



Water Supply Sanitation Department, Government of Maharashtra

Training manual on

Sustainable sanitation under SBM (Gramin)



Abbreviations

AWW	Anganwadi Worker
BCC	Behaviour change communication
CBO	Community Based Organization
CSR	Corporate Social Responsibility
FGD	Focus Group Discussion
FSM	Faecal Sludge Management
GP	Gram Panchayat
IAY	Indira Awas Yojana
IEC	Information, Education Communication
IHHL	Individual Household Latrine
IPC	Inter Personal Communication
M&R	Maintenance and Repairs
MFI	Micro Finance Institutions
MHM	Menstrual hygiene management
NARSS	National Annual Rural Sanitation Survey
NBA	Nirmal Bharat Abhiyan
NGO	Non-Government Organization
O&M	Operation and Maintenance
ODEP	Open Defecation Elimination Planning
ODF	Open Defecation Free
OSS	one stop shop
PRI	Panchayat Raj Institutions
RALU	Rapid Action Learning Unit
SBCC	Social Behavioural Change Communication
SBM	Swachh Bharat Mission
SDG	Sustainable Development Goals
SHGs	Self Help Groups
SLRM	Solid Liquid Resource Management
SME	Small and medium-sized enterprises
VWSC	Village Water Sanitation Committee
WASH	Water Sanitation and Hygiene
WSSO	Water and Sanitation Support Organization

Index

Chapter 1: About the training manual.....	3
Chapter 2: Overview of sanitation in the state.....	5
Chapter 3: Stages of ODF- concept, policy and importance.....	11
Chapter 4: Construction, repairs and use of toilets.....	17
Chapter 6: Sustainability of institutional sanitation facilities.....	28
Chapter 6: Maintenance and repairs of sanitation facilities	33
Chapter 6: Alternative finance options for sanitation	40
Chapter 7: Opportunities for entrepreneurship development in sanitation sector	44
Chapter 8: GP level sustainable sanitation plan preparation process.....	52
Chapter 9: Social Behaviour Change Communication for sustainable sanitation	56
Chapter 10: Methodology for preparation of district sustainable sanitation plan	66
Chapter 11: Roles and responsibilities of various stakeholders in sustainable sanitation	69

Chapter 1: About the training manual

1.1 Background

Rural Maharashtra has recently been declared open defecation free. This is a remarkable achievement of all functionaries and officials at all levels in the state. However, sustaining the status of ODF is crucial at this juncture. Past experiences show that attainment of one-time ODF status may not be sustained unless stopping open defecation is adopted as a social norm by every member of any community and there are many barriers in achieving sustainability. ODF sustainability can be achieved by regular use of sanitation facilities, effective maintenance & repairs of the facilities and creation of efficient management systems at GP level. In view of this, the state intends to implement ODF-sustainability in the state.

Presently, there is inadequate awareness and knowledge among government functionaries and villagers about how to proceed with ODF sustainability. This manual has been developed jointly by Water supply sanitation Department, GoM, UNICEF Mumbai and PriMove Pune for providing information about ODF sustainability in rural Maharashtra.

1.2 Content of the manual

This manual begins with the status of sanitation in the state and key observations regarding sanitation followed by the concept, government guidelines and methodology for major stages of ODF are discussed in detail. Later, the components of sustainable sanitation, maintenance and repairs of sanitation facilities, alternative finance options, entrepreneurship development opportunities and concerned methodology is presented in the subsequent sections. The manual also discusses the process for preparation of village sustainable sanitation plans and district sustainable sanitation plans. The importance, barriers and process for SBCC has been described in the last section.

1.3 Targeted users of this manual

The manual is targeted for use by DWSM experts, BRCs, state and district KRCs, PRI functionaries at various levels, officials and officers, SHGs contributing to ODF status achievement, villagers, various organizations working in the field of sanitation like *swachhagrahis* and *nigrani* samitis, etc.

1.4 How to use this manual

This manual intends to appraise the participants about the concept, key components and activities required for sustainable sanitation, the village and district level planning process for preparation of sustainable sanitation plans and the methodology for SBCC.

The aim of the manual is not to prescribe, but to provide ideas and guidance to all those who want to take up ODF sustainability. This manual is not intended to be read word to word, it is meant to be a resource which can be consulted as and when required. However, it is strongly recommended to read

the introduction and index to be able to do referencing correctly. We hope that the manual will provide fresh insights about the issues and challenges related to ODF sustainability and how to implement activities at GP, block and district level.

Chapter 2: Overview of sanitation in the state

Key discussion points:

- Progress of sanitation in the state
- Key findings regarding sustainable sanitation

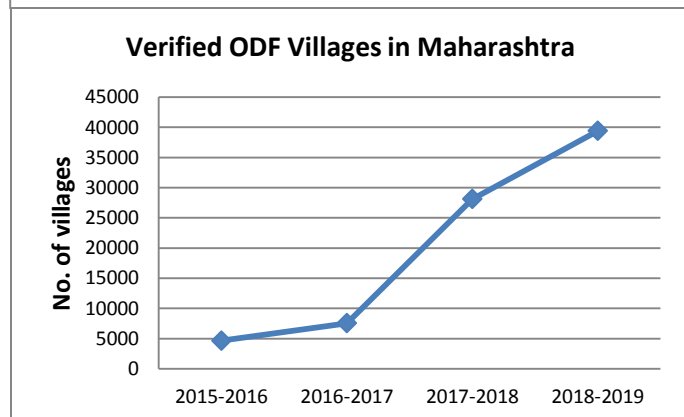
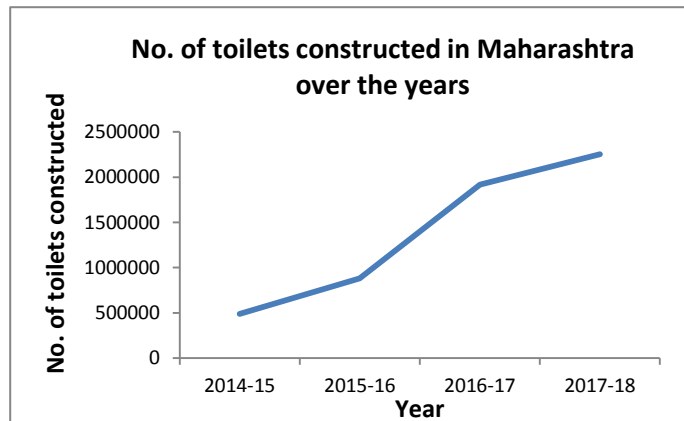


2.1 Background

The central and state governments, along with various public and private sector organizations, development partners have been taking efforts for making country open defecation free. Various innovative missions like Nirmal Gram Puraskars, Sant Gadgebaba Gram Swachhata Abhiyan, etc. were implemented in the initial stages to create a movement for sanitation. The sector received much needed boost with introduction of Swachh Bharat Mission. Through Swachh Bharat Mission, the central government is aiming to make the country ODF by October 2019.

In 2016, the government of Maharashtra declared its aim to achieve 100% elimination of open defecation by the end of March 2018. For achieving the target, the state pioneered innovative community approaches like ODEP, rapid ODEP, IPC, home visits, HR rationalisation, good morning squads, etc.; strengthened institutional arrangements and environment for learning by adapting new dimensions.

The state has achieved remarkable progress in the sector in last few years. It can be seen from the adjacent graph that the sanitation coverage has consistently grown over the years. Sanitation coverage in 2012 was 45.5%, which got accelerated in 2014. Total toilets constructed in 2014-15 were 4.88 lakhs which grew to 8.82 lakhs in 2015-16, 19.16 lakhs in 2016-17 and 22.52 lakhs in 2017-18. Total 1.10 crore toilets have been



constructed in the state till date. The state has now been declared ODF and the target of toilet construction against the baseline survey of 2012 has been completed.

Out of the 351 blocks declared ODF, 262(75%) have been verified, and out of the 27,667 GPs declared ODF, 26,437(95%) have been verified and out of 40500 villages, 39396 (97.3%)have been declared ODF. The progress of the state is indeed noteworthy.

The physical target of SBM has been achieved in the state, however building toilets and creating infrastructure is just not enough to attain improved sanitation and health. Sustainable use of toilets and effective management of faecal sludge are critical challenges for sustaining ODF status of the state.

2.2 Key findings regarding ODF(S)

Studies were conducted in few districts by NARSS (March 2018), SIGMA Foundation (July 2018) and PriMove (March 2018) to understand the challenges and opportunities in sanitation sustainability. During these studies, surveys were conducted to identify toilets not being used, defunct toilets, additional families as well as the reasons behind use and non-use of toilets. The key findings of these studies are presented below. The data regarding household level indicators, GP level indicators and institution level indicators is presented below and key observations from the surveys are subsequently discussed in detail.

Table 1: HH level indicators¹

Indicators	Percentage
Availability of IHHLs	91.8
Functionality of toilets	87.0
HHs practicing OD	11.9
Good cleanliness of toilets	16.7
Knowledge about ODF status	46.8
HHs having access to exclusive source of drinking water	51.5
HHs having no access to any drainage	23.4
HHs using single pit toilet	33.6
HHs using septic tank toilets	22.6

Table 2: GP level indicators

Indicators	Percentage
Sanitary workers available with the GP	41.2
Have functional PWSS	75.0
Fully covered under PWSS	50.1
Sanitary survey of the sources of drinking water	37.5
Have system of garbage collection	21.7

¹ Field study of 12 districts, 24 GPs, 269 HHs, 25 schools and 36 AWCs by WSSO and SIGMA Foundation in May 2018

Table 3: Institution level indicators

Indicators (%)	AWC	Primary School	High School	Health Centre	GP Office
Availability of the toilets	87.8	60.0	88.9	100	70.6
Functionality of the toilets	58.6	67.7	62.5	85.7	75.0
Availability of water	65.5	46.7	100	57.1	88.8
Availability of hand washing materials	9.1	6.7	36.7	14.2	44.4

2.2.1 Reasons for use

- The reasons for toilet use were- prestige and dignity, difficulty in going out in rainy seasons, unavailability of open spaces and increased awareness about health impacts.
- Additionally, few other reasons for toilet use were fear of snakes/ scorpions, fear of accidents, etc.
- People are getting habituated to use toilet because of children staying in urban areas
- Appeals and messages by religious leaders have led to increased use of toilets
- Toilets which are built through own funds or through self-motivation, toilets with bathrooms, good quality toilets with tiles have higher usage rates

2.2.2 Reasons for non- use

It was observed that few households with a functional latrine had at least one member who defecated in the open. Lack of access to toilet is not the only reason for HH members to defecate in the open. Preference for open defecation and defective construction of toilet were some of the leading causes which adversely affect ODF sustainability.

- Common reasons for non-use of toilets are inadequate quality of construction, water scarcity and mindset/ habit of open defecation
- People who stay in farms for longer durations (2/3 months) usually practice open defecation as the temporary shelter structures constructed in farms do not have toilets.
- Lack of toilets in separated families was observed to be an issue
- Women members of the family feel embarrassing to use toilets in front of other members of the family
- Distance of drinking water source from toilet

2.2.3 Defunct toilets

- The toilets constructed under Nirmal Bharat Abhiyan (NBA) and Swachh Bharat Mission (SBM) were reported to be of good quality. Majority of defunct toilets are from CRSP, TSC era or which are built under Indira Awas Yojana (IAY).

- Of the total defunct toilets surveyed, many had severe dysfunctionality.
- In most of the sample households, the defunct toilets are used either for storage or as bathroom. In some cases, the toilets are not used for any other purpose.
- The main causes of defunctness are observed to construction defect, collapsing of superstructure, incomplete construction, damaged roof, door and filled up pits
- Few toilets were incomplete construction from beginning
- Common issues regarding construction quality were observed to be construction of single pit latrine, squatting on-pit, no junction, septic tank discharge left open, etc.

2.2.4 Additional families

- Of the total additional families surveyed, none had a toilet and most of them indulged in open defecation.
- Temporary migration and/or availability of toilets in relative's house make it less necessary for the additional families to build toilets.

2.2.5 Septic tank type toilets

- Management of septage is not done properly in most of the toilets with septic tanks. This has serious health implications and needs urgent attention.
- Many villagers are not aware about methods and facilities available for emptying the septic tank.
- It was reported that the high number of households in peri-urban villages or growth centres have septic tank type toilets without soak pits.

2.2.6 Institutional sanitation

- GP buildings from the visited villages either do not have a toilet or are not maintained properly.
- Most of the school toilets are insufficient in number and not maintained properly
- Many Anganwadis in rented buildings do not have toilets; baby pans are not available in many anganwadis.
- Ignorance towards building toilets in institutions like banks, post offices, society offices, etc.
- Less public toilets for women in growth centres, or villages with high floating population.
- There is no financial provision for O&M of sanitation facilities.

2.2.7 Faecal Sludge management

- Twin pit latrines, single pit latrines and septic tank type latrines are constructed in rural areas.

- The villagers are aware of emptying soak pits, but emptying was not reported in any of the villages visited
- There is no inclination towards constructing second pit in case of single pit latrines. Additionally, lack of junction chamber was observed to be a critical barrier in connecting second pit to the toilet.
- Many villagers are not aware about desludging of septic tanks; the facilities available for emptying tanks were reported to be inadequate

2.2.8 O&M of sanitation facilities

- No system is available for O&M of IHHLs in the villages. In fact, no measures have been taken by the GPs for efficient O&M of sanitation facilities

The above findings are summarized in the schematic below-

Indicative list of enabling factors and barriers for sanitation

Enabling factors for sanitation adoption	Barriers for sanitation
<ul style="list-style-type: none"> •Prestige and dignity •Availability of water •Unavailability of open spaces •Increased awareness about health impacts •Motivation by children •Age of user •Habit, ownership and aspiration for sanitation •Toilets built through own funds or through self-motivation, toilets with bathrooms, good quality toilets •Appeals and messages by influential leaders, •Involvement of community (SHGs, youth groups, children, elected representatives, leaders, etc.) •Community monitoring •Promotion of sanitation by government •Rewards and awards by the government 	<ul style="list-style-type: none"> •Poor or incomplete quality of construction •Water scarcity •Political interference •Fear of pit getting filled •Age of user •Ignorance to management of child faeces •Single pits, no inclination towards constructing second pit •Defunct toilets •Funding for additional families •Inadequate/ not well maintained institutional toilets •Mindset/ habit of open defecation •No proper O&M of toilets, no financial provision for O&M •Inadequate systems for septage management •Inadequate data base •Less community participation and monitoring

It has been observed over the years that community led development and participation from all sections of the society leads to a sense of ownership, which translates further into sustained development. In

addition, behaviour change of individuals and change in social norms regarding sanitation is crucial for achieving sustainability. Many GPs like Patoda, Hasta, Naigaon, etc. are trying to achieve ODF sustainability through effective leadership, community awareness and triggering programs.

There is need for identifying the households which are still not having their own toilets and there is need for substantial strengthening of the IEC/SBCC activities along with making those more effective and to reach every household. The issue of equity in access to toilet needs to be addressed as soon as possible. The GP, as the local government, also needs to be strengthened for taking local actions in ensuring sustenance of the ODF status. There is a huge gap in access to sanitary infrastructures and availability of water in the premises of the schools and AWCs, which also requires appropriate strengthening and continuous monitoring.

Though the physical target of sanitation has been achieved by the state, efforts are required to achieve the goals of sustainable sanitation. The triggering factors for using toilets need to be studied and used as enablers for sanitation. At this juncture it is necessary to handover the sanitation component to the GP and community. The village level systems will be implementers of the program and the government functionaries will take up role of a facilitator. Creation of a strong system at GP level through capacity building, IEC/ IPC, hand holding support and monitoring is need of the hour. Still in many places VWSCs, Nigrani Samitis are not functional in its full capacity and Swachagrahis are present in only few villages.

Based on the central government guidelines, Maharashtra state has taken a few steps in this direction, which have been elaborated in the next section.

Chapter 3: Stages of ODF- concept, policy and importance

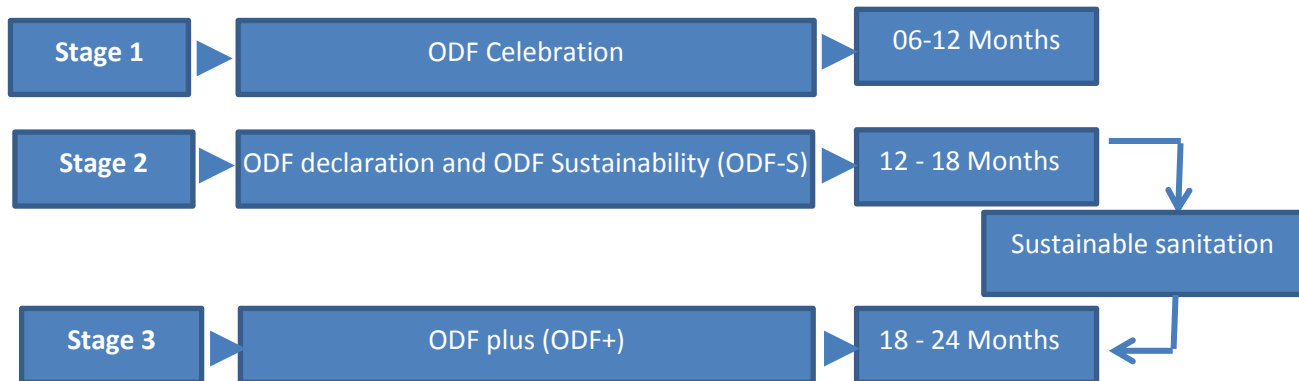
Key Discussion points:

- Concept and components of sustainable sanitation
- ODF Plus
- Importance of sustainable sanitation



3.1 Background

As discussed earlier, Water Supply Sanitation Department of the state has decided to work for ODF in three stages. The ODF declaration is proposed to be done in following three stages.



Considering the process of ODF declaration and its duration, the ODF GPs in the state have crossed the first stage of ODF celebration. These GPs now need to work for second stage, which is ODF sustainability. The central government is set to make the country ODF by 2nd October 2019, and Maharashtra still has about 16 months (June 2018 to October 2019) to achieve ODF sustainability. This stage should include activities for construction of remaining toilets at individual, institutional and public toilets and their use and proper O&M of created sanitation facilities.

The third stage involves activities for ODF plus which includes MHM and SLRM. Since the state has already achieved the first stage of ODF, following section presents the concept, importance and components of ODF-S and ODF+.

3.1.1 Sustainable sanitation (ODF declaration)

ODF is clearly defined by the MDWS as “No available faeces in the environment/ village and every household as well as public / community institutions using safe technology option for disposal of faeces.”²

Based on this definition, guidelines for ODF verification have been issued by Government of India³ where some broad guidelines are being provided to the States, for evolving their verification process. Accordingly, Maharashtra state government issued guidelines for three level verification of ODF GPs based on few criteria⁴.

3.1.2 ODF Sustainability (ODF-S)

The Government of India has issued a guideline on ODF sustainability on 15th December 2016⁵ which describes the process of achievement of ODF(S) with community engagement, rigorous ODF verification, continual engagement with ODF villages, process to support ODF sustainability, financing for sustainability, etc. Accordingly, Maharashtra state has issued draft State ODF sustainability guideline in June 2018. Final guideline will be issued shortly.

Definition: Sustainable sanitation is “to change the habits and mind set of people for regular use of village level environmental sanitation facilities, creation of capable systems for O&M of sanitation facilities and to build capacities of the GP for sustainability of the facilities.”⁶

Following section presents the key activities which need to be undertaken for sustainable sanitation.

1. Enabling policy framework needs to be established for use of existing sanitation facilities (i.e. toilets not in use, defunct toilets, etc.). In addition, sanitation facilities need to be constructed for households out of baseline survey (additional families, migrated families) and for village level institutions.
2. Strong systems need to be created for O&M of existing facilities like faecal sludge management, retrofitting of toilets, etc.
3. Efficient systems for implementation of Social Behaviour Change Communication activities and monitoring need to be built and strengthened

In order to get clarity on the activities to be done in ODF-S phase, the components of ODF-S are presented in schematic below and described in detail subsequently.

Components of ODF-S

² MDWS letter no. S-11011/3/2015-SBM dated 9th June 2015

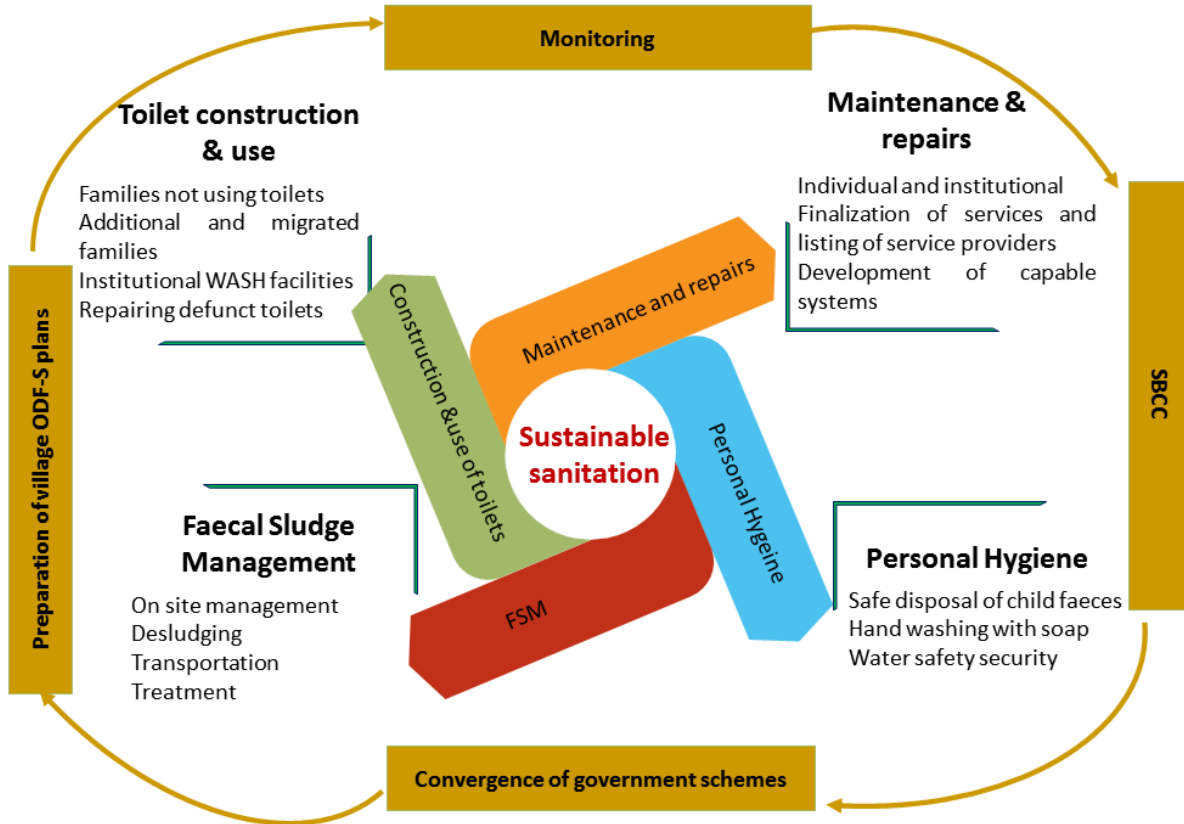
³ MDWS letter no. S-11011/3/2015-SBM dated 3rd September 2015

⁴ Maharashtra State Government GR no. Swa Bha Mi- 2015/ pra kra 181/ pa pu 08 dated 27th October 2015

⁵ MDWS letter no. S-11011/3/2015-SBM (Pt.1) dated 15th December 2016

⁶ Draft State ODF sustainability guideline, Maharashtra

Following schematic presents the key components of sustainable sanitation – construction and sustained use of sanitation, faecal sludge management, operation and maintenance of created sanitation facilities and personal hygiene. The processes which are necessary for achievement of the above components are- organization of village level action planning process, convergence of government schemes for construction of remaining toilets and their O&M, Social Behavioural Change Communication (SBCC) and robust monitoring mechanism.



Guidelines for sustainable sanitation

Following section presents the guideline for implementation of sustainable sanitation at GP, block and district level. The guideline is divided in two sections- demand side interventions and supply side interventions.

Demand side interventions:

1. ODF sustainability and ODF plus plan to be prepared for each GPs, its consolidation in district level plans
2. Preparation of communication and capacity building plan for ODF –S and ODF plus at GP and district level
3. Finalization of key SBCC messages, target stakeholders, channels and tools to reach to the target users

4. Awareness generation and SBCC for sustainable use of sanitation facilities

Supply side interventions

1. The number of families which need construction of toilets (additional families, migrated families, separated families, etc.) to be finalized. Various activities to be organized for triggering these families for toilet construction and use.
2. Number of families having a toilet but not using it needs to be finalized. Then, the reasons for non-use should be identified. Based on the specific reasons for non-use, activities for triggering use of toilets will be undertaken.
3. Systems for retrofitting of toilets, toilet repairs, faecal sludge management and O&M of toilets to be established
4. Number of defunct toilets and their degree of defunctness should be finalized and appropriate activities will be undertaken
5. Various options be assessed and implemented for issues in O&M of toilets (emptying of pits, cleaning of toilets, desludging septic tanks, etc.)
6. Institutional facilities for sanitation and water supply to be accessed and appropriate activities will be undertaken
7. Methodology for emptying of soak pits should be finalized. SHGs, youth groups will be encouraged for providing pit emptying services. Necessary activities for their capacity building will be undertaken.
8. Capacity building of Nigrani samiti members and swachhagrahis will be crucial. These stakeholders to be made responsible for implementation of various activities for ODF-S.
9. Entrepreneurship development for sustainable sanitation will be promoted. Efforts needed for financing these activities through micro financing, SHGs, etc.

3.1.3 ODF Plus

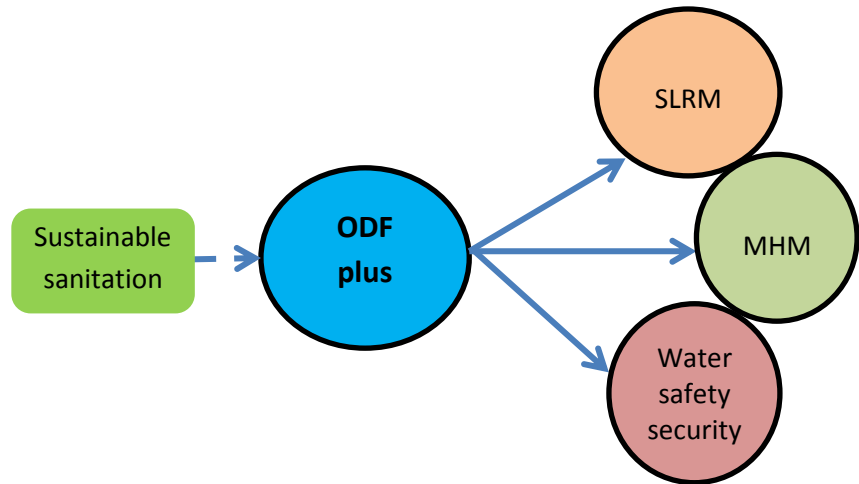
This phase mainly includes management of solid and liquid waste using technically appropriate options and effective management of menstrual hygiene at institutional level. A GP will be eligible for ODF+ declaration if the above activities are implemented.

Criteria

- Fulfilment of all criteria of ODF-S
- Availability of solid waste collection and management
- Availability of solid waste collection system and processing centres for biodegradable waste
- Practice of appropriate water handling and storage
- If public/ common toilets exist in a GP, the names of user families will be written on the door, and the user families will be given a key to the toilet. Ratio of families using public/ group toilets should be less than 5% of the total families
- Availability of MHM facilities in school and health centres

Components

The schematic shows main components of ODF+ which are SLRM, MHM and water safety security.



Guidelines for ODF+

Following section presents the guideline for implementation of ODF plus at GP, block and district level.

1. An external organization to be appointed for checking appropriateness of toilet construction and effects of inappropriate toilet construction on environment.
2. Efforts to be taken for sustained use of SLRM facilities available in the GP. If new systems are to be developed, decentralized systems will be preferred.
3. IEC activities should be organised for menstrual hygiene management. Efforts to be taken for developing systems for availability of sanitary napkins and its management.
4. Building capacities of block and district level functionaries for effective implementation of ODF-S and ODF+.
5. Village level ODF-S action plans for the above mentioned components need to be developed. Based on these, a district level strategy should be finalized for implementation of ODF-S and a district sustainability plan to be prepared.

3.1.4 Importance

Contribution of all government functionaries from GP level to State level in making the state ODF is incredible and appreciated. It is a prime responsibility of every villager to take efforts for sustained use of sanitation facilities. The government departments responsible for sanitation are expected to undertake activities to make villagers aware of their responsibility in ODF-S, creating efficient systems for the same, building capacities of these systems and providing technical guidance as per requirement. Unless every family understands their responsibility in sanitation and takes efforts for it, the dream of complete sanitation will not be possible.

India is committed to Sustainable Development Goals (SDGs). The Sustainable Development Goals are a universal call to action to end poverty, protect the planet



and ensure that all people enjoy peace and prosperity.

A set of 17 goals for the world's future have been finalized out of which goal-6 is about 'Clean water and sanitation'. As per this goal, following targets are to be completed -

- By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
- By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programs, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies
- Support and strengthen the participation of local communities in improving water and sanitation management

Maharashtra state government has taken a few steps for achieving SDGs like identifying nodal and supporting departments and instructions for preparation of action plans and vision documents, etc. The data on progress of goal 6 in Maharashtra is not available yet.

In summary, it is very crucial to implement timely and effective activities for achieving sustainable sanitation and ODF+ in all GPs. The balance period of 1.5 years is a bonus period for the state where existing sanitation facilities may be further strengthened and made sustainable. Subsequent chapters of this manual present the processes, policy and activities needed for SBCC, formulation of sustainability action plans, development of district sustainability and communication plans, and effective monitoring mechanism.

Chapter 4: Construction, repairs and use of toilets

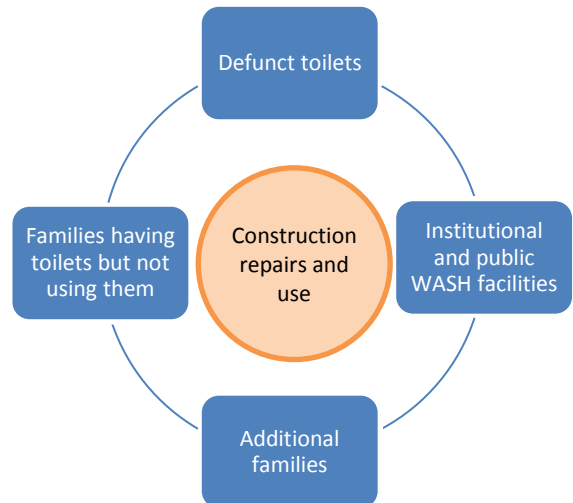
Key discussion points:

- Status of Construction, repairs and use of toilets in the state
- Government guidelines
- Implementation Methodology



4.1 Introduction

Sustained use of toilets is an important component of ODF-S. This component mainly includes construction of toilets for remaining households, repairs of defunct toilets, bringing toilets in use and ensuring sanitation facilities at institutional level. This chapter presents the status, government guidelines, resources and implementation methodology at various levels.



4.1.1 Defunct toilets

Biggest challenge in case of sustained use of sanitation facilities is defunct toilets. The incentives distributed under CRSP, TSC, IAY etc. were minimal, as the idea was to motivate people to build good quality toilets through their own funds. The amount was looked upon just as an incentive for building a toilet. However, in many cases, toilets were constructed within the incentive amount compromising on its quality; main reason being the mind-set and attitude of people towards sanitation, less priority to sanitation and financial constraints. Many of these toilets are dysfunctional due to their inferior quality of construction. In addition, toilets built around 10-15 years ago need some repairs and are defunct as of now. The ratio of defunctness is observed to be more in case of toilets built under Indira Awas Yojana (IAY). Many times, the users may not be ready for repairing the toilets. Therefore, these families need to be triggered for undertaking toilet repairs through SBCC activities.

In addition to this, the state government set a target of making the state ODF by March 2018, which was a challenge for districts, especially those which had high no. of balance constructions. Toilet construction was done at a very fast pace in the last stage of achieving ODF target. Readymade toilets were used as quick options in many cases. There are chances that this resulted in technical

inappropriateness of construction. The number of such toilets needs to be finalized and addressed appropriately.

4.1.2 Toilet construction for additional families (families out of 2012 baseline survey)

As per central government guidelines, a baseline survey of IHHLs in the state was conducted in 2012. Total number of families without toilets was identified through this survey and particular household categories were declared to be eligible for incentive. The target for NBA/ SBM was based on the baseline survey. Maharashtra has completed the target for toilet construction as per baseline survey. However, some of the families which were left out of the survey or families separated, migrated or newly formed after BLS do not have toilet facilities, and practice open defecation. **Therefore an assessment of such families needs to be conducted for understanding the extent and nature of such families.**

4.1.3 Institutional and public WASH facilities

Public places in the GP like market area, tourist places, temples, etc. are visited by many villagers/ outsiders. Availability of urinals and latrines at such places is crucial for freedom from open defecation. Also, sanitation facilities are needed in schools, Anganwadis, Health Facilities, GP building, banks, Post offices, etc. Sanitation facilities generally exist in most institutions, however they are not maintained properly and not in use. An assessment of sanitation facilities at institutional level need to be conducted and relevant activities need to be implemented in convergence with the concerned departments including setting up of sustainable system of O&M.

4.1.4 Families having toilets but not using them

Most important factor in ODF sustainability is sustained use of toilets. As discussed in the previous chapter, common reasons for non-use are mind-set of the people towards sanitation, inadequate availability of water, and lack of collective monitoring. It is also observed that the ratio of toilet use by old age people and children below 5 years is less. Villagers, who stay in farms for a longer duration, tend not to use toilets during their stay. The rate of toilet use has definitely increased in last few years. However, for achieving ODF status in real sense, the GP needs to ensure that not a single person from the village practices open defecation.

4.2 Swachh Bharat Mission Guidelines

- 1 As per the state sustainability guideline, an assessment of additional families, defunct toilets, toilets not in use and institutional sanitation facilities needs to be done. Based on the assessment data, activities for toilet construction, repairs and use need to be finalized. These activities need to be incorporated in the village sustainability plan. Activities for SBCC are a critical component of this plan.
- 2 The village action plans will be consolidated at district level and a district plan for communication and capacity will be prepared for both ODF –S and ODF plus.
- 3 The GP will be responsible to motivate additional families for toilet construction

- 4 The GP will construct public sanitary complexes to be used by floating population.
- 5 The education department will ensure separate toilet facilities for girls and boys in schools. One urinal space is to be provided for every 20 to 40 boys and girls separately and one toilet seat for every 80 to 120 boys or girls separately.⁷ The GP will ensure water supply facilities, their repairs, and creations of hand wash stations. Parent representatives will organize a meeting for monitoring the O&M of these facilities.
- 6 Women and child welfare department will ensure availability of toilets in anganwadis
- 7 Monitoring mechanism needs to be established for sustained use of toilets. Rapid Action Learning Unit (RALU)⁸ will be established to monitor, evaluate and provide advice on corrective actions and upscale good practices regarding ODF-S
- 8 IEC/ SBCC activities need to be conducted for ensuring regular use of toilets. Geo-tagging of toilets constructed under SBM(G) is necessary as per SBM guidelines. Status on use of toilets is to be uploaded along with geo-tagging.
- 9 Though there is no dedicated fund available for some of the above activities, sources like CSR, MREGS may be used for these purposes.
- 10 Since sanitation is impacted by behavioural issues, additional focus needs to be laid on triggering families through SBCC

4.3 Retrofitting of toilets

So far around 1.1 crore toilets have been built in Maharashtra. However, their regular use can be ensured only when quality of construction is maintained. Only good quality construction can ensure appropriate management of excreta and quality constructions can also sustain for longer duration.

Good quality construction is one having pit/ tank which efficiently treats human excreta without polluting ground water and a superstructure which protects human dignity and survives adversities of all seasons.

It has been observed during field visits that there are many toilets in rural Maharashtra which are technically inappropriate. This observation has been supported by many studies like Gol CMS study (2012), Taru study (2008), etc. Many toilets have wrongly constructed pits, wrongly installed pipes and chambers, weak or damaged superstructures, absence of Y junction, pit cover, poor plinth foundation,

⁷ MDWS DO No W 11042/6/2003-CRSP(pt) dated 6th May 2009

⁸ Rapid Action Learning Units (RALU) are to be set up under SBM at the National, State and District levels tasked with studying and analyzing action taken across the country in the rural sanitation program, evaluating their impact, identifying good practices for up-scaling and also suggesting innovations and a range of options for implementation.

toilets constructed within 10-15 meters radius from water source⁹, too closely constructed pits, incorrect septic tanks, etc. Many of these are serious issues and can adversely affect waste management process of the toilets. Few areas where technical issues are commonly observed in rural toilets are listed below-

Common areas of technical issues

<p>A. Sub-structure -Pit /On-pit/ Site Selection -Inspection chamber -Septic tank -Conveyance pipes</p>	<p>C. Pre-Fabricated Structures -mostly the superstructures -some cases sub-structures</p>
<p>B. Super-structure -For regular use -For Divyang (with different abilities) -Squatting platform -Pan or commode -Walls -Water availability and access -Vent pipes -Ventilation</p>	<p>D. Toilets for Divyang/specially abled -hand-railings -provision of commodes -ablution arrangements</p>
	<p>E. Septic Tanks -incorrect tanks -drains to fit with soak pits -on-tank</p>


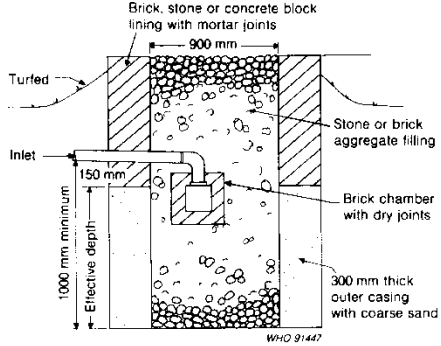

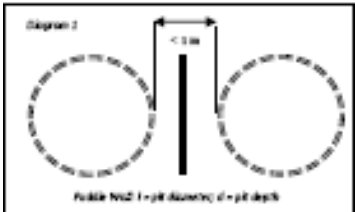
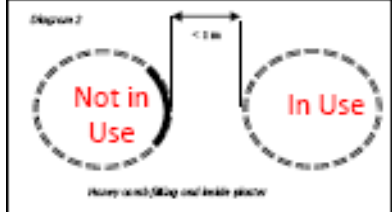
For sustained use of toilets, the technical faults need to be rectified to allow proper management of excreta and to make them user-friendly. In short, retrofitting of these toilets is necessary for sustainable sanitation.




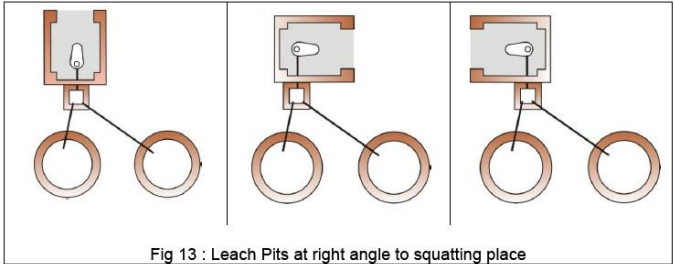
Retrofitting is an action or measure to address the technological GAP which is affecting its functionality and excreta management process including its sanitary status, and to help the user to use the toilet for ending open defecation.

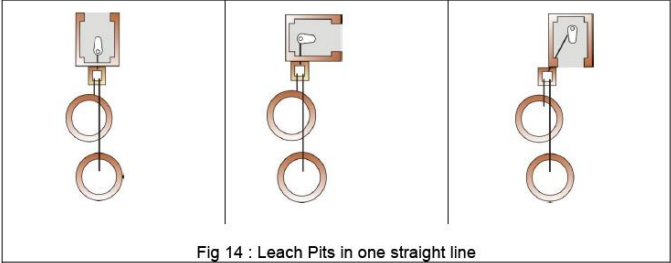
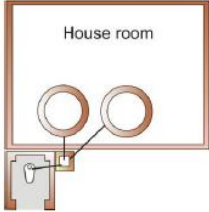

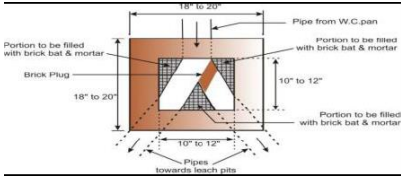

The technological aberrations gaps can be narrowed with few low cost and easy solutions. These retrofitting options for each type of aberration is presented in the table below-


Sr. No.	Conversion	Possible Solutions
1.	Single Pit to twin pit	<ul style="list-style-type: none"> • Second pit may be dug at 1m distance from the first pit. • Y- junction may be constructed & connected to both the pits as per specifications.

⁹ Letter issued by MDWS on toilet technology no. . S-11011/1/2017-SBM dated 22nd February 2017

Sr. No.	Conversion	Possible Solutions
2.	<p>Septic tank without soak pit to with soak pit</p> 	<p>Never allow the effluent of septic tanks to flow in the open or in an open drain. This can cause water pollution & spread of diseases. This is also against the law. Instead, make a provision of a soak pit or leach pit of appropriate volume to accommodate the effluent.</p> 
	<p>Absence of vent pipe for septic tank</p>	<p>Always provide a vent pipe to evacuate the obnoxious gases from the septic tank. The vent pipe should have 3" diameter, should raise above the nearest building structure, should have a cowl on the top for proper ventilation & a mosquito screen wrapped around the it to avoid access to mosquitoes.</p>
3.	<p>Shared toilet to IHHL</p>	<p>In case of less space, 01 or more HHs can be connected to twin pits through Y junction</p>
4.	<p>Twin pits built too close to each other</p> 	<div style="display: flex; justify-content: space-around;"> <div data-bbox="656 982 1008 1192">  <p>Option 1: Construct a puddle wall between the two pits (Wall length = pit diameter; Wall depth = pit depth)</p> </div> <div data-bbox="1036 982 1425 1192">  <p>Option 2:</p> <ul style="list-style-type: none"> • Plaster the inner surface of the pit wall of the 'not in use' (empty) pit • Stop using the first pit; divert the flow of faeces to the renovated pit, • Leave the faecal matter in the first pit to decompose • After decomposition, empty the first pit, • Plaster the inner wall adjacent to the other pit </div> </div>
5.	<p>Twin pits too close to drinking water source</p>	<ul style="list-style-type: none"> • Distance less than 10-15 meters–dismantle the water source • Saturated (wet) or unsaturated soil –relocate the water source at safe distance • Soil type is either fine sand or coarser soil - should not use the water for any purpose

Sr. No.	Conversion	Possible Solutions
		<ul style="list-style-type: none"> • The pit wall towards the water source may be completely cemented from within inside & outside using cement mortar
	<p>Pits too deep</p> 	<ul style="list-style-type: none"> • Growth and functioning of pathogens (bacteria) decomposing excreta being affected beyond 1m • Once filled up, earth should be filled upto 1 m deep or new pit upto 1m should be dug.
	<p>Single pit with no junction</p>	<ul style="list-style-type: none"> • Y-junction should be constructed to ensure functional toilet • Toilet should be not used for 2/3 days till the y junction & second new pit is constructed
	<p>Incorrect pits beneath a structure</p>	<ul style="list-style-type: none"> • The incorrect pits should be abandoned. • Two new pits (1mX1m) should be dug outside the house at least 1.5 m away from the superstructure and connected with a Y-Junction (1ftX1ft) is installed outside too
	<p>No space for second pit</p> 	<ul style="list-style-type: none"> • Single pit (circular or rectangular) may be dug breadth may be expanded but depth should be 01m. • A brick wall separating the pits completely cemented from both ends. The foundation of the wall should be from 01ft below earth to check water seepage from one pit to another. • If adequate space is not available, location of the pits can be altered depending on the space availability. Some such alternatives are presented in the diagram below- <div data-bbox="704 1535 1373 1797" style="text-align: center;">  <p>Fig 13 : Leach Pits at right angle to squatting place</p> </div>

Sr. No.	Conversion	Possible Solutions
		 <p data-bbox="899 510 1179 529">Fig 14 : Leach Pits in one straight line</p>  <p data-bbox="889 783 1182 806">Fig 15 Leach pit inside house</p>
	<p data-bbox="261 831 630 894">Pit is cemented at the bottom and in use</p>	<ul data-bbox="654 831 1398 968" style="list-style-type: none"> • If the side walls have holes then it can be used. Once filled & waste removed holes may be made at the bottom too • If it is completely sealed –holes should be made both at the bottom & side walls
<p data-bbox="261 978 553 1003">Leach pits without holes</p>		<ul data-bbox="654 978 1419 1224" style="list-style-type: none"> • (i) In case pits are not having holes & are not in use: • Holes should be made in both the pits, in alternate layers (except two layers at the bottom & the top) and bottom should be unsealed (if cemented). (ii) In case both the pits are without hole and one is in use: 2nd pit may be modified and holes may be made. Once, the 1st pit is emptied while 2nd pit in use, it could be vice versa
<p data-bbox="261 1262 597 1287">Poor angle of toilet pan trap</p>		<ul data-bbox="654 1262 1430 1398" style="list-style-type: none"> • Pan trap should have a water seal of 20mm (for rural pan) & 50 mm (for commercial pan). • Pan trap should be repaired and proper water seal should be checked.
<p data-bbox="261 1409 537 1434">Poor Junction chamber</p>		<ul data-bbox="654 1409 1338 1472" style="list-style-type: none"> • It is the lifeline connecting pan & pit together. • Junction chamber should be repaired and strengthened  
<p data-bbox="261 1724 630 1787">Alternative toilet cleaning agents</p>		<p data-bbox="654 1724 867 1749">Lime powder/ash</p>
<p data-bbox="261 1797 591 1860">Twin pit in high water table areas</p>		<ul data-bbox="654 1797 1414 1892" style="list-style-type: none"> • In water logged area the pit top should be raised by 300 mm above the ground. Earth should then be filled well-compacted around the pits up to 1 m distance from the pit and up to its

Sr. No.	Conversion	Possible Solutions
		<p>top. The raising of the pit will necessitate rising of latrine floor also.</p> <ul style="list-style-type: none"> • Other alternative technologies are Bio Toilet & Eco San Toilet <p>Bio-toilet is a decomposition mechanized toilet system which decomposes human excretory waste in the digester tank using specific high graded bacteria (aerobic or anaerobic) further converting it into methane gas, Carbon dioxide gas and water.</p> <p>ECOSAN Type of toilet separates human excreta, urine and wash water and allows dry decomposition of excreta. ECOSAN toilet envisages use of specially designed toilet pan for segregation of all types of waste material. Maintaining dry excreta and allowing decomposition of dry excreta is an important part of this technology.</p>

Ref: T for Toilet, WSSD, GoM and UNICEF Mumbai, 2015

4.4 Methodology proposed for construction, repairs and use of toilets

	Activities	District	Block	GP
1.	ODF-S planning	Issuing instructions to the GPs and blocks for organization of village level ODF-S planning process.	As per district level instructions, organization of village level ODF-S planning process	Survey of defunct toilets, additional families, migrated families and public/ institutional sanitation facilities and preparation of village level ODF-S plan of the village
		Consolidation of block level lists of defunct toilets, additional families, migrated families and public/ institutional sanitation facilities and verification of the data by visiting sample villages from each block	Consolidation of GP level lists of defunct toilets, additional families, migrated families and public/ institutional sanitation facilities and verification of the data by visiting sample villages in the block	Selection of Swachhagrahis and setting up Nigrani Samiti and support them for implementation of various ODF-S activities
2.	Convergence	Organizing activities for convergence with various departments/ institutions and flagship programmes (MREGS, NLM, NHM, Panchayat department, Education department, ICDS, corporate companies, etc.)	Organizing activities for convergence with various departments/ institutions (MREGS, Education department, ICDS, corporate companies, etc.)	Coordination with village level government functionaries for undertaking various ODF(S) activities in the villages
		Issuing instructions for listing of service providers (private providers, SHGs, youth groups, CBOs, etc.) willing to provide ODF-S services	Submission of proposals for making resources available for construction and repairs of individual, its follow up and monitoring	
		Submission of proposals for making resources (funds, HR, administration, etc.) available for construction and repairs of individual , its follow up and monitoring		

Training manual on sustainable sanitation

	Activities	District	Block	GP
3.	Capacity building	Listing of CB activities for ODF(S) and their incorporation in district AIP	Participation in the district level workshop for preparation of district sustainable sanitation SBCC and Capacity building Plan	
		Capacity building of functionaries for implementation of the plan	Organizing capacity building activities for concerned functionaries regarding effective implementation of the plan	
			Organizing capacity building activities for SBCC facilitators and communication champions	
		Organize TOTs for master trainers for effective implementation of SBCC activities for construction, repair and use of toilets	Organizing capacity building activities for masons on technically appropriate construction and retrofitting	
			Organizing capacity building activities for training people to identify the problems with toilets, and deciding retrofitting needs	
4.	SBCC	Issuing instructions for SBCC regarding ODF(S) and listing of communication champions at block/ GP level	Consolidation of lists of communication champions at block/ GP level for IPC regarding ODF(S)	Formation of a capable group for formulation of social rules for sustained use of toilets, and monitoring obedience of these rules by all members
		Preparation of district sustainable sanitation IEC plan and Capacity		Triggering SHGs, youth groups for working as service providers

Training manual on sustainable sanitation

	Activities	District	Block	GP
		building plan by organizing a district level workshop.		Organization of activities in reference to local contexts like good morning squads, home visits, mass media, communication movements, etc. Ensuring involvement of children in these activities
5.	Entrepreneurship development and mapping of existing service providers	Finalization of protocol for selection of service providers and issuing instructions to block level	Listing of service providers (private providers, SHGs, youth groups, CBOs, etc.) willing to provide ODF-S services	Identification and submission of lists of active entrepreneurs, SHGs, youth groups, etc.
			Selection of service providers willing to provide ODF-S services	Contracts with service providers for providing ODF(S) services in the village
6.	Monitoring	Monitoring of various activities at block and GP level and provide necessary technical assistance	Monitoring of various activities at GP level and provide necessary technical assistance	Organization and monitoring of activities for achieving ODF sustainability
			Organization and monitoring of activities like good morning squads, home visits, mass media, communication movements, etc.	

Chapter 5: Sustainability of institutional sanitation facilities

Key Discussion points:

- Importance of sustainability of institutional sanitation facilities.
- Key issues
- Proposed methodology for ensuring sustainable institutional sanitation



5.1 Background

Sustainability cannot be achieved in true sense unless the public institutions like schools, anganwadis, GP office, post offices, health centres, etc. meet basic sanitation, hygiene, water requirements. Along with construction of toilets for remaining households, repairs of defunct toilets, bringing toilets in use ensuring sanitation facilities at institutional level is one of the important components of ODF(S). Sanitation facilities generally exist in most institutions, however they are not maintained properly and not in use. This chapter presents the status, planning, implementation and monitoring methodology at various levels.

In recent times SBM(G) has taken initiative for WASH in Schools as children are potential agents to disseminate messages of sanitation and personal hygiene at family and community level. To give impetus to SBM and realize the goals of sustainability two major steps are taken to improve school sanitation- Swachh Bharat: Swachh Vidyalaya (SBSV) campaign and Swachh Vidyalaya Puruskar (SVP).

The high incidence of stunting, mortality and morbidity rate among infants and children is attributed largely to unsafe water supply, poor personal hygienic practice and insanitary environment. Anganwadi being crucial rural mother and child care centre in India becomes critically focus area in terms of ensuring child friendly sanitation facilities.

In addition, all other public institutions need to have and maintain sanitation facilities and hygiene for complete elimination of open defecation. The key facilities required in all institutions are-

- Availability of clean and functional toilets and urinals. (availability of separate toilets and urinals for girls and boys in schools and baby friendly toilets in anganwadi)
- Menstrual hygiene management facilities along with teaching learning materials with trained nodal teachers
- Group Hand washing facilities before MDM
- Availability of water for drinking and for use in toilets, urinals and hand washing stations

All water, sanitation and handwashing facilities need to be clean, functional and well maintained to ensure that the intended results are achieved and capital investments made in installing these systems are not lost.

5.2 Key issues

Number of study reports like WASH in Public Health Facilities in Maharashtra Report by Appa Patwardhan Safai wa Paryawaran Tantraniketan, Swachh Swastha Sarvatra and Swachh Bharat Swachh Vidyalaya guidelines along with field experiences by PriMove team reveal that there are a number of potential barriers to developing and implementing institutional sanitation and hygiene for ODF(S) – and some factors which are supportive of them. These are enumerated as following -

School hygiene and sanitation

- Lack of proper maintenance of the facilities
- Lack of child and gender friendly designs
- Limited knowledge among teachers, students about SBSV and SVP
- Lack of knowledge on MHM practices
- No incinerators for safe disposal of sanitary pads in upper primary and secondary schools.
- Lack of changing room facility for girls during menstruation.
- Lack of financial provision for O&M of sanitation facilities.

Anganwadi Sanitation

- Many Anganwadis in rented buildings do not have toilets
- Baby pans are not available in many Anganwadis
- Dedicated handwashing station not available
- There is no financial provision for O&M of sanitation facilities.
- Many Anganwadis do not have proper toilet facilities
- Lack of clarity on role of Anganwadi workers on how to contribute to the SBM mandate as an important stakeholder

WASH in Health facilities – Primary Health Centres (PHCs)

- functional WASH facilities – toilet and urinals and hand washing points
- Availability of functional dedicated drinking water points.
- Lack of knowledge about 6 steps of hand washing among staff
- Lack of efficient Bio-Medical Waste Management System
- Provision of Elbow operated taps of appropriate height, and wash basins
- Messaging on use of toilets, safe water handling and hand washing with soap at critical times
- No or lesser involvement of ASHA, ANM and MPW in promotion of safe sanitation and hygienic practices amongst population in respective Gram Panchayats

Government institutions

- Many of the GP buildings either do not have a toilet or are not maintained properly
- Ignorance towards building toilets in institutions like banks post offices, society offices, etc.

- Ignorance towards sanitation facilities in public places like bus stands, markets, etc.
- Less public toilets for women in growth centres, or villages with high floating population.
- There is no financial provision for O&M of sanitation facilities
- Less sense of ownership and responsibility towards shared sanitation facilities.

5.3 On-going Schemes / Opportunities and Scope of Sanitation

In recent times SBM(G) has taken initiative for WASH in Schools as children are potential agents to take messages of SBM to home and community. To give impetus to SBM and realize the goals of sustainability two major steps are taken to improve school sanitation.

a. Swachh Bharat: Swachh Vidyalaya (SBSV) –

It is the national campaign driving ‘Clean India: Clean Schools’. A key feature of the campaign is to ensure that every school in India has a set of functioning and well maintained water, sanitation and hygiene facilities. Water, sanitation and hygiene in schools refers to a combination of technical and human development components that are necessary to produce a healthy school environment and to develop or support appropriate health and hygiene behaviours. The technical components include drinking water, hand washing, toilet and soap facilities in the school compound for use by children and teachers. The human development components are the activities that promote conditions within the school and the practices of children that help to prevent water, hygiene and sanitation related diseases.

b. Swachh Vidyalaya Puruskar (SVP) –

The Swachh Vidyalaya Puraskar was instituted by the Ministry of Human Resource Development, Government of India in 2016 to recognize, inspire and celebrate excellence in sanitation and hygiene practice in schools. The explicit purpose of the awards is to honour schools that have undertaken significant steps towards fulfilling the mandate of the Swachh Vidyalaya Campaign. This will keep the competition alive among schools and prove vital to ODF(S).

c. Swachh Swasth Sarvatra

To complement and sustain the efforts of SBM, Ministry of Health and Family Welfare and Ministry of Drinking Water and sanitation launched joint initiative Swachh Swastha Sarvatra. These are operational guidelines for Mission Directors, Programme officers of National Health Mission, District Collectors, Chief Medical Officers and facility in - charges of concerned CHCs and PHCs to guide and support them in implementation of joint initiative. The objective is to maximize gains through convergence, funding support and capacity building.

d. WASH in Anganwadi

Toilets in Anganwadis are necessary for the healthy growth of the children but there are issues, for instance, of privacy, safety, dignity, cost, child friendly designs, etc. which need to be addressed and solved. A new GR¹⁰ has been released by the Women and Child Welfare department which makes provision for constructing and repairing Anganwadi buildings and construction/ repairs of toilets in anganwadis.

¹⁰ GR no ABAjava-2017/prakr 101/ ka 6 by Women and Child Welfare department dated 15th December 2017

5.4 Methodology proposed for ensuring sustainable institutional sanitation

Considering the importance of institutional sanitation, time bound and focused activities for their sustainability need to be designed, planned and implemented in every district. Following table presents the methodology for ensuring sustainable institutional sanitation-

	Activities	District	Block	GP
1	ODF-S planning	Inclusion of participatory assessment of institutional WASH in ODF(S) planning process	As per district level instructions, organization of village level ODF-S planning process	Survey of institutional WASH facilities and preparation of village level ODF-S plan of the village
		Consolidation of block level data on institutional WASH and verification of the data by visiting sample villages from each block	Consolidation of GP level lists of institutional WASH facilities and verification of the data by visiting sample villages in the block	Selection of Swachhagrahis and setting up Nigrani Samiti and support them for implementation of various ODF-S activities
2	Convergence	Organizing activities for convergence with various departments/ institutions (Education department, ICDS, Tribal Development Department, Department of Social Welfare and Justice, RDD, corporate companies, etc.)	Organizing activities for convergence with various departments/ institutions (MREGS, Education department, ICDS, TDD, RDD corporate companies, etc.)	Coordination with village level government functionaries like ASHA, AWW, ANM, Teachers for undertaking various activities for ODF(S) at institutional level
3	Capacity building	Capacity building of functionaries including front line workers like ASHA, ANM, AWW, Teachers for implementation of institutional ODF(S) activities	Organizing capacity building activities for concerned functionaries regarding effective implementation of institutional ODF(S) activities	
4	SBCC	Incorporation of SBCC activities for institutional WASH in district sustainable sanitation IEC plan		Organization of activities like good morning squads, home visits, mass media, communication movements, etc. Ensuring involvement of children in these activities
5	Monitoring	Monitoring of various activities at block and GP level and provide necessary technical assistance	Monitoring of various activities at GP level and provide necessary technical assistance	Organization and monitoring of activities for achieving ODF sustainability

Chapter 6: Maintenance and repairs of sanitation facilities

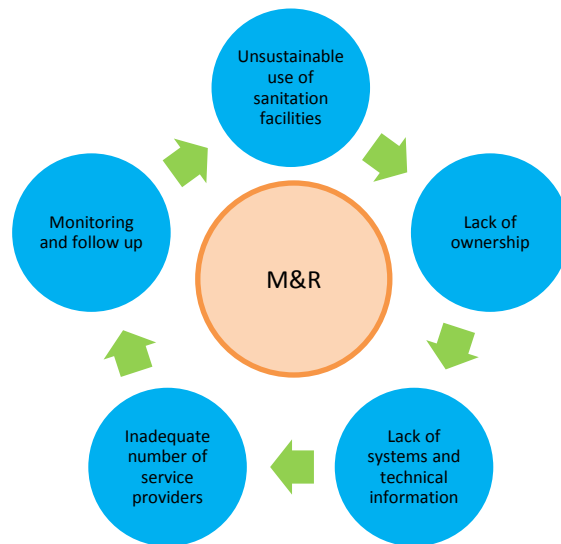
Key Discussion points:

- Importance of maintenance and repairs of sanitation facilities.
- Government guidelines and availability of funds.
- Issues, reasons, solutions and technical options for maintenance and repairs.
- Proposed methodology for M&R.



6.1 Introduction

Regular maintenance and periodic repairs of individual and institutional sanitation facilities is an important component of ODF sustainability. For constructing sanitation facilities, the technology suitable for local conditions is generally selected. Inadequate maintenance and repairs of sanitation facilities may lead to temporary/ permanent breakdown of the facility, hampering its sustainable use. Therefore, O&M requirements of the technology need to be considered during technology selection and construction phase. Appropriate activities need to be undertaken for assessment of technologies. Key challenges for efficient M&R of sanitation facilities are lack of ownership of sanitation facilities in rural areas, inadequate systems for M&R, inadequate monitoring and follow-up, etc.



6.2 Government guidelines

- As per ODF(S) guidelines¹¹, M&R of village level sanitation facilities is the responsibility of GP.
- The block and district are responsible for setting up systems for M&R and building capacities of these systems.
- District level activities need to be undertaken for selection of service providers and building their technical skills for M&R.
- SBCC activities are required for effective M&R of sanitation facilities and their sustained use.

¹¹ Draft State ODF sustainability guideline, Maharashtra

Maintenance of toilets

Issue	Reasons for inadequate maintenance	Solutions
<ul style="list-style-type: none"> • Daily and annual maintenance activities are not done. • Proper methodology is not followed. • Required material for maintenance is unavailable. 	<ul style="list-style-type: none"> • Insufficient technical information for daily and annual maintenance. • Non-availability of service providers of required material. 	<ul style="list-style-type: none"> • Organization of IEC/ BCC activities. • Empanelment/ procurement of service providers of required material.

Important pointers for regular M&R

A. Regular maintenance

1. Keep sufficient water stored near the toilet so that every user can get required quantity at any time.
2. Pour a little quantity of water into the pan before use so that the excreta do not stick to the pan.
3. Flush the pan with required quantity of water after defecation
4. Ensure that water is not accumulated inside the toilet room
5. Use a long handled brush for cleaning the pan
6. Use Neem wash or bleach base product with 0.5% bio chloride mixture for cleaning
7. Do not use acid/ detergent for cleaning the pan
8. Keep area around the pit clean
9. Make sure that the door opens outside to avoid rotting of the wooden door
10. Ensure that the finishing of toilet chamber is done properly to avoid clogging of excreta
11. There is no need of vent pipe for two pit latrine, so remove vent pipe
12. Ensure that water seal is fixed properly to avoid foul odour

B. Annual maintenance

1. Make sure that the door, lock, roof, walls, pit, chamber, window, etc. are in good condition
2. Open the pit after wearing hand gloves and mask and check how much of the pit is filled
3. In case of one pit latrines, dig second pit and fix chamber for diversion of waste to second pit
4. Make sure that rain water is not entering the pit
5. If the wall colour is faded, repaint the walls
6. Use sufficient water to avoid foul smell

Construction of soak pit

1. The dimensions of the soak pit should be 3ft breadth, 3 ft length and depth of 2.5 ft near the toilet and 3 ft on opposite side
2. Fill 1/3 of the pit by small stones and then medium size stones. The topmost layer should again be of small stones. Do not fill the soak pit completely
3. Bring the pipe from chamber till the center of the pit and cover it with stones
4. Fix a pot having a hole of 6-8 inch diameter in the top most layer
5. Fill the pot with grass and coconut peels and make sure that the waste from the pipe falls directly into this pot

Filling of a soak pit

Issue	Reasons for non-emptying	Solutions
<ul style="list-style-type: none"> • Inadequate awareness about the methodology for pit emptying. • Non-use of filled up pit. 	<ul style="list-style-type: none"> • Inadequate technical information for pit emptying • Misconceptions about pit emptying • Inadequate service providers for pit emptying 	<ul style="list-style-type: none"> • Triggering the concerned families for construction of a second pit (in case of single pit latrines) • Spread of technical information through IEC/IPC activities. • Demonstration of pit emptying

Methodology for pit emptying

- One year after the changeover of pits, the first pit is ready for emptying.
- The right time to take out the manure is April –May or December –January
- First of all, remove the cover of the filled leach pit.
- Observe the manure carefully.
- If there are any roots of nearby tree found grown in the pit, remove the same.
- Take out the manure with a spade and a *Ghamela*
- As the level of manure goes down, one cannot remove it from above. One can safely get inside the pit and remove the manure. Do not forget to wear proper shoes while doing so.
- Sometimes the lower most portions may be wet. However this is not harmful. You can take the same out or let it dry by keeping the pit open for 1-2 days.
- Fix the pit lid properly after emptying and spread soil over it

Desludging of septic tanks

Issue	Reasons for non-desludging	Solutions
<ul style="list-style-type: none"> • Inadequate information about M&R of septic tank type toilets • Technically inappropriate construction • No desludging, transportation and treatment 	<ul style="list-style-type: none"> • Non-availability of van for desludging • Non-availability of affordable services of desludging • Non-availability of facilities for end treatment of sludge 	<ul style="list-style-type: none"> • IEC activities for maintenance and desludging of septic tanks • Necessary repairs of tanks • Availability of affordable services for faecal sludge management • Setting up faecal sludge treatment units at block level

Regular maintenance of the septic tank

- Use bleach based mixture for cleaning the toilet pan.
- Use a brush having two side bristles for cleaning the toilet pan.
- Make sure that water from bathroom, domestic water and rainwater does not enter the septic tank.
- Cover the vent cap with a net to prevent mosquitoes from entering the tank, which can cause further increase in number of mosquitoes.

Management of Faecal sludge

Methodology and system of desludging

- The septic tank needs to be desludged every 3-5 years based on the number of users and size of tank
- Sludge pump/vacuum pump is necessary for desludging
- Such facilities are not available in rural areas as they are costly
- Technologies like gulper, Mapet are available in market and can be used for emptying septic tanks
- A Vacuum pump may be purchased if the number of septic tank type toilets are high

Issue	Reasons for inefficient management	Solutions
<ul style="list-style-type: none"> Septage from septic tanks is discharged in open 	<ul style="list-style-type: none"> Less awareness regarding the impacts of inappropriate septage management inadequate technical information Mindset of the people 	<ul style="list-style-type: none"> Organization of IEC/BCC activities Digging soak pits for septage management through GP level missions

Community, institutional and shared toilets

Issue	Reasons	Solutions
<ul style="list-style-type: none"> Lack of maintenance and repairs Inadequate availability of water lack of hygiene 	<ul style="list-style-type: none"> Lack of ownership Lack of system for M&R Inadequate funds for M&R 	<ul style="list-style-type: none"> Maintenance of toilets by families in rotation/ concerned institute Appointment of a care taker/ service provider for M&R Organize IEC activities Levying of user charges GP to add component of O&M of Community, institutional and shared toilets in GDPD plan.

Pointers for M&R of public toilets

1. Ensuring availability of water
2. Availability of material for cleaning
3. Regular use of toilets and monitoring of regular cleaning
4. Availability of service providers for regular M&R

6.3 Methodology for maintenance and repairs of sanitation facilities

As discussed before, the reasons for inefficient M&R need to be identified and addressed appropriately. Various factors like geographical characteristics, social structure, financial status, psychology of the people, etc. need to be considered. Based on these factors, a strategy for addressing the issues of M&R

needs to be finalized and implemented. Following points may be considered while designing the strategy

No.	Issue	Strategy pointers
1.	Development of sense of ownership by the community	Identify activities and subjects for IEC Incorporate these activities in the SBCC plan Prepare material for IEC Identify the facilitators for every activity Undertake capacity building activities for the facilitators Implement the planned activities as per schedule
2.	Development of capable systems	Set up committees if they are not available presently Assess the capability of these village level institutions for M&R Built capacities of these institutions through IEC activities, meetings, CB activities, etc.
3.	Selection of service providers for M&R	Select service providers for M&R of toilets. SHGs, youth groups, CBOs may be motivated to work as service providers. Organize capacity building activities for the service providers
4.	Dissemination of technical information	Develop communication material on technical information regarding M&R of toilets for IEC/ BCC Build capacities of the stakeholders through trainings, workshops, demonstrations, study tours, etc. Provide necessary guidance to the concerned GP
5.	Availability of funds	Prepare a budget for M&R of public toilets Decide the user charges amount accordingly and collect charges Provide guidance to the GP for financial management and balancing accounts Support the GP for coordination if a CSR fund is available for a particular GP
6.	Monitoring and follow up	Formulate a framework for monitoring the M&R activities Finalize the methodology for monitoring of the service providers' work Finalize the mechanism for monitoring IEC activities Assess the impact of M&R activities

Sanitation sustainability in Kanhewadi Tarf Chakan GP

Kanhewadi Tarf Chakan GP has taken commendable efforts for achieving and sustaining sanitation for last 12 years. Kanhewadi Tarf Chakan is located in Khed Tehsil of Pune district in Maharashtra, India. It is situated 40 km. away from sub-district headquarter Rajgurunagar and 30 km. away from district headquarter Pune. Kanhewadi Tarf Chakan has a total population (2011 census) of 973 peoples residing in 204 households.

The GP received Nirmal Gram Award in 2006, and has sustained and improved sanitation status since then. All the households in the GP use toilets. The grey water from entire GP is collected in a stabilization pond through underground drainage lines. The grey water is treated in the stabilization pond, which is further used for gardens and horticulture.

All households segregate their dry and wet garbage. Garbage collection bins are installed in the village where wet garbage is treated in a NADEP pit, and dry garbage is collected in a separate bin.

A water supply system is installed in the GP whereby metered water supply is provided to the households. In addition, water ATMs are set up where 20 ltrs water is available for 5 Rs.

The villagers take efforts for keeping the roads and public places clean through shramadan. Messages for creating awareness regarding sanitation are displayed everywhere in the villages. Sanitation messages are shared with the school children for a better reach. Hand washing stations are installed in the school and anganwadi and hand washing demonstrations are held regularly.

Improved sanitation has improved the overall health status of Kanhewadi villagers, and they experience a better quality of life as a result.



Chapter 7: Alternative finance options for sanitation

Key Discussion points:

- Definition of key terms
- Benefits of WASH micro financing
- WASH micro financing – for whom and for what
- What are the finance options available for WASH
- Status of alternative finance in the state



7.1 Background

Since the state has been declared ODF, incentive for toilet construction under SBM will no longer be available. Though the state has completed target construction as per baseline survey, families outside the baseline survey still need to construct toilets. Additionally, defunct toilets need to be repaired and addition of bathing facilities may be required to be constructed. As families get used to usage of toilets, there is an emerging demand for second toilet, which is more aspirational and multi-usage in nature. The user families are expected to make the required provisions for this, and financial constraint is a major concern for creation of these facilities. Considering the socio-financial conditions in rural areas and mind set of villagers, creation of sanitation facilities may not be prioritized by them.

The sector will get a boost if the WASH financing gap of needy families is filled by making easy / short term loans available for completing the unfinished works. This section presents the alternative finance options available for sanitation in the state.

To understand the details of WASH financing, the reader needs to first understand the basics of financing. Following section presents the definitions of key terms used in this chapter.

WASH financing is credit finance/ loan offered by financial institutions that is repaid in equal monthly payments or instalments (EMIs) for a specific period of time, usually 1-2 years for purposes specifically pertaining to Water and Sanitation improvements. It can be for construction of new toilets or renovation, upgrade or retrofitting toilets or purchase of piped water connection, individual rain water harvesting facility or water filters. These are typically considered as unsecured group loans where collateral (security provided to the lender) is not required. The joint liability of funds ensures over 99% repayment rate for WASH.

A financial institution is an establishment that conducts financial intermediation such as deposits, loans and investments. Almost everyone deals with financial Institutions on a regular basis. Everything from depositing money to taking out loans and paying bills are done through financial institutions. Some of the major categories of financial Institutions prevalent are:

- A) Banks - Bank of Maharashtra, State Bank of India, Bank of India, etc.
- B) Micro finance Institutions– Sampada, Anik Finance, Agora Finance, SSK etc.
- C) Credit linked SHGs & SHPIs – UMED, MAVIM, Dhan Foundation, etc.

7.2 Benefits of WASH credit financing

There are several enabling factors which are making people to adopt sanitation like habits of using toilets, and aspire for maintaining, repairing and upgrading their toilets. WASH financing may help people in fulfilling their aspirations.

Sanitation and water financing is not income-generating; but income enabling. As per a recent study by UNICEF, households in ODF villages accrued cumulative benefits of around Rs.50,000 per year and households with a toilet saw a property increase of Rs.19,000¹². In many cases the obstacle for poor people is lack of enough upfront investment money to create a household toilet and or water connection. When they know about financial institutions offering micro loans for creating such facilities-

loans in small instalments that will not affect their daily routine family cash flows, they understand the long-term advantages and avail these loans.

The key drivers for sanitation and

water financing are time savings, convenience, pride, better quality, customization, privacy, safety and health benefits. By establishing a sanitation or water facility at home, people feel more dignified: they can use these facilities anytime. Furthermore, ensuring timely payment for the loans to own their toilet becomes an important milestone in their lives, and part of their individual success story. People taking loans to build their toilets/bathing spaces also exhibit a proclivity towards universal usage, continued usage and better maintenance of the structure.



7.3 WASH credit financing – for whom and for what

Who needs WASH micro financing?- Households are considered to be 'service providers' when they either 'self-provide' the service (e.g., by building and operating a pit latrine or septic tank toilet. Also applicable when HH get piped water access for self-consumption.) or provide services to others (e.g.,

¹² The Financial and Economic Impact of Swachh Bharat Mission in India, UNICEF

when households who have a tap connection sell water to their neighbours). The small-scale WASH service providers need funding to cover their capital investment costs as well as O&M costs.

Which activities can be financed-There is a significant need for credit for sanitation and water at the household level. The need may be for financing for toilet construction by additional families, repairing defunct toilets, retrofitting/ upgradation of toilets, addition of bathing facilities, water connection/ filters/ rain water harvesting structures, etc.

The community-based organizations may need WASH financing for various MSME businesses proposed in the previous section of social entrepreneurship development. Financing may be required mainly for capital investment.

Even the private service providers may need financing for equipment supply, network operations, building material, distribution networks, etc.

7.4 What are the finance options available for WASH?

Household loan for sanitation: Sanitation loan extended by Bank or financial organizations that provide services to poor households.

⇒ How WASH loans work?



The development of microfinance model, which offers sustainable financial services on a large scale, has led several organisations to support local SHGPI/MFIs, such as UMED, MAVIM, DHAN Foundation, Arogya , SSK etc. , to offer loans for building toilets and getting water connections.

Many different financial institutions have expanded their scope to get involved in the 'toilet loan' market. Some NGOs with WATSAN experience have developed their microfinance activities. Many have received support from Water.org or the FINISH program.

Revolving loan funds: A bank, a women's union, or any other organization (MSRLM) that wants to facilitate HH investment in sanitation, establishes the seed capital. Individual HHs can then in turn take loans from this capital.

7.5 Status of alternative finance in the state

MSRLM, MAVIM, Dhan Foundation, Water.Org, Water Supply Sanitation Department of the state and UNICEF are jointly taking efforts to demonstrate alternative finance model with demand creation, coordination and necessary linkages. In the first stage, a meeting of representatives from UMED, MAVIM, DHAN foundation, Jagran Pehel, Tata trust, Dettol Banega Swachh India, and Water.org was conducted and various options for financing sanitation were worked on. The project is planned in two stages – the first includes conducting a Rapid Needs Assessment, designing WASH Financial IEC tools and suitable WSS loan products, increasing bank linkages to SHGs and SHPIs. The second stage includes creating a pool of master trainers in the districts comprising of Community Training Consultants, Integrated Community Resource Persons, ANMs, Aanganwadi workers, Community Mobilizers, etc. who will conduct field activities for credit financing using the WASH Financial IEC tools to create demand generation for credit financing. These activities will be supported by multimedia and other ICT interventions.

These activities will be implemented in following eight districts on pilot basis – Yavatmal, Nanded, Parbhani, Jalna, Wardha, Solapur, Nandurbar, and Thane in first phase. The efforts will be up-scaled in all remaining districts by WSSO, with indirect intervention and support by Water.org and UNICEF.

Chapter 8: Opportunities for entrepreneurship development in sanitation sector

Key discussion points

- Concept
- Need for development of M&R systems
- Various options for entrepreneurship development

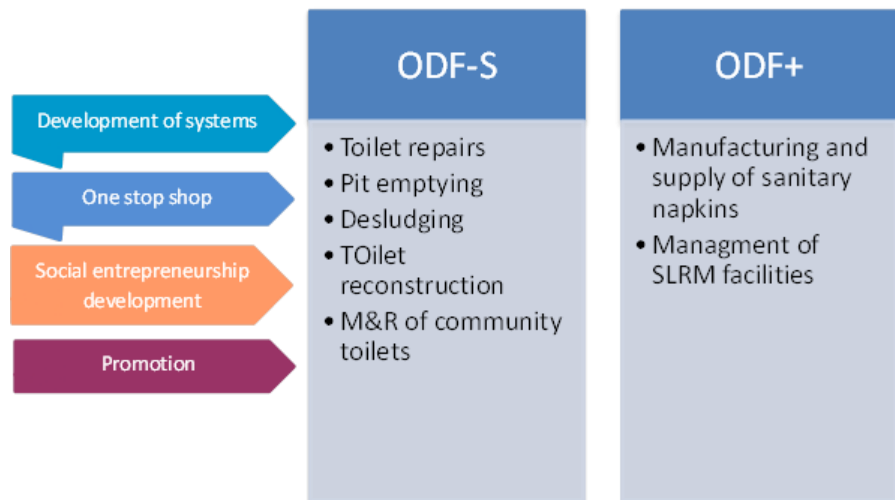


8.1 Concept

As we discussed in the previous chapter, efficient maintenance and repairs of sanitation facilities are critical for sustainability of ODF status. Many times, toilets become dysfunctional because of inefficient M&R. Efficient systems need to be developed for making various services available easily and on time.

These services may be looked upon as opportunities of income generation for rural population. This will create a win-win situation where the needy villagers will get entrepreneurship opportunity and the services for M&R of toilets will be locally available in affordable rates. Innovative O&M systems can be converted into income generation models. And if the income generation model is sustainable, the way for ODF sustainability is paved to a certain extent. The purpose is to create demand and also to support organized and unorganized sanitation entrepreneurs within a locality or at block head quarter.

Few activities are required for preparing an enabling policy framework which includes development of efficient systems, guidelines for execution of one stop shops at cluster level, developing models for entrepreneurship development, IEC activities, etc.



Opportunities for entrepreneurship development in sanitation sector

8.2 Development of efficient systems for M&R

Efficient systems for O&M can be built through two options- making the village level institutions like GP, VWSC, Nigrani samiti, etc. responsible for providing these services, or engaging an external service provider. One of the above options or a combination of two can be selected for M&R of the systems. If the village level institutions are strong and willing to take over M&R activities, existing institutions may be selected. If external service providers are to be appointed, clarity needs to be brought about the nature of services and scope of the services whether at cluster/ block level.

Though the decision making power regarding selection of agency lies with the GP, the decision making process needs to be facilitated by district or block officials. For this, a FGD will be conducted in the village and discussions will be facilitated based on the following guidelines-

FGD facilitation

1. First of all, take a review of sanitation facilities created in the GP
2. Discuss the activities to be done for M&R of these facilities
3. Discuss the services required for M&R in the village
4. Deliberate on technical, financial, HR related, material requirements for making these services available
5. Prepare a comprehensive budget for M&R of sanitation facilities
6. Discuss various options available for providing services
7. If the GP is ready to take over the M&R services, finalize the roles and responsibilities for the same
8. Prepare a plan for M&R of sanitation facilities
9. If the GP is not ready to take over the services, make a plan for hiring service providers and submit required documents to the block.

If the GP takes over the services, various CB activities may be organized for the GP members. Additionally, regular visits for monitoring and guidance will also be helpful. If external service providers are to be hired on contract basis, following entrepreneurship models can be implemented.

8.3 Social entrepreneurship development program for sustainable sanitation

It is important to promote local SHGs, youth groups, CBOs, etc. for entrepreneurship development in sustainable sanitation. This will help the villagers in getting affordable services easily and will also provide employment opportunities for the villagers. Various factors like the nature of services, human resource requirement, need for capital investment, profit margin etc. need to be deliberated before taking a decision. Few indicative examples of social entrepreneurship for sustainable sanitation are

presented below. The costs, resources, investment needs may vary from district to district, and an exercise for the same needs to be done during the decision making process.

8.3.1 One Stop Shop

The one stop shop is a business where the consumers would get relevant information and know-how on technological options for toilet and other sanitary facilities. Such shops can be set up in a cluster of 7-10 villages where information about relevant service providers or direct services can be provided in one place. The services/ things available in the centre may include information about types of toilets, technical information, cleaning material (soap, brush, and toilet cleaning material), sanitary napkins, services for toilet renovation, repairs, FSM services, etc.

A network of service providers may be formulated for providing quick and affordable services to the customers. A call centre may be established for developing this network. The Call Centre will have following-

- All sanitation and hygiene related hardware and software information available
- An empaneled team of trained masons, plumbers, waste management service providers, suppliers, distributors who can travel to the communities and construct different toilet models and can also guide / counsel families on toilet options, and pit emptying services
- Availability of trained personnel who can communicate the required information
- The call centre number needs to be communicated to all villagers



Investment required for setting up one stop shops

No	Details	Cost (Rs)
A	One time investment	
1.	Computer and printer	30000
2.	Mobile phones (2)	20000
3.	Total	50000
B.	Monthly expenditure	
1.	Salaries (3,000 Rs per staff member X 2 members)	6000
2.	Office rent	3000
3.	Electricity bill	200
4.	Stationary	1000
5.	Printing cartridge	500
6.	Others	3000
	Total	13,700

Profit margin

The profit margin is difficult to calculate as it varies on the basis of commission charged, demand for services and scale of operations, etc. However, this business can definitely earn profit of around 15,000 to 20,000 Rs. per month.

8.3.2 Vacuum pump services for desludging

It is estimated that approximately 20% (22 lakh toilets) of rural toilets are of septic tank types. Every septic tank needs to be desludged after 3-5 years and the sludge needs to be transported and treated. Such services are not easily available in rural areas of Maharashtra. So, there is a wide scope for making these services available in a cluster of 10-15 villages or at block level. These services may be made available by the GPs and the required instruments may be purchased at cluster/ block level or an external service provider may be appointed.

The details of investment and profits margin for this business are presented below-

There are approximately 30-40 GPs in a block, which have around 25000-30000 households. If we consider that out of the total toilets, around 25% are septic tank types, the total number of septic tanks in a block would be around 6,000 – 7,000. These need to be desludged every 3-5 years. Following calculations of investment and profits margin are based on the assumption that the service provider will get around 200 days business per year and every day 2 tanks will be desludged.

No	Cost	Cost (Rs.)	Revenue	Rs
A	Capital (one time) investment		Profit margin	
1	Mini tempo	5,83,000	Desludging two tanks per day (Rs 2500 x 2 tanks x 24 days)	120000
2	Sewage suction pump and pipe (3HP)	30000		
3	Syntex tank (1000 liters X 2 tanks X 5 Rs per litre)	10000		

No	Cost	Cost (Rs.)	Revenue	Rs
4	Mask, Gumshoes, goggles, etc.	3000		
B	Recurring costs (per month)			
1	Salary of the workers (3 workers X Rs 7000 per worker) 1 supervisor (Rs 9000)	30000		
2	Monthly instalment for capital expenditure	17000		
3	O&M of the vehicle	5000		
4	Diesel	30000		
	Total	82000	Total	120000

Total monthly revenue – Total monthly cost = Total monthly profit		
1,20,000/-	-	82,000/-
		38,000/-

8.3.3 M&R of community sanitary complexes

Regular maintenance of community sanitary complexes is very important for its sustained use. It can be observed in rural areas that community sanitary complexes are built but most of them are defunct due to improper maintenance and repairs. The reasons include inadequate availability of water, lack of regular cleaning, non-repairs of the toilets, etc. However, the major concern for community sanitary complexes is inadequate availability of funds for O&M. The GP needs to ensure availability of systems for M&R of community sanitary complexes. Following options may be considered for mobilizing resources for M&R.

- Appointing a cleaner for regular cleaning of community sanitary complexes, and the user families may bear the cost collectively
- The user families take the responsibility of cleaning in rotational manner
- Every family takes care of the toilet allotted to them
- Appointing of cleaning staff by the GP
- Appointing a care taker and beneficiaries pay a monthly charge
- The outer wall of the toilet may be made available for advertisements

In the case of public toilets where the responsibility for O&M cannot be fixed on the floating population because of their short span of use, the responsibility needs to be shouldered by the GP. The GP can appoint NGO/SHG/CBO for O&M of the facility. Following table presents an estimate of cost and profit for M&R of community sanitary complexes.

Estimate of cost and profit for M&R of community sanitary complexes assuming that 100 persons use the toilet per day				
No	Details	Cost (Rs)	Details	Revenue (Rs.)
1	worker (2 nos)	8000	Rs. 5 per person X 100 persons X 30days	15000
2	Sanitation material	3000	Wall advertisements	500
3	Water bill	1000		
4	Electricity bill	500		
5	Small repairs	500		
6	Total	13000		15500

Note:

- This business does not need any capital investment
- The toilet can be attached to a biogas plant, and sale of biogas can generate revenue

<p>Total monthly revenue – Total monthly cost = Total monthly profit</p> <p>15,500/- - 13,000/- 2,500/-</p>
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8.4 Convergence of schemes for entrepreneurship development

It is challenging to motivate SHGs, youth groups, NGOs, etc. for providing services for O&M of sanitation facilities. These groups/ institutions may not know or have access to the sources of funds for these services. Therefore, they need to be supported for resource mobilization.

Funds and capacity building support is being provided to rural areas under various program/ schemes like MSRLM, MAVIM, Watershed Development Program, etc. Efforts need to be taken for convergence with these departments and mobilization of funds for O&M of sanitation facilities.

ODF(S) entrepreneurship models in Kunkeshwar GP

Kunkeshwar GP from Deogad block, Sindhudurg district is well known for its efforts of implementing ODF sustainability through small entrepreneurship development models.

Kunkeshwar GP is a famous tourist place in Sindhudurg. Kunkeshwar Temple, an ancient Shiva Temple is located in Kunkeshwar GP. A pristine beach with a very long stretch of seashore and white sand adds to the beauty of temple surroundings. The GP is frequented with tourists throughout the year.

The GP became ODF in June 2008. Being a tourist place, high floating population was putting pressure on sanitation systems in the village. Therefore, the villagers collectively decided to take efforts for sustaining the ODF status and to work for overall sanitation in the GP. A meeting of villagers was organized by the GP for deciding future actions. The villagers decided to work on septage management, SLRM and cleaning of sea shore on priority by creating entrepreneurship opportunities for every component.

There were 189 Soak Pit type toilets and 321 Septic Tank type toilets in the village, many of which were facing pit/ tank filling issue. Responsibility of emptying pits and septic tanks and its management was handed over to a needy person from the village. For management of the septage, the service provider dumps septage in to a pit which is covered with cow dung and other media. The waste is transformed into good quality *sonkhat* (manure) within a year, which is used by mango farmers. This activity gives employment to the FSM service provider and also increases production of the mango farmers.

Apart from this, a community toilet was built for high floating population by the gram panchayat. The responsibility of its management is given to needy person in the village. The toilet is being run on 'pay and use' basis. A bio-toilet was installed on the beach



for visitors which helped in keeping the beach clean. In addition, two needy persons were appointed for cleaning public places.

For liquid waste management, on-site LRM options like kitchen gardens, soak pits, etc. were promoted. Today, there are 450 kitchen gardens and 100 soak pits in the GP. For solid waste management, the vegetable waste generated on market on Bazaar day is managed by the sellers and the community bazaar space is kept clean.

A quarterly drive for beach cleaning is also organized where all villagers participate. Organic waste collected during the drive is treated in a Vermicomposting unit and inorganic waste is handed over to a treatment unit in Vengurla. A committee of villagers has been set up for overall management of these systems.

The GP now wishes to upscale the efforts to adjoining villages for achieving economies of scale. It also wishes to find out a sustainable solution for plastic waste management.



Chapter 9: GP level sustainable sanitation plan preparation process

Key discussion points

- Need of the planning process
- Preparations for the process
- Village level planning process
- Analysis of information and preparation of action plan
- Approval to the plan and its presentation



9.1 Background

There are two major steps for GP level sustainable sanitation plan preparation process. One is selection of facilitators and their capacity building; second is implementation of planning process in all GPs and preparation of GP level sustainable sanitation plan. Following section presents the preparation of the process and the steps to be followed for preparation of action plans.

9.2 Why community led GP sustainable sanitation plan?

- Component wise information in the GP will be collected and details of status along with use of sanitation facilities will be compiled
- The villagers will be made aware of ODF status of their GP and understand their responsibilities towards sustaining the ODF status
- The status of sanitation will be analysed in a participatory way and issues regarding sustained use of sanitation facilities will be understood
- Solutions for the issues will be identified, finalized and responsibility of its implementation will be given to local leaders/ institutions like Nigrani samiti, GP, natural leaders, etc.
- Selection of swachhagrahis/ nigrani samiti and finalization of their roles and responsibilities
- Compilation of the plans at block and district level and inputs for District Sustainable Sanitation Plan
- The district will have clarity of activities to be implemented at GP and block levels and respective planning will be possible

Three major steps need to be followed- implementation of planning process in all GPs and preparation of GP level sustainable sanitation plan, compilation of the plans at block and district level and preparation of District Sustainable Sanitation Plan, and implementation of the plans.

The process for planning is presented in detail below-

9.3 GP level planning process

It will be a structured community led process facilitated by trained resource persons. Process will involve all sections of the society and GP level institutions. The process will help in assessing current WASH status, identify gaps, develop plan to address gaps, mobilize resources (financial and human resources), convergence among GP institutions, evolve monitoring mechanism and ensure commitment of community for sustaining the improved WASH behaviour.

Participation:

The entire process will be participatory and involve all sections of society (women, men, vulnerable communities, senior citizens, para professionals, faith leaders, youths, adolescents etc.) GP level institutions (Gram Panchayat, Cooperative Societies, statutory bodies, CBOs, schools, AWCs, health centres, etc.) and line department staff. Apart from this, there will be a trained facilitation team at least of two members (as per the size of Gram Panchayat) to facilitate the processes. Block level officers will also participate during process as per their convenience.

Facilitators: The success of community led participatory planning process for ensuring ODF sustainability mainly lies with the involvement and quality of facilitators. The process will require at least two facilitators (preferably one male and one female) properly trained on the socio- technical aspects of sanitation sustainability. Their knowledge of local language, communication skill, documentation, local customs will further help in getting the community involved in the process. The facilitators can be identified from BRCs, CRCs and KRCs already involved in the sanitation program as many of them have already facilitated Open Deification Elimination Planning (ODEP) process and are trained for that.

Secondary Data required: Sustainable sanitation planning process for each GP will be of two and half days and will require secondary data support in advance to facilitate the discussions and decision making. The requirement of secondary data is as below:

• List of all HH residing in the GP area	• No. of HH having soak pits for waste water
• List of all schools	• No of HH having manure making pits for degradable solid waste
• List of all AWCs	• List of Panchayat members with contact details
• List of all health centres	• List of line department staff with contact details
• List of community, group toilets	• List of CBOs with contact details
• List of hand pumps, drinking water well	

Draft Schedule: Sustainable sanitation planning process for each Gram Panchayat will be of two and half day with eight sessions. Key resource group (to be identified during orientation on day one) will

participate in all eight sessions whereas community will join in the orientation and the last session (community meeting) in which sustainable sanitation plan will be shared and approved. The sessions will be as follows:

1. **Orientation on Sanitation Sustainability:** This orientation will be of three hours on day one to appreciate the efforts of the community to achieve ODF status and further orient them on the various aspects of ODF Plus approach. The orientation will put light on sanitation sustainability issues and the responsibilities of the community. Apart from this, local resource team (Expected members of resource group are Sarpanch and panchayat members, Statutory committees members, CBOs representatives, community and faith leaders, youth, senior citizens and representatives of venerable sections of the society) will be identified during this orientation to support planning process and take up the tasks to ensure sanitation sustainability. Different types of communication materials will be used along with films for this orientation.
2. **Preliminary Meeting:** The agenda of this meeting is to explain purpose, importance, and planning processes to the identified key resource group to conduct two day planning process, sharing of responsibilities etc. The formats will be explained and concepts will be made clear on different components of sanitation sustainability. The two day schedule will be shared with the group.
3. **Assessment of household, institutional and community sanitation status:** This session is to assess the sanitation status at different levels. The resource group will be divided in to three groups to assess sanitation status with the help of field visit and observations. Properly designed formats will be used for all three levels. (Formats are enclosed as annexure)
4. **Consolidation of data collected:** This session is for consolidating the data collected during assessment of household, institutional and community sanitation status. This consolidated data will be used further for identifying the gaps and further develop sustainable sanitation plan. Properly designed separate consolidation formats will be used. (Formats are enclosed as annexure)
5. **Info-entertainment session:** This session is to create awareness among community regarding importance of sustainable sanitation and their role this will also inform community on different suitable technical options and proper sanitation behaviour. The involvement of Kalapthak during this session will help in attracting the audience and motivate for positive behaviour change.
6. **Group discussion for identifying gaps at each level:** Consolidated assessment data will be reviewed during this group decision and on the basis of this, gaps will be identified. Key resource group will be divided in to three separate groups for this purpose. At the end of this session all three groups will present their reports for discussion and gaps will be confirmed for further planning.

7. **Finalization of Sustainable Sanitation Plan:** The session will evolve draft Sustainable Sanitation plan based on gaps identified through group discussion. This will be done again with key resource group and will have ten sections (can be called *Dashsutree*) as below:
 - Human excreta management plan
 - Household waste water management plan
 - Household solid waste management plan
 - WASH facilities at institutions plan
 - Community sanitation Management plan
 - Household and community level water safety plan
 - Menstrual hygiene management plan
 - Behaviour change communication plan
 - Resource mobilization plan
 - Monitoring plan

8. **Community meeting:** This session is to get consent of the community to the sustainable sanitation plan developed through community processes. Apart from this the purpose of this meeting is to get commitment for having proper sanitation behaviour in sustained manner and co-operate Gram Panchayat to implement sustainable sanitation plan.

Chapter 10: Social Behaviour Change Communication for sustainable sanitation

Key discussion points

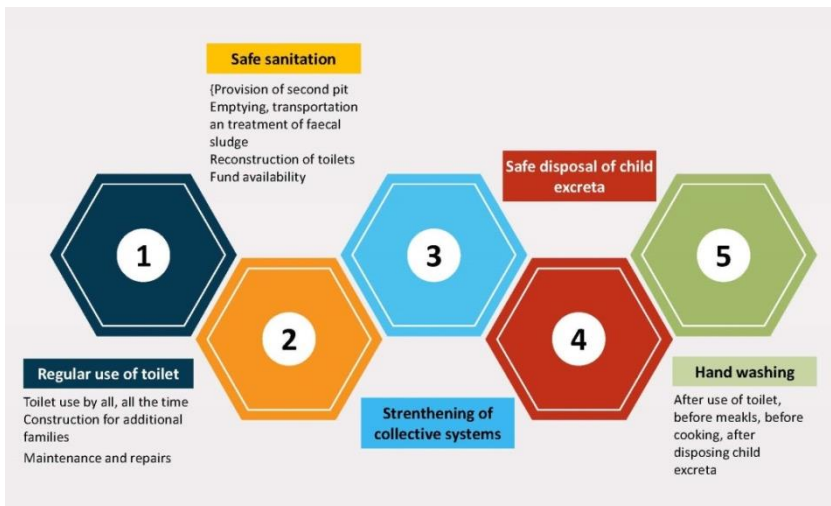
- Need of the planning process
- Preparations for the process
- Village level planning process
- Analysis of information and preparation of action plan
- Approval to the plan and its presentation



10.1 Background

Creation of sanitation facilities, their sustained use and acceptance of sanitation habits are necessary for achieving public health goals. These three components need to be analysed and separate strategies need to be designed for them. Sanitation is a behavioural issue and its social acceptance and internalization is crucial for its sustainability. Current norms regarding sanitation need to be studied and efforts need to be taken for enforcing new norms for adopting sustainability. IEC and IPC are key tools for such behaviour change.

Clarity needs to be brought about on the subjects where behaviour change is required and which medium and tools need to be used for better impact. As shown in the schematic, five key subjects need to be concentrated during SBCC- sustained use of sanitation, maintenance and repairs of sanitation facilities, safe disposal of child faeces, hand washing and capacity building of community systems. Key messages in all the above components need to be finalized.



Major obstacles in sustaining open defecation free status include inculcating sustained changes in personal behaviour; and inadequate involvement of local-self-governments and communities.

10.2 Communication, BCC, IPC and SBCC

Communication is a process of transmitting and receiving information on a particular topic between people. Development communication is now considered to be a multi-stakeholder and participatory process where the involvement of all stakeholders is important.

Inter personal communication (IPC) is exchange of information, thoughts, views, skills, knowledge, experiences, etc. between two or more individuals through various media.

Social Behaviour Change Communication (SBCC) is a systematic, planned, and evidence-based approach to promote positive and measurable behavioural and social change. It is an approach that engages communities and decision-makers at local, national, and regional levels, in dialogue toward promoting, developing, and implementing policies and programs that enhance the quality of life for all.

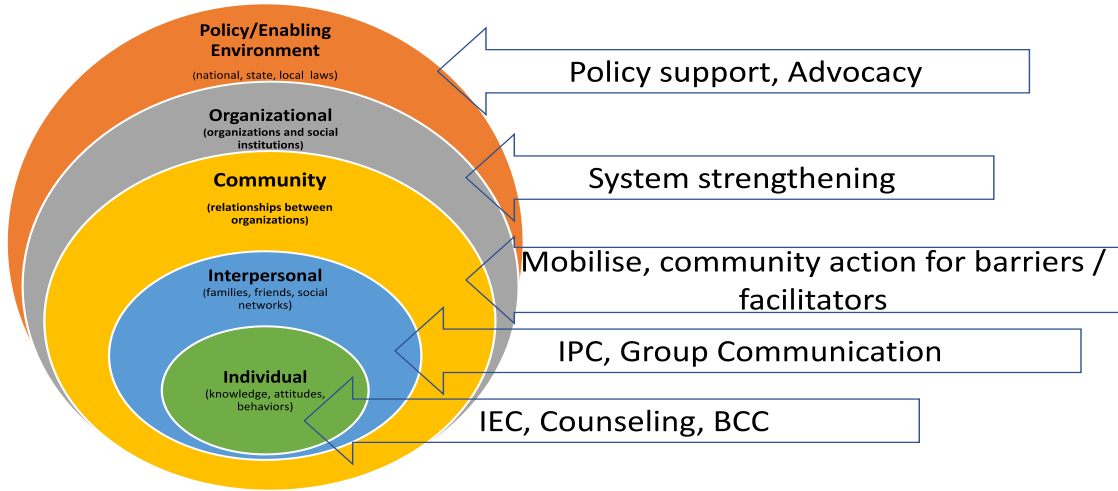
SBCC uses information- and dialogue- based processes and mechanisms to empower populations, especially those that are marginalized and vulnerable, and to facilitate and build collective efficacy and actions. It aims to strengthen the capacity of communities to identify their own development needs, assess the options and take action, and assess the impact of their actions in order to address remaining gaps. SBCC approaches and tools facilitate dialogues between those who have rights to claim and those who have the power to realize these rights.

For increasing knowledge and perceived importance of sanitation and hygiene practices, with the long term objective of changing the way the masses think, a Sanitation and Hygiene Advocacy and Communication Strategy (SHACS) Framework has been prepared by the central government along with UNICEF. The Advocacy and Communication Strategy focuses on four critical sanitation and hygiene behaviours: Building and use of toilets, Safe disposal of child excreta, Hand washing with soap after defecation, before food and after handling child excreta, Safe storage and handling of drinking water.

10.3 The Social Ecological Model (SEM)

Wide social acceptance about the need for specific change has become a pre- condition for individual behaviour change. Change is often influenced by other people's expectations, which is in turn shaped by the current social and cultural norms. Individual decision making is influenced by their immediate surroundings – which include family and friends, community, social organisations, and also the policies. The socio-ecological model explains this relationship. Therefore it is important that communication strategies address social change, creating community norms. Social and Behaviour Change Communication (SBCC) addresses both in social and individual behaviour change.

Socio-ecological model (SEM) : Examples of Interventions at various levels



Source: Adapted from the Centres for Disease Control and Prevention (CDC), *The Social Ecological Model: A Framework for Prevention*, <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>

The Social Ecological Model (SEM) considers complex interplay between individual, relationship, community, and societal factors. This model is a theory-based framework for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviours, and for identifying behavioral and organizational leverage points and intermediaries for promoting behaviour change within organizations. There are five nested, hierarchical levels of the SEM: Individual, interpersonal, community, organizational, and policy/enabling environment.

Following table provides a brief description of each of the SEM levels. The most effective approach to public health prevention and control uses a combination of interventions at all levels of the model.

It has been experienced that communication approaches have

SEM level	Description
Individual	Characteristics of an individual that influence behaviour change, including knowledge, attitudes, behaviour, self-efficacy, developmental history, gender, age, religious identity literacy and others
Interpersonal	Formal (and informal) social networks and social support systems that can influence individual behaviours. Includes family and friends, peers, co-workers
Community	Relationships among organisations, institutions and informational networks within defined boundaries. Village associations, community leaders
Organisational	Organisations and Associations with rules and regulations for operations that affect how or how well services are provided to the individual Eg Panchayat providing support for toilet construction through the government funds
Policy/ Enabling Environment	Local, state, national laws and policies regarding allocation of resources, provisions, subsidies that promote sanitation and hygiene

been evolving over time and today there is a much more comprehensive understanding of the process. Roles and responsibilities of various stakeholders at various levels will be different. Some may be the key influencers, others can be used as advocates etc. With each stakeholder at each level, communication approaches will again be different.

10.4 Communication approaches

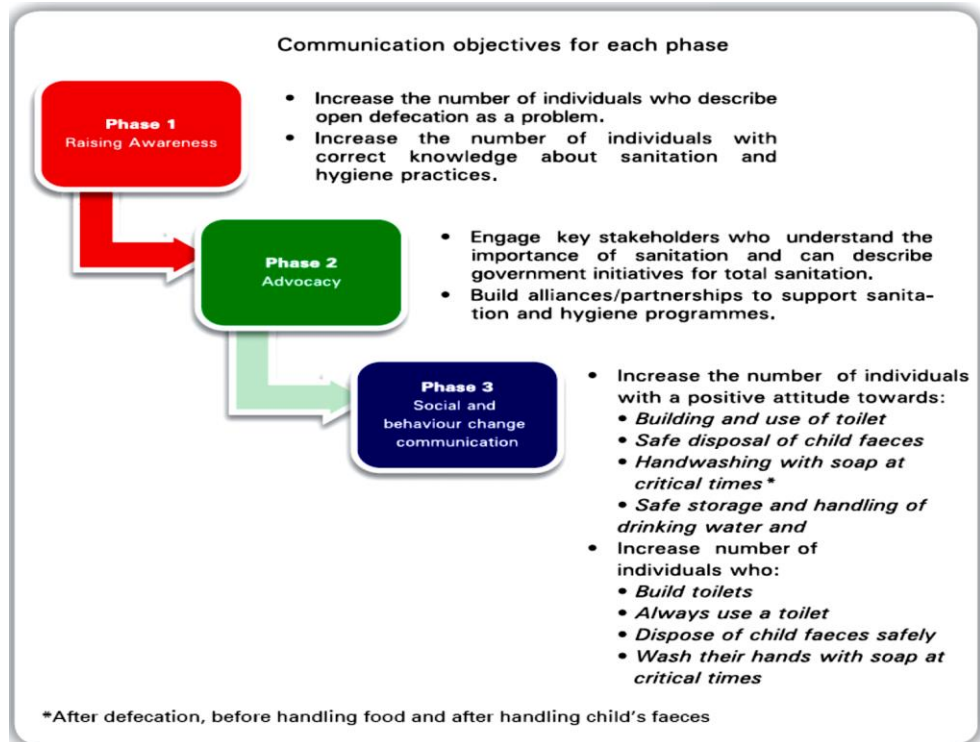
Main communication approaches suggested at different levels for achieving the communication objectives are as follows-

1. **Advocacy:** to influence public and policy with information and to raise the importance of the issue of sanitation in the policy agenda and in the minds of the people. Advocacy is an organized effort to inform and motivate leadership to create an enabling environment for achieving program objectives and development goals. There are three common types of advocacy: Policy advocacy, Community advocacy, and Media advocacy.
Advocacy includes motivating different levels of decision makers (e.g. politicians, policymakers) to publically discuss important issues, defend new ideas or policies, and commit resources to action. The advocacy process requires continuous efforts to translate relevant information into cogent arguments or justifications and to communicate the arguments in an appropriate manner to decision makers. Advocacy methods include meetings, lobbying, letters, negotiations, etc.
2. **Interpersonal communication:** is the key approach of this strategy to raise awareness on the importance of sanitation among the rural community and support the increased interest and willingness to uptake sanitation and hygiene practices. e.g. home visits,
3. **Community mobilisation:** to initiate dialogue between community-members, to deal with critical issues of sanitation and hygiene, and also to provide a platform for the community to participate in decisions that affect their daily lives.
4. **Mass media, outdoor media and folk media:** to raise mass awareness, promote the 4 critical behaviours and programme information. Simultaneously, to provide support to interpersonal and community mobilisation efforts by reinforcing and raising the credibility of the message carried by non-professionals. E.g. - film, radio, recorded music, television, Internet and mobile mass communication, street plays, cultural activities, etc.
5. **Entertainment education:** to disseminate messages which are educational in substance, entertaining in structure and popular in the community, in order to promote sanitation and hygiene messages by building on and coordinating with the above efforts. E.g.- educational TV programs, educational games, etc.
6. **Social marketing:** to promote adoption of behaviours and create a demand for services and supplies that help practice that behaviour.

In addition to these, evidence building, demonstrations, promotions of role models, etc. are few other communication approaches effective for bringing about change in sanitation behaviour.

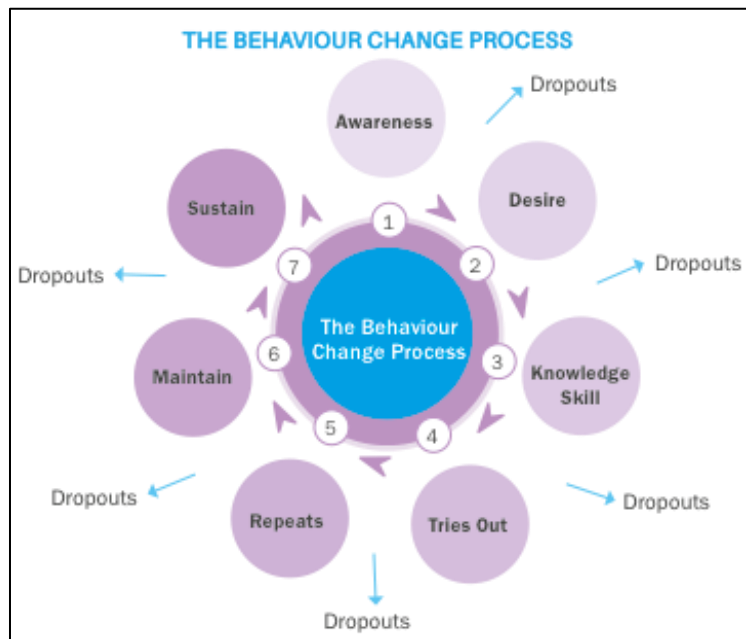
10.5 Major stages of communication strategy

The strategy envisages reaching the goal of changing people's knowledge, attitudes and practices through different communication activities in a phased manner. Every phase is designed to achieve a specific set of communication objectives.



10.6 Behaviour Change Process

It is difficult to change behaviour. Once people are set in certain ways, it will take them a lot of effort to do things differently. However, people are prepared to change but they do not want to be forced. A change process takes patience, knowledge about behaviour and flexibility from both the person who wants to change and from his environment. The Behavioural Change Model presents the process during change. Step 1 in the change process is to become AWARE of a change that needs to take place. This awareness could come from a neighbour, a relative or a friend or



through the Community worker or School teacher, ASHA or the AWW or any other functionary. It could also be through the media – newspaper, radio or TV. Once the same message is heard several times (e.g.

open defecation compromises safety for women, having a toilet at home is convenient for the old and sick, open defecation is harmful as it spreads diseases, etc.), one develops a DESIRE to test the change.

This is Step 2 of the change process. Now that one desires the change, one will look at ways to make the change and this could be acquiring a new SKILL (skill to wash hands properly with soap, or to maintain the toilet) or KNOWLEDGE (finding out the forms to be filled on constructing the toilet).

Therefore Step 3 is acquiring the necessary skill or knowledge to make the behaviour change. Now that one has acquired the knowledge and/or the skill, Step 4 will be to TRY OUT that change (e.g. filling in the forms at the Panchayat office for toilet construction, actually using the toilet for the first time).

Individuals analyse the experience of trying out the change behaviour and if the assessment is negative, the person drops out from the process. If it is positive and there is continuous counselling and support, the tendency is to try it out once again. In other words, REPEAT the action. This is Step 5 of the cycle.

If the experience of Step 5 was good, one will tend to repeat the action; in other words MAINTAIN (Step 6) the behaviour and soon it becomes a SUSTAINED (Step 7) behaviour change or a habit. The behaviour change process is thus completed.

10.7 Barriers and bottlenecks to ODF Sustainability

Demand side barriers

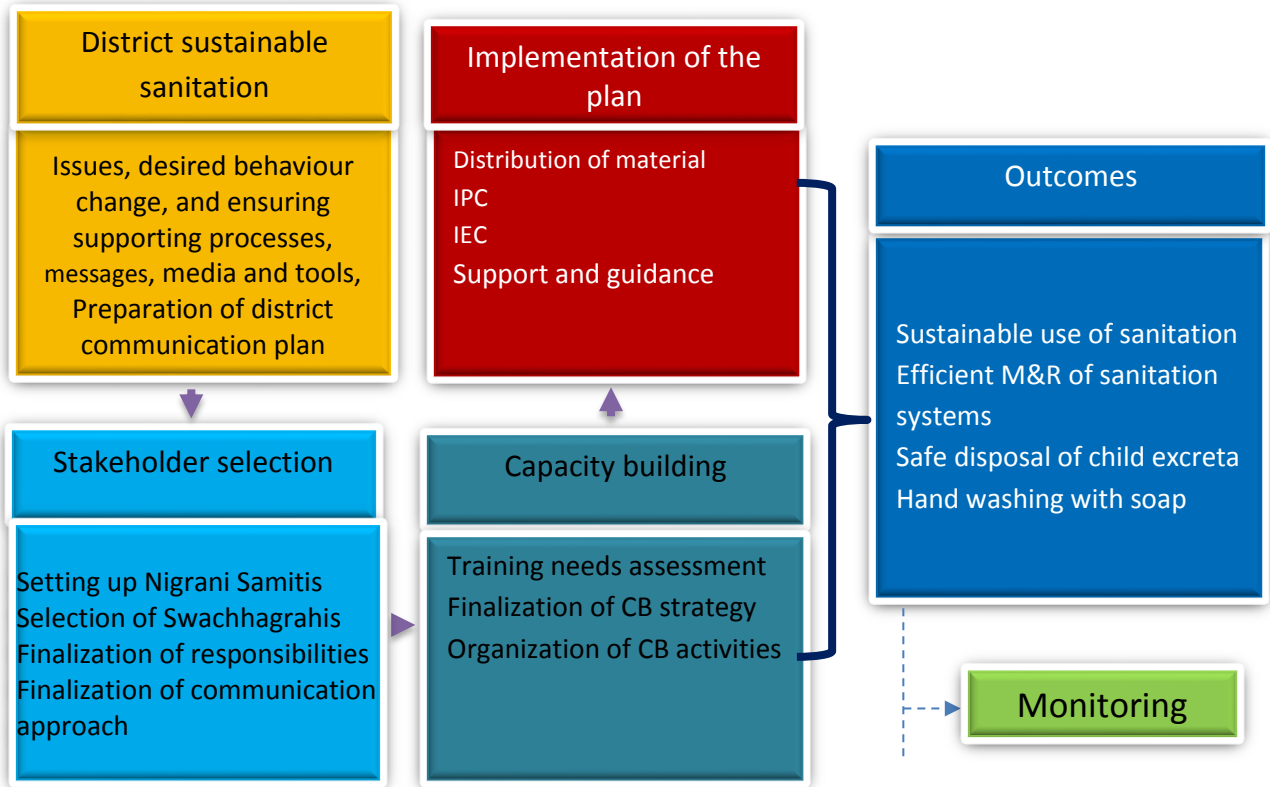
- Lack of awareness on benefits of toilet use
- Access to toilets: New HH
- Poor/faulty construction
- Poor knowledge on maintenance, use and disposal
- Availability of water
- Toilet not used by all family members all time
- Lack of continued IEC/BCC interventions for sustainability
- No social norms for ODF
- ODF considered to be one time activity
- Lack of community self-surveillance system
- Lack of continuous engagement with motivators
- Gaps in institutional sanitation

Supply side barriers

- Capacity constraints for communication planning, design, implementation and monitoring
- Lack of clarity on funding for sustainability
- Constraints regarding contracting/ engagement with agencies/CBOs
- Limited engagement of local self-governments and community
- Inadequate convergence among sectors
- Lack of role clarity of support units
- Inconsistent legal framework for sustaining ODF and ODF+

10.8 IEC, IPC and capacity building process

The process for IEC, IPC and capacity building needs to be implemented in phases. These phases are presented in the following schematic -



10.9 Methodology proposed for SBCC

	Activities	District	Block	GP
1.	SBCC planning	<ul style="list-style-type: none"> Organization of a one day workshop for block level functionaries for preparation of IEC/ IPC plan and Capacity building plan During this workshop, the activities for behaviour change and capacity building regarding ODF sustainability will be identified and the district communication plan will be prepared accordingly Approval to the plan and 	<ul style="list-style-type: none"> Participation in the district level workshop for preparation of IEC/ IPC plan and Capacity building plan Submission of necessary information for preparation of IEC/ IPC plan and Capacity building plan 	

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	Activities	District	Block	GP
		<p>submission to the state</p> <ul style="list-style-type: none"> • Preparation of communication material and tools and selection of service providers 		
2.	Implementation	<ul style="list-style-type: none"> • Organization of training of service providers, Nigrani samiti members and swachhagrahis • Distribution of the material/ tools and monitoring of SBCC activities 	<ul style="list-style-type: none"> • Organization of training of Nigrani samiti members and swachhagrahis • Distribution of the material/ tools and monitoring of SBCC activities • Organization of various IEC events and provide support to the communication champions 	<ul style="list-style-type: none"> • Finalization of social norms in the GP and its promotion • Organization of various IEC events
3.	Monitoring	<ul style="list-style-type: none"> • Setting up of RALU for assessing the impact of SBCC activities • Appropriate refinements in the SBCC activities/ material based on RALU findings 	<ul style="list-style-type: none"> • Monitoring of the events and suggest necessary changes 	<ul style="list-style-type: none"> • Regulatory actions on villagers not abiding to the social rules/ norms • Monitoring of the IEC events

Messages and Medium for ODF-S (examples)

Desired behaviour	Key messages to address barriers to desired behaviour	Audience/ Stakeholders	Communication Channels	Communication materials/tools
<p>Continued toilet use; sustaining social norm Toilet access for new HHs Maintenance and cleaning of toilets Community based ODF surveillance</p>	<p>Toilet use by all, all the time My toilet my responsibility, cleaning toilet is easy. We see that nobody goes for open defecation</p>	<p>Men, Women and children PRI members, ODF surveillance committee</p>	<p>Interpersonal communication, Mid media, Mass media</p>	<p>Demonstration Sanitation voting(schools) Post card Prabhat Pheri linked with morning follow-up Swachhata rath TV radio spots Community Radio</p>
<p>Safe sanitation practices Demystifying twin pit Safe pit emptying and disposal (FSM) Options to upgrade toilets, retrofitting</p>	<p>Twin pit is simple and long lasting Emptying leach pit is safe and easy Liquid waste/sludge is harmful and needs safe disposal How to use twin pits what to do if one has a single pit What to do if one has a septic tank What to do if toilet is defunct</p>	<p>Household head PRI members</p>	<p>Interpersonal communication, mid media, mass media</p>	<p>Demonstration of technology and pit emptying, retrofitting Film show/flipcharts GP cleanliness day</p>
<p>Safe disposal of Child excreta</p>	<p>Child faeces is harmful and to be disposed in toilet</p>	<p>Caregivers</p>	<p>Interpersonal communication</p>	<p>Women group meeting Flipchart Song and drama Community Radio</p>

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<p>Hand washing with soap at critical times- after defecation, before food</p>	<p>Clean hands safe hands</p>	<p>General public (men women, children) Caregivers School children</p>	<p>Mass media, mid media, Interpersonal communication</p>	<p>TV/radio spots Community radio programmes, wall painting, Flip chart (for IPC sessions) School rally</p>
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Chapter 11: Methodology for preparation of district sustainable sanitation plan

Key discussion points

- Need for a district sustainable sanitation plan
- Preparations needed for process implementation
- Information required for action plan preparation
- Methodology for preparation of district sustainable sanitation plan
- Plan template



11.1 Background

Considering the importance of sustainable sanitation, district specific strategy and action plan is necessary to proceed on the path of post ODF activities. Time bound and focused activities for sustainability need to be designed, planned and implemented in every district. A district sustainable sanitation plan needs to be prepared for attaining the ODF sustainability goals.

First of all, an assessment of the sanitation facilities created in the GPs and requirement of their M&R needs to be conducted. Then, exact activities for bringing about ODF sustainability need to be defined based on the size of GPs, the socio-economic structure, location, mind-set, etc. Also, the methodology for implementation of these activities and specific roles and responsibilities of stakeholders need to be defined.

The core approach for the district level strategy will be preparation of GP level ODF(S) plans and their consolidation at block and district level. Before finalization of the district strategy, the very basic step for consolidation of demand is collection and consolidation of latest data regarding GP wise status of sanitation and its analysis to arrive at the prioritization of strategic focus. This will determine which GPs to be focused on priority and which GPs need continued focus throughout the implementation period.

11.2 Process to be adopted for preparation of district sustainable sanitation plans

Following methodology needs to be ensured for preparation of district sustainable sanitation plans-

Points for consideration

Following points need to be considered before the planning process-

- Total sanitation works completed in the district (Physical)
- Quality of sanitation works in the district
- Issues in M&R of the sanitation facilities

- Issues in sustainable use of sanitation facilities
- Systems available for M&R of sanitation facilities
- Activities required for sustained use of sanitation facilities
- Stakeholders who need to be involved for implementation of these activities, their capacity and roles-responsibilities
- IEC and CB activities for sustained use of sanitation facilities
- Monitoring and evaluation framework

Information needed for plan preparation

Following information needs to be ready for plan preparation-

- Details of physical progress of sanitation (list of families having toilets, details of septic tank type toilets in the district)
- Details and status of sanitation facilities in institutions like GP building, PHCs, etc.
- No. of schools and anganwadis, student- toilet ratio in schools, no. of defunct toilets, etc.
- Block wise number of defunct toilets in the district
- Block wise number of additional families and migrated families
- List and status of community toilets
- Block wise list of capable SHGs, youth groups, etc.
- Updated information of public sanitation facilities in the district
- Organizations working for sanitation and women health
- List of corporate companies in the district
- List of service providers
- Final list of nigrani samities, swachhagrahis, etc.

Plan preparation process

Once the above mentioned information is gathered, the district sustainable sanitation plan will be prepared through the following methodology-

First of all, a one day workshop will be organized at district level for preparation of district sustainable sanitation plan. Selected officers from district and block level (CEO, Extension officer, program officer, consultants, etc.) and BRC representatives will participate in the workshop. The participants will review the progress of sanitation in the district and will identify appropriate activities for achieving sustainable sanitation. Detail plan for implementation of these activities along with specific roles and responsibilities of stakeholders. Following pointers may be considered while finalizing the activities.

- Methodology for assessing the quality of toilet construction and activities for improving the quality
- Issues regarding construction of toilets for additional families and migrated families, solutions and activities for the same
- Defunct toilets in the district, degree of defunctness and methodology for repairs

- Issues in faecal sludge management and methodology for FSM value chain
- Issues and solutions for sustainable use of community toilets
- Methodology for M&R of sanitation facilities and development of efficient systems/mechanisms
- Monitoring mechanism for planned activities
- Activities for capacity building of various stakeholders

11.3 Template of district sustainable sanitation plan

1. Background
2. Sanitation Status in the district
3. Components of sustainability of Post ODF
4. Key Challenges
5. Need for plan preparation
6. Strategy
 - a. ODF declaration
 - b. ODF sustainability
 - i. Component wise strategy (not using toilet, defunct toilet, FSM, Additional/migrated families, institutional sanitation, O&M of sanitation facilities)
 - ii. Faecal sludge management – process for planning and implementation
 - iii. Maintenance and repairs of sanitation facilities
7. Human Resource Arrangement
 - a. District
 - b. Block
 - c. GP (Nigrani Samiti, Swachhagrahi)
8. Monitoring
9. Financial Budget
10. Annexure

Various formats to be included in the district sustainable sanitation plan are attached as annexure 12.3.

Chapter 12: Roles and responsibilities of various stakeholders in sustainable sanitation

Key discussion points

- Concept and need
- Structure, roles and responsibilities of various committees/ institutions,
- Methodology for selection of committees/ institutions



12.1 Concept

The methodology and activities to be organized for various components of sustainable sanitation are described in previous chapters. However, these activities cannot be implemented by district and block level stakeholders alone, since there is a time and human resource constraint. Therefore, the village level functionaries and stakeholders need to play an important role for sustainable sanitation in their respective GPs. The government envisages Nigrani samiti and Swachhagrahis as the key village level players for implementation and monitoring of sustainable sanitation activities. Therefore, selection of swachhagrahis and setting up of nigrani samiti in every village is vital.

On the other hand, selection of village level service providers and their capacity building is necessary for providing services for maintenance and repairs. This will lead to availability of efficient services in sustainability phase and employment opportunities for the villagers.

Following section presents the need and roles responsibilities of all stakeholders. The methodology for their involvement is presented in subsequent section of this chapter.

12.2 Swachhagrahis

Swachhagrahis are responsible for looking after completion of remaining toilet construction, regular use of toilets, creation and use of SLRM facilities, maintenance and repairs of sanitation facilities, SBCC and technical guidance.

Who should be selected as Swachhagrahis

Village level functionaries like sarpanch, gramsevak, jalsurakshak, AWW, ASHA, Rozgar sevak, PRI functionaries, and SHG members can be selected as Swachhagrahis.

Selection criteria

- One swachhagrahi will be selected for each habitation
- Person with interest in social work, willing to give time, self-motivated, having communication skills and technical knowledge

- Preference to women
- Literate
- One using toilet regularly

Honorarium for Swachhagrahis

Can be made available from GP fund, 14th Finance commission, CSR fund, etc.

Selection process

Selection of swachhagrahis can be done by displaying advertisements, announcements, one-to-one discussions, etc. After selection, every swachhagrahi will be given an ID card, communication toolkit and stationary like notebook, pen, etc. An orientation program will be organized for the swachhagrahis for providing information about the program and their roles- responsibilities.

Roles and responsibilities

- Triggering open defecator families for toilet construction
- Ensuring toilet use by every family through home visits
- Promotion of personal hygiene habits with the help of communication material
- Efforts for regular use and M&R of institutional sanitation facilities
- Efforts for active participation of women, youth, SHG members, cultural groups, etc. in sustainability activities

12.3 Nigrani Samiti

It has been experienced that social monitoring mechanism is essential for creation and sustenance of expected activities/ systems. The Nigrani samities are set up so as to be aligned with the VWSC for developing an in-built monitoring mechanism in the GP.

As per section 49A of Bombay Village Panchayat Act, the Village Development Committee may, in consultation with the panchayat and with the prior approval of the Gram Sabha, constitute a Beneficiary Level Sub-Committee. Under this section, a Nigrani samiti is to be set up in the GPs for monitoring sustainable sanitation. However, in some GPs instead of setting up a separate committee, the VWSC itself plays the role of a Nigrani Samiti.

Selection of members

There will be minimum 12 and maximum 24 members in a Nigrani samiti. 50% of these members will be from the VWSC. Chairperson of the samiti will either be the Sarpanch or a person elected through Gramsabha. Gramsevak will be the vice chairman/ Sachiv of the committee. Active villagers who have earlier contributed to sanitation and are willing to give time will be selected as members of the samiti. Government functionaries can be members of this committee. All wards/ habitations / social classes will be appropriately represented in the committee. 50% of the members should be women.

Roles and responsibilities

- Leadership in preparation of village sustainable sanitation plan, motivation to concerned stakeholders for participation in implementation of the plan, monitoring of plan implementation
- Leadership in preparation of VWSS plan, monitoring of plan implementation
- Preparation of a time bound plan along with VWSC and GP, for availability of usable and technically appropriate sanitation facilities and their use
- Selection of swachhagrahis, facilitation of their work and monitoring
- Preparation of plan for beautification of open defecation and other public places, its implementation with VWSC and GP and its monitoring
- Implementation of regulatory measures for open defecation elimination and SLRM in consultation with the VWSC and GP

12.4 Gram Panchayat

Gram Panchayat is the prime body which implements and monitors the sanitation activities in the GP. As per the GP act, the GP is responsible for overall management and operation and maintenance of the WATSAN facilities in the GP. The ODF(S) activities are managed by the PRIs including planning, implementation, monitoring. The GP will be responsible for preparing ODF(S) plan of the GP, its reporting and submission, provision of resources through convergence, implementation of the ODF(S) Activities and their monitoring. Activities for FSM, entrepreneurship development, SBCC, toilet retrofitting, etc. will be responsibilities of the GP.

12.5 SHGs and youth groups

As described earlier, various services for maintenance and repairs of sanitation facilities need to be established and strengthened at cluster/ block level. Presently, there is inadequate number and easy access to such service providers in rural areas. On the other hand, various SHG members, youth, etc. are in search of employment opportunities. Therefore, if the needy persons/ organizations in rural areas take up sanitation services and work as services in sustainable sanitation, both these issues will be solved mutually. Selection of persons/ organizations which have prior experience in sanitation sector may be selected as service providers in sustainability phase. Since these human resources are from within the rural systems, they can also be involved in SBCC activities.

12.6 District and block level stakeholders

The key roles and responsibilities of district and block level stakeholders regarding ODF(S) are as follows¹³-

District level

¹³ An advisory for sustainability of ODF communities, focusing on sage, augmentation and retrofitting of defunct and poorly constructed toilets, SLRM and alternative financing options for families outside the baseline through convergent planning, Atmasanman Maharashtra, December 2017

- Establishment of district level core team on Sustainability with clear activities and output with involvement of NGOs/CSOs, Media/Private parties/Corporates. The team to provide implementation oversight and guidance for ODF sustainability.
- Preparation of district level Sustainability Plan and Calendar. This can be further linked with Development of sanitized healthy village plan once village is declared ODF. Revisiting ODEP and deciding the further action can be the motif of the plan.
- Preparation of district level Communication and Sustainability Plan on sustaining ODF aligned with ODF calendar with mass campaign and IPC in place with clear activities and output with allocation of budget from SBM/other programs like GPDP.
- Develop an annual calendar of activities including social events adding the layer of WASH messages like Hand washing with soap with special focus on community mobilization, inter personal communication and ODF sustainability.
- Support development and rolling out of GP level plan. These plans include the village-level targets and actions to be taken, who are responsible for these actions, the timelines, the monitoring activities, and resource mobilization.
- Preparation of Capacity Building Plan with training calendar and supportive handholding for the various levels.
- Updating lists of uncovered HH, ineligible HHs, new/additional HHs and HHs with defunct toilets by name for each village available.
- Preparation of resource material, IPC and IEC materials related to sustainability issues. The IEC kit and tools already available to be modified to suit the context and sustainability needs. Printing and distribution of relevant resource and IPC materials.

Block Level

- Development of block and village level monitoring committee (Nigrani Samiti) with social audit system in place and a calendar for sustainability checks along with sustainability benchmark checklist.
- Development and rolling out of GP level plan. These plans include the village-level targets and actions to be taken, who are responsible for these actions, the timelines, the monitoring activities, and resource mobilization.
- Monitoring implementation in all GPs with active involvement of the GPs in mobilizing the people, particularly the community based workers, SHG members, members of youth clubs etc. in strengthening IPC at the local level.
- Orientation of all the people at the community level and to equip them with handouts/other IEC materials for ensuring that the message is delivered without any dilution.
- Ensuring setting up of Nigrani Samitis and appointment of Swachhagrahis in all GPs
- Trainings and sensitizations of Gram Sevak, AWW, ANM, ASHA, Jalsurakshak, SHGs, Teachers, youth groups on communication related to sustainability on ground as well as IPC/BCC in place.
- Update Lists of uncovered HH, ineligible HHs, new/additional HHs and HHs with defunct toilets by name for each village available.

12.7 Stakeholder mapping

Following table presents various stakeholders involved in ODF(S) phase, the objective of their involvement and their expected role.

Component	Elected representatives	ZP and PS government officials	Social organizations	Officials from other government departments/schemes	Press media
Stakeholders	Ministers, state minister, MPs, MLAs, MLCs, ZP members, PS members, Sarpanch, GP members	All HoDs, officials from ICDS, health, education, Panchayat, MREGS departments	Various trusts, organizations, NGOs, KRCs	Agriculture, Revenue, police, Rural Health Mission, departments, banks, etc.	Daily reporters, TV channels, All India Radio, local news channels, etc.
Aim	<ul style="list-style-type: none"> To trigger the people from their constituency for setting up facilities at community and institutional level, use of toilets, fund mobilization, etc. 	<ul style="list-style-type: none"> To support implementation of IPC/ IEC activities for sustained use of sanitation facilities To support construction of sanitation facilities at individual, community and institutional level through convergence 	<ul style="list-style-type: none"> To support implementation of CB, IEC activities for sustainable sanitation 	<ul style="list-style-type: none"> To promote sustainable use of sanitation facilities and support entrepreneurship development through convergence 	<ul style="list-style-type: none"> Promotion of sustainable sanitation Promotion of best practices

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<p>Role</p>	<ul style="list-style-type: none"> • Make funds available for construction and repairs of IHHLs • Make funds available for setting up facilities at community and institutional level • Promotion of sustained use of sanitation facilities 	<ul style="list-style-type: none"> • Promotion of ODF(S) at GP level • Review of sanitation works during field visits • Facilitation of ODF(S) planning process • Make funds available for O&M of sanitation facilities 	<ul style="list-style-type: none"> • Verification of ODF GPs • Organization of various CB activities for ODF(S) • Organization of various IEC activities for ODF(S) 	<ul style="list-style-type: none"> • Regulatory actions for non-use of toilets and open defecators • Support in terms of capital investment for entrepreneurs hip development 	<ul style="list-style-type: none"> • Broadcasting latest news about sanitation • Preparation, promotion of best practices • Promoting use of sanitation facilities
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Annexure 12.1: Format for survey of baseline households

Swachh Bharat Mission, Zilla Parishad -----

Survey format A- Survey of baseline households

No	Name of head of family	Category of family (APL/ SC/ ST/ landless/ handicapped/ women headed, etc.	Contact/ whatsapp number	Availability of toilet (Yes/ No)	Year of construction	Scheme/ self-fund	Type of toilet (one pit, two pit, septic tank)	Total members in the family	No. of members using the toilet	No of members practicing open defecation	Reasons for open defecation – psychology, defunct toilets, etc.	Date of construction	Whether job card available	FSM done? Yes/ No	Remark
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Swachh Bharat Mission, Zilla Parishad -----

Survey format B- Survey of families out of baseline

No	Name of head of family	Category of family (APL/ SC/ ST/ landless/ handicapped/ women headed, etc.	Contact/ whatsapp number	Availability of toilet (Yes/ No)	Year of construction	Scheme/ self-fund	Type of toilet (one pit, two pit, septic tank)	Total members in the family	No. of members using the toilet	No of members practicing open defecation	Reasons for open defecation – psychology, defunct toilets, etc.	Date of construction	Whether job card available	FSM done? Yes/ No	Remark
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Format for assessment of public sanitation facilities

No.	Name of public place	Availability of toilets (Yes/ no)	Status/ issues	Solutions

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1.				
2.				
3.				

Details of institutional sanitation facilities

No	Institutions	School no. 1	School no. 2	Anganwadi no.1	Anganwadi no.2	GP	Health centre	Others
1.	Place							
2.	Need for a new toilet	Yes/ No						
3.	Status of toilet (Available/ not available defunct)	Door						
		Pan						
		Soak pit						
		Water availability						
		Cleaning						
4.	Availability of drinking water	Yes / No						
5.	If yes, is there regular supply throughout the year?	Yes / No						

6.	Need for repairs?	Yes / No							
7.	If yes, details	-							
8.	Hand washing facility available?	Yes / No							

Annexure 12.2: Details of institutional sanitation facilities

Activity with Number	Approximate Budget	Resource Details	Execution Team	Govt. Dept. Involved	Monitoring Team	Time line	Remark
Human excreta management plan							
Construction of new () IHHL							
Repair of existing () defunct toilets							
Public and individual WASH facilities							
M&R of created facilities							
Activity with Number	Approximate Budget	Resource Details	Execution Team	Govt. Dept. Involved	Monitoring Team	Time line	Remark
Behaviour change communication plan							
Capacity building plan							

Annexure 12.3 Formats for developing district sustainable sanitation plan

1. Component wise data

No	Name of block	Total no. of GPs	Total no. of households (as per BLS 2012)	Total households with toilets	Total no. of septic tank type toilets	Total no. of households having toilets but not using them	Total No. of defunct toilets	Total no. of additional families	Total no. of families outside the Baseline survey
1									
2									

2. Details on institutional WASH facilities

No	Name of block	Details	No.	No. of GPs with own GP building	Availability of toilets				Availability of water supply facilities		
					GPs without toilets	GPs with toilets	GPs with toilets in use	GPs with defunct toilets	GPs not having water supply facilities	GPs using the facilities	GPs with defunct facilities
1		No. of GPs									
		Schools									
		Anganwadis									
		Other									

3. Sustainable sanitation plan

Reasons	Activities proposed	Level	Duration	Responsibility			Funding source	Monitoring			Block costs
				GP	Block	District		GP	Block	District	
A. Toilets not in use											
B. Defunct toilets											
C. Additional families											
D. Institutional toilets											
										Total	

4. Faecal sludge management

Name of block	Details of FSM clusters			Activities proposed for desludging, transport and treatment	Level	Duration	Funding source	Responsibility			Funding source	Monitoring			Block costs
	Cluster centre	Total no. of GPs	No. of septic tank type toilets in the cluster					GP	Block	District		GP	Block	District	

5. SBCC plan

A. Desired behaviour, key messages to address barriers to desired behaviour, audience/ stakeholders, communication channels, communication materials/tools

Desired behaviour	Key messages to address barriers to desired behaviour	Audience/ Stakeholders	Communication Channels	Communication materials/tools

B. Communication plan

Activity details	No.	Level	Duration	Responsibility			Funding source	Monitoring			Block costs
				GP	Block	District		GP	Block	District	
1. Preparations											
2. Implementation											
											Total

C. Capacity building plan

Training topic	Target group	No. of trainees	Training duration	Training planning period	Funding source	Implementation responsibility		Monitoring responsibility		Block costs
						Block	District	Block	District	
										Total

6. Monitoring plan

Indicators	Proposed Methodology for monitoring (Review, social media, field visits, etc.)	Responsibility			Block costs
		GP	Block	District	
					Total

Budget

No.	Component	Total cost
1	Toilet construction	
2	Toilet repairs	
3	Institutional WASH facilities	
4	Faecal sludge management	

Training manual on sustainable sanitation

5	SBCC activities	
6	Capacity building activities	
7	Monitoring	
8	Total	

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