

Thematic Discussion Series Synthesis

## Operation and Maintenance Opportunities in Rural Community Sanitary Complexes



## Contents

Introduction ..... 3

Background ..... 3

Summary of discussions ..... 6

Contributors ..... 19

Resources and links ..... 20

The Thematic Discussion Series Host ..... 21

## Introduction

*From 14<sup>th</sup> October to 24<sup>th</sup> November, 2020, the India Chapter of SuSanA conducted a thematic online discussion and webinar on Operation and Maintenance Opportunities in Rural Community Sanitary Complexes. This was to support efforts of a task force to provide inputs to the Ministry of Jal Shakti, Government of India under Swachh Bharat Mission Phase II. In addition, the Chapter conducted a webinar on the 19<sup>th</sup> of November to elicit views from the government and additional participants. Padmaja Nair, who is an independent consultant on social policy, planning and institutional development, led the discussions and moderated the webinar.*

## Background

Under Swachh Bharat Mission Phase II, the Ministry of Jal Shakti is prioritising the construction of Community Sanitary Complexes (CSCs) in rural areas to ensure every household, especially from marginalised communities, have sanitation facilities. However, experiences under earlier sanitation campaigns have showed that the demand and usage of CSCs is poor. There are multiple studies to support this as well. Therefore, for it to succeed this time, it is critical to first understand the barriers and enablers in the different contexts, and build on good practices, experiences and lessons learned.

As many as 75,000 CSCs are to be made under SBM – II. The guidelines, issued in May 2020, state: *“ODF-plus villages must endeavour to have at least one CSC which may cater to the sanitation needs of floating population. The gram panchayat (GP) will decide upon a suitable location for construction of CSC that is easily accessible to all, having adequate water availability and where long-term operation and maintenance (O&M) is ensured. For the construction of CSC, priority shall be given to the locations with predominant SC / ST habitations, poorest of poor in the village and/or those visited by migrant labourers / floating population etc.*



A TASK FORCE COMPRISING UNICEF INDIA, AGA KHAN FOUNDATION, INDIA SANITATION COALITION, TARU LEADING EDGE AND IRC WASH IS SUPPORTING THE MINISTRY TO DETERMINE HOW BEST TO MAINTAIN CSCS

*“The CSCs shall have separate facilities for men and women, and shall consist of an appropriate number of toilet seats, bathing cubicles, washing platforms, wash basins, etc. The CSC should be accessible for divyangjans (differently-abled). Financial assistance for a CSC will be as per the funding norms given in the programme funding section. SBM has pegged the cost of making a CSC at ₹ 3 lakhs.*

*“However, emphasis is to be given to the public private partnership (PPP) mode for setting up of such projects and self-revenue generation models for meeting the O&M costs of such complexes. O&M of such complexes will ultimately be the responsibility of the GPs. The GPs should also endeavour to operate and maintain the CSC through the ‘pay and use model’, wherever possible. This is an opportunity to generate employment in rural areas by leveraging other schemes such as the Garib Kalyan Rozgar Abhiyaan. Public works worth ₹ 50,000 crore are to be carried out under the Abhiyaan.”*

Numerous studies and experiences from across India have shown CSCs are plagued with poor O&M as panchayats seldom take upkeep seriously. There is some amount of ambiguity about maintenance and repairs and ownership of these amenities. Before they are set up, no needs assessment is conducted. The local institutions that may look after them are not brought in at the planning stage. A recent report from the Comptroller and Auditor General has stated that construction alone does not address the sanitation challenges. Being public amenities, they are misused and abused. Therefore, CSCs have very short service lives.

If this is to change, communities need to take the lead and ownership. O&M needs to be built in at the planning stage and the communities have to be in the forefront of the project life-cycle, from planning, implementation to regular monitoring. This has worked well in places where the construction agency or NGO has provided for a caretaker onsite, developed a local user group to manage the asset, or the company sponsoring the CSC has paid for O&M for a fixed period. In most cases, the favoured revenue source has been user fees. This approach works in both rural and urban areas if there are enough users. A study in West Bengal found that nearly two-thirds of toilets made by NGOs or communities had user charges.

CSCs also provide an opportunity for projects supported by social responsibility grants since they are large, visible assets. Several innovative small sanitation service providers that have sprung up during the first phase of SBM will see a business case to build and operate these facilities. What is required in the latter case is a contractual modality that panchayats can follow to run them in a sustainable manner.

CSCs, essential to plug sanitation gaps for floating populations and households that still don't have toilets, need to be safe to use for women and trans-gender persons. Several studies have suggested ways to achieve this, but further work is required to arrive at a satisfactory model that is safe and usable by women and girls. Adding bathrooms, menstrual hygiene facilities and clothes washing areas are some ways to enhance usability and safety. The guidelines already mention CSCs should be accessible by people with disabilities and the elderly. Another area to be considered is the seat to person ratio for both men and women.

The disposal of human excreta also needs attention. The preferred containment and treatment method are septic tanks. But experience from SBM – I shows most septic tanks are poorly designed and made, being just holding units lacking any treatment capabilities. Safe and systematic methods of emptying septic tanks, or providing CSCs sewer connections, need to be part of the design and O&M. While SBM II suggests small bore shallow sewer systems in large villages, they will be expensive and time-consuming to install. A method that can be quickly and easily set up and run by communities is needed.

There is also the question of the nature of these facilities. Are they public or community toilets? Both may have the same infrastructure but the ownership and usage patterns are distinct. Community and public toilets have had some degree of success in urban areas. Are there elements that can inform their construction and O&M in villages? Several development partners working in WASH have models in different states that have pointers to what works, and what does not.

The discussion examined the following issues:

- i. What criteria should be developed to ascertain if a CSC is needed and who should be involved. How can safety and access be built in from the planning stage and monitored?
- ii. What should be included for a robust O&M process for CSCs in rural areas involving local government institutions or community organizations?
- iii. What should a model maintenance contract look like that enables panchayats to hire private companies to operate and maintain the CSCs in a viable manner?
- iv. What community engagement and behaviour change communication interventions are required in the community and with stakeholders for effective usage and O&M? Suggest barriers that such an intervention would address and with whom.

## Summary of discussions

There are many innovative and viable models for O&M of CSCs in urban areas. But in rural areas sanitation practitioners are still struggling with the concept of community or public toilets. Therefore, O&M continues to be tentative and inadequate, said Padmaja Nair in her opening comment. In many studies of large sanitation programmes and interventions in both the rural and urban areas, and what has always emerged as a huge challenge is the operation and maintenance of CSCs.

What is more, even in the smaller urban towns, members add that although the design and quality of construction and even maintenance has improved over the years with the provision of on-site caretakers, many complexes are under-utilised.

Several studies on sanitation suggest the primary reason for this is the failure of decision makers and planners to assess a rural neighbourhood's need for community or public toilets. Members stated if there was a real demand for CSCs, their users would also be willing to contribute towards maintenance and its optimum utilisation.

Another aspect that has been increasingly becoming obvious is that while public toilets have a use as long as there are regular commuters in substantial numbers to the area (market places, railway stations, bus stands, etc.) community toilets have a limited life span. This is because the regular users change over to individual household toilets as a matter of convenience and as they move up the sanitation ladder. In such cases, as the number of users fall, so does the revenue for O&M and the status of their upkeep.

Padmaja asked for experiences on these two inter-related factors and their impact on the O&M of CSCs. These questions become more urgent, given the fact that SBM-II is vigorously promoting the construction of CSCs in large numbers across villages that qualify, while we are yet to determine the status of those constructed under earlier programmes. She posed the following questions:

1. What are the factors based on which the decision to construct a CSC in a specific village settlement can be taken? Can the number of users of the CSC over a period of years (say 5 years) be projected? This would help in determining the design and O&M model.
2. What are some of the successful O&M models that have been established in urban areas that may be adapted to a rural situation, given the different population and governance profile?

3. Can we nuance the CSCs by clearly defining the difference between a community toilet complex and a public toilet in terms of use, design and O&M? This will also help the GPs to determine what would best suit their needs.

### Overall comments

The CSCs that the Ministry is planning to build in rural areas will serve two purposes: providing a livelihood in the selected districts during the pandemic, and sanitation facilities to the ‘left out’ or new families until they can make their individual household latrines (IHHLs). Members pointed out that ‘CSC’ is an all-encompassing term that includes public and community toilets that have different usage characteristics. While the SBM-II rural guidelines do not define them, the urban guidelines state:

- By **Public Toilets**, it is implied that these are to be provided for the floating population/general public in places such as markets, train stations, tourist places, near office complexes, or other public areas where there are considerable number of people passing by.
- By **Community toilets**, it is implied that a shared facility provided by and for a group of residents or an entire settlement. Community toilet blocks are used primarily in low-income and/or informal settlements / slums, where space and/or land are constraints in providing a household toilet. These are for a more or less fixed user group

Therefore, the O&M of community or public toilets could become a problem as these facilities are used by many, but not owned by the users. Their O&M approaches will also be different. Because of a diffused sense of ownership of public toilets, no one is willing to take responsibility for maintenance nor can people be held accountable for the O&M of the facility. If the number of daily users is low, the per capita cost of maintaining the facility can be high. In turn cash-strapped panchayats will find it difficult to finance O&M. There are socio-cultural issues in the use of community toilets because of caste and class distinctions.

Several studies have indicated people in rural areas have a marked aversion to the use of common sanitation facilities. People without individual household latrines (IHHLs) do not use them, preferring to defecate in the open instead. The 2014 SQUAT survey by the Research Institute for Compassionate Economics pointed this out in its findings from northern states (Bihar, MP, UP and Rajasthan). Only five per cent rural households lacking a IHHL used a shared latrine. Other studies from rural Maharashtra and Tamil Nadu bear out these findings. Reasons include caste barriers to the use of community toilets; if made and used by SC/STs,

upper castes may prefer to defecate in the open. There is an aversion to conducting a private act (defecation) in a public facility.

Community toilets are shared by a fixed group of households. It is possible, in urban areas, to organise them into a user committee to manage the toilet through subscriptions and user fees. Dense urban settlements are conducive to this arrangement since there is no space for IHHLs. However, in rural areas where houses may be scattered and IHHLs more common, this arrangement may not work.

To address these problems, local government agencies need to be empowered and resourced to take charge of the O&M of public toilets. If the definitions above are any guide, panchayats are the agency responsible. For community toilets, user committees who will manage the facility need to be set up. Both models have been tried in urban areas and in some rural locations.

Members pointed out CSCs will not be needed in all villages. A participatory needs assessment along with the community is necessary before deciding if a CSC is required, understanding and setting up the social structures needed for their O&M and safe management of human excreta. If needed, the community will be more willing to take ownership and provide better O&M. Local people can also suggest where to build the CSC for optimal use. For instance, in Uttar Pradesh all 58000 panchayats are to get a CSC managed by as many women from self-help groups (SHGs).

The government handbook (2011) on setting up CSCs in rural areas recognises these issues and states they should be constructed only when all other options such as individual or shared toilets are not possible. They can cost lakhs of rupees depending on the number of toilet seats.

The O&M of these facilities is often a challenge and needs to be planned properly upfront and thereafter monitored regularly. Since it is a public property, users fail to maintain it with the same care as with individual toilets. Therefore, at the implementation stage, active involvement of the community to undertake maintenance should be assured.

There should be some person or institution responsible for its maintenance; this caretaker who will maintain the facility needs to be paid. In addition, the maintenance of the facility involves other costs, like water, cleaning material, etc., all of which will incur regular costs. Also, someone should monitor the maintenance regularly. This system has to be put in place by creating awareness and motivation among the local communities and the panchayat. Disposal of solid and liquid waste needs attention and planning as envisaged under SBM-II through its emphasis on solid and liquid waste management.



Despite government figures about the number of IHHLs made, about 15-20 per cent of the rural population, mostly marginalised groups, lack a toilet said Neelam Singh. Partly to bridge this gap, and partly to provide employment, the construction of CSCs is being promoted. They will also be available for the migrant and floating population.

But members said it has been seen that even for CSCs the emphasis is on making hardware much like it was under SBM-I in the case of IHHLs. Hygiene, proper usage and community engagement to ensure maintenance are lacking. There are lessons from earlier sanitation programmes that can help evolve community-led O&M.

While there is no silver bullet that will solve all O&M problems, the surest way to keep CSCs operational is to ensure community participation and empowerment of governance structures in panchayats. For this, planning, construction, and maintenance need to be integrated into the value framework.

### **Issue 1: Factors influencing decision to construct a CSC**

The decision to make CSCs should be taken in a decentralised manner at the district level, suggested Arunkumar. The district administration could consider classifying and grouping the villages based on the factors such as population, working class, tourism driven-villages, and plan for CSCs accordingly. Small villages with just 250 families may not need a CSC but larger ones that receive many visitors may. Similarly, if all families have IHHLs, the village would not need a CSC. The placement of CSCs was important; they should be

## Recommendations

The O&M strategy should be localised, led by the community and incorporate financial viability, technology that is culturally appropriate and environmentally sustainable. ; it should be part of the design phase of the CSC

BCC should be context specific based on location-specific behaviour preferences. Swachhagrahis and front-line workers can be brought into this activity

The sensitization of communities on hygiene and appropriate usage must be prioritised

Interdepartmental coordination is critical for running water supply, electricity, faecal sludge management and sourcing O&M resources

A soap bank, incinerator, materials for menstrual hygiene, bathing and washing spaces will promote the utility of CSCs that can become hygiene hubs during the COVID pandemic

Panchayats can use the 15<sup>th</sup> Finance Commission funds to hire sanitation workers and procure consumables

O&M of CSCs in big villages or in semi-urban areas can be outsourced to a professional agency. This can be an NGO, SHG or CBO. It has a bearing on the location of the facility. Masons and officials need to be trained as well

Planners and managers need to understand the difference between a public and community toilet and accordingly develop the O&M approaches

inaccessible especially during the monsoon, be safe to use, have adequate light, ventilation and a water source nearby.



Other members felt the planning needs to be much more granular, at the panchayat level. P K Jha said the handbook recommended that panchayats must decide the location, the number of seats for toilets and urinals and other facilities needed such as hand washing facilities, clothes washing and bathing facilities, number of water storage facilities, supply and source of water, and the technology to be used in building the sanitary toilet complex.

While determining the need, said Shivangi Wadhwa, both quantitative (number of users) and qualitative (perceptions about CSCs) factors should be considered. The handbook recommended that to determine the number of toilets, the panchayat should enumerate the number of households without individual toilet facilities in the village and the probable number of users for a sanitary toilet complex. This can be augmented by preparing the age profile of the users.

This information can be collected via focused group discussions, getting a person nominated to run the CSC and setting up a committee for oversight were needed. The targeted geography can be divided into different segments: villages that have completely adopted toilets, villages where behaviour change is still required, and last where they have no toilets. This categorization might help to estimate demand. Issues to be considered are:

- The demographic information of the village
- The number of households not having toilet facilities
- The societal divisions (if any)

The selection of a suitable site for the sanitary toilet complex is perhaps the most challenging aspect in a village, said members. The critical aspect is the CSC should be located as close to the users' houses as possible. Sufficient land may not be available close to the actual users as often poorer, scheduled caste and tribe (SC/ST) settlements are crowded. The panchayat or land owners may be able to provide the required space. Additionally, any socio-cultural friction rooted in caste and class in the use of common toilets needs to be addressed.

While public toilets have a use as long as there are regular commuters in substantial numbers to the area (market place, railway stations, bus stands, etc.), community toilets have a limited life span, said Rashid Kidwai. But it is a problem to ascertain similar needs and locations in rural India. A solution could be to locate them near schools where the students/teachers would use them. This would provide regular footfalls. They would also provide the floating population in village haats and public events with sanitation. New family groups will also benefit from having a public facility close by.

Sharing experiences from Zambia, Chaiwe Mushauko-Sanderse said CSC are made if there is no space in a village for IHHLs. The community puts up the demand and takes on the responsibility of their O&M. Such complexes can be made at public places, markets, bus stands where a huge number of people convene.

Along with the demand, it is necessary to work out the funds available from various sources. Tejas Deshmukh said since a CSC community sanitary complex is public infrastructure, most of the capital costs are met through grants from ongoing schemes of the state and central governments or multilateral agencies and donors, said. In Gujarat, the capital costs of ₹ 2 lakhs were allocated under Swachh Bharat Mission – Gramin. They were made to cater to the sanitation needs of the floating population.

Given the above issues in O&M of community and public toilets, it is necessary to ensure ways and means for O&M at the planning stage before the facilities are designed or constructed, which must be done in consultation with the community. Finance for capital and operational costs needs must be determined while planning.

## **Issue 2: How can O&M be built into the project life-cycle?**

Accessibility to sanitation facilities for every individual is not a necessity but a human right. But accessibility is only half the job done. Maintaining these sanitation facilities and taking corrective actions whenever required would ensure true sustainability of CSCs in villages.

Members suggested local residents using the CSC should manage the O&M. They could be organised into a collective or samiti that could be provided a pecuniary benefit from running the CSC, given the challenges with fostering local ownership and consequently. The panchayat could allow this by allowing the manager to open a shop nearby on the premises. The shop could be constructed along with the CSC, suggested Shivangi.

Emphasising that local management of CSCs was the only viable option, as against management by the block or district sanitation missions, P K Jha said this could be ensured

through a contract to the SHG or individual doing so. For CSCs, the costs could be shared by user households, organized into a samiti. The panchayat, block or district sanitation missions could underwrite major repairs.

### Essential O&M elements

24\*7 water access inside toilet cubicles, bathing units

24\*7 Access to water and soap for handwashing

CSCs open and accessible to all users at all times

Caretaker appointed and present at specified times

Cleaning schedule, and arrangements for regular cleaning of CSCs in place

Regular replenishment of soap, cleaning supplies, sanitary pads, etc.

Adequate lighting, and regular supply of electricity

Facilities and systems, including dustbins, incinerators etc. in place for collection and safe disposal of solid waste

Facilities and systems, including dustbins, incinerators etc. in place for safe faecal sludge management

All fixtures (including doors, dustbins, taps, sinks, buckets, light bulbs, etc.) in working condition, with systems in place for repair/replacement as required

User charges, if any, should be affordable and equitable for all users with diverse contexts and needs, such that no one is excluded. Caregivers accompanying toilet users (such as children, PwDs, etc.) should not be charged.

An effective grievance redressal mechanism in place

Sunetra said the O&M for a public toilet would be carried out by a public agency such as the panchayat or VWSC as envisaged under SBM Phase II by hiring cleaners paid from MGNREGS funds. The actual maintenance could be carried out by the builder under a fixed term contract. During this, the builder would also set up community structures like a samiti that would eventually take over O&M. The samiti could raise funds through subscriptions, pay and use or a combination.

Shivangi also felt O&M would be better handled by local people who were self-motivated. But instead of labour paid from MNREGS by the panchayat systems, these would be full-time staff.

The standards for O&M needed to be built around usability. Both public and community toilets could have the same standards that included frequency and type of cleaning, scheduled maintenance such as desludging and clearing drains, repairs to damaged hardware, security and water supply. A monitoring checklist could be used similar to the one developed for Swachh Sarvekshan. The block or district SBM teams could monitor maintenance.

A committee would help fix responsibility for O&M, said Tejas, because the ownership was nebulous. Even if there were few users, resulting in high costs, committee members could make up shortfall through contributions. This could be a sub-committee of the panchayat. But if the panchayat

lacked untied funds it could find it difficult to pay for maintenance.

If pit toilets were used for the CSC, their use could be alternated to simplify maintenance, said Ajit Seshadri. Calling it controlled open defecation, he explained defecation was practiced in two identical spaces and their use was alternated monthly. The space not being used for defecation would become a composting yard where sewage or faecal sludge was composted and utilised. This had been documented and used during Maha-Kumbh at Allahabad in UP during 2017-18.

A newspaper report, said Padmaja, showed the Uttar Pradesh government planned to construct 58,000 community toilets at ₹ 3 lakh each. Women from local SHGs would be employed at these toilets and provided personal protective equipment kits, gloves, and disinfectants twice a year. The women were expected to clean the toilets twice a day. The government was setting aside funds for O&M: ₹ 9,000 per month for salaries; ₹ 500 per month for repairs and cleaning equipment; ₹ 1,000 a month for utility expenses; ₹ 300 for miscellaneous expenses and; ₹ 1,000 every six months for the purchase of disinfectant materials.

V R Raman said one of the key issues that these toilets may face in future is the availability of necessary spare parts or assistive fittings, once they have become dysfunctional or erratic, in rural areas. Therefore, supply chain interventions were needed to ensure availability of some of these essential things in the district level sanitary marts or through the social welfare departments.

### **Issue 3: What engagement is required with the community?**

Members said people were reluctant to use CSCs because they were dirty and unsafe. To overcome these, it was necessary to work with the community and local leaders. A reasonable assumption was to precede construction with an assessment of needs and demand for CSCs, the social structures needed for their O&M, safety of women and safe management of human excreta. While SBM-II partly takes up the latter aspect, there is little information on the first three areas.

Some aspects to be considered while engaging with communities, said Chaiwe, were that CSCs were expensive to build and maintenance should be done by an individual or institution that needed to be recompensed. Would community structures be effective at O&M from a financial point of view? In Africa, this had often posed a challenge particularly for very crowded areas that lacked social cohesion. In Zambia, even though public toilets were booming and had created employment for both men and women, people were dissatisfied with their management owing to shortages of water.

The handbook provided by P K Jha recommended how to engage with communities to ensure that any infrastructure created meets their needs. This was necessary to clear doubts about the project, making sure the infrastructure met their needs in size, location, etc., and there was optimal use of local resources such as land, labour and expertise.

Panchayats and the agency conducting the needs assessment could begin by identifying stakeholders (anyone who is involved with the project in any form), getting them to draw a village map with chalk or coloured powder (similar to the CLTS process) to identify possible locations for constructing a toilet, conducting group discussions on specific toilet needs and preferences followed by individual interviews.

Suggestions that were not unanimously accepted could be put to the vote. Finally, the technology options could be picked so the people were comfortable to use it.

Community engagement was a complex process, said Shivangi. She suggested focused group discussions, asking users to nominate a person for maintenance and putting together a committee formed that will carry out periodic audits. These tools could help in community ownership as well.

#### **Issue 4: Examples of successful O&M of rural CSCs**

Members shared several examples of successful O&M of CSCs in rural areas. In Ichchapor village near Surat, three CSCs were built. They continue to be well-maintained. Arunkumar said Ichchapor had a population of 20,000 most of whom were migrants working in factories.

Even though all residents had IHHLs, this floating, working population required CSCs. The panchayat constructed three CSCs at different locations to meet their needs. It manages their maintenance and repairs. In addition to the demand, what helped was the strong leadership of the sarpanch and talati.

Giving another example from Gujarat, Tejas said a panchayat had passed a resolution for O&M that included the following:

- The cleanliness of the CSC was handed over to 12 people in the village for 12 months. Each of the assigned people was accountable and responsible for supervising the cleanliness of CSC for one month. The name, designation, and mobile number were included in the resolution.
- The panchayat would pay ₹ 500 per month to the safai worker responsible for cleaning the CSCs. The cleaner would report to the supervisor in-charge for the month

- When the pits get full, the safai worker would inform the sarpanch or talati for immediate action so that CSC did not become dysfunctional
- The overhead storage tank would be cleaned every three months by the panchayat
- The panchayat would pay the electricity bill for lighting inside CSC.

Shivangi explained the approach of Gram Vikas to ensure water supply for private toilets in Odisha. The NGO developed a participatory community-led piped water supply under MPLADS. The demand factors were favourable for the construction of toilets but there were some behaviour and/or discriminatory barriers that were tackled through communications by ensuring 100 per cent participation from all castes, religion, and gender in that village and making every aspect – from design to build to communication – participatory so that the users took ownership.

In another example, Garv Toilets had a self-sustaining and eco-friendly model in the shape of smart sanitation hubs based on the kiosk attachment structure which covered the maintenance being done by micro-entrepreneurs in the villages itself. Called Garv Smart Sanitation Centres they provided toilets, bathing facilities, water ATMs, clothe washing spaces and a business kiosk for health and hygiene products and services. The person running the shop was responsible for maintaining the CSC as well. There could be a budgetary allocation for the toilet maintenance which will be provided on a monthly basis to the individual running the shop.

As part of the thematic discussion, the Susana India Chapter and India Sanitation Coalition organised a webinar, 19 November 2020.

The speakers examined the following issues:

1. What lessons from urban public and community toilet construction and O&M could be drawn for CSCs in rural areas?

As public and community toilets were used in urban areas with varying degrees of success, there were some lessons that could be relevant for these facilities in rural areas.




2. What should a model PPP contract look like that enabled panchayats to hire private companies/players to, operate and maintain the CSCs, with a reasonable profit?

Under this, speakers touched upon issues of low footfall, fixed maintenance costs, monitoring, safety of the maintenance staff, collection and disposal of faecal waste, role and capacities of panchayats to administer contracts, and acceptable profits.

3. What other interventions including community engagement and behaviour change communication were required for O&M?

Speakers touched upon methods to educate users on the proper use and maintenance of public toilets so they are open and functional, addressing the safety of women and girls, rationale and roll out charging for use (in case the pay-per-use method is adopted), and transparency in management of the CSC and funds.

The speakers were:

	Mr Dibyendu Sarkar, Secretary to Govt of West Bengal	Barriers and enablers for setting up CSCs based on study by Water for People
	Dr Neelam Singh, Vatsalya, Lucknow	Continuum of support to ensure CSCs address the needs of women
	Mr Asad Umar, Aga Khan Development Network, Delhi	Experiences in engaging with communities in UP and Bihar

The webinar was moderated by Padmaja Nair, WASH consultant and adviser.

Inaugurating the webinar, Meenakshi Dewan, CEO of ISC, said 75,000 CSCs were to be made by SBM as part of the government’s Gareeb Kalyan Rozgar Yojana to bolster livelihoods and infrastructure. However, it was evident from past experience that O&M was a challenge. The cost of financing, equity of access and use needed to be included in any framework. Additionally, ISC was keen to understand how the private sector could build and operate the CSCs.

The maintenance for CSCs was different from IHHLs given their public nature. Additionally, said Padmaja, there was a difference between community and public toilets in terms of users and needs. This in turn affected their requirements, location, finance and maintenance.

**Dibyendu Sarkar, Secretary, PRRD, GoWB, formerly Mission director SBM I** (link to the presentation is here: <https://www.susana.org/en/knowledge-hub/resources-and-publications/library/details/3971>) spoke on Barriers and enablers for setting up CSCs based on study by Water for People. The study covered 1,119 government-made and 146 community or NGO-made CSCs. Its purpose was to understand how they worked, challenges and solutions. It covered the spatial distribution, (accessibility, sanitary condition, solid and liquid waste management), financial aspects (tariffs and collection), and maintenance (water, staff and caretakers).



The important lessons were to improve geographical distribution, complement IHHL construction, improve access and maintenance, improve the demand through community mobilisation for sustainability. However, panchayats had few avenues for funding maintenance as even 15<sup>th</sup> finance commission grants were limited.

As many as 47 per cent toilets were in just four districts of Poorva Medinipur, Birbhum, Bankura and Cooch Behar. Those made by communities or NGOs were more accessible (68 per cent) than government-made funded ones (56 per cent). Toilets were inaccessible because they were locked (60 per cent), damaged (28 per cent) or incomplete (6 per cent). The lack of water in 63 per cent made them unusable as did broken fittings.

Most were made by contractors followed by rural sanitary marts. A third were managed by local committees, and another third had no management structure. As many as 61 per cent of government toilets were free to use, but 64% of NGO or community-build ones were paid. In government toilets, 47 per cent had handwashing stations. The study found it was viable to maintain the toilets and if properly run, they generated a modest surplus. Nearly all CSCs used septic tanks and were usable during floods if located near flood shelters or embankments.

**Dr Neelam Singh, founder-director Vatsalya. Works on adolescent health, sex selective abortion** spoke on Continuum of support to ensure CSCs address the needs of women

CSCs need to be women-friendly spaces for sanitation and hygiene especially when girls and women were harassed while going for open defecation. CSCs were more than toilets. They could address women's dignity especially for women who don't have toilets at home. This also influenced demand. Communities where these incidents took place identified the location, design and management of the CSCs. They could be safe places for women by including facilities for bathing and menstrual hygiene management.

It was essential to separate toilets for men and women. To ascertain demand, their positioning, usage and ownership needed to be studied. They could serve visitors to villages for public events e.g., weddings, funerals, etc., and the 15-20 per cent families that lacked an IHHL.

For O&M, communities could fix user charges for regular users and visitors. Their management committees should have women and girls. To promote hygienic and regular usage, there was a need for good IEC materials, paintings and BCC sessions. CSCs need a secure space to keep the cleaning materials. Swachhata karmis/sweepers could be put in charge and performance indicators for monitoring put in place.

**Asad Umar, Senior programme officer, WASH and Health, AKF. Managed large water-sanitation programmes** spoke on Experiences in engaging with communities in UP and Bihar. (Link to the presentation is here: <https://www.susana.org/en/knowledge-hub/resources-and-publications/library/details/3970>)

CSCs were needed because there was still a gap in rural sanitation especially among marginalised populations, in densely populated villages there was no land. Migrants and floating populations also needed sanitation. In UP and Bihar, marginalised populations have been prioritised. In the first state, 1,200 CSCs are nearing completion with running water, soap and lighting. There are separate toilets for men and women with access for persons with disabilities.

To ensure local ownership and a participatory approach AKDN organized training for district and block teams on the processes, site selection (accessibility), BCC to popularise CSCs and O&M needs and processes.

For managing CSCs, in Bihar, ward implementation and management committees are to manage CSCs. In UP, user groups were identified, trained and engaged. Soap banks were provided. They were promoted as hygiene hubs against the background of COVID-19 by convergence between different programmes and departments and behaviour nudges.

While working with the community, the best technical option needed to be identified taking into consideration the soil conditions. This also had a bearing on O&M. Participatory planning should prioritise needs and work out O&M for safe disposal of waste.

The link to the webinar's recording is available here: <https://youtu.be/3xpNWuxzQ6U>

## Contributors

Name of contributor	Organization	Country
Padmaja Nair	Consultant	India
Rashid Kidwai	India Sanitation Coalition	India
Nitya Jacob	SuSanA India Chapter	India
Sunetra Lala	Consultant	India
Arunkumar Subramanian	Natarajan Architect	India
P K Jha	Consultant	India
Ajit Seshadri	Marine Engineering Department, Vels University	India
Tejas Deshmukh	Consultant	India
Shivangi Wadhwa	Garv Toilets	India
Chaiwe Mushauko-Sanderse	Consultant	Zambia
Paresh Chajjed-Picha	SuSanA India Chapter	India
Asad Umar	Aga Khan Foundation	India
Dibyendu Sarkar	Government of West Bengal	India
Neelam Singh	Vatsalya	India
<i>Author: Nitya Jacob</i>		
<i>Reviewers</i>	<i>Padmaja Nair, Ruchika Shiva, V R Raman, Kanika Singh and Asad Umar</i>	

## Resources and links

- WTN Project: Community Sanitary Complex: <https://www.susana.org/en/knowledge-hub/resources-and-publications/library/details/669>
- Community-owned and managed Water-Sanitation as catalyst for sustainable development: <https://www.susana.org/en/knowledge-hub/projects/database/details/584>
- Handbook on Establishment and Management of Community Sanitary Complexes in Rural Areas [https://jalshakti-ddws.gov.in/sites/default/files/CommunitySanitaryComplexes\\_2Jun2011\\_PRESS.pdf](https://jalshakti-ddws.gov.in/sites/default/files/CommunitySanitaryComplexes_2Jun2011_PRESS.pdf)
- Paul SK, Kumar R, Pal R, Ghosh A. Safe drinking water and toilet facility in public places in India: What we need to do! JFamily Med Prim Care 2020;9:2593-9.
- Public toilets high risk area for women, Zambia Daily Mail, 12 February 2015. <http://www.daily-mail.co.zm/public-toilets-high-risk-area-women/>
- United Nations High Commissioner for Refugees Global Report 2000 Zambia <https://www.unhcr.org/3e23eb757.pdf>
- Swachh Bharat Mission (Urban) guidelines: [http://swachhbharaturban.gov.in/writereaddata/SBM\\_Guideline.pdf](http://swachhbharaturban.gov.in/writereaddata/SBM_Guideline.pdf)
- Open Defecation: Awareness & Practices of Rural Districts of Tamil Nadu, India. <https://forum.susana.org/media/kunena/attachments/8006/OpenDefecationAwarenessandPracticesinruralTamilNadu.pdf>
- Female-friendly public and community toilets:a guide for planners and decision makers, 2018. WaterAid, Water and Sanitation for the Urban Poor and UNICEF. <https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/female-friendly-public-and-community-toilets-a-guide.pdf>
- Role of Community in Swachh Bharat Mission. Their Knowledge, Attitude and Practices of Sanitary Latrine Usage in Rural Areas, Tamil Nadu; [R Anuradha](#), [Ruma Dutta](#), [J Dinesh Raja](#), [D Lawrence](#), [J Timsi](#), and [P Sivaprakasam](#). <https://forum.susana.org/media/kunena/attachments/8006/RoleofcommunityinSBMinsanitarylatrineuseinTamilNadu.docx>
- A Community based cross sectional study on use of sanitary latrines in a rural setup in Maharashtra. Anu Bhardwaj, Avinash Surana, Prassana Mithra, Abhishek Singh, Sanjeet Panesar, Pankaj Chikkara. <https://forum.susana.org/media/kunena/attachments/8006/RuralsanitationpracticesinMaharashtra.pdf>
- Garv Toilets website: <http://www.garvtoilets.com/solution.html>

## The Thematic Discussion Series Host

The Thematic Discussion Series on Innovations in WASH was organised and hosted by the Sustainable Sanitation Alliance (SuSanA) on the SuSanA Discussion Forum Platform. It was facilitated by the India Sanitation Coalition, WaterAid and IRC. The discussion is part of a series of online discussion taking place under the umbrella of the SuSanA India Chapter.

To view the whole discussion, please go to the SuSanA Forum: <https://forum.susana.org/swachh-bharat-abhiyan-in-india-sba-or-sbm/24382-thematic-discussion-o-m-opportunities-in-community-sanitary-complexes>

© **Sustainable Sanitation Alliance** All SuSanA materials are available under the open access licence [CC-BY SA](https://creativecommons.org/licenses/by-sa/4.0/). Proper acknowledgement of the source should always be given when materials are used