿ ಮಾಡಿ ಅರ್ಜಿ ಭರ್ತಿ ಮಾಡಿದರು</p> <p>Myself / Family member visited the GP office and made an application ನಾನು/ನನ್ನ ಕುಟುಂಬದ ಸದಸ್ಯರು ಗ್ರಾ.ಪಂ. ಕಛೇರಿಗೆ ಭೇಟಿ ಮಾಡಿದವು ಮತ್ತು ಅರ್ಜಿ ಭರ್ತಿ ಮಾಡಿದವು</p> <p>Other (specify)..... ಇತರೆ (ವಿಶೇಷಿಸಿ)</p>	<p>1</p> <p>2</p> <p>3</p> <p>99</p>	
<b>D69</b>	<p>What documents did you submit along with the application? ನೀವು ಅರ್ಜಿಯ ಜೊತೆಗೆ ಯಾವ ದಾಖಲೆಗಳನ್ನು ನೀಡಿದಿರಿ?</p>	<p>Ration card ಪಡಿತರ ಚೀಟಿ</p> <p>NREGA job card ಎನ್‌ಆರ್‌ಇಜಿಎ ಕೆಲಸದ ಕಾರ್ಡ್</p> <p>Voters ID card ಮತದಾರರ ಗುರುತಿನ ಚೀಟಿ</p> <p>Bank Passbook ಬ್ಯಾಂಕ್ ಪಾಸ್ ಬೋಕ್</p> <p>Other (specify)..... ಇತರೆ (ವಿಶೇಷಿಸಿ)</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>99</p>	
<b>D70</b>	<p>How many visits did you / the Swachchata doot / GP officials have to make to complete the application procedure? ಅರ್ಜಿಯ ಪ್ರಕ್ರಿಯೆಯನ್ನು ಪೂರ್ಣಗೊಳಿಸಲು ನೀವು/ಸ್ವಚ್ಛತಾಧೂತ್/ಗ್ರಾ.ಪಂ. ಅಧಿಕಾರಿಗಳು ಎಷ್ಟು ಭೇಟಿಗಳನ್ನು ಮಾಡಬೇಕಾಯಿತು?</p>	<p>.....visits ಭೇಟಿಗಳು</p>		

Section E – Toilet Availability and Usage  
ವಿಭಾಗ ಇ- ಶೌಚಾಲಯದ ಲಭ್ಯತೆ ಮತ್ತು ಬಳಕೆ

<p><b>E1</b></p>	<p>Do you have a toilet in the house? ನಿಮ್ಮ ಮನೆಯಲ್ಲಿ ಶೌಚಾಲಯವಿದೆಯೇ?</p> <p><b>SINGLE RESPONSE</b> ಒಂದೇ ಪ್ರತಿಕ್ರಿಯೆ</p>	<p>Yes, completed (New) ಹೌದು, ಪೂರ್ಣಗೊಂಡಿದೆ (ಹೊಸತು)</p> <p>Under Construction (New) ನಿರ್ಮಾಣ ಹಂತದಲ್ಲಿದೆ (ಹೊಸತು)</p> <p>Resumed construction (old) ನಿರ್ಮಾಣ ಪುನರಾರಂಭವಾಗಿದೆ (ಹಳತು)</p> <p>Application submitted to the GP ಗ್ರಾ.ಪಂ.ಗೆ ಅರ್ಜಿ ಸಲ್ಲಿಸಲಾಗಿದೆ</p> <p>No &amp; application not submitted to GP ಇಲ್ಲ ಮತ್ತು ಗ್ರಾ.ಪಂ.ಗೆ ಅರ್ಜಿ ಸಲ್ಲಿಸಿಲ್ಲ</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>	<p>If coded 1 / 2 / 3 continue 1/2/3 ಕೋಡ್ ಆಗಿದ್ದರೆ ಮುಂದುವರೆಸಿ</p> <p>If coded 4 go to instruction before E4 4 ಕೋಡ್ ಆಗಿದ್ದರೆ ಇ4ರ ಮುಂಚೆ ಇರುವ ಸೂಚನೆಗೆ ಹೋಗಿ</p> <p>If coded 5 go to instruction before question E25 5 ಕೋಡ್ ಆಗಿದ್ದರೆ ಇ25ರ ಮುಂಚೆ ಇರುವ ಸೂಚನೆಗೆ ಹೋಗಿ</p>
<p><b>E2</b></p>	<p>What kind of toilet is it? ಅದು ಯಾವ ರೀತಿಯ ಶೌಚಾಲಯ?</p> <p><b>SINGLE RESPONSE</b> ಒಂದೇ ಪ್ರತಿಕ್ರಿಯೆ</p>	<p>Open Pit (ತೆರೆದ ಗುಂಡಿ)</p> <p>Pan with Flush to Single Pit (ಒಂದೇ ಗುಂಡಿಗೆ ಹೊಂದಿಕೊಂಡಿರುವ ಫ್ಲಶ್‌ನೊಂದಿಗೆ ಪ್ಯಾನ್)</p> <p>Pan with Flush to Twin Pit (ಅವಳಿ ಗುಂಡಿಗೆ ಹೊಂದಿಕೊಂಡಿರುವ ಫ್ಲಶ್‌ನೊಂದಿಗೆ ಪ್ಯಾನ್)</p> <p>Pan with Flush to Septic Tank (ಕೊಳಚೆ ಟ್ಯಾಂಕ್‌ಗೆ ಹೊಂದಿಕೊಂಡಿರುವ ಫ್ಲಶ್‌ನೊಂದಿಗೆ ಪ್ಯಾನ್)</p> <p>Pan with flush Connected to sewerage (ಚರಂಡಿಗೆ ಹೊಂದಿಕೊಂಡಿರುವ ಫ್ಲಶ್‌ನೊಂದಿಗೆ ಪ್ಯಾನ್)</p> <p>Pan with flush - don't know how the waste is disposed (ಫ್ಲಶ್‌ನೊಂದಿಗೆ ಪ್ಯಾನ್ ಆದರೆ ತಿಪ್ಪೆ ಹೇಗೆ ವಿಲೇವಾರಿಯಾಗುತ್ತದೆ ಎಂದು ಗೊತ್ತಿಲ್ಲ)</p> <p>Don't know (ಗೊತ್ತಿಲ್ಲ)</p> <p>Other (specify)..... ಇತರೆ (ವಿಶೇಷಿಸಿ)</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>99</p>	
<p><b>E3</b></p>	<p>What stage is the construction at? ನಿರ್ಮಾಣವು ಯಾವ ಹಂತದಲ್ಲಿದೆ?</p> <p><b>(Note- circle all codes if construction of the toilet is complete)</b> (ಗಮನಿಸಿ- ಶೌಚಾಲಯವು ಪೂರ್ಣಗೊಂಡಿದ್ದರೆ ಎಲ್ಲಾ ಕೋಡ್‌ಗಳನ್ನು ಗುರುತು ಮಾಡಿ)</p>	<p>Pit has been dug ಗುಂಡಿ ತೋಡಲಾಗಿದೆ</p> <p>Walls have been constructed ಗೋಡೆ ನಿರ್ಮಿಸಲಾಗಿದೆ</p> <p>Pan has been fixed ಪ್ಯಾನ್ ಅಳವಡಿಸಲಾಗಿದೆ</p> <p>Roof has been fixed ಛಾವಣಿ ಹಾಕಲಾಗಿದೆ</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>	
<p><b>E3.1</b></p>	<p>Did you receive a certificate from the GP after starting the construction of a toilet? ನೀವು ಶೌಚಾಲಯದ ನಿರ್ಮಾಣ ಪ್ರಾರಂಭಿಸಿದ ಮೇಲೆ ಗ್ರಾ.ಪಂ.ಯಿಂದ ಪ್ರಮಾಣ ಪತ್ರ ಪಡೆದುಕೊಂಡಿರಾ?</p>	<p>Yes ಹೌದು</p> <p>No ಇಲ್ಲ</p>	<p>1</p> <p>2</p>	<p>If coded 2 go to Instruction before E4 2 ಕೋಡ್ ಆಗಿದ್ದರೆ ಇ4ಕ್ಕೆ ಮುಂಚೆ ಇರುವ ಸೂಚನೆಗೆ ಹೋಗಿ</p>

Baseline HH ID: Schedule Number: 

<b>E3.2</b>	Was this certificate given in the evening program during round 2 of the campaign? ಈ ಪ್ರಮಾಣ ಪತ್ರವನ್ನು 2ನೇ ಸುತ್ತಿನ ಅಭಿಯಾನದ ಸಂಜೆಯ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ನೀಡಲಾಯಿತೇ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
<p>INSTRUCTION – ASK QUESTION E4 TO E6 OF ONLY THOSE WHO REPORTED TOILET UNDER CONSTRUCTION (CODE 2 IN E1 ) OR RESUMED CONSTRUCTION (CODE 3 IN E1) OR APPLICATION SUBMITTED TO THE GRAM PANCHAYAT (CODE 4 IN E1) ELSE GO TO THE INSTRUCTION BEFORE E7</p> <p>ಸೂಚನೆ- ಪ್ರಶ್ನೆ ಇ4 ರಿಂದ ಇ6ನ್ನು ಶೌಚಾಲಯ ನಿರ್ಮಾಣ ಹಂತದಲ್ಲಿದೆ (ಇ1ರಲ್ಲಿ ಕೋಡ್ 2) ಅಥವಾ ನಿರ್ಮಾಣ ಪುನರಾರಂಭ ಮಾಡಲಾಗಿದೆ (ಇ1ರಲ್ಲಿ ಕೋಡ್ 3) ಅಥವಾ ಗ್ರಾಮ ಪಂಚಾಯತಿಯಲ್ಲಿ ಅರ್ಜಿ ಸಲ್ಲಿಸಲಾಗಿದೆ (ಇ1ರಲ್ಲಿ 4) ಎಂದವರಿಗೆ ಮಾತ್ರ ಕೆಳ ಇಲ್ಲವಾದಲ್ಲಿ ಇ7ಕ್ಕೆ ಮುಂಚೆ ಇರುವ ಸೂಚನೆಗೆ ಹೋಗಿರಿ</p>				
<b>E4</b>	Where do you or your family go for defecation? ನೀವು ಅಥವಾ ನಿಮ್ಮ ಕುಟುಂಬದವರು ಮಲವಿಸರ್ಜನೆಗೆ ಎಲ್ಲಿ ಹೋಗುತ್ತೀರಿ?	To the fields ಬಯಲು ಪ್ರದೇಶ Neighbours toilet ನೆರೆಹೊರೆಯವರ ಶೌಚಾಲಯ Community Toilet ಸಮುದಾಯದ ಶೌಚಾಲಯ Other (specify)..... ಇತರೆ (ವಿಶೇಷಿಸಿ)	1 2 3 99	
<b>E5</b>	How much time does it take to reach the place? ನೀವು ಆ ಸ್ಥಳ ತಲುಪಲು ಎಷ್ಟು ಸಮಯ ಬೇಕಾಗುತ್ತದೆ?	..... minutes ನಿಮಿಷಗಳು		
<b>E6</b>	When was the toilet construction started / resumed? (write the name of the month) ಶೌಚಾಲಯ ನಿರ್ಮಾಣವನ್ನು ಯಾವಾಗ ಪ್ರಾರಂಭಿಸಲಾಯಿತು/ಪುನರಾರಂಭಗೊಳಿಸಲಾಯಿತು? (ತಿಂಗಳ ಹೆಸರನ್ನು ಬರೆಯಿರಿ)	.....Month ತಿಂಗಳು Not started yet ಇನ್ನೂ ಪ್ರಾರಂಭಿಸಿಲ್ಲ	1 2	If coded 2 go to instruction before Q.E7 2 ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ.ಇ7ಕ್ಕೆ ಮುಂಚೆ ಇರುವ ಸೂಚನೆಗೆ ಹೋಗಿ
<b>E6.1</b>	Was the construction of the toilet stopped? ಶೌಚಾಲಯದ ನಿರ್ಮಾಣವನ್ನು ನಿಲ್ಲಿಸಲಾಗಿತ್ತೇ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	If coded 2 go to instruction before Q.E7 2 ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ.ಇ7ಕ್ಕೆ ಮುಂಚೆ ಇರುವ ಸೂಚನೆಗೆ ಹೋಗಿ
<b>E6.2</b>	What were the reasons? ಕಾರಣಗಳೇನು?			

<p>INSTRUCTION – ASK QUESTION E7 TO E13 OF ONLY THOSE WHO REPORTED TOILET COMPLETED (CODE 1 in E1), OR UNDER CONSTRUCTION (CODE 2 in E1) OR RESUMED CONSTRUCTION (CODE 3 in E1), ELSE GO TO THE INSTRUCTION BEFORE E25</p> <p>ಸೂಚನೆ – ಪ್ರ. ಇ7ರಿಂದ ಇ13ನ್ನು ಶೌಚಾಲಯ ಪೂರಣಗೊಂಡಿದೆ (ಇ1ರಲ್ಲಿ ಕೋಡ್ 1) ಅಥವಾ ನಿರ್ಮಾಣ ಹಂತದಲ್ಲಿದೆ (ಇ1ರಲ್ಲಿ ಕೋಡ್ 2) ಅಥವಾ ಮಾರಣ ಪುನರಾರಂಭ ಮಾಡಲಾಗಿದೆ (ಇ1ರಲ್ಲಿ ಕೋಡ್ 3) ಎಂದವರಿಗೆ ಮಾತ್ರ ಕೆಳ ಇಲ್ಲವಾದಲ್ಲಿ ಇ 25ಕ್ಕೆ ಮುಂಚೆ ಇರುವ ಸೂಚನೆಗೆ ಹೋಗಿರಿ</p>				
E7	<p>Under which scheme was the toilet built OR is being built?</p> <p>ಶೌಚಾಲಯವನ್ನು ಯಾವ ಯೋಜನೆಯ ಅಡಿಯಲ್ಲಿ ನಿರ್ಮಾಣ ಮಾಡಲಾಯಿತು ಅಥವಾ ಮಾಡಲಾಗುತ್ತಿದೆ?</p> <p><b>SINGLE RESPONSE</b> ಒಂದೇ ಪ್ರತಿಕ್ರಿಯೆ</p>	<p>Nirmal Bharat Abhiyan ನಿರ್ಮಲ್ ಭಾರತ್ ಅಭಿಯಾನ್</p> <p>Indira Avas Yojana ಇಂದಿರಾ ಆವಾಜ್ ಯೋಜನಾ</p> <p>Built with own funds ಸ್ವಂತ ಹಣದಿಂದ ನಿರ್ಮಿಸಿದ್ದು</p> <p>Don't Know ಗೊತ್ತಿಲ್ಲ</p> <p>Jaldi Nirmal Bharat Abhiyan ಜಲ್ಡಿ ನಿರ್ಮಲ್ ಭಾರತ್ ಅಭಿಯಾನ್</p> <p>Other (specify)----- ಇತರೆ (ವಿಶೇಷಿಸಿ)</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>99</p>	
E8	<p>What were the main reasons why you decided to construct a toilet?</p> <p>ನೀವು ಶೌಚಾಲಯ ನಿರ್ಮಿಸಲು ನಿರ್ಧರಿಸಿದ ಪ್ರಮುಖ ಮೂರು ಕಾರಣಗಳೇನು?</p>			
E9	<p>Which member of the family expressed the need for a toilet?</p> <p>ನಿಮ್ಮ ಕುಟುಂಬದ ಯಾವ ಸದಸ್ಯರು ಶೌಚಾಲಯದ ಅಗತ್ಯದ ಬಗ್ಗೆ ಹೇಳಿದರು?</p> <p><b>MULTIPLE RESPONSE</b> ಬಹು ಪ್ರತಿಕ್ರಿಯೆ</p>	<p>Child Boy (5 to 10 years) ಗಂಡು ಮಗು (5 ರಿಂದ 10 ವರ್ಷಗಳು)</p> <p>Child Girl (5 to 10 years) ಹೆಣ್ಣು ಮಗು(5 ರಿಂದ 10 ವರ್ಷಗಳು)</p> <p>Adolescent Boy (11 to 19 years) ಹರೆಯದ ಹುಡುಗ (11 ರಿಂದ 19 ವರ್ಷಗಳು)</p> <p>Adolescent Girl (11 to 19 years) ಹರೆಯದ ಹುಡುಗಿ(11 ರಿಂದ 19 ವರ್ಷಗಳು)</p> <p>Adult Men (20 to 50 years) ವಯಸ್ಕ ಗಂಡು(20 ರಿಂದ 50 ವರ್ಷಗಳು)</p> <p>Adult Women(20 to 50 years) ವಯಸ್ಕ ಮಹಿಳೆ(20 ರಿಂದ 50 ವರ್ಷಗಳು)</p> <p>Elderly Men (&gt;50 years) ವೃದ್ಧ ಗಂಡು (&gt;50 ವರ್ಷಗಳು)</p> <p>Elderly Women (&gt;50 years) ವೃದ್ಧ ಹೆಣ್ಣು (&gt;50 ಬರ್ಷಗಳು)</p> <p>Everyone in the family ಕುಟುಂಬದವರೆಲ್ಲಾ</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p>	
E10	<p>Are you aware of an incentive given by the Gram Panchayat to construct a household toilet?</p> <p>ಮನೆಯಲ್ಲಿ ಶೌಚಾಲಯ ನಿರ್ಮಿಸಲು ಗ್ರಾಮ ಪಂಚಾಯತಿಯಿಂದ ನೀಡುವ ಪ್ರೋತ್ಸಾಹ ಧನದ ಬಗ್ಗೆ ನಿಮಗೆ ಅರಿವಿದೆಯೇ?</p>	<p>Yes ಹೌದು</p> <p>No ಇಲ್ಲ</p>	<p>1</p> <p>2</p>	<p>If coded 2 go to instruction before question E14</p> <p>2 ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ.ಇ14ಕ್ಕೆ ಮುಂಚೆ ಇರುವ ಸೂಚನೆಗೆ ಹೋಗಿ</p>
E11	<p>How is the incentive disbursed to the beneficiaries?</p> <p>ಪ್ರೋತ್ಸಾಹ ಧನವನ್ನು ಫಲಾನುಭವಿಗಳಿಗೆ ಹೇಗೆ ನೀಡಲಾಗುವುದು?</p>	<p>In Stages ಹಂತಗಳಲ್ಲಿ</p> <p>Onetime payment after construction of the toilet ಶೌಚಾಲಯ ನಿರ್ಮಾಣದ ನಂತರ ಒಂದೇ ಕಂತಿನಲ್ಲಿ</p> <p>Don't know ಗೊತ್ತಿಲ್ಲ</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p>	

Baseline HH ID: Schedule Number: 

<b>E12</b>	Did you receive any incentive for construction of a toilet? ನೀವು ಶೌಚಾಲಯ ನಿರ್ಮಾಣಕ್ಕಾಗಿ ಪ್ರೋತ್ಸಾಹ ಧನ ಪಡೆದಿದ್ದೀರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	If coded 2 go to instruction before question E14 2 ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ.ಇ14ಕ್ಕೆ ಮುಂಚೆ ಇರುವ ಸೂಚನೆಗೆ ಹೋಗಿ
<b>E13</b>	Amount of incentive received – ಪಡೆದ ಪ್ರೋತ್ಸಾಹ ಧನದ ಮೊತ್ತ–	Rs ರೂ.....		
INSTRUCTION – ASK QUESTION E14 TO E24 OF ONLY THOSE WHO REPORTED COMPLETED TOILET (CODED 1 in E1), ELSE GO TO INSTRUCTION BEFORE E25 ಸೂಚನೆ – ಪ್ರ. ಇ14ರಿಂದ ಪ್ರ. ಇ24ರವರೆಗೆ ಶೌಚಾಲಯ ಪೂರ್ಣಗೊಂಡಿದೆ (ಇ1ರಲ್ಲಿ 1 ಕೋಡ್) ಎಂದು ಹೇಳಿರುವವರಿಗೆ ಮಾತ್ರ ಕೇಳಿ, ಇಲ್ಲವಾದಲ್ಲಿ ಇ25ಕ್ಕೆ ಮುಂಚೆ ಇರುವ ಸೂಚನೆಗೆ ಹೋಗಿ				
<b>E14</b>	Month and Year when the construction was completed? ನಿರ್ಮಾಣ ಪೂರ್ಣಗೊಂಡ ತಿಂಗಳು ಮತ್ತು ವರ್ಷ ಯಾವುದು?	..... Month.....Year .....ತಿಂಗಳು.....ವರ್ಷ		
<b>E15</b>	Are members of the household currently using the toilet? ನಿಮ್ಮ ಕುಟುಂಬದ ಸದಸ್ಯರು ಈಗ ಆ ಶೌಚಾಲಯವನ್ನು ಬಳಸುತ್ತಿದ್ದಾರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	If coded 2 go to question E18 2 ಕೋಡ್ ಆಗಿದ್ದರೆ ಇ18ಕ್ಕೆ ಹೋಗಿ
<b>E16</b>	Who all are using the toilet in your household? (Use relationship to the head of the household to identify member of household)?  ನಿಮ್ಮ ಕುಟುಂಬದಲ್ಲಿ ಯಾರೆಲ್ಲ ಶೌಚಾಲಯ ಉಪಯೋಗಿಸುತ್ತಿದ್ದಾರೆ? (ಸದಸ್ಯರ ಗುರುತು ಪತ್ತೆಹಚ್ಚಲು ಕುಟುಂಬದ ಮುಖ್ಯಸ್ಥರೊಂದಿಗಿನ ಸಂಬಂಧವನ್ನು ಬಳಸಿ)  <b>MULTIPLE RESPONSE</b> ಬಹು ಪ್ರತಿಕ್ರಿಯೆ	Self ಸ್ವತಃ Wife/Husband ಹೆಂಡತಿ/ಗಂಡ Son ಮಗ Daughter ಮಗಳು Grandson ಮೊಮ್ಮಗ Granddaughter ಮೊಮ್ಮಗಳು Brother ಸಹೋದರ Sister ಸಹೋದರಿ Daughter in law ಸೊಸೆ Father ತಂದೆ Mother ತಾಯಿ None of the family members ಯಾವುದೇ ಕುಟುಂಬದ ಸದಸ್ಯರು ಇಲ್ಲ Other relatives (specify).... ಇತರೆ ಸಂಬಂಧಿಗಳು (ವಿಶೇಷಿಸಿ)	1 2 3 4 5 6 7 8 9 10 11 12 99	If coded 12 go to question E18 12 ಕೋಡ್ ಆಗಿದ್ದರೆ ಇ18ಕ್ಕೆ ಹೋಗಿ

<b>E17</b>				
How frequently do family members use the toilet? <b>Ask for those members who use the toilet</b> (Refer Question E16) <b>Circle the applicable frequency</b> ಕುಟುಂಬದ ಸದಸ್ಯರು ಎಷ್ಟು ಆಗಿಂದಾಗ್ಗೆ ಶೌಚಾಲಯ ಬಳಸುತ್ತಾರೆ? ಶೌಚಾಲಯ ಬಳಸುವ ಸದಸ್ಯರಿಗೆ ಕೇಳಿ (ಪ್ರಶ್ನೆ ಇ16ನ್ನು ಉಲ್ಲೇಖಿಸಿ) ಅನ್ವಯಿಸುವ ಬಾರಿಯನ್ನು ವೃತ್ತಾಕಾರವಾಗಿ ಗುರುತು ಮಾಡಿ				
		Every time they need to ಅವರಿಗೆ ಅವಶ್ಯಕತೆ ಇದ್ದ ಪ್ರತಿ ಬಾರಿ	Most of the times ಬಹುತೇಕ ಸಮಯ	Sometimes ಯಾವಾಗಲಾದರೂ
E17.1	Self ಸ್ವತಃ	1	2	3
E17.2	Wife/Husband ಹೆಂಡತಿ/ಗಂಡ	1	2	3
E17.3	Son ಮಗ	1	2	3
E17.4	Daughter ಮಗಳು	1	2	3
E17.5	Grandson ಮೊಮ್ಮಗ	1	2	3
E17.6	Granddaughter ಮೊಮ್ಮಗಳು	1	2	3
E17.7	Brother ಸಹೋದರ	1	2	3
E17.8	Sister ಸಹೋದರಿ	1	2	3
E17.9	Daughter in law ಸೊಸೆ	1	2	3
E17.10	Father ತಂದೆ	1	2	3
E17.11	Mother ತಾಯಿ	1	2	3
E17.12	Other relatives 1 ಇತರೆ ಸಂಬಂಧಿಗಳು 1	1	2	3
E17.13	Other relatives 2 ಇತರೆ ಸಂಬಂಧಿಗಳು 2	1	2	3
E17.14	Other relatives 3 ಇತರೆ ಸಂಬಂಧಿಗಳು3	1	2	3
<b>E18</b>	Do household family members resort to open defecation? ನಿಮ್ಮ ಕುಟುಂಬದ ಸದಸ್ಯರು ತೆರೆದ ಮಲವಿಸರ್ಜನೆಗೆ ಅವಲಂಬಿತವಾಗಿದ್ದಾರೆಯೇ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	If coded 2 go to Q.E23 2ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಇ23ಕ್ಕೆ ಹೋಗಿ
<b>E19</b>	Under what circumstances do family members resort to open Defecation? ಯಾವ ಸಂದರ್ಭದಲ್ಲಿ ಕುಟುಂಬದವರು ತೆರೆದ ಮಲವಿಸರ್ಜನೆಗೆ ಅವಲಂಬಿತರಾಗುತ್ತಾರೆ? <b>MULTIPLE RESPONSE</b> ಬಹು ಪ್ರತಿಕ್ರಿಯೆ	While at work in the fields ಜಮೀನಿನಲ್ಲಿ ಕೆಲಸ ಮಾಡುತ್ತಿರುವಾಗ While travelling to other villages ಬೇರೆ ಹಳ್ಳಿಗಳಿಗೆ ಪ್ರಯಾಣಿಸುತ್ತಿರುವಾಗ Other (specify)----- ಇತರೆ (ವಿಶೇಷಿಸಿ)	1 2 99	
<b>E20</b>	How many family members in your household are not using the toilet? ನಿಮ್ಮ ಕುಟುಂಬದಲ್ಲಿ ಎಷ್ಟು ಸದಸ್ಯರು ಶೌಚಾಲಯವನ್ನು ಬಳಸುತ್ತಿಲ್ಲ? <b>Note - Record the number against the category and then code the response</b> ಗಮನಿಸಿ - ಪ್ರತಿ ವರ್ಗದ ಮುಂದೆ ಸಂಖ್ಯೆಯನ್ನು ದಾಖಲಿಸಿ ಮತ್ತು ನಂತರ ಪ್ರತಿಕ್ರಿಯೆಯನ್ನು ಕೋಡ್ ಮಾಡಿ	Children (less than 5 years)..... ಮಕ್ಕಳು (5 ವರ್ಷಗಳಿಗಿಂತ ಕಡಿಮೆ) Children (5 to 10 years)..... ಮಕ್ಕಳು (5 ರಿಂದ 10 ವರ್ಷಗಳು) Adolescents (11 to 19 years)..... ಹರೆಯದವರು (11 ರಿಂದ 19 ವರ್ಷಗಳು) Adults (20 to 50 years)..... ವಯಸ್ಕರು (20-50 ವರ್ಷಗಳು) Elderly (more than 50 years)..... ವೃದ್ಧರು (50ಕ್ಕಿಂತ ಹೆಚ್ಚು ವರ್ಷಗಳು) Total family members.....	1 2 3 4 5 6	

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		ಒಟ್ಟು ಕುಟುಂಬ ಸದಸ್ಯರು		
E21	Where do family members who are not using the toilet go for defecation? ಶೌಚಾಲಯ ಬಳಸದ ಕುಟುಂಬ ಸದಸ್ಯರು ಮಲವಿಸರ್ಜನೆಗೆ ಎಲ್ಲಿ ಹೋಗುತ್ತಾರೆ?	To the fields ಬಯಲು ಪ್ರದೇಶ Neighbours toilet ನೆರೆಹೊರೆಯವರ ಶೌಚಾಲಯ Community Toilet ಸಮುದಾಯದ ಶೌಚಾಲಯ Other (specify)..... ಇತರೆ (ವಿಶೇಷಿಸಿ)	1 2 3 99	
E22	What are the main reasons for family members not using the toilet? ಕುಟುಂಬದ ಸದಸ್ಯರು ಶೌಚಾಲಯವನ್ನು ಉಪಯೋಗಿಸದೇ ಇರಲು ಮುಖ್ಯ ಕಾರಣಗಳೇನು? <b>MULTIPLE RESPONSE</b> ಬಹು ಪ್ರತಿಕ್ರಿಯೆ	Pit fills up quickly ಗುಂಡಿಯು ಬೇಗನೆ ತುಂಬುತ್ತದೆ Smells bad ದುರ್ವಾಸನೆ ಬೀರುತ್ತದೆ Do not feel the need ಅವಶ್ಯಕತೆ ಎನಿಸುವುದಿಲ್ಲ Not enough water available to use the toilet ಶೌಚಾಲಯ ಬಳಸಲು ಸಾಕಷ್ಟು ನೀರಿಲ್ಲ Others (specify)..... ಇತರೆ (ವಿಶೇಷಿಸಿ)	1 2 3 4 99	If coded 1 continue 1 ಕೋಡ್ ಆಗಿದ್ದರೆ ಮುಂದುವರಿಸಿ  Go to Q.24.1 ಇ24.1ಕ್ಕೆ ಹೋಗಿ
E23	How often does the pit fill up? ಗುಂಡಿ ಎಷ್ಟು ಆಗಿಂದಾಗ್ಗೆ ತುಂಬುತ್ತದೆ?	Once in several months ಹಲವಾರು ತಿಂಗಳುಗಳಲ್ಲಿ ಒಮ್ಮೆ Once a year ವರ್ಷಕ್ಕೆ ಒಮ್ಮೆ 3-5years 3-5 ವರ್ಷಗಳು 5 or more years 5 ಅಥವಾ ಹೆಚ್ಚು ವರ್ಷಗಳು Not yet filled ಇನ್ನೂ ತುಂಬಿಲ್ಲ	1 2 3 4 5	
E24	What do you think you should do when the pit fills up? ನೀವು ಗುಂಡಿ ತುಂಬಿದಾಗ ಏನು ಮಾಡಬೇಕೆನಿಸುತ್ತದೆ?	Dig a new pit ಹೊಸ ಗುಂಡಿ ತೋಡುವುದು Get the current pit emptied ಈಗಿರುವ ಗುಂಡಿಯನ್ನು ಖಾಲಿ ಮಾಡಿಸುವುದು Stop using the toilet ಶೌಚಾಲಯ ಬಳಸುವುದನ್ನು ನಿಲ್ಲಿಸುವುದು Others (specify)..... ಇತರೆ (ವಿಶೇಷಿಸಿ)	1 2 3 99	
E24.1	Are you satisfied with the design and construction of the toilet? ಶೌಚಾಲಯದ ವಿನ್ಯಾಸ ಮತ್ತು ನಿರ್ಮಾಣದ ಬಗ್ಗೆ ನಿಮಗೆ ತೃಪ್ತಿ ಇದೆಯೇ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	If coded 1 go to E24.3 1 ಕೋಡ್ ಆಗಿದ್ದರೆ ಇ24.3ಕ್ಕೆ ಹೋಗಿ
E24.2	What changes would you make in the design and construction? ನೀವು ವಿನ್ಯಾಸ ಮತ್ತು ನಿರ್ಮಾಣದಲ್ಲಿ ಏನು ಬದಲಾವಣೆ ಮಾಡುತ್ತೀರಿ?			
E24.3	What features in the toilet would make the user experience better? ಶೌಚಾಲಯದಲ್ಲಿನ ಯಾವ ಗುಣಲಕ್ಷಣವು ಬಳಕೆದಾರರ ಅನುಭವವನ್ನು ಉತ್ತಮಗೊಳಿಸುತ್ತದೆ?			

Baseline HH ID: Schedule Number: 

INSTRUCTION– ASK QUESTION E25 TO E31 OF ONLY THOSE WHO REPORTED NO TOILET & APPLICATION NOT SUBMITTED TO GRAM PANCHAYAT (CODE 5 in E1 ) ELSE GO TO SECTION F  
 ಸೂಚನೆ – ಪ್ರಶ್ನೆ ಇ25ರಿಂದ ಇ31ರವರೆಗೆ ಶೌಚಾಲಯ ಇಲ್ಲ ಮತ್ತು ಗ್ರಾಮ ಪಂಚಾಯತಿಗೆ ಅರ್ಜಿ ಸಲ್ಲಿಸಿಲ್ಲ (ಇ1ರಲ್ಲಿ ಕೋಡ್ 5) ಎಂದು ಹೇಳಿದವರಿಗೆ ಕೇಳಿ, ಇಲ್ಲವಾದಲ್ಲಿ ವಿಭಾಗ ಎಫ್‌ಗೆ ಹೋಗಿ

<b>E25</b>	Why did you not construct a toilet for your house? ನೀವು ನಿಮ್ಮ ಮನೆಗೆ ಒಂದು ಶೌಚಾಲಯ ಏಕೆ ಕಟ್ಟಿಸಿಲ್ಲ?			
<b>E26</b>	Where do you or your family go for defecation? ನೀವು ಅಥವಾ ನಿಮ್ಮ ಕುಟುಂಬದವರು ಮಲವಿಸರ್ಜನೆಗೆ ಎಲ್ಲಿ ಹೋಗುತ್ತೀರಿ?	To the fields ಬಯಲು ಪ್ರದೇಶ Neighbours toilet ನೆರೆಹೊರೆಯವರ ಶೌಚಾಲಯ Community Toilet ಸಮುದಾಯದ ಶೌಚಾಲಯ Other (specify)..... ಇತರೆ (ವಿಶೇಷಿಸಿ)	1 2 3 99	
<b>E27</b>	How much time does it take to reach the place? ನೀವು ಆ ಸ್ಥಳ ತಲುಪಲು ಎಷ್ಟು ಸಮಯ ಬೇಕಾಗುತ್ತದೆ?	.....minutes ನಿಮಿಷಗಳು		
<b>E28</b>	Did any family member express the need for a toilet? ನಿಮ್ಮ ಕುಟುಂಬದ ಯಾವುದಾದರೂ ಸದಸ್ಯರು ಶೌಚಾಲಯದ ಅಗತ್ಯದ ಬಗ್ಗೆ ಹೇಳಿದ್ದಾರೆಯೇ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	If coded 2 go to Q.E30 2 ಕೋಡ್ ಆಗಿದ್ದರೆ ಇ30ಕ್ಕೆ ಹೋಗಿ
<b>E29</b>	Which member of the family expresses the need for a toilet? ನಿಮ್ಮ ಕುಟುಂಬದ ಯಾವ ಸದಸ್ಯರು ಶೌಚಾಲಯದ ಅಗತ್ಯದ ಬಗ್ಗೆ ಹೇಳಿದರು?  <b>MULTIPLE RESPONSE</b> ಬಹು ಪ್ರತಿಕ್ರಿಯೆ	Child Boy (5 to 10 years) ಗಂಡು ಮಗು (5 ರಿಂದ 10 ವರ್ಷಗಳು) Child Girl (5 to 10 years) ಹೆಣ್ಣು ಮಗು(5 ರಿಂದ 10 ವರ್ಷಗಳು) Adolescent Boy (11 to 19 years) ಹರೆಯದ ಹುಡುಗ (11 ರಿಂದ 19 ವರ್ಷಗಳು) Adolescent Girl (11 to 19 years) ಹರೆಯದ ಹುಡುಗಿ(11 ರಿಂದ 19 ವರ್ಷಗಳು) Adult Men (20 to 50 years) ವಯಸ್ಕ ಗಂಡು(20 ರಿಂದ 50 ವರ್ಷಗಳು) Adult Women(20 to 50 years) ವಯಸ್ಕ ಮಹಿಳೆ(20 ರಿಂದ 50 ವರ್ಷಗಳು) Elderly Men (>50 years) ವೃದ್ಧ ಗಂಡು (>50 ವರ್ಷಗಳು) Elderly Women (>50 years) ವೃದ್ಧ ಹೆಣ್ಣು (>50 ಬರ್ಷಗಳು) Everyone in the family ಕುಟುಂಬದವರೆಲ್ಲಾ Everyone in the family	1 2 3 4 5 6 7 8 9	
<b>E30</b>	Are you aware of an incentive given by the Gram Panchayat to construct a household toilet? ಮನೆಯಲ್ಲಿ ಶೌಚಾಲಯ ನಿರ್ಮಿಸಲು ಗ್ರಾಮ ಪಂಚಾಯತಿಯಿಂದ ನೀಡುವ ಪ್ರೋತ್ಸಾಹ ಧನದ ಬಗ್ಗೆ ನಿಮಗೆ ಅರಿವಿದೆಯೇ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	If coded 2 go to SECTION F 2ಕೋಡ್ ಆಗಿದ್ದರೆ ವಿಭಾಗ ಎಫ್‌ಗೆ ಹೋಗಿ
<b>E31</b>	Since you are aware of the incentive given why are you not constructing a toilet for your house? ನಿಮಗೆ ನೀಡುವ ಪ್ರೋತ್ಸಾಹ ಧನದ ಬಗ್ಗೆ ಅರಿವಿರುವುದರಿಂದ, ನೀವು ಏಕೆ ನಿಮ್ಮ ಮನೆಗೊಂದು ಶೌಚಾಲಯ ಕಟ್ಟಿಸುತ್ತಿಲ್ಲ?			
<b>E32</b>	In near future, do you intend to	Yes ಹೌದು	1	If coded 2 go to

Baseline HH ID: Schedule Number: 

	construct a toilet? ಮುಂದಿನ ದಿನಗಳಲ್ಲಿ ನೀವು ಶೌಚಾಲಯ ನಿರ್ಮಿಸುವ ಉದ್ದೇಶವನ್ನು ಹೊಂದಿದ್ದೀರಾ?	No ಇಲ್ಲ	2	Instruction before Section F 2ಕೋಡ್ ಆಗಿದ್ದರೆ ವಿಭಾಗ ಎಫ್‌ಗೆ ಮುಂಚೆ ಇರುವ ಸೂಚನೆಗೆ ಹೋಗಿ
E33	By when you intend to construct a toilet? ನೀವು ಶೌಚಾಲಯವನ್ನು ಯಾವಾಗ ನಿರ್ಮಿಸಲು ಉದ್ದೇಶಿಸಿದ್ದೀರಿ?	.....Month ತಿಂಗಳು.....Year ವರ್ಷ		
E34	What features would you like in a toilet? ನಿಮಗೆ ಶೌಚಾಲಯದಲ್ಲಿ ಏನೇನು ಗುಣಲಕ್ಷಣಗಳನ್ನು ಬಯಸುತ್ತೀರಿ?			

**INSTRUCTION - Please confirm in question E7 that the toilet is built under NBA / Jaldi NBA****Scheme before proceeding with this section, else go to Section G**

ಸೂಚನೆ - ಈ ವಿಭಾಗದಲ್ಲಿ ಮುಂದುವರೆಯುವ ಮೊದಲು ಪ್ರ. ಇ 7ರಲ್ಲಿ ಶೌಚಾಲಯವನ್ನು ಎನ್‌ಬಿಎ/ಜಲ್ಡಿ ಎನ್‌ಬಿಎ ಯೋಜನೆ ಅಡಿಯಲ್ಲಿ ನಿರ್ಮಿಸಿದ್ದಾರೆ ಎಂಬುದನ್ನು ಖಚಿತಪಡಿಸಿಕೊಳ್ಳಿ, ಇಲ್ಲವಾದಲ್ಲಿ ವಿಭಾಗ ಜಿಗೆ ಹೋಗಿ

**SECTION F – HOUSEHOLD EXPERIENCE: TOILET BUILT UNDER NBA / JALDI NBA**

ವಿಭಾಗ ಎಫ್ - ಕ್ಷುಟುಂಬಿಕ ಅನುಭವ: ಎನ್‌ಬಿಎ/ಜಲ್ಡಿ ಎನ್‌ಬಿಎ ಅಡಿಯಲ್ಲಿ ಕಟ್ಟಿರುವ ಶೌಚಾಲಯ

F1	Among your family members, who was toilet construction the primary need for? ನಿಮ್ಮ ಕುಟುಂಬ ಯಾವ ಸದಸ್ಯರಿಗೆ ಶೌಚಾಲಯ ನಿರ್ಮಾಣವು ಪ್ರಾಥಮಿಕ ಅವಶ್ಯಕತೆಯಾಗಿತ್ತು?  <b>MULTIPLE RESPONSE</b> ಬಹು ಪ್ರತಿಕ್ರಿಯೆ	Child Boy (5 to 10 years) ಗಂಡು ಮಗು (5 ರಿಂದ 10 ವರ್ಷಗಳು)	1																																									
		Child Girl (5 to 10 years) ಹೆಣ್ಣು ಮಗು(5 ರಿಂದ 10 ವರ್ಷಗಳು)	2																																									
		Adolescent Boy (11 to 19 years) ಹರೆಯದ ಹುಡುಗ (11 ರಿಂದ 19 ವರ್ಷಗಳು)	3																																									
		Adolescent Girl (11 to 19 years) ಹರೆಯದ ಹುಡುಗಿ(11 ರಿಂದ 19 ವರ್ಷಗಳು)	4																																									
		Adult Men (20 to 50 years) ವಯಸ್ಕ ಗಂಡು(20 ರಿಂದ 50 ವರ್ಷಗಳು)	5																																									
		Adult Women(20 to 50 years) ವಯಸ್ಕ ಮಹಿಳೆ(20 ರಿಂದ 50 ವರ್ಷಗಳು)	6																																									
		Elderly Men (>50 years) ವೃದ್ಧ ಗಂಡು (>50 ವರ್ಷಗಳು)	7																																									
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		Everyone in the family ಕುಟುಂಬದವರೆಲ್ಲಾ	9																																									
F2	Who motivated you to build the household toilet? ನಿಮಗೆ ಶೌಚಾಲಯ ನಿರ್ಮಿಸಲು ಪ್ರೇರೇಪಿಸಿದವರು ಯಾರು? <b>MULTIPLE RESPONSE</b> ಬಹು ಪ್ರತಿಕ್ರಿಯೆ	<table border="1"> <thead> <tr> <th>Source</th> <th>Code</th> <th>Source</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>Self (ಸ್ವತಃ )</td> <td>1</td> <td>Total sanitation coordinator (ಒಟ್ಟಾರೆ ನೈರ್ಮಲ್ಯ ಸಂಘಟಕರು)</td> <td>10</td> </tr> <tr> <td>ASHA worker (ಆಶಾ ಕಾರ್ಯಕರ್ತರು)</td> <td>2</td> <td>Medical officer (ಆರೋಗ್ಯ ಅಧಿಕಾರಿಗಳು)</td> <td>11</td> </tr> <tr> <td>Teacher( ಶಿಕ್ಷಕರು )</td> <td>3</td> <td>ANM (ಎಎನ್‌ಎಮ್)</td> <td>12</td> </tr> <tr> <td>Anganwadi worker (ಅಂಗನವಾಡಿ ಕಾರ್ಯಕರ್ತರು)</td> <td>4</td> <td>Health worker (ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು )</td> <td>13</td> </tr> <tr> <td>Neighbour (ನೆರೆಹೊರೆ )</td> <td>5</td> <td>Self Help Group member ಸ್ವಸಹಾಯ (ಗುಂಪಿನ ಸದಸ್ಯರು )</td> <td>14</td> </tr> <tr> <td>Family member from city ನಗರದಿಂದ ಬಂದಿದ್ದ ಕುಟುಂಬ ಸದಸ್ಯರು</td> <td>6</td> <td>Swachhata Doot (ಸ್ವಚ್ಛತಾ ಧೂತ್ )</td> <td>15</td> </tr> <tr> <td>Family member in the household ಕುಟುಂಬದಲ್ಲಿನ ಸದಸ್ಯರು</td> <td>7</td> <td>Bharat Nirman Volunteer ಭಾರತ್ ನಿರ್ಮಾಣದ ಸ್ವಯಂಸೇವಾಕರ್ತರು</td> <td>16</td> </tr> <tr> <td>Gram Panchayat member (ಗ್ರಾಮ ಪಂಚಾಯತಿ ಸದಸ್ಯ)</td> <td>8</td> <td>Jaldi NBA campaign (ಜಲ್ಡಿ ಎನ್‌ಬಿಎ ಅಭಿಯಾನ)</td> <td>17</td> </tr> <tr> <td>Gram Panchayat Officials ಗ್ರಾಮ ಪಂಚಾಯತಿ ಅಧಿಕಾರಿಗಳು</td> <td>9</td> <td>Other (specify)ಇತರೆ (ವಿಶೇಷಿಸಿ).....</td> <td>99</td> </tr> </tbody> </table>			Source	Code	Source	Code	Self (ಸ್ವತಃ )	1	Total sanitation coordinator (ಒಟ್ಟಾರೆ ನೈರ್ಮಲ್ಯ ಸಂಘಟಕರು)	10	ASHA worker (ಆಶಾ ಕಾರ್ಯಕರ್ತರು)	2	Medical officer (ಆರೋಗ್ಯ ಅಧಿಕಾರಿಗಳು)	11	Teacher( ಶಿಕ್ಷಕರು )	3	ANM (ಎಎನ್‌ಎಮ್)	12	Anganwadi worker (ಅಂಗನವಾಡಿ ಕಾರ್ಯಕರ್ತರು)	4	Health worker (ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು )	13	Neighbour (ನೆರೆಹೊರೆ )	5	Self Help Group member ಸ್ವಸಹಾಯ (ಗುಂಪಿನ ಸದಸ್ಯರು )	14	Family member from city ನಗರದಿಂದ ಬಂದಿದ್ದ ಕುಟುಂಬ ಸದಸ್ಯರು	6	Swachhata Doot (ಸ್ವಚ್ಛತಾ ಧೂತ್ )	15	Family member in the household ಕುಟುಂಬದಲ್ಲಿನ ಸದಸ್ಯರು	7	Bharat Nirman Volunteer ಭಾರತ್ ನಿರ್ಮಾಣದ ಸ್ವಯಂಸೇವಾಕರ್ತರು	16	Gram Panchayat member (ಗ್ರಾಮ ಪಂಚಾಯತಿ ಸದಸ್ಯ)	8	Jaldi NBA campaign (ಜಲ್ಡಿ ಎನ್‌ಬಿಎ ಅಭಿಯಾನ)	17	Gram Panchayat Officials ಗ್ರಾಮ ಪಂಚಾಯತಿ ಅಧಿಕಾರಿಗಳು	9	Other (specify)ಇತರೆ (ವಿಶೇಷಿಸಿ).....	99
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Family member from city ನಗರದಿಂದ ಬಂದಿದ್ದ ಕುಟುಂಬ ಸದಸ್ಯರು	6	Swachhata Doot (ಸ್ವಚ್ಛತಾ ಧೂತ್ )	15																																									
Family member in the household ಕುಟುಂಬದಲ್ಲಿನ ಸದಸ್ಯರು	7	Bharat Nirman Volunteer ಭಾರತ್ ನಿರ್ಮಾಣದ ಸ್ವಯಂಸೇವಾಕರ್ತರು	16																																									
Gram Panchayat member (ಗ್ರಾಮ ಪಂಚಾಯತಿ ಸದಸ್ಯ)	8	Jaldi NBA campaign (ಜಲ್ಡಿ ಎನ್‌ಬಿಎ ಅಭಿಯಾನ)	17																																									
Gram Panchayat Officials ಗ್ರಾಮ ಪಂಚಾಯತಿ ಅಧಿಕಾರಿಗಳು	9	Other (specify)ಇತರೆ (ವಿಶೇಷಿಸಿ).....	99																																									

Baseline HH ID: Schedule Number: 

F2.1	<p>Did the Jaldi NBA campaign motivate you to build a toilet? ಜಲ್ಲೆ ಎನ್‌ಬಿಎ ಅಭಿಯಾನವು ನಿಮಗೆ ಶೌಚಾಲಯ ನಿರ್ಮಿಸಲು ಪ್ರೇರೇಪಿಸಿತೆ?</p>	<p>Yes ಹೌದು No ಲ್ಲ</p>	<p>1 2</p>	<p>If coded 2 go to F3 2 ಕೋಡ್ ಆಗಿದ್ದರೆ ಎಫ್‌3ಕ್ಕೆ ಹೋಗಿ</p>
F2.2	<p>Which aspect of the campaign motivated you the most? <i>Instruction for enumerator – let the respondent remember and respond. In case they don't remember prompt them with teh options. If response comes after prompting, mark P next to the appropriate code in the next column.</i> ಅಭಿಯಾನದ ಯಾವ ಅಂಶವು ನಿಮ್ಮನ್ನು ಅತಿ ಹೆಚ್ಚು ಪ್ರೇರೇಪಿಸಿತು?  ಎಣಕೆಗಾರರಿಗೆ ಸೂಚನೆ – ಪ್ರತಿವಾದಿಯು ನೆನಪಿಸಿಕೊಳ್ಳಲಿ ಮತ್ತು ಪ್ರತಿಕ್ರಿಯಿಸಲಿ. ಅವರಿಗೆ ನೆನಪಾಗದೇ ಇದ್ದ ಪಕ್ಷದಲ್ಲಿ ಆಯ್ಕೆಗಳನ್ನು ಪ್ರೇರಣೆ ಮಾಡಿ. ಪ್ರೇರಣೆ ಮಾಡಿದ ನಂತರ ಪ್ರತಿಕ್ರಿಯೆ ಬಂದರೆ ಸೂಕ್ತ ಕೋಡ್‌ನ ಮುಂದಿನ ಕಾಲಂನಲ್ಲಿ ಪಿ ಎಂದು ಗುರುತು ಮಾಡಿ.</p>	<p>The idea of being a responsible man ಒಬ್ಬ ಜವಾಬ್ದಾರಿಯುತ ಮನುಷ್ಯನಾಗುವ ಕಲ್ಪನೆ The promise of getting the incentive in 20 days 20 ದಿನಗಳಲ್ಲಿ ಪ್ರೋತ್ಸಾಹ ಧನ ದೊರೆಯುವ ಭರವಸೆ Others ( specify)..... ಇತರೆ (ವಿಶೇಷಿಸಿ)</p>	<p>1 2 99</p>	
F3	<p>Who among the family members motivated the household on the need for a toilet? ಕುಟುಂಬ ಸದಸ್ಯರಲ್ಲಿ ಯಾರು ಶೌಚಾಲಯದ ಅವಶ್ಯಕತೆಯ ಬಗ್ಗೆ ಪ್ರೇರೇಪಿಸಿದ್ದು ಯಾರು?</p>	<p>Self ಸ್ವತಃ Daughter ಮಗಳು Mother ತಾಯಿ Wife ಹೆಂಡತಿ Grandchild ಮೊಮ್ಮಗು Son ಮಗ Other (specify)..... ಇತರೆ (ವಿಶೇಷಿಸಿ)</p>	<p>1 2 3 4 5 6 99</p>	
F4	<p>How many days after initial discussions within the household, did the construction of the toilet start? ಕುಟುಂಬದೊಳಗಿನ ಪ್ರಾಥಮಿಕ ಚರ್ಚೆಯ ಎಷ್ಟು ದಿನಗಳ ನಂತರ ನೀವು ಶೌಚಾಲಯ ನಿರ್ಮಾಣವನ್ನು ಪ್ರಾರಂಭಿಸಿದಿರಿ?</p>	<p>.....days</p>		
F5	<p>Did you have to submit an application to receive the Incentive from the GP? ನೀವು ಗ್ರಾ.ಪಂ.ಯಿಂದ ಪ್ರೋತ್ಸಾಹ ಧನವನ್ನು ಪಡೆಯಲು ಏನಾದರೂ ಅರ್ಜಿ ಸಲ್ಲಿಸಬೇಕಾಯಿತೇ?</p>	<p>Yes ಹೌದು No ಇಲ್ಲ</p>	<p>1 2</p>	<p>If coded 2 go to Q. F11 2 ಕೋಡ್ ಆಗಿದ್ದರೆ ಎಫ್‌11ಕ್ಕೆ ಹೋಗಿ</p>
F6	<p>When did you submit an application? ನೀವು ಅರ್ಜಿಯನ್ನು ಯಾವಾಗ ಸಲ್ಲಿಸಿದಿರಿ?</p>	<p>Before construction of the toilet ಶೌಚಾಲಯ ನಿರ್ಮಾಣದ ಮುಂಚೆ During construction ನಿರ್ಮಾಣದ ಸಮಯದಲ್ಲಿ After construction of the toilet ಶೌಚಾಲಯ ನಿರ್ಮಾಣದ ನಂತರ</p>	<p>1 2 3</p>	

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<b>F7</b>	How did you submit the application? ನೀವು ಅರ್ಜಿಯನ್ನು ಹೇಗೆ ಸಲ್ಲಿಸಿದಿರಿ? <b>SINGLE RESPONSE</b> ಒಂದೇ ಪ್ರತಿಕ್ರಿಯೆ	Swachchata Doot visited the house and filled the application ಸ್ವಚ್ಛತಾಧೂತ್ ಮನೆಗೆ ಭೇಟಿ ಮಾಡಿ ಅರ್ಜಿ ಭರ್ತಿ ಮಾಡಿದರು	1	
		GP officials visited the house and filled the application ಗ್ರಾ.ಪಂ.ಯ ಅಧಿಕಾರಿಗಳು ಮನೆಗೆ ಭೇಟಿ ಮಾಡಿ ಅರ್ಜಿ ಭರ್ತಿ ಮಾಡಿದರು	2	
		Myself / Family member visited the GP office and made an application ನಾನು/ನನ್ನ ಕುಟುಂಬದ ಸದಸ್ಯರು ಗ್ರಾ.ಪಂ. ಕಚೇರಿಗೆ ಭೇಟಿ ಮಾಡಿದವು ಮತ್ತು ಅರ್ಜಿ ಭರ್ತಿ ಮಾಡಿದವು	3	
		Other (specify)..... ಇತರೆ (ವಿಶೇಷಿಸಿ)	99	
<b>F8</b>	What documents did you submit with the application? ನೀವು ಅರ್ಜಿಯ ಜೊತೆಗೆ ಯಾವ ದಾಖಲೆಗಳನ್ನು ನೀಡಿದಿರಿ?	Ration card ಪಡಿತರ ಚೀಟಿ	1	
		NREGA job card ಎನ್‌ಆರ್‌ಇಜಿಎ ಕೆಲಸದ ಕಾರ್ಡ್	2	
		Voters ID card ಮತದಾರರ ಗುರುತಿನ ಚೀಟಿ	3	
		Bank Passbook ಬ್ಯಾಂಕ್ ಪಾಸ್ ಬೋಕ್	4	
		Other (specify)..... ಇತರೆ (ವಿಶೇಷಿಸಿ)	99	
<b>F9</b>	How many visits were paid to complete the application process? ಅರ್ಜಿಯ ಪ್ರಕ್ರಿಯೆಯನ್ನು ಪೂರ್ಣಗೊಳಿಸಲು ಎಷ್ಟು ಭೇಟಿಗಳನ್ನು ಮಾಡಬೇಕಾಯಿತು?	.....visits ಭೇಟಿಗಳು		
<b>F10</b>	How was the application process? ಅರ್ಜಿ ಪ್ರಕ್ರಿಯೆ ಹೇಗಿತ್ತು?	Easy ಸುಲಭ	1	
		Difficult ಕಷ್ಟ	2	
		Dont know ಗೊತ್ತಿಲ್ಲ	3	
		Other (specify)..... ಇತರೆ (ವಿಶೇಷಿಸಿ)	99	
<b>F11</b>	Did you have to submit photographs of work stages? ನೀವು ನಿರ್ಮಾಣ ಹಂತದ ಭಾವಚಿತ್ರಗಳನ್ನು ಸಲ್ಲಿಸಬೇಕಾಯಿತೇ?	Yes ಹೌದು	1	If coded 2 go to Q.F16 ಪ್ರ. ಎಫ್.16ಕ್ಕೆ ಹೋಗಿ.
		No ಇಲ್ಲ	2	
<b>F12</b>	Who took the photographs? ಭಾವಚಿತ್ರಗಳನ್ನು ತೆಗೆದವರು ಯಾರು?	Photographer ಛಾಯಾಗ್ರಾಹಕರು	1	
		Swachchata Doot ಸ್ವಚ್ಛತಾಧೂತ್	2	
		Gram Panchayat Official ಗ್ರಾಮ ಪಂಚಾಯಿತಿ ಅಧಿಕಾರಿ	3	
		Other (specify)..... ಇತರೆ (ವಿಶೇಷಿಸಿ)	99	

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<b>F13</b>	Were photographs submitted at different stages? ವಿವಿಧ ಹಂತಗಳಲ್ಲಿ ಭಾವಚಿತ್ರಗಳನ್ನು ಸಲ್ಲಿಸಲಾಯಿತೇ?	Stage 1) After the pit is complete ಹಂತ 1) ಗುಂಡಿ ಪೂರ್ಣವಾದ ಮೇಲೆ	1	
		Stage 2) Intermediate stage ಹಂತ 2) ಮಧ್ಯದ ಹಂತ	2	
		Stage 3) Completion of the toilet ಹಂತ 3) ಶೌಚಾಲಯದ ನಿರ್ಮಾಣದ ನಂತರ	3	
		All photographs submitted at once ಎಲ್ಲಾ ಭಾವಚಿತ್ರಗಳನ್ನು ಒಟ್ಟಿಗೆ ಸಲ್ಲಿಸಲಾಯಿತು	4	
<b>F14</b>	Did you have to pay money for taking the photographs? ಭಾವಚಿತ್ರಗಳನ್ನು ತೆಗೆಯಲು ನೀವು ಹಣ ನೀಡಬೇಕಾಯಿತೇ?	Yes ಹೌದು	1	If coded 2 go to Q.F16 2ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಎಫ್.16ಕ್ಕೆ ಹೋಗಿ.
		No ಇಲ್ಲ	2	
<b>F15</b>	How much money did you pay? ಎಷ್ಟು ಹಣ ನೀಡಿದಿರಿ?	Stage ಹಂತ 1) Rs.....	1	
		Stage ಹಂತ 2) Rs.....	2	
		Stage ಹಂತ 3) Rs.....	3	
		Total paid ಒಟ್ಟು ನೀಡಿದ Rs.....	4	
<b>F16</b>	Did you have to pay extra money to get selected as a beneficiary? ನೀವು ಫಲಾನುಭವಿಯಾಗಿ ಆಯ್ಕೆಯಾಗಲು ಹೆಚ್ಚಿನ ಹಣ ನೀಡಬೇಕಾಯಿತೇ?	Yes ಹೌದು	1	
		No ಇಲ್ಲ	2	
<b>F17</b>	Did you have to pay extra money to speed up the application process? ನೀವು ಅರ್ಜಿ ಪ್ರಕ್ರಿಯೆಯನ್ನು ವೇಗಗೊಳಿಸಲು ಹೆಚ್ಚಿನ ಹಣ ನೀಡಬೇಕಾಯಿತೇ?	Yes ಹೌದು	1	
		No ಇಲ್ಲ	2	
<b>F18</b>	Did you have to pay extra money for release of the incentive amount? ನೀವು ಪ್ರೋತ್ಸಾಹ ಧನದ ಬಿಡುಗಡೆಗಾಗಿ ಹೆಚ್ಚಿನ ಹಣ ನೀಡಬೇಕಾಯಿತೇ?	Yes ಹೌದು	1	
		No ಇಲ್ಲ	2	
		Not received the incentive yet ಪ್ರೋತ್ಸಾಹ ಹಣ ನೀಡಿಲ್ಲ	3	
<b>F19</b>	Did you receive the incentive within 20 days of completion of toilet? ಪ್ರೋತ್ಸಾಹ ಧನವನ್ನು ನೀವು ಶೌಚಾಲಯ ನಿರ್ಮಾಣದ 20 ದಿನಗಳ ಒಳಗೆ ಪಡೆದುಕೊಂಡಿರಾ?	Yes ಹೌದು	1	If coded 1 go to Q.F21 1ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಎಫ್.21ಕ್ಕೆ ಹೋಗಿ.
		No ಇಲ್ಲ	2	
		Not received the incentive yet ಪ್ರೋತ್ಸಾಹ ಹಣ ನೀಡಿಲ್ಲ	3	
<b>F20</b>	Within how many days after completion of the toilet did you receive incentive amount? ಶೌಚಾಲಯ ನಿರ್ಮಾಣದ ಎಷ್ಟು ದಿನಗಳ ನಂತರ ಪ್ರೋತ್ಸಾಹ ಧನವನ್ನು ಪಡೆದುಕೊಂಡಿರಿ?	.....days ದಿನಗಳು	1	
		Not received yet ಪ್ರೋತ್ಸಾಹ ಹಣ ನೀಡಿಲ್ಲ	2	
<b>F21</b>	Do you know how much incentive is given to a household for a toilet construction? ಶೌಚಾಲಯ ನಿರ್ಮಾಣಕ್ಕಾಗಿ ಒಂದು ಮನೆಗೆ ಎಷ್ಟು ಪ್ರೋತ್ಸಾಹ ಧನವನ್ನು ನೀಡಲಾಗುವುದು ಎಂದು ನಿಮಗೆ ತಿಳಿದಿದೆಯೇ?	Yes ಹೌದು	1	If coded 2 go to Q. F23 2ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಎಫ್.23ಕ್ಕೆ ಹೋಗಿ.
		No ಇಲ್ಲ	2	

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<b>F22</b>	What is the Incentive amount ಪ್ರೋತ್ಸಾಹ ಧನದ ಮೊತ್ತ ಎಷ್ಟು	NREGA ಎನ್‌ಆರ್‌ಇಜಿಎ Rs ರೂ..... NBA ಎನ್‌ಬಿಎ Rs ರೂ..... Total ಒಟ್ಟು Rs ರೂ.....	1 2 3	If respondent is not able to give a break up between the two, write the total amount only in the 3 <sup>rd</sup> row ಪ್ರತಿವಾದಿಗೆ ಈ ಎರಡರ ನಡುವೆ ವಿಯೋಜನೆ ಮಾಡಲು (ಪ್ರತ್ಯೇಕಿಸಲು) ಬರದೇ ಇದ್ದ ಪಕ್ಷದಲ್ಲಿ 3ನೇ ಸಾಲಿನಲ್ಲಿ ಒಟ್ಟು ಮೊತ್ತವನ್ನು ಬರೆಯಿರಿ
<b>F23</b>	How much incentive did you receive? ನೀವು ಎಷ್ಟು ಪ್ರೋತ್ಸಾಹ ಧನವನ್ನು ಪಡೆದುಕೊಂಡಿರಿ?	Rs ರೂ.....		
<b>F24</b>	Did you receive the full amount? ನೀವು ಸಂಪೂರ್ಣ ಮೊತ್ತವನ್ನು ಪಡೆದುಕೊಂಡಿರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	If coded 1 go to Q. F27 1ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಎಫ್.27ಕ್ಕೆ ಹೋಗಿ.
<b>F25</b>	Did you follow up with the Gram Panchayat for the rest of the incentive amount? ನೀವು ಉಳಿದ ಪ್ರೋತ್ಸಾಹಧನದ ಮೊತ್ತಕ್ಕಾಗಿ ಗ್ರಾಮ ಪಂಚಾಯತಿಯಲ್ಲಿ ವಿಚಾರಿಸಿದಿರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
<b>F26</b>	Did you receive the remaining amount? ನೀವು ಉಳಿದ ಹಣವನ್ನು ಪಡೆದುಕೊಂಡಿರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
<b>F27</b>	What was the total cost of the toilet that you have constructed? ನೀವು ನಿರ್ಮಿಸಿದ ಶೌಚಾಲಯದ ಒಟ್ಟು ವೆಚ್ಚವೆಷ್ಟು?	Rs ರೂ.....		
<b>F27.1</b>	Did you borrow money to complete the construction? ನೀವು ನಿರ್ಮಾಣ ಪೂರ್ಣಗೊಳಿಸಲು ಹಣವನ್ನು ಸಾಲ ಪಡೆದಿರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	If coded 2 go to Q.F28 2ಕೋಡ್ ಆಗಿದ್ದರೆ ಪ್ರ. ಎಫ್.28ಕ್ಕೆ ಹೋಗಿ.
<b>F27.2</b>	Who did you borrow from? ಯಾರಿಂದ ಸಾಲ ಪಡೆದಿರಿ?	Money lender ಸಾಲ ನೀಡುವವರು Neighbour ನೆರೆಹೊರೆ Relative / Friends ಸಂಬಂಧಿಕರು/ ಸ್ನೇಹಿತರು Self help group ಸ್ವಸಹಾಯ ಗುಂಪು Other (Specify)..... ಇತರೆ (ವಿಶೇಷಿಸಿ)	1 2 3 4 99	
<b>F27.3</b>	What was the interest rate? ಬಡ್ಡಿದರ ಏನಾಗಿತ್ತು?	.....% per day % ಪ್ರತಿ ದಿನಕ್ಕೆ OR .....per month ಪ್ರತಿ ತಿಂಗಳಿಗೆ	1 2	
<b>F27.4</b>	Have you repaid the borrowed money? ನೀವು ಪಡೆದ ಸಾಲವನ್ನು ಹಿಂದಿರುಗಿಸಿದ್ದೀರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
<b>F28</b>	Did you face any problem in receiving the incentive? ನೀವು ಪ್ರೋತ್ಸಾಹ ಧನವನ್ನು ಪಡೆದುಕೊಳ್ಳುವಲ್ಲಿ ಏನಾದರೂ ತೊಂದರೆ ಎದುರಿಸಿದಿರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	If coded 2 go to Section G 2ಕೋಡ್ ಆಗಿದ್ದರೆ ವಿಭಾಗ ಜೆಗೆ ಹೋಗಿ

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<b>F29</b>	What was the nature of the problem? ತೊಂದರೆಯ ರೀತಿ ಯಾವುದಾಗಿತ್ತು?			
<b>F30</b>	Did you complain to the Gram Panchayat? ನೀವು ಗ್ರಾಮ ಪಂಚಾಯತಿಗೆ ದೂರು ನೀಡಿದೀರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
<b>F31</b>	Would you recommend building a toilet under the Jaldi NBA to others in your village? ಆಲ್ಡಿ ಎನ್‌ಬಿಎ ಅಡಿಯಲ್ಲಿ ಶೌಚಾಲಯ ಕಟ್ಟಲು ನಿಮ್ಮ ಗ್ರಾಮದಲ್ಲಿನ ಇತರರಿಗೆ ನೀವು ಶಿಫಾರಸ್ಸು ಮಾಡುತ್ತೀರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	

## SECTION G – HOUSEHOLD ATTITUDE AND BEHAVIOUR TOWARDS TOILETS

ವಿಭಾಗ ಜಿ – ಶೌಚಾಲಯದ ಬಗೆಗೆ ಕೌಟುಂಬಿಕ ಮನೋಭಾವ ಮತ್ತು ನಡವಳಿಕೆ

<b>G1</b>	Do you think all the households in the village should construct a toilet? ಗ್ರಾಮದಲ್ಲಿ ಎಲ್ಲಾ ಕುಟುಂಬಗಳು ಶೌಚಾಲಯ ನಿರ್ಮಿಸಬೇಕು ಎಂದು ನೀವು ಭಾವಿಸುತ್ತೀರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
<b>G2</b>	Currently, in your opinion, how do you rate your village in terms of toilet presence? ಸದ್ಯದಲ್ಲಿ, ನಿಮ್ಮ ಅಭಿಪ್ರಾಯದಲ್ಲಿ, ಶೌಚಾಲಯದ ಇರುವಿಕೆಯಲ್ಲಿ ನಿಮ್ಮ ಗ್ರಾಮವನ್ನು ಹೇಗೆ ಮೌಲ್ಯ ಮಾಡುತ್ತೀರಿ?	Good ಉತ್ತಮ Average ಸಾಧಾರಣ Bad ಕಳಪೆ	1 2 3	
<b>G3</b>	Currently, in your opinion, how do you rate your village in terms of toilet usage? ಸದ್ಯದಲ್ಲಿ, ನಿಮ್ಮ ಅಭಿಪ್ರಾಯದಲ್ಲಿ, ಶೌಚಾಲಯದ ಬಳಕೆಯಲ್ಲಿ ನಿಮ್ಮ ಗ್ರಾಮವನ್ನು ಹೇಗೆ ಮೌಲ್ಯ ಮಾಡುತ್ತೀರಿ?	Good ಉತ್ತಮ Average ಸಾಧಾರಣ Bad ಕಳಪೆ	1 2 3	
<b>G4</b>	Do you think toilet usage in a village is related to the health of the villagers? ಗ್ರಾಮದಲ್ಲಿ ಶೌಚಾಲಯ ಬಳಕೆಯು ಗ್ರಾಮಸ್ಥರ ಆರೋಗ್ಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದ್ದು ಎಂದು ನೀವು ಭಾವಿಸುತ್ತೀರಾ?	Yes ಹೌದು No ಇಲ್ಲ	1 2	
<b>G5</b>	Who is responsible for toilet construction in the village? ಗ್ರಾಮದಲ್ಲಿ ಶೌಚಾಲಯ ನಿರ್ಮಾಣವು ಯಾರ ಜವಾಬ್ದಾರಿ?	Government / Gram Panchayat ಸರ್ಕಾರ/ಗ್ರಾಮ ಪಂಚಾಯತಿ Politicians ರಾಜಕಾರಣಿಗಳು NGOs ಎನ್‌ಜಿಒಗಳು Families ಕುಟುಂಬಗಳು Others (specify)..... ಇತರೆ(ವಿಶೇಷಿಸಿ)	1 2 3 4 99	

G6	<b>Do you agree / disagree with the following?</b> ನೀವು ಈ ಕೆಳಗಿನವುಗಳನ್ನು ಒಪ್ಪುತ್ತೀರಾ/ನಿರಾಕರಿಸುತ್ತೀರಾ?	<b>Agree -1</b> ಒಪ್ಪಿಗೆ <b>Disagree - 2</b> ನಿರಾಕರಣೆ
G6.1	Women in the village do not need a toilet for defecation ಗ್ರಾಮದಲ್ಲಿನ ಮಹಿಳೆಯರಿಗೆ ಮಲವಿಸರ್ಜನೆಗಾಗಿ ಶೌಚಾಲಯದ ಅಗತ್ಯವಿಲ್ಲ	
G6.2	Men in the village do not need a toilet for defecation ಗ್ರಾಮದಲ್ಲಿನ ಪುರುಷರಿಗೆ ಮಲವಿಸರ್ಜನೆಗಾಗಿ ಶೌಚಾಲಯದ ಅಗತ್ಯವಿಲ್ಲ	
G6.3	Adolescent Girls in the village do not need a toilet for defecation ಗ್ರಾಮದಲ್ಲಿನ ಹರೆಯದ ಹೆಣ್ಣುಮಕ್ಕಳಿಗೆ ಮಲವಿಸರ್ಜನೆಗಾಗಿ ಶೌಚಾಲಯದ ಅಗತ್ಯವಿಲ್ಲ	
G6.4	Adolescent Boys in the village do not need a toilet for defecation ಗ್ರಾಮದಲ್ಲಿನ ಹರೆಯದ ಗಂಡು ಮಕ್ಕಳಿಗೆ ಮಲವಿಸರ್ಜನೆಗಾಗಿ ಶೌಚಾಲಯದ ಅಗತ್ಯವಿಲ್ಲ	
G6.5	Elderly Women in the family do not need a toilet in the house ಕುಟುಂಬದಲ್ಲಿನ ವೃದ್ಧ ಮಹಿಳೆಯರಿಗೆ ಮನೆಯಲ್ಲಿ ಶೌಚಾಲಯ ಬೇಡ	
G6.6	Elderly Men in the family do not need a toilet in the house ಕುಟುಂಬದಲ್ಲಿನ ವೃದ್ಧ ಪುರುಷರಿಗೆ ಮನೆಯಲ್ಲಿ ಶೌಚಾಲಯ ಬೇಡ	
G6.7	Women in the village have no privacy during defecation ಗ್ರಾಮದಲ್ಲಿನ ಮಹಿಳೆಯರಿಗೆ ಮಲವಿಸರ್ಜನೆಯ ಸಮಯದಲ್ಲಿ ಗೌಪ್ಯತೆ ಇಲ್ಲ	
G6.8	Adolescent girls in the village have no privacy during defecation ಗ್ರಾಮದಲ್ಲಿನ ಹರೆಯದ ಹೆಣ್ಣುಮಕ್ಕಳಿಗೆ ಮಲವಿಸರ್ಜನೆಯ ಸಮಯದಲ್ಲಿ ಗೌಪ್ಯತೆ ಇಲ್ಲ	
G6.9	Women in the village are not safe when they go for defecation ಗ್ರಾಮದಲ್ಲಿನ ಮಹಿಳೆಯರು ಮಲವಿಸರ್ಜನೆಗೆ ಹೋದಾಗ ಸುರಕ್ಷತೆ ಇಲ್ಲ	
G6.10	Adolescent girls in the village are not safe when they go for defecation ಗ್ರಾಮದಲ್ಲಿನ ಹರೆಯದ ಹೆಣ್ಣುಮಕ್ಕಳು ಮಲವಿಸರ್ಜನೆಗೆ ಹೋದಾಗ ಸುರಕ್ಷತೆ ಇಲ್ಲ	
G6.11	In a developed village, every household will have a toilet ಮುಂದುವರೆದ ಗ್ರಾಮಗಳಲ್ಲಿ ಪ್ರತಿ ಕುಟುಂಬವೂ ಶೌಚಾಲಯವನ್ನು ಹೊಂದಿರುತ್ತದೆ	
G6.12	Building a toilet in the house is of a least priority in terms of spending the family money on ಕುಟುಂಬದ ಹಣವನ್ನು ಖರ್ಚು ಮಾಡುವಾಗ ಶೌಚಾಲಯ ನಿರ್ಮಾಣಕ್ಕೆ ಅತ್ಯಂತ ಕಡಿಮೆ ಆದ್ಯತೆ	
G6.13	Having a toilet ensures good health of the household members ಶೌಚಾಲಯವನ್ನು ಹೊಂದುವುದು ಕುಟುಂಬದ ಸದಸ್ಯರ ಉತ್ತಮ ಆರೋಗ್ಯವನ್ನು ಖಚಿತಪಡಿಸುತ್ತದೆ	
G6.14	It is ok for children to defecate inside, outside or near the house ಮಕ್ಕಳು ಮನೆಯ ಒಳಗೆ, ಹೊರಗೆ ಅಥವಾ ಹತ್ತಿರ ಮಲವಿಸರ್ಜನೆ ಮುಡಿದರೆ ಪರವಾಗಿಲ್ಲ	
G6.15	There is no need to wash our hands after washing the child or wiping the floor after the child has urinated or defecated in the house ಮಗು ಮೂತ್ರ ಅಥವಾ ಮಲವಿಸರ್ಜನೆ ಮಾಡಿದ ಸ್ಥಳವನ್ನು ಸ್ವಚ್ಛಗೊಳಿಸಿದ ನಂತರ ಕೈಗಳನ್ನು ತೊಳೆದುಕೊಳ್ಳುವ ಅವಶ್ಯಕತೆ ಇಲ್ಲ	
G6.16	It is the responsibility of the men in the household to build a toilet for children ಮಕ್ಕಳಿಗಾಗಿ ಶೌಚಾಲಯ ನಿರ್ಮಿಸುವುದು ಕುಟುಂಬದ ಗಂಡಸಿನ ಜವಾಬ್ದಾರಿ	
G6.17	it is the responsibility of the men in the household to build a toilet for women in the household ಕುಟುಂಬದಲ್ಲಿನ ಮಹಿಳೆಯರಿಗಾಗಿ ಶೌಚಾಲಯ ನಿರ್ಮಿಸುವುದು ಕುಟುಂಬದ ಗಂಡಸಿನ ಜವಾಬ್ದಾರಿ	

## SECTION H – OBSERVATION OF THE TOILET IN THE HOUSE

## ವಿಭಾಗ ಹೆಚ್ – ಮನೆಯಲ್ಲಿನ ಶೌಚಾಲಯದ ಪರಿವೀಕ್ಷಣೆ

## (Only Applicable to Households with Completed Toilet)

(ಪೂರ್ಣಗೊಂಡಿರುವ ಶೌಚಾಲಯಗಳನ್ನು ಹೊಂದಿರುವ ಮನೆಗಳಿಗೆ ಮಾತ್ರ ಅನ್ವಯಿಸುತ್ತದೆ)

**Instruction: Please observe the toilet in the house and note down the condition of the toilet here.****Note - Circle the answer**

ಸೂಚನೆ: ದಯವಿಟ್ಟು ಮನೆಯಲ್ಲಿನ ಶೌಚಾಲಯವನ್ನು ನೋಡಿ ಮತ್ತು ಅದರ ಸ್ಥಿತಿಯನ್ನು ಕೆಳಗೆ ನಮೂದಿಸಿ

ಗಮನಿಸಿ - ಉತ್ತರವನ್ನು ವೃತ್ತಾಕಾರವಾಗಿ ಗುರುತು ಮಾಡಿ

H1. What is the condition of the way/passage to the toilet? ಶೌಚಾಲಯಕ್ಕೆ ಹೋಗುವ ದಾರಿ/ಒಣಿಯ ಸ್ಥಿತಿ ಏನು?		
<hr/>		
	Yes ಹೌದು	No ಇಲ್ಲ
H2. Is the toilet locked? (If "yes" find out if there is a key to open it to check the condition) ಶೌಚಾಲಯಕ್ಕೆ ಬೀಗ ಹಾಕಲಾಗಿದೆಯೇ?(ಹೌದು ಎಂದಾದರೆ ಅದನ್ನು ತೆರೆದು ಸ್ಥಿತಿಯನ್ನು ಪರಿಶೀಲಿಸಲು ಕೀಲಿ ಇದೆಯೇ ಎಂದು ತಿಳಿದುಕೊಳ್ಳಿ)	1	2
H3. Is the toilet inside the same building as the house? ಮನೆ ಇರುವ ಕಟ್ಟಡ ಒಳಗಡೆಯೇ ಶೌಚಾಲಯವಿದೆಯೇ?	1	2
H4. Is water facility available? ನೀರಿನ ಸೌಲಭ್ಯವಿದೆಯೇ?	1	2
H5. Is there a functional water tap inside the toilet? ಶೌಚಾಲಯದ ಒಳಗೆ ಕೆಲಸ ಮಾಡುವಂತಹ ನೀರಿನ ಕೊಳಾಯಿ ಇದೆಯೇ?	1	2
H6. Is there water stored outside the toilet? ಶೌಚಾಲಯದ ಹೊರಗಡೆ ನೀರನ್ನು ಶೇಖರಿಸಿ ಇಡಲಾಗಿದೆಯೇ?	1	2
H7. Is there water stored inside the toilet? ಶೌಚಾಲಯದ ಒಳಗಡೆ ನೀರನ್ನು ಶೇಖರಿಸಿ ಇಡಲಾಗಿದೆಯೇ?	1	2
H8. Is the toilet floor wet? ಶೌಚಾಲಯದ ನೆಲವು ಒದ್ದೆಯಾಗಿದೆಯೇ?	1	2
H9. Is there functional electric light facility in the toilet? ಶೌಚಾಲಯದ ಒಳಗೆ ಕೆಲಸ ಮಾಡುವಂತಹ ವಿದ್ಯುತ್ ದೀಪ ಇದೆಯೇ?	1	2
H10. Is it dark inside the toilet? ಶೌಚಾಲಯದ ಒಳಗೆ ಕತ್ತಲು ಇದೆಯೇ?	1	2
H11. Is there a ventilator in the toilet? ಶೌಚಾಲಯದಲ್ಲಿ ಗವಾಕ್ಷಿ (ಗಾಳಿ ಕಿಂಡಿ) ಇದೆಯೇ?	1	2
H12. Are there things stored in the toilet? E.g. wood, clothes, hay etc ಶೌಚಾಲಯದ ಒಳಗೆ ವಸ್ತುಗಳನ್ನು ಶೇಖರಣೆ ಮಾಡಲಾಗಿದೆಯೇ? ಉದಾ. ಕಟ್ಟಿಗೆ, ಬಟ್ಟೆ, ಒಣ ಹುಲ್ಲು, ಇತ್ಯಾದಿ	1	2
H13. Is the toilet pan covered? ಶೌಚಾಲಯದ ಪ್ಯಾನನ್ನು ಮುಚ್ಚಿ ಇಡಲಾಗಿದೆಯೇ?	1	2
H14. Does the toilet have recent faecal residues/stains/water stains? ಶೌಚಾಲಯದಲ್ಲಿ ಇತ್ತೀಚೆಗಿನ ಮಲದ ಉಳಿಕೆ/ಕರೆ/ನೀರಿನ ಕರೆಗಳು ಇವೆಯೇ?	1	2
H15. Are there cleaning materials in the toilet (brush, cleaning liquid)? ಶೌಚಾಲಯದ ಒಳಗೆ ಸ್ವಚ್ಛತಾ ವಸ್ತುಗಳು ಇವೆಯೇ (ಬ್ರಷ್, ಸ್ವಚ್ಛಗೊಳಿಸುವ ದ್ರಾವಣ)?	1	2

**H16 Note anything else that you observe:**

ನೀವು ಗಮನಿಸಿದ್ದು ಇನ್ನೇನಾದರೂ ಇದ್ದರೆ ದಾಖಲಿಸಿ.

**H17 If toilet is unused, ask respondent why the toilet is not used?**

Baseline HH ID:

Schedule Number:

ಶೌಚಾಲಯವು ಬಳಕೆಯಾಗಿಲ್ಲದಿದ್ದರೆ, ಶೌಚಾಲಯ ಏಕೆ ಬಳಸಿಲ್ಲ ಎಂದು ಪ್ರತಿವಾದಿಯನ್ನು ಕೇಳಿ?

**Space for additional observation / remarks:** ಹೆಚ್ಚುವರಿ ಗ್ರಹಿಕೆ/ಟಿಪ್ಪಣಿಗಳಿಗೆ ಸ್ಥಳ

**Thanks, if needed, we may get back to you for some clarifications.**

**Thank you for your time and information shared.**

ಧನ್ಯವಾದಗಳು, ಇನ್ನೂ ಹೆಚ್ಚಿನ ವಿವರಣೆಗಳಿಗಾಗಿ ನಾವು ಪುನಃ ಬರಬಹುದು ನಿಮ್ಮ ಸಮಯವನ್ನು ನೀಡಿದ್ದಕ್ಕೆ ಮತ್ತು ಮಾಹಿತಿ ಹಂಚಿಕೊಂಡಿದ್ದಕ್ಕೆ ಧನ್ಯವಾದಗಳು.