



STRATEGY FOR ODF SUSTAINABILITY & ODF PLUS ACTIVITIES

IN WEST BENGAL



Panchayat & Rural Development Department

Government of West Bengal

Prepared by SIGMA Foundation with support from UNICEF, West Bengal

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CHAPTER I: BACKGROUND



Introduction

1.1 The state of West Bengal has been a front runner in providing access to sanitation to its rural population. The state government launched the Mission Nirmal Bangla (MNB) to provide universal access to sanitation and after launching of the Swachh Bharat Mission (Gramin), i.e., the SBM (G) by the Government of India (GOI) on the 2nd October 2014, the MNB has been aligned with the SBM (G). At the time of launch of the SBM (G), the Individual Household Latrine (IHHL) coverage of West Bengal was 50.1% against the national coverage of 36.6%¹. The IHHL coverage had reached 100% on 30th May, 2019 indicating that the state has achieved the Open Defecation Free (ODF) status.

1.2 Though West Bengal has attained the ODF status, there are gaps to be bridged in respect of quality and coverage of the sanitary infrastructures, maintenance of the facilities and use of those by all persons at all times of need. There is a huge gap in safe management of all types of wastes. Further, there is need for changing the knowledge and attitude of the people for adopting safe sanitary practices as a way of life and development of sound institutional arrangement for delivery of WASH services. Availability of safe water for drinking, cooking and other domestic consumption including for use in toilet needs to be ensured for every person at all times. Sustainability of ODF status will depend on bridging the said gaps, both physical as well as behavioural, for desired change of the social norm for sanitation and hygiene and ensuring safety and security of water. These are the upcoming challenges, which require interventions on multiple dimensions with involvement of several departments of the state government, the Panchayats, professional agencies and the civil society.

1.3 The state is committed to take up the challenge for sustaining the ODF status and to move ahead further by taking up activities like Solid and Liquid Waste Management (SLWM), Menstrual Hygiene Management (MHM) and Water Safety and Security (WSS), broadly categorized as ODF Plus activities. The components of ODF Sustainability (ODF-S) and ODF Plus activities are shown in Diagram 1 below.

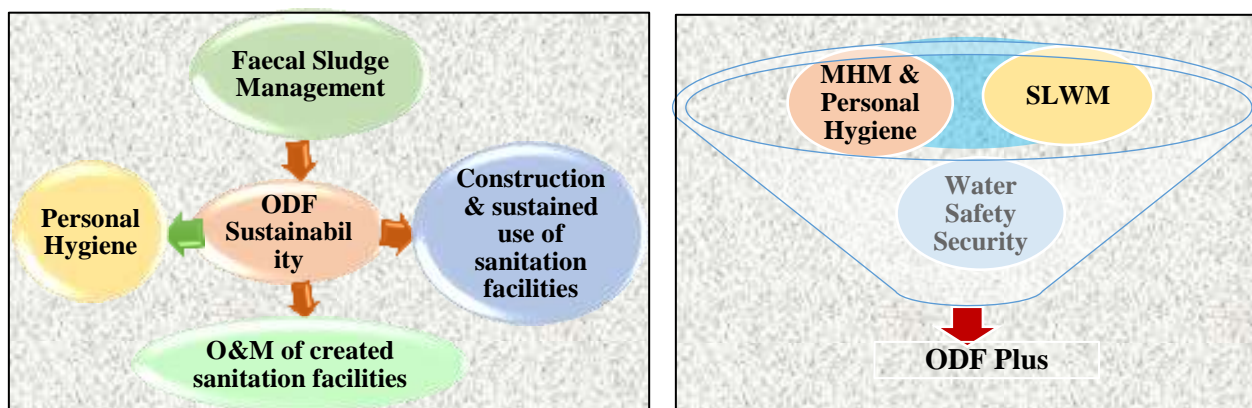


Diagram 1: ODF-S and ODF Plus Activities

¹ IHHL coverages are based on the total HHs found in the baseline survey of 2013

Vision of the Government of West Bengal

1.5 The state's vision on various aspects of sanitation and ODF sustainability is illustrated in Figure 1.

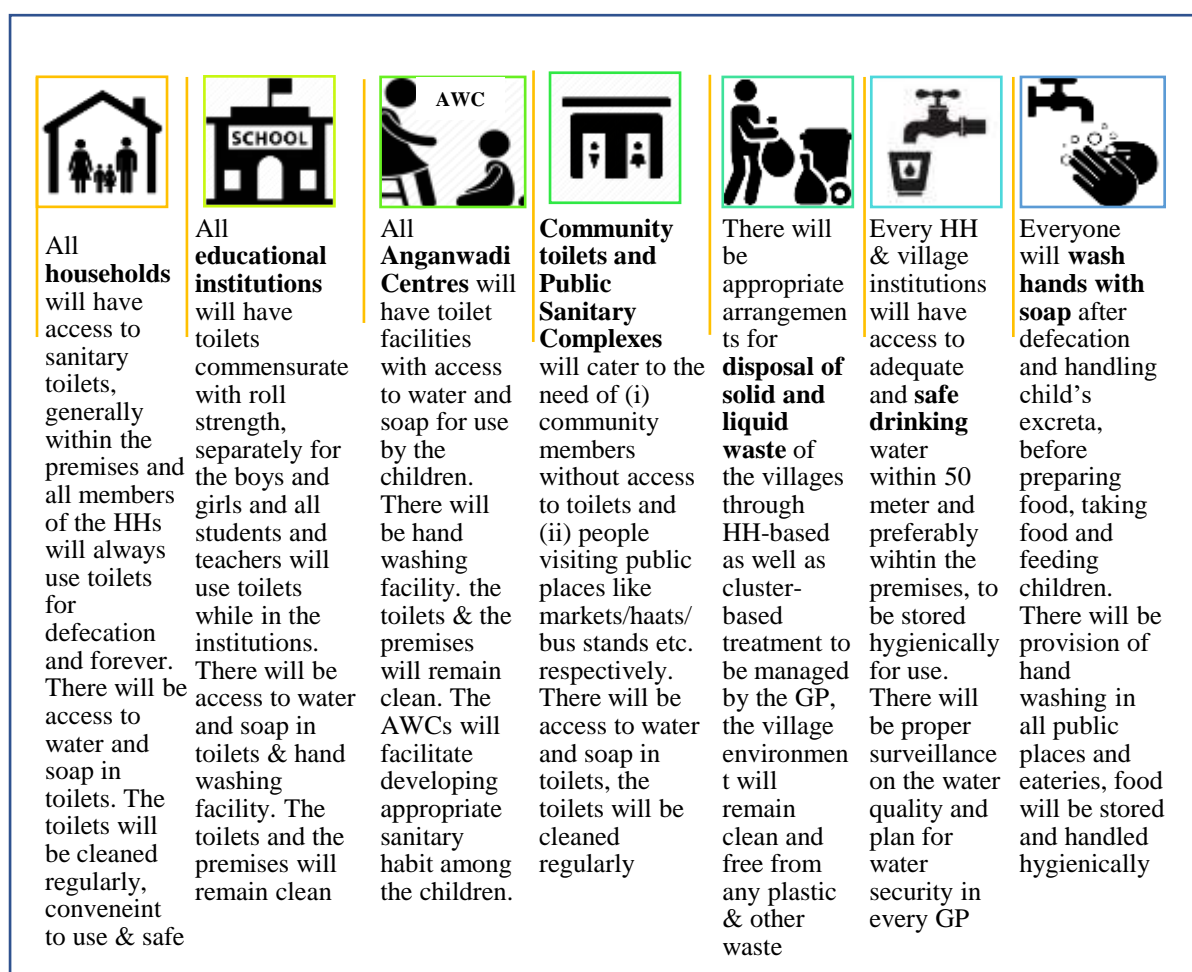


Figure 1: Vision of Government of West Bengal to sustain ODF

1.6 Panchayat & RD Department of the Government of West Bengal (PRDD) needed to prepare a strategy for ODF sustainability (ODF-S) and taking up ODF Plus activities. This is the second phase of the sanitation movement which is characterized by (i) moving up the ladder on several new dimensions of sanitation which was not emphasised during the first phase, (ii) more focus on quality and sustainability, (iii) expansion of services related to sanitation in both public and private domain (iv) institutionalization of the support system and the services (v) more convergence with interventions in other dimensions of human life in consonance with the SDG 2030 and (vi) more intensive communication for attaining social and behavioural transformation. The proposed strategy will help the state to carry out the complex set of activities including putting in place institutional arrangements and services, development of infrastructures and promotion of social and behavioural transformation across the entire rural areas of the state and by all the stakeholders.

1.7 UNICEF, West Bengal Field Office extended support to work out the strategy and SIGMA Foundation, a Not-for-Profit organization, was associated as a partner. The strategy has been worked out based on (i) analysis of related policy documents issued by the union

government, government of West Bengal and some of the other state governments, (ii) desk based analysis of available information on progress made in this regard, (iii) gathering knowledge from studies conducted on ground realities on WASH (Water Sanitation and Hygiene) and related challenges in West Bengal, (iv) consultation at the Gram Panchayat (GP), district and state level and (v) interaction with the senior officials of the departments concerned. The approach of the draft strategy was to identify the specific objectives as per vision of the state, assessment of the current status and the gaps in all the dimensions of WASH, the required legal framework and the institutional arrangement, need for maintenance of the facilities and their sustained use by all, requirement of human resources and related capacity, the communication strategy to be adopted and development of a sound Monitoring and Evaluation (M&E) system to know the progress.

1.8 The strategy for ODF sustainability should be guided by the vision of the state government and the requirement of the second phase of the sanitation movement. Further, meeting the said objectives will require progress in several dimensions of sanitation and involvement of different departments of the state government dealing with the particular matter as well as all other stakeholders working in the respective sector. The approach and the methodology for developing the strategy has been adopted to capture the ground reality and to assess the best options to realize the visions of the state in this regard.

1.9 The strategy was drafted based on analysis of the collected data, feedback from field functionaries and suggestions of officials responsible for related policy formulation and programme implementation. The Government of India (GOI) Guideline² issued in this regard has also been consulted in framing the strategy. The draft strategy was prepared based on the methodology mentioned in the next chapter.

² ODF Sustainability Guideline, Ministry of Drinking Water & Sanitation, SBM – G, GOI, 2016

CHAPTER II: APPROACH & METHODOLOGY



Approach and methodology for development of the ODF strategy

- 2.1 The approach adopted for developing the strategy is mentioned below:
- Knowing the vision of the state government along with specific objectives to be met
 - Clear assessment of the current status in terms of the gaps between what is to be achieved and what exists at present, the bottlenecks and the barriers in attaining the objectives
 - To know the legal framework and institutional arrangement towards achieving the objectives
 - Operationalization and management of the activities for desired performance
 - Monitoring performance and the progress towards achieving the objectives.

2.2 **Methodology adopted:** The methodology followed for developing the strategy for ODF (S) and ODF Plus has been based on the said approach. The steps followed are illustrated in Diagram 2 below.

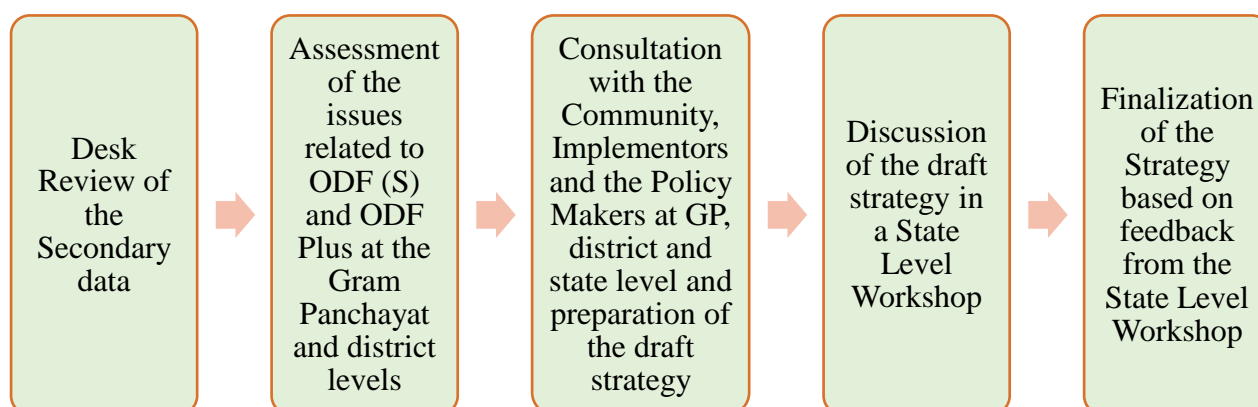


Diagram 2: Methodology Followed for Designing the Strategy

The activities taken up in each step are briefly narrated below.

Assessment of the situation

2.3 **Desk review of the secondary data:** Various literatures were surveyed to get a clear picture of the prevalence of ODF sustainability in India and West Bengal. Initiatives taken up by different departments in promotion of ODF-S and ODF Plus activities were also reviewed. Every niche of ODF-S and ODF Plus activities was critically analysed for gap identification. Analysis of the situation and way forward was examined in depth for each component to get an idea of the best option to be adopted by the state government, the local governments and

other stakeholders to attain the goals. The insight gained on possible strategy and its workability was validated during the visit for each component of the strategy.

2.4 Assessment of situation at the GP level: Issues of sustainability was assessed rapidly by visiting two GPs, one in Murshidabad and the other in Bankura. There was an FGD with the GP functionaries to assess their understanding of their institutional role in the context of ODF Sustainability (ODF-S) and ODF Plus activities. There was also another FGD with community level workers like the Anganwadi Workers (AWWs), the Accredited Social Health Activist (ASHA) and the Self-Help Group (SHG) members as representative of the community in which representatives of local NGOs were also present. The level of knowledge, attitude and practice and the barriers in taking up various post ODF interventions were assessed as per their perception. The discussions were documented for analysis of the ground reality.

2.5 Assessment of issues at the district level: The SBM(G) interventions were spearheaded by the respective district for which a Project Management Unit has been constituted in each district. They are also responsible for carrying out ODF (S) and ODF Plus activities. Their views were obtained through interactions at the district level at Behrampore (Murshidabad) and Bankura on the 12th and 14th March, 2019 respectively. The District Magistrate/Additional District Magistrate and other senior officials of the district administration were present in the interactions. District level officials of the Public Health Engineering Department (PHED), School Education Department (SED), Women & Child Development Department (WCD) and the Health & FW Department (HFWD) also participated in the meeting. The BDOs and representatives from the Panchayat Samitis also participated in the deliberations. Further, there were representatives of a couple of NGOs who were associated with implementation of the SBM(G) in the district. The issues of programme management related to ODF-S and carrying out ODF Plus activities were discussed at length to understand the issues, related bottlenecks and barriers, which need to be addressed.

2.6 Consultations with the line departments: The district level interactions were focused on learning the operational issues. There were also several policy issues for which the views of the departments concerned were necessary. The Panchayat & Rural Development Departments (PRDD), the WCD, the PHED, the HFWD, and the SED were consulted to know their views in the context of ODF-S and the ODF Plus activities because of their responsibilities in some of the related components. Information on their ongoing programmes and future action plans were collected by the officials of SIGMA Foundation and there was in-depth interview of the key



Diagram 3: Timeline of Consultation with the Line Departments

officials of the department to assess their possible roles related to ODF-S and ODF Plus activities. The Additional Chief Secretary/Principal Secretary/Secretary of the departments, other key officials of the departments and representatives of UNICEF were present. The dates on which the consultation meetings were held are given in the Diagram 3.

2.7 Bottlenecks and barriers: One important aspect of consultation from GP to state level was to identify the bottlenecks in implementation and barriers faced by the people to participate in the programmes. Those have been highlighted in the respective sections along with possible ways of overcoming those through the proposed strategy.

2.8 State level workshop: A state level workshop was held on the 27th June, 2019 at Kolkata in which Secretary PRDD and other key officials looking after sanitation in the department, representatives of Zilla Parishad of various districts, representatives of line departments mentioned before were present. Officials for UNICEF West Bengal also participated in the workshop to give their views and ensuring that the strategy has enough focus on women and children. The draft strategy was presented before the forum by SIGMA Foundation for discussions on each issue and to have their feedback. Issues of line departments were also flagged by the representatives of the departments concerned. Possible solutions and strategies were discussed to address the ODF sustainability and ODF Plus related activities and related issues and the strategy was validated/ appropriately refined through rigorous brainstorming sessions involving all the participants of the workshop.

Development of the ODF Strategy

2.9 The ODF strategy was finalized with valuable departmental inputs addressing the issues of ODF sustainability and ODF Plus as well as feedback from the state level consultation. Strategy was framed covering all the dimensions of implementation arrangement, putting in place required human resource with needed capacity building, convergence among various departments and community participation with relevant communication needs. Major focus was to be on social engineering to effectively sustain the ODF status in the present socio-economic scenario in West Bengal. IEC/SBCC has been included as a strong component of ODF-S and ODF Plus strategy to trigger community ownership. The required change in legal framework for improving sanitation related service delivery by the GPs has also been flagged. The strategy is narrated in the subsequent paragraphs.



CHAPTER 3: STRATEGY FOR ODF SUSTAINABILITY



A. Sustaining the ODF Status

3.1 **Assessment of ground reality:** There will be a fresh assessment of the status of access to sanitation, quality of the toilets, defects in construction requiring retrofitting, usage of the functional toilets and access to water for drinking and other essential needs and sanitation through a baseline survey. The survey will be conducted by every GP as a part of its responsibility in improving the status of WASH (Water, Sanitation and Hygiene) and delivery of various related services. The same will be guided by the PRDD. The assessment will be taken up by the GPs as and when they internalize the need for such a survey. The process of internalization will be facilitated by the PRDD. The survey will be taken up in a participatory manner with maximum involvement of the people, which will also be the means to sensitize the people on the new social norms on WASH. The PRDD will also consider developing a Mobile App for the GPs to conduct the survey efficiently. The App will also help to upload the data for easy processing and analysis for policy formulation and guidance.



There will be a fresh survey by the GPs for assessment of gaps in access, usage and quality of WASH

3.2 **Preparation of ODF sustainability plan:** Based on the findings from the survey, every GP will prepare an ODF sustainability plan for bridging the gaps in providing (i) physical access to functional sanitary facilities to all HHs, public institutions, public places and commercial establishments, (ii) adopting appropriate sanitary behaviour by all and ensuring use of the facilities in all occasions and (iii) to upgrade/maintain all private as well as public sanitation facilities by the owner (household/ institution/ commercial establishment) or the GP (public toilets) respectively.³ For household facilities, the funding has to be by the owners themselves except in cases where the HH has been included as a leftover family. This will entail both new constructions, upgradation of existing toilets like adding one more pit/improving superstructure and repairing the defunct toilets to make those functional.

3.3 **Removing barriers and bottlenecks in use of toilets:** The survey will identify both physical (non-availability of functional toilet/ non-availability of water for use in toilet etc.) and attitudinal barriers (unable to adopt recommended sanitary behaviours) restraining use of toilets and bottlenecks in delivery of the WASH services. There will be a micro-plan to take care of the bottleneck in receiving services and barriers being faced in using toilets by every person/HH/ institution/ commercial establishment. The micro-plan will cover both hard (infrastructural) and soft (behavioural) components for achieving the desired goal within an agreed timeframe. Barriers in accessing toilets by the people with physical disability will also be attempted to be addressed.

³ Guidelines for Swachh Bharat Mission (Gramin), Ministry of Drinking Water & Sanitation, GOI, 2017

3.4 Retrofitting and improving the quality of toilets for sustainable use: Some of the toilets may be functional but may have become insanitary, which needs to be addressed on an urgent basis. Those include septic tanks without soak pits, exposed pipeline between the pan



For sustainable use of the toilets, the defects will be identified followed by appropriate retrofitting/ upgradation

and the pits, broken or loose cover of the pits, which allow insects/rodents to enter the pit etc. The construction defects which affects durability of the structure or quality of the substructure affecting convenience or safety of the user will be also identified. Those will be rectified to ensure sustainable use of the toilet.

3.5 Upgradation of single pit toilets: All single pit toilets of the state will be upgraded into twin-pit type. The proposed survey will generate the data to identify which toilets need such upgradation and will include both HH and institutional toilets. The other types of interventions will include retrofitting of the twin pit toilets without a junction chamber and those toilets in which the pits are inter-connected.



3.6 Strengthening school WASH: The gap in latrines and urinals infrastructures in schools will be worked out from the baseline survey to be taken up by the GP. The gap will be assessed for boys and girls based on roll strength and the norms for Swachh Vidyalay. The said norm will be achieved in phases through both creation of new infrastructure and upgradation of the existing infrastructure. Special care will be given to have adequate toilet facilities with arrangement for MHM in all schools having adolescent girls. Piped water supply will be provided to all schools in phases to improve availability of water in schools for drinking as well as use in toilets. The School Education Department will make necessary arrangements in coordination with the PHED and the PRDD. Arrangement will also be made for having proper handwashing facility in each school in consonance with the student strength and there will be orientation of all concerned for keeping the school environment clean. Arrangement for regularly cleaning the toilets and the urinals as well as taking up O&M of the WASH facilities will also be made. Further, the quality of the drinking water will be tested every year as per protocol and safety of the drinking water will be ensured.



All institutions will have clean latrines and urinals

3.7 Access to toilets in AWCs and its maintenance: The gap in latrines and urinals infrastructures in the Anganwadi Centres (AWCs) will also be assessed through the proposed survey. The WCD will plan to ensure reasonable access and cleanliness of the latrines and urinals of the AWCs having own building and the GPs will extend possible support. In case of those which are located in rented premises an appropriate arrangement will be made, with due facilitation by the GP, to provide access to sanitation and water, preferably on exclusive basis or for a temporary period on sharing basis. There will be handwashing facility in each AWC with availability of soap and water. There will also be arrangement for cleaning of all the toilets of the AWCs on a regular basis. Further, the AWCs will be provided with piped water supply

in phases and till then there will be reasonable access to water supply in each AWC. The water quality of the AWCs will be tested regularly to ensure that the children attending the AWCs get safe water to drink.


3.8 Access to toilets in health facilities and its maintenance: In general, the health facilities have reasonable access to WASH facilities. The proposed survey will cover the health facilities located in rural areas, particularly the PHCs and the Sub-centres, to assess the gaps, if any. Appropriate interventions will be made by the HFWD to improve the standard of WASH in all health centres including availability of running water. The same will be achieved by the HFWD in association with the PHED. The system of management of medical waste in the state has already been strengthened and the protocols for the same will be followed strictly.

3.9 Access to toilets in public places and its maintenance: Every GP will assess the need of latrine, urinal and bath rooms in important public places as well as a need for community toilet for the homeless or those HHs having no space to construct toilets, migrant workers like those working in the brick field etc. Also, system of maintenance and cleanliness of the existing toilets will be reviewed for possible improvement. Public-private partnerships will be sought for efficient maintenance of public toilet facilities and offering clean facilities to all users.

3.10 Improving access to water for sanitation: Attainment of ODF status has resulted in increased requirement of water at home for use in toilets and handwashing. Previously the rural families used to fetch water for only cooking and drinking, the need of which is around 4.9 litre per capita per day as found in a recent survey in two districts of the state. Thus, the quantity of water to be fetched has increased substantially to meet the requirement of water at home for maintaining sanitation and hygiene. Studies have found that the practice of open defecation is strongly associated with access to water. Lower availability of water leads to compromising with handwashing and other hygienic practices. Since the poorer section is unlikely to have their own water sources, there is more chance of their falling back to open defecation, if water is not available within a reasonable distance. Sustainability of ODF status is thus related to the availability of water for sanitation. Interventions will be made for improving access to water for sanitation, particularly in habitations where the poorer and the socially backward sections live. The proposed new baseline survey will be useful for related planning by the GPs.




3.10.1 There are many villages where surface water is used for non-drinking purposes such as washing, cleaning, toilet use, etc. The requirement of water for use in toilets may be met from available non-potable water sources like tanks/ open wells if potable water sources are far away. However, there are villages in which there is difficulty in accessing water even for drinking or the access is seasonal. The proposed survey will identify such villages with a shortage of water round the year or during summer months. The survey will also identify whether the same source can be used for drinking and sanitation or there is scope for any cheaper option to meet the water requirement for sanitation. In that case, the GPs will plan for providing water for use in toilets within a reasonable distance, say within 50 meters from the HH and within

 GPs to identify gap in access to water for sanitary purposes and will intervene to meet the water requirement round the year

the premises of the institutions and public toilets. Also, there should be piped water in all public and institutional toilets for convenience of use. Further, there will be a plan for water security in each GP.

3.10.2 In areas where there is a need for a common solution for improving access to water for both drinking and other uses, there will be a plan for providing access to piped water supply. Water is supplied in rural West Bengal mostly through Street Stand Posts (SSPs) and there are HHs which access water from SSPs located far away. A practical solution could be to bring the SSPs closer to home so that every HH, not having spot source of their own, has a SSP within 50 meters. This will require examination of the feasibility of intensification of the SSPs by the PHED so that water is available within 50 meters, as per the national policy. However, the design of the existing PWSSs may not always permit such intensification. In that case, the capacity of the PWSSs will be augmented or new PWSSs will be installed. Since it will take time to provide universal coverage of piped water supply the solution is to give priority to the areas with scarcity of water or the groundwater source has chemical contamination. The goal is to provide piped water in all the premises and, therefore, the new or augmented schemes will provide for water supply within the premises. PHED and the Panchayats concerned will work together to prepare a plan for achieving the desired level of access to water as soon as possible.



The goal is to have universal access to water through PWSS at all premises

3.11 **Access to toilets during disaster:** Occurrence of floods is common in many parts of the state. So, the GPs should assess if the design and location of the toilets are such that those remain usable even during high flood. Otherwise, there should be an arrangement to locate the toilets above the high flood level.

B. Promotion of Hygiene and Environmental Cleanliness

3.12 **Promotion of handwashing and other hygienic practices:** There will be arrangements for handwashing in the HHs as well as in all the village-level institutions, public places and commercial establishments, particularly the eateries. This will involve construction of required infrastructures, maintenance of the infrastructures and developing proper attitude through behaviour change communication. The initial focus will be more on behavioural changes and not on construction, which will be driven by demand and affordability of the HHs. The process will start with having a place for hand washing where soap and water will be available (in a suitable pot) and proper management of the wastewater, preferably through soak pit or leach pit. The handwashing arrangement will be gradually improved to fixed wash-basin and running water as and when the HH can afford the same. For institutions and commercial establishments, the plan will be to have proper wash-basin with the availability of soap and running water/ easy access to water and appropriate management of the wastewater, as soon as possible.



3.13 **Safe handling of child faeces:** All HHs and caregiver of the children will be required to handle and dispose of child faeces safely. There will be focus on generation of awareness and adoption of hygienic practices related to handling and disposal of child excreta through Social Behaviour Change Communication (SBCC). This activity will be given priority in all HH level communications and in mother's meetings held by the AWWs.



3.14 **Environmental cleanliness & Village Cleanliness Index:** All the common places used by the villagers are to be kept free from waste through regular cleaning/sweeping. There are certain places like the markets which are visited by more people and generally remain unclean. There will be separate waste bins placed in such places to collect dry and wet wastes separately along with daily cleaning/ washing/collection of waste by the GP/others such as the market committee. The drains of the villages are to be cleaned regularly for avoiding stagnant water. People will also be oriented not to throw any waste including plastic waste in the open so that the entire public space within the village remains clean. PRDD will issue a guideline to prepare a Village Cleanliness Index (VCI) of the GPs every year based on observations objectively. The same will be used to rank the GPs in terms of cleanliness and to take follow up measures for improving cleanliness.



CHAPTER IV: STRATEGY FOR ODF PLUS ACTIVITIES



A. Solid and Liquid Waste Management (SLWM)

4.1 **Solid Waste Management (SWM):** The erstwhile Ministry of Drinking Water and Sanitation had issued guidelines for SWM in the year 2017⁴. Solid Waste Management Rules, 2016⁵ was issued by the Ministry of Forests, Environment and Climate Change, which is applicable in urban areas and covers the Census Towns within Panchayat areas. The strategy for SWM will be broadly guided by these two guidelines/Rules. The general principle to be followed is to “reduction, Reuse, Recycling and Recovery” the waste. The waste generated will be segregated at the source as much as possible and the segregated waste will be treated at the source first, i.e., by the HHs or other waste generators, to the extent possible. The subsequent steps will be the collection of compostable solid waste every day from the premises by the GP for treatment and generation of useful resources like fertilizer/energy as will be feasible. The dry waste will be collected at suitable intervals for recovery/disposal of materials which may be recycled and the inert waste will be dumped at a suitable place.



4.1.1 These are new areas requiring adoption of appropriate technology, development of infrastructure, putting in place arrangements for collection and disposal of solid waste, training of the personnel involved and changing attitude and behaviour of the people. Also, conversion of the waste into resources will require investment, management and financial sustainability. There will be due emphasis on financial sustainability for which the GPs will collect user fees and will try to generate as much funds as possible by the sale of generated resources and recovered materials. There will be a need for having suitable land to process the waste and to dump the inert residue. GPs or cluster of GPs may assess the requirement of land and procure the same keeping the social and environmental aspects in mind. These will be achieved in phases along with the enhancement of capacity of the GPs and sensitization of the people to manage their solid waste for healthy living.


4.1.2 Many HHs prefer to keep the waste dumped in their own traditional pits for converting the waste into fertilizer, which is neither hygienic nor efficient. Some of the GPs had already built such plants with financial support from the government. Many plants for solid waste management established by the GPs ran well in the initial period until fund support was available. Some of the plants are running well. Financial viability through collection of charges from the HHs was the most important challenge and many plants were not functional because of failure to generate revenue. The lessons learned from the successful plants will be shared

⁴ Guideline on Solid & Liquid Waste Management, Ministry of Drinking Water & Sanitation, GOI, 2017

⁵ Solid Waste Management Rules, 2016 by Ministry of Forests and Climate Change, GOI

with the GPs for proper planning of their solid waste. Participation of the citizens in improving waste management is another critical need for which there will be an intensive IEC campaign.

4.1.3 There will be assessment of the quantum of solid waste being generated every day in each GP and its characteristics will have to be ascertained for appreciating how much waste has to be treated for conversion of the same into fertilizer/energy and how much has to be recycled/reused. In case the quantity is not adequate, a common treatment facility for a cluster of GPs including adjoining Municipality, if any, to have critical volume for the economy of scale will be developed. The cost of waste collection and O&M of the treatment facility will be preferably borne by the waste generator (HHs or others) through paying user charges. Otherwise the same has to be borne, partly or fully, by the participating local bodies, if the cluster approach is followed or the GP for their exclusive facility from their/its own revenue. There will be agreement among the GPs including participating Municipality, if any, using common treatment facility, to share the cost of treatment and on the mode of management, which may be outsourced. The state government will promote the involvement of private partners to manage the waste treatment facilities based on agreed terms. The SHG Clusters and Federations will be capacitated to take up the responsibility. The GPs will be responsible to pay the charges to the private partner, if engaged. Enhancement of capacity of the GPs for providing solid waste management related services to all its residents will be another critical need on which due emphasis will be given. The state government will develop a few pilots, suitable for different types of areas and the lessons learned will be used for replication across the entire state.

 To have critical quantity of the waste for treatment more than one GPs may share one common treatment plant and its O&M may be outsourced

4.2 **Plastic Waste Management:** Management of plastic waste will be given a high




priority. The state government will organize strong behaviour change communication to make the people aware of the hazards of plastic waste. The regulatory orders in this regard will be enforced by the authorities concerned with more seriousness.⁶ The GPs will be encouraged to ban the use of certain categories of plastic, if not all. There will be a campaign to sensitize people to refuse taking plastic carry bags etc. and not to throw any plastic in the open. The HHs are to be encouraged to segregate plastic waste and the GPs will collect the same periodically for its recycling/ converting to useful material like pellets for road construction, furniture etc.

4.3 **Grey Water Management:** Grey water is generated at (i) the kitchen, washing stations, bathrooms, etc., (ii) at the community level facility like hand pumps/ SSPs and (iii) commercial establishments like tea stalls, eating houses, etc. Grey water should be managed properly to ensure that it does not pollute the water bodies or remain on the surface of the ground. The same needs to be done by constructing on-site disposal facilities such as soak pit/ leach pits for absorbing the wastewater or transporting the same through suitable drainage



⁶ Plastic Waste Management (Amendment) Rules, Ministry of Environment, Forest & Climate Change, GOI, 2018


channel for treatment off-site. The drains should be covered. Whatever grey water comes out of the HH becomes community grey water. Management of community grey water needs more elaborate arrangements and funds. Also, the technology should be appropriate. Common methods for treating community grey water which will be followed are (i) construction of leach pits with water seal at the entrance of the leach pit or (ii) using the water for kitchen garden/ feeding micro-irrigation system after clarifying the water with silt and grease trap. The same can be done through underground perforated PVC pipes for irrigating the root zone or through surface irrigation. The former is more efficient but will be costly and requires regular maintenance. The latter is a cheap option, but the excess water will remain on the surface. Each GP will plan for its grey water management in consultation with the people and will implement the same.

 Each GP will prepare plan for Grey Water Management and will also work out the same

B. Faecal Sludge Management

4.4 Faecal Sludge Management: The faecal sludge of the septic tanks is to be evacuated before getting filled up to keep it functional. Similar is the case for single-pit toilets. In both the cases there are un-digested human excreta, which is highly toxic and requires to be handled and disposed of safely. The undigested faecal sludge is not to be taken out manually and not to be thrown in the open land like river/canal bank or in the water. Also, the filled-in pit is to be left unused for a minimum period of one year before the same is taken out so that the evacuated material is free from any pathogen and is safe to handle or even touch. All owners of septic tanks will ensure safe evacuation, handling and disposal of the faecal sludge of the septic tank.⁷ Appropriate equipment/gears have to be used for safe evacuation and handling the faecal sludge and the manpower is to be trained to safely handle the equipment. The state government in association with the local governments will develop a required system for safe evacuation and disposal of the faecal sludge.

4.4.1 Management of faecal sludge have issues like identifying the most appropriate technology, to find the optimum load for each plant for the economy of scale so that the user charge remains modest and efficient collection to make the plant financially sustainable. Optimality of functioning may require developing common facilities for use by several local governments both rural and urban and O&M requirements may also be assessed. One option will be to explore the market

 Developing commercially viable plants through outsourcing for safe collection and treatment of faecal sludge for a group of local bodies. Strong IEC for internalizing the threat perception in unsafe handling and disposal of faecal sludge by the people

and develop suppliers and to also use the concept of social marketing by subsidizing the cost of capital (using community incentive funds/CSR funds) and O&M for the sustainability of operation. The PRDD will advise the local governments in this regard and will identify private partners where possible. The same will be done after results of some of the pilot projects being taken up will be known. Anyone in need of evacuating their septic tank will be able to avail the services on payment, the charges of which should be kept moderate. Since, the alternative is a very low-cost option and the threat perception of unhygienic disposal of the faecal sludge is low, there will be a strong campaign to prevent unsafe disposal of faecal sludge.

⁷ Technological Options for Solid and Liquid Waste Management in Rural Areas, Ministry of Drinking Water & Sanitation, GOI, 2013

C. Menstrual Hygiene Management

4.5 Menstrual Hygiene Management (MHM):



Several departments have their programme for MHM which will be coordinated. There will be more synergy among the related programmes like MNB, Anandadhara and Kanyashree. The state needs to come out with a policy approach on convergence for MHM and to have a task force involving all the relevant departments for coordinated interventions. Further, the programmes will put more emphasis on communication for developing a scientific attitude of both female and male members of the society on the need for managing menstrual hygiene.⁸ The issues of affordable sanitary pads or low-cost alternative arrangements like the use of disinfected clothes will be addressed appropriately after gaining knowledge from appropriate pilots in due course of time. The other challenging area that will be addressed is the management of used napkins. Since the option of Eco-friendly Incinerator is available, pilot intervention in some of the areas will be attempted.



More convergence of all MHM programmes of various departments, thrust on awareness building of male and female on safe MHM

4.5.1 There are lack of awareness on MHM. Despite wide publicity of the issue in public discourse, the shame factor is still existing strongly in the community. The communication strategy has to take care of the awareness generation and developing scientific attitude of both men and women towards MHM and orientation of the block and GP level functionaries including VHSNC members in this regard. In case of IEC activities, the main issue to be addressed is dealing with the taboo, which is deep-rooted in the mind of the people. The schools will be an important place to impart education on MHM and all high schools to have proper MHM facilities.



No shame in Menstruation

D. Water Safety and Security:

4.6 **Improving access to water and its sustainability:** This is a vast subject and the issues are related to the attainment of SDG by 2030. The GPs will be sensitized and capacitated on water safety and security as well as mobilizing the community to conserve and protect the water sources for optimal use. Promotion of various water conservation measures, judicious use of water with equity, improving performance of the water supply schemes in collaboration with the PHED, preventing wastage of water, protection of water sources from contamination, strengthening surveillance of water quality and taking corrective measures at GP level will be the key areas of interventions^{9 10}.

4.6.1 There are 31 blocks in the state known to have water scarcity. The solution for such areas is to conserve rain water for use. The movement for rain water harvesting through the

⁸ Guidelines on Gender Issues in Sanitation, Ministry of Drinking Water & Sanitation, GOI, 2017

⁹ Jal Shakti Abhiyan, A Water Conservation Campaign by Department of Drinking Water & Sanitation, Ministry of Jal Shakti, GOI, 2019

¹⁰ Uniform Drinking Water Quality Protocol, Ministry of Drinking Water & Sanitation, GOI, 2014

programme 'Jal Dhoro Jal Bhoro' will be intensified in these blocks. There will be advocacy

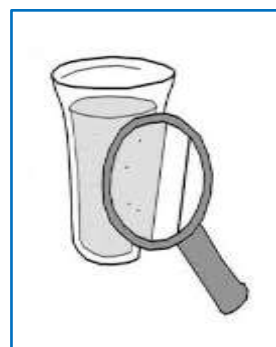


to go for rain water harvesting including harvesting of roof top water to be stored and used for meeting sanitary needs. The state has developed a slogan of 'Gramer Jal Grame Thakuk' which will be intensified in the entire state with a special focus on water-scarce blocks. The PRDD will facilitate the estimation of the quantum of precipitation in every GP using rainfall data. How much rainfall is being stored on the surface within each GP will also be worked out by the Zilla Parishads by estimating total volume of water bodies.

Available satellite data will be used for that purpose. There will be also emphasis on watershed management and afforestation for improving ground water recharge. The GPs will be oriented to assess total requirement of water for all purposes and to prepare water security plan to ensure that water is used judiciously for domestic, economic as well as other purposes without affecting sustainability. The ZPs and the PSs will facilitate this process.

4.7 Improving water safety and water quality surveillance: The status of water quality in West Bengal has been mapped reasonably well through laboratory-based testing of water samples. Large part of the state is having Arsenic and Fluoride in ground water making that unfit for drinking. Out of 341 blocks of the state, ground water in 83 blocks are affected by Arsenic (>0.05 mg/l), 43 Blocks are affected by Fluoride (>1.5 mg/l) and 53 Blocks are affected by salinity. All the blocks of the state have iron contamination. There is also high degree of bacteriological contamination in water, particularly those collected from shallow depth tube wells fitted with hand pump. The state has developed a good system of water quality surveillance through laboratory-based testing. The other unique feature is that the GPs are responsible for collection of water samples and sending those to the laboratories. The same will be strengthened further in association with the PHED.

4.7.1 One area of strengthening is building capacity of the GPs in being able to ensure collection of water samples from all public sources including the institutions and advocate testing water used for drinking in institutions like schools/ AWCs. They will be capacitated to follow the protocols of water quality surveillance properly. The system of sharing the test results of all water samples with the GP officials will be improved with support from the PHED and the same will be done on real-time whenever the quality is below the standard. The capacity of the GPs is to be enhanced to be able to interpret the test results and to also intervene appropriately. The GPs will also be



trained on disinfection of water and monitoring residual chlorine in the chlorinated water at the point of supply as well as at the point of consumption. There will be strengthening of communication on improving awareness of the common people on water quality and involvement of the people in preventing contamination of water. An appropriate policy will be put in place to encourage testing of water samples from private sources along with strong advocacy for the same. The system of annual sanitary survey of all the drinking water sources for protecting those from contamination will be strengthened. The findings are to be documented and analysed for appraisal of the situation and guiding the GPs appropriately.


CHAPTER V: IMPROVING WASH SERVICES & STRENGTHENING PANCHAYATS



A. Strengthening Panchayats for improving delivery of WASH services

5.1 Changing role of the Panchayats: The Panchayats in West Bengal as well as in India have so far functioned mostly for social justice and economic development through implementation of the national programmes. The Panchayats have generally played the role of an agent in this regard. The roles of the Panchayats, particularly the Gram Panchayats (GPs), are going to change to become the provider of basic services, which include the WASH services. The state government will strengthen the GPs to help those bodies to emerge as the provider of WASH services as one of their core responsibilities.

5.2 Transforming the GPs as an institution for delivery of WASH services: The GPs will be sensitized for internalizing their changed role from being an agent of the higher tiers of government to become the main provider of WASH services of their own and even without any external support. This will require reversal of their role from acting as per instruction from higher tiers of government to owning the responsibility as provider of WASH services of their own and seeking support of the higher tiers in discharging their role in providing WASH services. The GP functionaries will be also sensitized for appreciating the right of the people to receive services to be provided by the GP as its duty as the local government. There will be focus on improving efficiency in delivering WASH services with inclusion and equity.

 GPs to be transformed as a provider of WASH services with efficiency, equity and inclusion

B. Regulatory role of the GPs:

5.3 The GP will discharge the following responsibilities for which they will be appropriately empowered.

5.3.1 Ensuring availability of necessary sanitary facility in all buildings: The GPs are currently empowered to do so and building plans are sanctioned by the GPs for construction of new buildings. Availability of sanitary facilities is generally looked into before the plan is approved. The GPs will henceforth pay more attention that no house is built without constructing the sanitary arrangement as per the approved plan. The GPs will be required to follow the standard design of the septic tanks and the soak pits, as circulated by the PRDD to approve any building plan. Also, proposal for construction of septic tank toilet without soak pit will not be approved and discharges of such toilets, which already exist, are to be connected to soak pits. The GPs will be capacitated and legally empowered to enforce that the owner of the building construct soak pits/takes other mitigation measures in such cases.

5.3.2 Enforcing provision of required WASH facilities in commercial establishments: The GPs will enforce that there is proper WASH facilities in commercial establishment such

as the eating houses, those selling products which demands maintenance of proper hygiene and commercial establishment such as cinema halls/ other places of entertainment, where large number of people visit and will require safe drinking water and proper sanitary facilities. The religious places visited by many people will also be required to provide necessary WASH facilities with proper maintenance and the same will be monitored by the GPs. Even the nursing homes/other private health establishments where many people visit should have proper WASH arrangement and the same needs to be monitored by the GPs for ensuring availability of clean and hygienic WASH facilities in such places. The GPs will be legally empowered, if necessary, so that they have regulatory power to enforce that required WASH facilities are provided in all public places and those are kept fit for use.

5.3.3 Prevention of any nuisance affecting hygiene: The GPs will also exercise power to stop committing any nuisance/activities hazardous to public health by any person and to take penal measures in violation of the same. Not allowing stagnant water on the ground, which is much needed for controlling vector borne diseases and keeping areas free from flies and mosquitoes will be included in the agenda of regulatory activities of the GP. The existing Acts and Rules will be critically examined by the PRDD to bestow required legal authority, if required, on the GPs for preventing any nuisance affecting hygiene. The GPs will also include ensuring maintenance of proper sanitary facilities in fairs and other events where large number of people gather for a long time requiring proper sanitary arrangement.

5.3.4 Management of animal waste/carcass: The GPs have responsibility to dispose of dead animals in a hygienic manner. All GPs will discharge that responsibility promptly. Animal faeces are also common pollutants of soil and water. Therefore, the water sources need to be protected from the same. Cow dung is to be gathered and used as input for bio-gas plant or composting unit for producing fertilizer or be converted into other resources. In case of other animals, care will be taken that they do not get entry into areas near the drinking water sources or near the village water bodies of which water is used for various domestic purposes so that the animal faeces do not get mixed into the water sources. People will be sensitized about the hazards of animal excreta and undisposed carcass and to cooperate with the GPs in this regard for improving their own safety.

5.3.5 Empowering the GPs to be the regulator of sanitary behaviour: Sanitary practices will no longer be allowed to be left to the choice of the people and all practices which are likely to affect health and hygiene of the neighbour/others are to be regulated. This will require empowering the GPs with legal authority, informing them on various legal provisions and how those can be complied with as well as developing their capacity to regulate public behaviour and to enforce discipline related to various WASH related practices. The same should also include maintenance of hygiene in handling food by all commercial establishments as well as institutions. GPs will be capacitated in all these aspects along with the generation of awareness among the people for cooperating with the GPs and compliance with the norms.



Legal framework to regulate sanitary behaviour will be in place and the GPs will be capacitated to exercise their authority to regulate unhygienic practices

C. WASH Services in Institutions and Public Places

5.4 Provision of adequate WASH infrastructures in public institutions: The current gaps in WASH infrastructures in schools, AWCs and health facilities will be bridged in a planned manner for which the respective departments have their road maps.¹¹ The required level of services has also been described in Paragraphs 3.6 to 3.8 and those will be put in place by the departments concerned. The issue of maintenance and cleaning of the toilets/urinals requires improvement for which the GPs will have to bear more responsibility, if desired by the departments concerned and they are to be funded appropriately for meeting the expenses by the department. The GPs may also take initiatives in mobilizing funds/materials from local sources to ensure the maintenance and regular cleaning of the facilities. There will be a regular arrangement for sweeping and cleaning of WASH infrastructures in public institutions, particularly the schools and ICDS centres.

Strengthening water quality surveillance & building capacity of the GPs

5.5 Sanitary services for the village level institutions: There is also need for delivering services like collection of solid waste, management of liquid waste and evacuation of the filled up septic tanks etc. of the institutional toilets. GPs will be capacitated to discharge those responsibilities. Required resources will be provided by the department concerned or the GP will bear such expenses, if there is enough own source revenue.

D. Planning for improving WASH services and community engagement

5.6 Planning for WASH as a part of GPDP: Annual GP Development Plan (GPDP) is prepared by all the GPs, which contains activities under different thematic areas or sectors. WASH will be added as a separate sector and the GPs will be oriented to give adequate importance to the WASH sector keeping in mind the SDG as well as the need for sustaining ODF status and promotion of ODF Plus services. Suitable guidelines in this regard will be issued by the PRDD. The GPs will be advised to call one special Gram Sabha to discuss the status of WASH every year. Otherwise, one of the Gram Sabhas should discuss WASH-related issues as the main topic. The report on Social Audit on WASH and the status of Village Cleanliness Index is to be discussed in the Gram Sabha. There will be intense campaign on WASH to apprise the people on the issues and generation of related awareness for at least a week before the Gram Sabha is held.



¹¹ Swachh Bharat Swachh Vidyalaya, A National Mission, Clean India Clean Schools: A Handbook, Ministry of Human Resource Development, GOI, 2014

CHAPTER VI: STRENGTHENING IMPLEMENTATION ARRANGEMENT



A. Funding ODF-S and ODF plus activities

6.1 Funding various infrastructure development and O&M: Construction of household latrines has been so far driven by subsidy under the SBM(G), which is not going to be the case during the next phase. New investment in the private domain in this regard has to be borne by the HHs. The state will take up with the State Level Bankers Committee (SLBC) for making available suitable small WASH loan. The SHG Federation/Clusters will also be advised for providing loan to their members in upgrading their WASH facilities¹². Support from CSRs may also be sought for, wherever possible.



6.2 Meeting capital and O&M costs of public sanitation facilities: The GP will bear the cost of development of WASH facilities in the public places and will also meet the O&M expenses of such facilities. O&M of the solid and liquid waste management facilities will also require recurring expenses. As much as possible, the cost of providing public facilities should be recovered through collecting user charges and management through private partners. The PRDD will issue guidelines on use of union Finance Commission grants for O&M of public and institutional toilets, which should be treated as community assets. For developing new infrastructure, sources from CSR and MPLAD/MLALAD will also be explored. The gap in funding will be borne out of own resources of the GPs.

B. Human resources and capacity building

6.3 Putting in place Human Resources: The availability of Human Resources for WASH from state to GP level will be appropriately strengthened. There will be induction of subject matter specialists, particularly on IEC/SBCC and SLWM at the state and district level and a dedicated person will be placed at the block level in due course. The GP also needs the support of a functionary with knowledge of sanitation. The HFWD will consider if the Health Supervisor of the GP can function as the Sanitary Inspector of the GP. In that case, She/he will be oriented appropriately on various aspects of sanitation including vector control and how public health is associated with WASH. Community mobilizers at the GP level will be identified from among



¹² Swachh Bharat Mission – Gramin, Sustainability of Interventions, Investment and Benefits, Advisory for Planning and Implementation of ODF-S, Ministry of Drinking Water & Sanitation, GOI, 2018

the community level workers and the SHGs who performed well during the ODF phase will also be trained further to extend necessary support to the GP.

6.4 Developing capacity related to service delivery by the GP: There has to be more ownership and engagement of the GPs in providing WASH services as well as in taking up 2nd generation IEC/SBCC activities with technical guidance and financial support to the extent possible by the state government. There will be a renewed capacity development programme for the GP functionaries to make them appreciate their roles in taking up ODF-S and ODF Plus activities as a service provider as well as a regulator of sanitary practices. They will be required to carry out IEC/SBCC activities at their level with whatever supports are made available to them from above. They will also be oriented on the convergence of ODF-S and ODF Plus related activities at the village level institutions like schools, AWCs, Health Centres etc. Training modules exclusively focusing on WASH need to be developed for capacity building of GP officials and the elected functionaries. There has to be a module on WASH for the induction training programme of all the elected GP members. There should be another module for the members of the Upa Samiti concerned. The employees, particularly the Nirman Sahayak will also be given special training on public health engineering. The various dimensions on which the capacity of the GPs will be built are briefly outlined below:

- i. **Strengthening capacity to regulate sanitary behaviour:** The Executive Assistant (EA), Nirman Sahatyak and the Secretary of the GP along with the Pradhan and the Chairperson of the Upa Samity concerned will be oriented on the WASH-related regulatory power of the GP and they will be made familiar with all Rules and Regulations including orders on management of plastic waste and other wastes. The Health Supervisor will also be oriented on these general issues of WASH and be specially trained on sanitation related regulation.
- ii. **Management of service delivery on WASH:** All the key functionaries of the GPs need to internalize the concepts of delivery of WASH services as the responsibility of the GPs as the local government. Those will include viewing citizens as a consumer of services and understanding their right to get good quality services. The institutional capacity of the GPs to deliver and monitor the quality of services will be enhanced for which protocols will be developed and shared in the form of Manuals. Also, the financial sustainability related to delivery of WASH service will be ensured. Delivery of drinking water supply and sanitation in public places and village level institutions will be given special attention.
- iii. **Training of elected members of the GP:** The curriculum for induction training of all the elected members will have specific content on WASH, keeping the responsibilities of the GP and the SDG in mind. There will be a special training on WASH of all the members of the Upa Samiti on *Shiksha* and *Swasthya* of the GP, which is responsible for WASH.
- iv. **Strengthening capacity of the Nirman Sahayak:** There are several issues of public health engineering which the GPs need to deal. This should include new areas like FSM, SLWM, retrofitting of toilets, O&M of the PWSS, water safety and security. The Nirman Sahayaks need training on all these subjects as well as on the basic aspects of public health engineering. Their training need will be assessed and appropriate training will be organized.
- v. **Training on 2nd generation IEC/SBCC:** The 2nd generation IEC/SBCC will have more activities at the village level. The GPs have to manage the activities and they will require

good knowledge of planning and implementation of IEC/SBCC to have more local initiatives in bridging the communication gaps. The key GP officials will be specially trained on planning and implementation of the IEC/SBCC activities.

6.5 Building capacity related to new areas of technology on WASH: There are several components of the ODF-S and ODF Plus activities, which require a proper understanding of the technology to be used. The most appropriate technology to be adopted in respect of FSM, SWM and LWM are yet to be tested on the ground in a big way, although there have been some development particularly on solid waste management. There is a need for first documenting the existing initiatives and testing the technologies, if necessary, through pilots, which will be taken up by the PRDD. Once those are finalized there will be a need to train the people concerned for understanding the technology for scaling up the interventions. There should be a special focus on horizontal learning from the pilot GPs instead of only classroom-based training in such cases. The important types of training which will be necessary are the following:

- i. **Training of the district resource persons on retrofitting:** PRDD will train five resource persons of each district to lead the task of retrofitting and improving the quality of toilets. The same will be organized as soon as possible.
- ii. **Training of masons:** One component of training on technology is to develop the skill of the masons. The areas on which they need training is retrofitting, ensuring quality of construction and also construction of soak pits, leach pits, silt and grease trap etc. Each district will plan for training of the Masons which will be facilitated by the PRDD.
- iii. **Training of the plumbers:** The requirement of plumbers in the villages will increase once there is an improvement in house connections of water. Training of plumbers will be organized as and when the need arises.
- iv. **Training on solid waste management:** Solid Waste Management curriculum has been included under 'Utkarsha Bangla' and it will be possible to provide organized training on this subject. Training of masons and plumbers will also be included under 'Utkarsha Bangla' for developing capacity following a standard curriculum.
- v. **Training on FSM:** The state will also organize training on FSM with the support of suitable partners after the technology to be adopted is finalized. There will be more focus on developing capacity for extensive communication on the needs and benefits of proper FSM and how people can participate.

6.6 Building capacity on planning for WASH and its implementation: Planning for WASH under GPDP is the other area on which capacity of the GPs will be enhanced. The key areas of training in this regard are the following:

- i. **WASH as a separate sector under GPDP:** WASH should be a separate sector of planning and GPDP guidelines will be appropriately amended for including WASH as an important component. The GP functionaries will be trained on how to plan for the WASH sector including O&M of the facilities under GPDP for efficient delivery of services. Engagement of the community on improving WASH and participating in activities like water conservation and its rational use as well as prevention of waste will also be covered in the training.
- ii. **Training of members of VWSCs/VHSNCs:** The VWSCs and the VHSNCs need to be strengthened for better community ownership and engagement for improving

WASH. The VHSNCs will also be trained to perform the responsibilities of ‘*Para Najardari*’.

6.7 Capacity related to water security and safety: Water security is becoming an area of growing concern. The GPs will be trained on planning for water security and using the existing programmes for rain water harvesting, aquifer recharging, monitoring draw down of aquifer, if any, and storage of surface water. The GP functionaries will also be trained on monitoring water quality and prevention of contamination of the water sources.

- i. **Training on safety and security of water:** One emerging area of training is sensitizing the entire GP on various aspects of water security and water safety. Training in this regard will include understanding issues of water security and safety and internalizing their role in improving water quality.
- ii. **Sanitary survey of the water sources:** The PHED conducts sanitary survey of all water sources once a year through the Water Facilitator of the GP. The GPs will be associated to ensure conducting the survey of all the water sources properly and to know the risk factors for local interventions. The capacity of the GPs will also be enhanced for being able to intervene in reducing the risk of contamination of the drinking water sources.

6.8 Capacity building on 2nd generation IEC/SBCC: One major area of capacity building is related to 2nd generation IEC/SBCC. The most urgent tasks are (i) development of communication strategy and assessment of training need, (ii) development of master trainers through TOT on all thematic areas and (iii) organizing actual training in a planned manner by developing an annual capacity building plan. All these will be given due priority. Trainings are to be imparted on the following subjects:

- i. Planning and implementation of IEC/SBCC activities.
- ii. Developing the managerial skill of the district/block level implementing officials and GP functionaries for taking up IEC/SBCC activities and monitoring its quality.
- iii. Development of communication skills of the community level workers.¹³

6.9 Other categories of training: There will be trainings of other category of stakeholders as mentioned below:

- i. **Training of ASHAs:** Although the training curriculum of ASHA includes sanitation, the coverage is not adequate in view of their emerging roles. There is a need for a separate module of WASH for training of the ASHAs for which either Ministry of H&FW, GOI may be moved or the state may take up the same of their own. Till that is done, ASHA and the ANMs will be appropriately oriented for providing them the required knowledge to facilitate activities related to ODF-S and ODF Plus within respective jurisdiction.
- ii. **Rural Health Practitioners:** The HFWD officials are training the rural health practitioners (also known as the quack doctors), who are important health service providers in the villages, on various aspects of healthcare. The PRDD will work together with the HFWD for training the quack doctors on WASH and transforming them to be an important force to strengthen WASH practices in rural areas.
- iii. **Training of SHG members:** The SHG members are also an important force to work for ODF-S and ODF Plus. Apart from providing intensive training to the identified SHG members for working as community-level workers, all the SHG members will be oriented

¹³ Sustaining ODF Outcomes through Swachhagrahis, Ministry of Drinking Water & Sanitation, GOI, 2018

on the new dimensions of the knowledge, attitude and practices related to WASH. The PRDD will develop a booklet for them to lucidly describe the main messages which are proposed to be communicated. The SHG members trained as community-level workers will be used, on payment of appropriate remuneration, to train all the SHG members in their respective *Sangha/Upa Sangha* for faster propagation of the messages relevant for the promotion of ODF-S and ODF Plus activities. Those SHGs, who will be used to deliver services as per agreement other specific services, will also require to be entrusted with.



Comprehensive training plan and execution for developing capacity of all the stakeholders

CHAPTER VIII: COMMUNICATION ON ODF SUSTAINABILITY AND ODF PLUS ACTIVITIES



A. Strengthening second generation IEC/SBCC

7.1 **Generation of critical awareness for change in behaviour:** The next phase of the sanitation movement will have to be driven by the generation of critical awareness through strong behaviour change communication and not subsidy.¹⁴ The state will adopt an appropriate communication strategy and prepare annual plans for all tiers of administration from the GP to the state level. The types of communication to be taken up are broadly classified as follows:

- i. **Advocacy:** To sensitize the key officials of line departments/ key influencers who have the ability to advocate positive social beliefs and norms. The communication will provide them with knowledge and information they need about ODF-S and ODF Plus activities and they are to be informed about the current status and the barriers being faced for their effective interventions.



- ii. **Awareness generation:** It is another important component for making people critically aware of the new dimensions of ODF-S and ODF Plus. Such awareness needs to be built up using mass media, mid-media as well as communication in small groups at the village level, for which there will be a need for developing human resources.

7.2 **Social and Behaviour Change Communication (SBCC):** Many of the messages to be communicated for ODF-S and ODF Plus will require interactive communication for which



SBCC tools are to be used. The tools will be broadly of two types. The first component is **Community Mobilization**, which will require the active participation of a small group of people at the community level. This will lead to an in-depth understanding of the issues and clearing of all doubts. The audience will depend on the objective of the communication

which has to be very targeted. Specific theme-wise communications will be generally planned for improving the effectiveness of communication. This will be taken up at large scale at the village level. The second component will be **Inter-Personal Communication (IPC)** for communicating at the personal level, generally by visiting the HHs. The most effective mode of communication in this phase will be IPC and triggering in small groups at the community level.¹⁵

7.3 **Preparation of annual communication plan:** Based on the communication strategy the state will come out with an IEC/SBCC plan before the beginning of each year. The communication plans will ensure that specific messages are effectively communicated to all the target groups. The plan will be prepared on a bottom-up basis starting from that for each

¹⁴ IEC Guidelines for States & Districts, Ministry of Drinking Water & Sanitation, GOI, 2018

¹⁵ Community Approaches to Sanitation, Facilitator Guide, SBM – G, Ministry of Drinking Water & Sanitation, GOI

GP. For the promotion of ODF-S and ODF Plus activities, there will be more need for intensive SBCC with more focus on IPC. Many of these will be low-cost activities to be taken up voluntarily by the community level workers. However, there will be a requirement of some funds and the state government will consider assessing the fund requirement for each GP and the same may be jointly shared by the GP and the state government. The involvement of the GPs in the process of preparation of the communication plan will be critical for their owning the responsibility and partly funding the activities. The plans for higher tiers will comprise of plans of the lower tiers and the activities to be taken up at that level. Thus, there will be GP, block, district and state plans for IEC/SBCC. All the plans will be a part of the GPDP as far as the GPs are concerned. The GPs, blocks and districts need to be guided properly by the PRDD for which guidelines have to be issued. The PRDD will circulate a template for planning, particularly at the GP level. The plan will clearly reflect the following:

Activities to be taken up:

- i. The messages to be communicated, the mode of communication and the target group in respect of each activity.
- ii. Cost involved for each activity and how the same will be funded
- iii. The timeframe and location of the activity
- iv. The authority/functionary responsible for implementation and monitoring
- v. How the implementation will be monitored

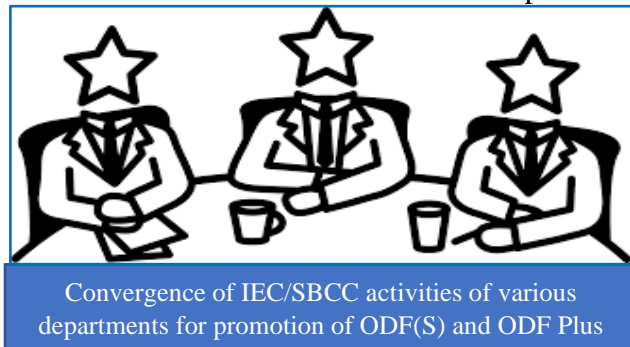
7.4 **Avoiding information asymmetry:** The communication plan should ensure that there is no information asymmetry and even the most marginalized and remotely located persons are also communicated the key messages.

B. IEC/SBCC by the line departments

7.5 **IEC/SBCC plans of the line departments:** The key officials of the departments associated with ODF-S and ODF Plus activities will be sensitized to highlight the importance of IEC/SBCC and to give priority on such activities for the interventions to succeed. The officials concerned from all the relevant line departments namely, PHE Department, School Education Department, Women & Child Development Department and the Health & FW Department will be oriented on the 2nd generation IEC/SBCC. There will be a convergence of messages to be communicated, which will be coordinated by the PRDD. The specific issues of communication of the said line departments are mentioned below briefly.

- i. **PHE Department:** Communication related to water security, water conservation, judicious use of water and water quality. The PRDD and the PHED will work together to identify the messages to be communicated for strengthening the WSS component of ODF Plus. That should also include community engagement in the conservation and protection of the water supply pipelines and the drinking water sources. The communication strategy will also take care of the area-specific problems of water security and water quality.

- ii. **School Education Department:** The schools are not only an important venue for propagating messages on WASH but there is scope for utilizing the students and teachers in communicating the messages. Every school of the state celebrates an annual Swachhata Week. Rallies, competition and community level activities are organized by the schools to promote sanitation and cleanliness. Those will be done in collaboration with the PRDD for propagating specific messages related to ODF-S and ODF Plus.
- iii. **WCD Department (WCD):** The WCD Department have programme for educating the AWWs on various aspects of sanitation. The curriculum for the same will be developed jointly by the WCD and the PRD Departments. The WCD department will issue order for appropriate involvement of the AWWs to propagate WASH-related messages at the community level through meeting with the mothers and the adolescent girls as well as participating in the IEC/SBCC programmes to be organized by the GPs.
- iv. **Health & FW Department (HFWD):** The HFWD is already engaged in IEC/SBCC activities related to WASH for improving public health. The communications focus more on action and commitment. A self-assessment checklist has been developed and circulated amongst doctors and nurses of health centres to induce behaviour change in them. The PRDD will get associated with the process and will provide necessary supports and will take up the activities together in the facilities located within the GPs.



CHAPTER VIII: CONVERGENCE AND COMMUNITY ENGAGEMENT



A. Convergence of Activities of Various Departments

8.1 **Convergence of activities of various departments:** There are four departments, other than the PRDD, which have critical responsibilities in sustaining ODF status and promoting ODF plus activities. These are the School Education Department, Women and Child Development Department, Public Health Engineering Department and the Health & FW Departments. The department wise deliverable related to ODF-S and ODF Plus and the timeframe for the same will be worked for each department and the same will be facilitated by the PEDD. An appropriate arrangement will be in place at the state level for monitoring progress regularly. The PRDD will also monitor the progress bilaterally, at the state and the district level and will extend possible support for desirable outcomes.

B. Strengthening community engagement

8.2 **VWSCs:** In order to avoid duplication of roles and responsibilities between the GP and the VWSC, the Upa Samity on Education and Health will be declared as the VWSC, with induction of suitable representative of the community, as envisaged in the guidelines for constitution of the VWSC. They will function as invited members of the Upa Samiti and will have no voting rights.

8.3 **VHSNCs:** The VHSNCs will be strengthened and Water User Committees will be formed where needed for improving O&M of the spot sources, surveillance of the pipelines, stopping wastage of water and maintenance of water quality. The VHSNCs will be capacitated to play the role of the *Para Najardari* Committee for sustaining ODF status and facilitating other post ODF activities.



8.4 **Social audit:** All WASH related services and implementation of related schemes will be covered under the social audit. The PRDD will try to identify a suitable civil society organization to facilitate conducting social audit in the WASH sector. The findings from the social audit will be placed in the Gram Sansad meetings. The PRDD will try to have an independent social audit authority with the support of a suitable Civil Society Organization.

CHAPTER IX: MONITORING AND EVALUATION



Monitoring and Evaluation

9.1 **Developing a monitoring framework:** The state will develop a monitoring framework for both the programme component and the IEC/SBCC, preferably using a web-based system with a dashboard for transparency and easy visualization. The performance of each GP across all the dimensions of programme delivery and generation of awareness will be monitored based on evidence and the indicators should be used to rank the GPs/blocks/districts across each of the dimensions to be monitored as well as based on combined score. There will be focused attention on the GPs scoring low for taking required corrective measures.

9.2 **Monitoring progress at the GP level:** The progress of implementation of various components narrated before will be monitored. The first level of monitoring will be conducted at the GP level. The GPs will be encouraged to take up the WASH survey once a year and report the status to the Gram Sansad. If possible, the same will be conducted using a mobile App, as mentioned before. The data uploaded will be used to compile a score to indicate WASH status of the GP and the GPs will be ranked based on the score. This will help to identify the good GPs as well as those with weaknesses and analysis of the score will help to identify the nature of weaknesses for appropriate interventions. There will be random verification of the process of assessment to make the score reliable. The assessment has to precede orientation of the GP functionaries for appreciation of the task and need for maintaining quality. The monitoring will especially focus on the qualitative aspects of the various deliverables.

9.3 **Monitoring at higher level:** There will be monitoring of the delivery of WASH services and implementation of related programmes from the block, district and the state level. The same will be done based on evidences to be generated from the report that would be submitted by the GP as well as direct collection of evidences by the block and the district level officials to capture the progress including assessment of the quality of services delivered/ implementation of the programmes.

9.4 **Monitoring by the people:** The progress reported on the website will be shared with the people in each village and the same should be discussed in the Gram Sansad meetings. The score on Village Cleanliness Index and how that compares with other GPs of the district will also be placed in the said meeting.

9.5 **Third-party evaluation:** There will be evaluation on the progress of ODF-S and ODF Plus activities on a periodic basis by suitable third party to independently evaluate various qualitative aspects of WASH practices and to monitor the progress of awareness generation and change in related behaviour. The third party will be engaged by the state government.



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