

2015

NATIONAL POLICY REVIEW

(REVISED)

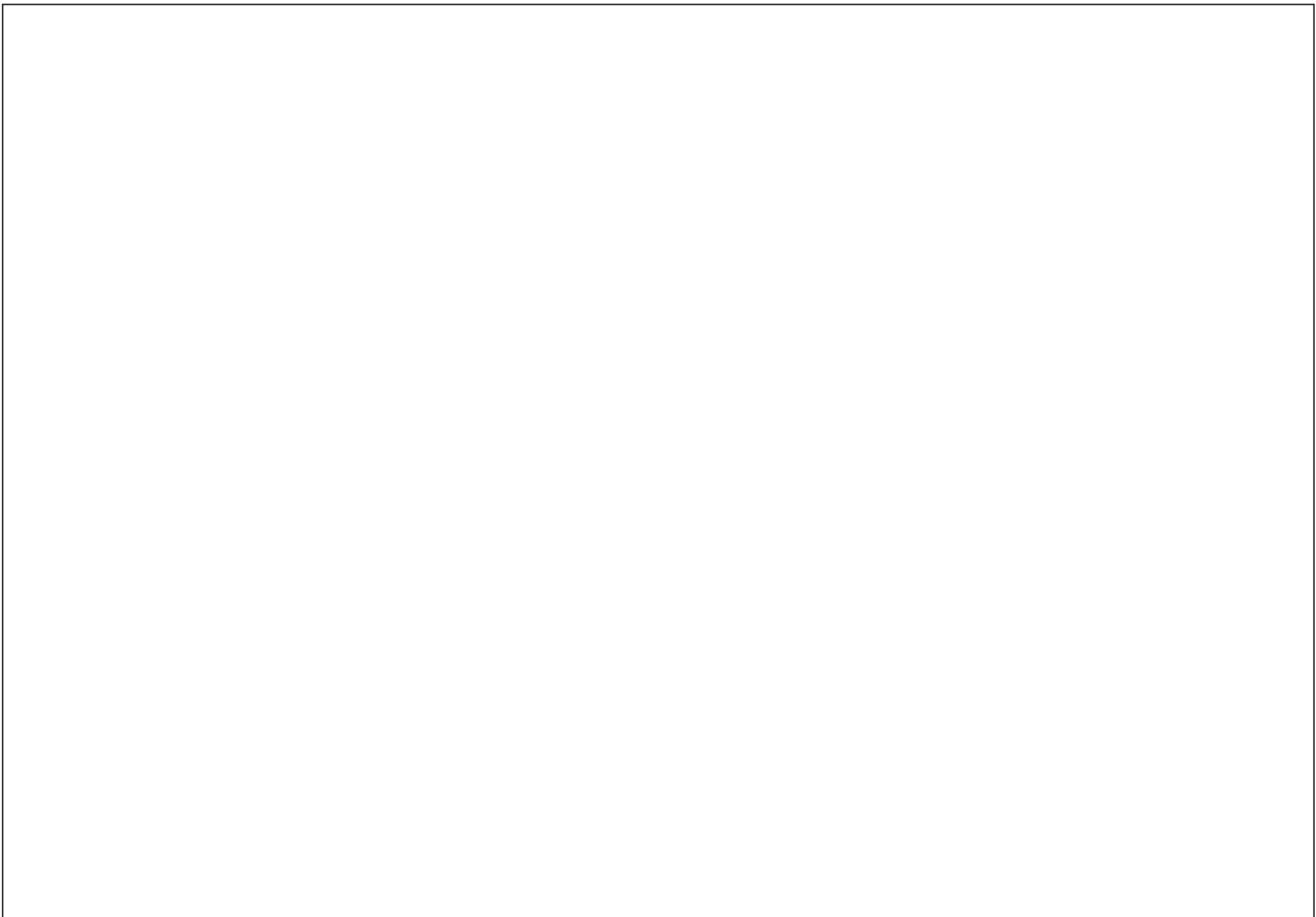
IMPROVING CONSUMER VOICES & ACCOUNTABILITY
IN THE SWACHH BHARAT MISSION



PUBLIC AFFAIRS CENTRE
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ABBREVIATIONS

APL	Above Poverty Line	IHHL	Individual Household Latrine
ASHA	Accredited Social Health Activist	IPC	Inter Personal Communication
AIP	Annual Implementation Plan	JE	Junior Engineer
BDO	Block Development Officer	MDWS	Ministry of Drinking Water and Sanitation
BMGF	Bill and Melinda Gates Foundation	MECOM	Monitoring and & Evaluation Coordinator
BRCC	Block Resources Centre Coordinator	MHM	Menstrual Hygiene Management
BPL	Below Poverty Line	MIS	Management Information Systems
BPMU	Block Programme Management Unit	NBA	Nirmal Bharat Abhiyan
CAPI	Computer Aided Personal Interview	NGO	Non Governmental Organisation
CLTS	Community-Led Total Sanitation	NREGA	National Rural Employment Generation Scheme (Also known as MGNREGA)
CRC	Citizen Report Card	OD	Open Defecation
CRCC	Cluster Resources Centre Coordinator	PAC	Public Affairs Centre
CRSP	Central Rural Sanitation Programme	PRI	Panchayati Raj Institution
CSO	Civil Society Organisation	PAF	Public Affairs Foundation
CSC	Community Score Card	RALU	Rapid Action Learning Unit
CSR	Corporate Social Responsibility	RSM	Rural Sanitary Mart
DEO	Data Entry Operator	RWO	Rural Welfare Officer
DPC	District Project Coordinator	SD	Swachchata Doot
DWSM	District Water and Sanitation Mission	SBM	Swachch Bharat Mission
FGD	Focus Group Discussion	SHG	Self Help Group
GOI	Government of India	SLTS	School Led Total Sanitation
GP	Gram Panchayat	TN	Tamil Nadu
GS	Gram Sathi	TSC	Total Sanitation Campaign
HH	Household	VLW	Village Level Worker
IEC	Information, Education and Communication	VWSC	Village Water and Sanitation Committee

INTRODUCTION

In the previous version of the National Policy Review (NPR) submitted in March 2014, we made an analysis of the sanitation programs in India from the 1980s and evaluated their performance. The focus of the paper was on evaluating the guidelines of Nirmal Bharat Abhiyan (NBA) and its overall performance. The state level guidelines were analysed for Tamil Nadu and Odisha and their differential performance in the program was also examined.

In this version of the NPR, PAC takes a rights based approach towards analysing sanitation in India. In the past year there have been significant changes in the sanitation space at the national level, the most important one being the NBA being replaced by the Swachh Bharat Mission - Gramin (SBM-G).

Taking off from our understanding and experience with the NBA we have critically analysed the SBM-G. We have made an analysis of the SBM guidelines and evaluated the likelihood of the mission to succeed in areas where NBA couldn't. SBM is designed to have strong focus on IEC and demand creation, this paper explores these aspects.

PAC has completed the first Citizen Report Card (CRC) in selected districts of Tamil Nadu and Odisha. CRCs were used to gather valuable feedback from beneficiaries of the Individual Household Latrines program (IHHL) under the Nirmal Bharat Abhiyan.

Results of the CRC in both states – Tamil Nadu and Odisha – give clear pointers to issues plaguing the NBA. These issues if unresolved will continue to cripple SBM as well. Not giving enough voice and choice to the beneficiaries and awarding contracts to NGOs and/or contractors to build toilets severely reduces the chances of completed and usable toilets, longevity of the toilets and, importantly, usage of the toilets. It is also important to remember that coverage data based on number of toilets built, do not give a clear picture regarding usage and will be an impediment to achieving Open Defecation-Free status by 2019 as envisaged by the SBM.

The NPR will be further revised to include our experience with advocacy and application of other social accountability tools in the project districts in the future. It will also discuss in detail the changing policy scenario w.r.t rural sanitation in India and the institutional mechanisms that support the same.

SANITATION

A RIGHT

Indian context

Fundamental rights enshrined in our constitution are defined as basic human rights that all citizens have right to. They guarantee civil liberties such that all Indians can lead their lives in peace and harmony. The Fundamental rights (Article 14 to 35)¹ are enshrined in the Part III of the Indian Constitution.

Article 21 is the Right to Life, which is the right to lead a meaningful, complete and dignified life. Though the right to sanitation has not been included explicitly as a fundamental right under the Constitution, the higher judiciary has interpreted it as a part of the fundamental right to life. In a 1981 Supreme Court ruling, access to water and sanitation has been declared as a constitutional right, under the right to life².

Dignity is an important and non-negotiable facet of human right and it is an integral part of the right to life. The right to life with dignity necessarily encompasses the bare necessities of life. The term 'bare necessities of life' arguably includes proper sanitation facilities, as the practice of open defecation or a life with polluted drinking water sources and environment cannot be considered as a life with dignity as understood in the context of the right to life under the constitution.

Proper and adequate sanitation is crucial for the realisation of a number of fundamental rights enshrined under the Constitution.

Sanitation is directly linked to several fundamental rights, such as the right to water, the right to health, the right to education and the right to clean environment. While the right to water, the right to health and the right to environment have been declared by the Supreme Court as part of the right to life under Article 21, the right to education has been included as an explicit fundamental right (Article 21A).

The concept of sanitation as it is understood in India includes personal hygiene, home sanitation, safe water, garbage disposal, excreta disposal and waste water disposal. Thus, the right to sanitation demands a framework in which all the above mentioned goals of sanitation are achieved without any discrimination on any criteria such as caste, class and economic capacity.

The right to sanitation envisages that everyone should be able to enjoy this right equally. The non-discrimination norm of the right to sanitation is highly relevant for rural sanitation in India because historically

oppressed castes still suffer undue disadvantage in accessing sanitation facilities.

Thus, being a constitutional right, the right to sanitation casts the primary duty upon the government to create conditions through legal and policy interventions so that everyone can enjoy the right to sanitation. The government is also duty bound to take all possible measures and use available resources to make the right to sanitation a reality for all.

The non-existence of sanitation facilities or differential facilities for different people indicates inadequate and ineffective fulfilment of the responsibilities of the government deriving from the right to sanitation.

Inadequate and improper sanitation scenario in rural India expose the ineffective realisation of the right to sanitation and it is an impediment to the realisation of a number of other fundamental rights guaranteed under the Constitution. It also exposes the ineffective fulfilment of legal responsibilities by the government, including local bodies.

¹Charter of rights contained in the —Constitution of India. It guarantees civil liberties such that all Indians can lead their lives in peace and harmony as citizens of India

²[http://lawmin.nic.in/olwing/coi/coi-english/Const.Pock%20Pg.Rom8Fsss\(6\).pdf](http://lawmin.nic.in/olwing/coi/coi-english/Const.Pock%20Pg.Rom8Fsss(6).pdf)

According to the Directive Principles (Article 47), the State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties³. In an epic ruling of 1989 the Supreme Court said that the 'Directive Principles', which were fundamental in the governance of the country, cannot be isolated from the fundamental rights guaranteed. They are supplementary to each other and have to be read into the fundamental rights. Hence the Directive Principles also push towards universal and improved sanitation in the county.

International context

India along with 156 other countries is signatory to the Universal Declaration of Human Rights (United Nations). Article 3 (Right to life, liberty and security of person) and Article 25 (Right to a standard of living adequate for the health and well-being) of the declaration push towards a better standard of living. The lack of sanitation and its resulting consequences in poor health, low human productivity and poor standards of living is thus a major impediment in fulfilling the declaration.

Resolution 64/292 from the United Nations General Assembly, approved in July 2010, affirms water and sanitation rights as "essential for the full enjoyment of life and all human rights⁴."

India was also a signatory to the Millennium Development Goals and had committed to halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation. The Sustainable Development Goals (SDGs) are a proposed set of targets relating to future international development. They are to replace the Millennium Development Goals once they expire at the end of 2015.

The SDGs were first formally discussed at the United Nations Conference on Sustainable Development held in Rio de Janeiro in June 2012 (Rio+20). Achieving universal access to safe drinking water, basic sanitation and modern energy services is one of the greatest multifaceted development challenges confronting the world today. The post 2015 development agenda will have to respond to these challenges in a manner that allows both developed and developing countries to forge endogenous pathways that build resilience contribute to the eradication of poverty and lead to sustainable development. Thus, water, sanitation and sustainable energy will be at the core of sustainable development.

Realising the Right to Sanitation

In this section we highlight some of the changes needed to ensure that the existing legal framework complements the sanitation programmes, schemes and policies developed by the government. These programmes are expected to work within the parameters and norms set by the legal framework (particularly the right to sanitation). Otherwise, sanitation programmes and projects run the risk of violating societal norms and failing to address the desired objectives.

Hence it is important to ensure that the implementation of sanitation programmes and schemes are complementary to the established legal rights and norms.

Setting the Right to Sanitation as the Primary Goal

Being directly linked to Right to Life (fundamental right), the right to sanitation needs to be given high priority through policies and schemes and should be non-discriminative in nature and should give special consideration to vulnerable sections of the society. This is particularly essential because women and lower castes such as Dalits continue to be the immediate and worst victims of inadequate and improper sanitation.

Implementation of the right to sanitation should be stated as the primary objective of all sanitation related programmes and policies. Such recognition is necessary to ensure that the benefit of various sanitation programmes, schemes and policies reach to those who need it most. It is also necessary to ensure that the implementation of various sanitation programmes, schemes and policies does not discriminate people based on any criteria including caste, religion, and title or economic capacity.

³<http://lawmin.nic.in/ncrwc/finalreport/v1ch3.htm>

⁴http://www.un.org/waterforlifedecade/human_right_to_water.shtml

Linking Manual Scavenging with the Right to Sanitation

The sanitation policy framework does not adequately incorporate the objective of eradication of manual scavenging as one of its goals. Though the law prohibiting manual scavenging recognizes clearly the link between prohibition of manual scavenging and sanitation goals, the ongoing reforms in the rural sanitation sector fails to recognize it.

For example, the issue of manual scavenging neither finds a place in the Nirmal Bharat Abhiyan Guidelines, 2012 nor the Swachh Bharat Mission (Gramin) Guidelines, 2014. While the issue of dignity should be the most important part of the legal framework prohibiting manual scavenging, its link with the framework for sanitation cannot be ignored. In fact, the efforts to implement the law prohibiting manual scavenging need to be complemented by a proper framework for sanitation. It needs to be recognized that the practice of manual scavenging is incompatible with the right to sanitation of the person.

Prioritising the Safety and Security of Women

Physical and sexual violence against women while going for defecation in the field under the cover of darkness is becoming increasingly common in rural India. There are a number of cases involving the issue of rape or sexual harassment of women including minors while going for open defecation. The root cause of this

problem is the lack of proper sanitation facilities within or near to their houses. This issue links sanitation with safety and security of women. This link needs to be recognised in the sanitation framework and priority should be given to the realisation of the right to sanitation of women while implementing sanitation programmes and schemes.

Respect for the Decentralisation Principle

The Constitution of India, through the 73rd amendment, envisages decentralisation as a principle of governance and provides for devolution of powers and responsibilities to the local level. The powers and responsibilities regarding rural health and sanitation are vested with local bodies. Thus, sanitation related functions are to be carried out by the panchayats at various levels. Rural sanitation programmes should not ignore the principle of decentralisation enshrined in the Constitution; sanitation related powers and duties should be retained with the local bodies.

Need for a Framework Law for Sanitation

A statutory framework that lays down principles and norms to be followed while implementing sanitation programmes and projects is required. All key norms and principles such as the right to sanitation, the decentralization principle, women's rights and dignity as well as linkages between manual scavenging and sanitation should be specifically mentioned in the statutory framework. This would facilitate legal control of implementation of sanitation programmes and projects. Such a framework also provides an opportunity to the people to challenge policy implementation in case of violation of legal norms and principles. In the absence of a legal framework, the policy implementation in the sanitation sector goes unchecked and unchallenged.

INDIAN CONTEXT

CONSTITUTION OF INDIA

ARTICLE 21

(1981, SUPREME COURT JUDGEMENT
Access to water and sanitation has been declared as a constitutional right.)

ARTICLE 47

The State shall regard raising the level of nutrition and standard of living of its people and improvement in public health as its primary duty.



RIGHT TO SANITATION

INTERNATIONAL CONTEXT

UN GENERAL ASSEMBLY

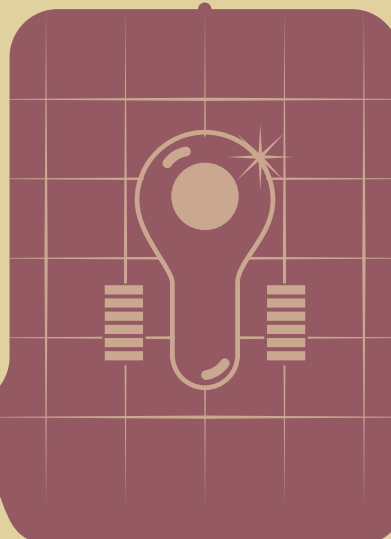
(RESOLUTION 64/292 - JULY 2010
DECLARES: Right to water and sanitation essential to enjoy all human rights.)

ARTICLE 3

Universal Declaration of Human Rights
Right to life, liberty and security.

ARTICLE 25

Universal Declaration of Human Rights
Right to a standard of living adequate for health and well being.



RIGHT TO LIFE

FUNDAMENTAL RIGHT

DIGNITY

- INTEGRAL PART OF **RIGHT TO LIFE**
- LACK OF SANITATION IS AN IMPEDIMENT TO **RIGHT TO LIFE**

India is a signatory to the
Universal Declaration of Human Rights

LACK OF SANITATION

RESULTS IN CONSEQUENCES IN POOR HEALTH,
LOW HUMAN PRODUCTIVITY AND POOR
STANDARD OF LIVING.

POLICY INITIATIVES

A number of law and policy initiatives have been taken for the realisation of the right to sanitation albeit without recognising it as a declared right. This section examines these initiatives in the rural context.

Sanitation is a state subject under the Constitution and it is being mostly dealt with at the local level by local bodies. The Constitution of India supports this as it envisages the implementation of sanitation schemes by panchayats. The 73rd amendment to the Constitution calls for devolution of a number of powers and responsibilities including sanitation to panchayats at appropriate levels.

In the rural context, panchayats play a critical role in providing sanitation facilities. Panchayati Raj laws make it a responsibility of the gram panchayat to take all necessary actions for the improvement of sanitation. This includes implementation of rural sanitation schemes and sanitation related activities such as cleaning of public roads, drains, tanks, wells and other public places, construction and maintenance of public latrines. Some states have established state level institutions to take care of water and sanitation (para-statals).

Environmental laws also contribute to the realisation of the right to sanitation. Some of the aspects of sanitation such as safe water,

regulation of industrial effluents and waste water disposal come under the purview of the existing environmental laws. For example, state pollution control boards have been established under the Water (Prevention and Control of Pollution) Act, 1974 to prevent and control water pollution. The use of stream or well for disposal of poisonous, noxious or polluting matter is prohibited under this law.

Thus, Panchayati Raj laws, laws establishing Para-Statal Agencies and Environmental Laws constitute the major statutory framework relevant to the right to sanitation..

Overview of Rural Sanitation Policies:

Sanitation programs planned and launched by the Government of India over nearly thirty years have attempted to reduce open defecation in the country.

Starting with the Central Rural Sanitation Programme (CRSP) in 1986, the focus has been on improving sanitation by building individual household latrines, especially in rural areas, as well as community facilities in villages, schools and Anganwadis. Individual latrines were to be built with the

help of a government subsidy to the household, while the community toilets were built with pooled funds of the state and central governments. The rural sanitation program under CRSP went through several periodic revisions based on feedback from the states, as well as the five year plan allocations of the National Planning Commission. The revisions led to the program moving from a supply side, infrastructure and subsidy driven program to a demand driven and integrated approach to ending open defecation by providing funds for infrastructure, as well as demand generation activities through education and communication campaigns.

The CRSP eventually gave way to the Total Sanitation Campaign (TSC) in 1999. This program focused on enhancing the demand driven focus, with greater allocations for Information, Education and Communication (IEC) activities to generate demand, and accelerating individual toilet coverage in the country, especially in rural areas. In 2012, TSC was renamed Nirmal Bharat Abhiyan (NBA) and additional components such as NREGA convergence was added to supplement the amount available to beneficiaries to construct individual household toilets.

A brief summary of each stage of the Government's sanitation program is given in Table 2.

Despite such programmatic interventions by the Government across the country and over the years, rural sanitation in India is still patchy. Progress over the span of each scheme is only incremental, leaving large sections of the population continuing to engage in open defecation.

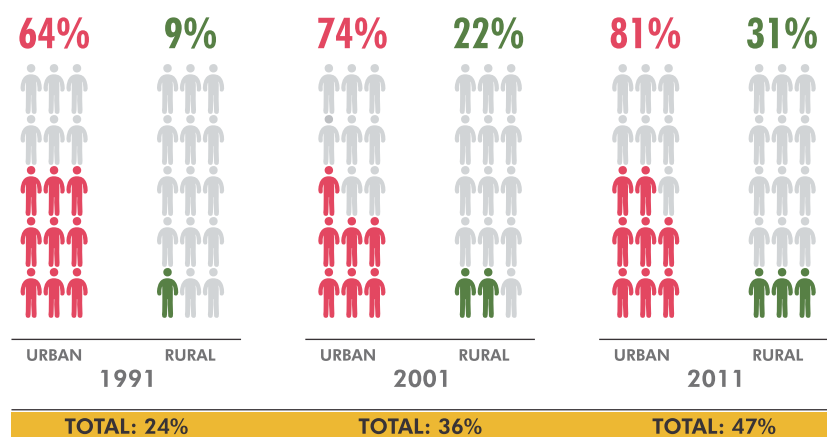


Table 1: Percent Households with Toilets (National - 2011 Census)

We see in Table 1 above that over twenty years of implementation, coverage of households with toilets is still less than a third in rural areas. Even where toilets have been built, and targets have been achieved on paper, the condition of the toilets and actual usage are far below the numbers published by the respective schemes of the Government.

Central Rural Sanitation Programme (1986): The Central Rural Sanitation Programme was one of the first schemes of the central government which focused solely on rural sanitation. The programme sought to construct household toilets, construct sanitary complexes for women, establish sanitary marts, and ensure solid and liquid waste management.

Total Sanitation Campaign (1999): The Total Sanitation Campaign was launched in 1999 with a greater focus on Information, Education and Communication (IEC) activities in order to make the creation of sanitation facilities demand driven rather than supply driven. Key components of the Total Sanitation Campaign included:

- (i) financial assistance to rural families below the poverty line for the construction of household toilets,
- (ii) construction of community sanitary complexes,
- (iii) construction of toilets in government schools and anganwadis,
- (iv) funds for IEC activities,
- (v) assistance to rural sanitary marts, and solid and liquid waste management.

Nirmal Bharat Abhiyan (2012): In 2012, the Total Sanitation Campaign was replaced by the Nirmal Bharat Abhiyan (NBA), which also focused on the previous elements. According to the Ministry of Drinking Water and Sanitation, the key shifts in NBA were:

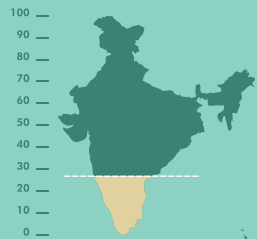
- (i) a greater focus on coverage for the whole community instead of a focus on individual houses,
- (ii) the inclusion of certain households which were above the poverty line, more funds for IEC activities, with 15% of funds at the district level earmarked for IEC.

Swachh Bharat Mission (Gramin) (2014): In October 2014, NBA was replaced by Swachh Bharat Mission (Gramin) (SBM-G) which is a sub-mission under Swachh Bharat Mission. SBM-G also includes the key components of the earlier sanitation schemes such as the funding for the construction of individual household toilets, construction of community sanitary complexes, waste management, and IEC. Key features of SBM-G, and major departures from earlier sanitation schemes, are outlined in the next section.

Table 2: Summary of Government Schemes to Improve Sanitation⁶

⁶ Ibid.

INDIAN SANITATION SECTOR



SANITATION COVERAGE
IN RURAL INDIA

29%



OPEN DEFECCATION
EVERY DAY

600 million



ONE OPEN DEFECCATING
MEMBER WITH TOILET

40%



UNUSED TOILETS BUILT
IN THE LAST 20 YEARS

10 million



COST OF LACK OF
DECENT SANITATION

24000 crore



AMOUNT SPENT ON
RURAL SANITATION

\$3 billion



Despite such massive investments,
India's sanitation campaigns over
the years have unfortunately
yielded limited results.



AMOUNT TO BE SPENT OVER THE NEXT 5 YEARS
THROUGH SWACCHH BHARAT MISSION (GRAMIN)

Rs.1.34 lakh crore

SWACHH BHARAT MISSION (GRAMIN)

To accelerate the efforts to achieve universal sanitation coverage and to put focus on sanitation, the Prime Minister of India launched the Swachh Bharat Mission (SBM) on 2nd October, 2014. SBM has two Sub-Missions, the Swachh Bharat Mission (Gramin) and the Swachh Bharat Mission (Urban), which aims to achieve Swachh Bharat by 2019, as a fitting tribute to Mahatma Gandhi on his 150th Birth Anniversary.

Bringing about an overall improvement in the general quality of rural life is one of the core objectives of the SBM-Gramin. Creating a genuine demand for sustainable sanitation solutions and changing attitudes and behaviours figure prominently in the objectives of the mission.

Since sanitation is a state subject, the states have been given the freedom to design their own frameworks. They have been given the flexibility to use incentives available for the construction of individual household toilets in any way they deem fit. Collective behaviour change and community led total sanitation are the widely suggested approaches, with the Centre expected to complement the efforts of the State Governments.

The guidelines issued by the MDWS lists a three-phase process describing the various activities to be undertaken under each of these phases – planning, implementation and sustainability. Some of the important components listed out include start up activities such as conducting baseline surveys and preparing state plans; preparing IEC campaign plans and capacity building of stakeholders such as PRI

functionaries and ASHAs. In order to strengthen the implementation mechanism, technical experts on a wide variety of subjects such as IEC, Behaviour Change Communication (BCC) and capacity building will be made available at all levels.

Information about the role of and administrative structure at the Panchayat and Block level, role of Community Based Organizations and Swachhata Doots in addition to information on Microfinance options for toilet construction and Rural Sanitary Marts are clearly spelt out in the guidelines. A Revolving Fund will be made available to SHGs and societies at the district level through which loans can be disbursed to members for constructing toilets.

As the Swachh Bharat Mission aims to serve as a platform for corporate houses to meet their mandatory social responsibility requirements, the role of CSR funding in improving rural sanitation has also been briefly discussed in the SBM guidelines. In a separate guideline on CSR activities in the sanitation sector released by the MDWS recently several recommendations are made to corporates and PSUs such as taking up various activities such as IEC work, giving additional funds to households for toilet construction, providing trained personnel to maintain sanitation facilities, construction of

toilets among others etc. The MDWS will co-ordinate the implementation of CSR-funded sanitation projects.

THE MAIN OBJECTIVES OF THE SBM(G) AS STATED IN THE GUIDELINES ARE:

- a) Bring about an improvement in the general quality of life in the rural areas, by promoting cleanliness, hygiene and eliminating open defecation.
 - b) Accelerate sanitation coverage in rural areas to achieve the vision of Swachh Bharat by 2nd October 2019.
 - c) Motivate Communities and Panchayati Raj Institutions to adopt sustainable sanitation practices and facilities through awareness creation and health education.
 - d) Encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation.
 - e) Develop where required, Community managed sanitation systems focusing on scientific Solid & Liquid Waste Management systems for overall cleanliness in the rural areas.
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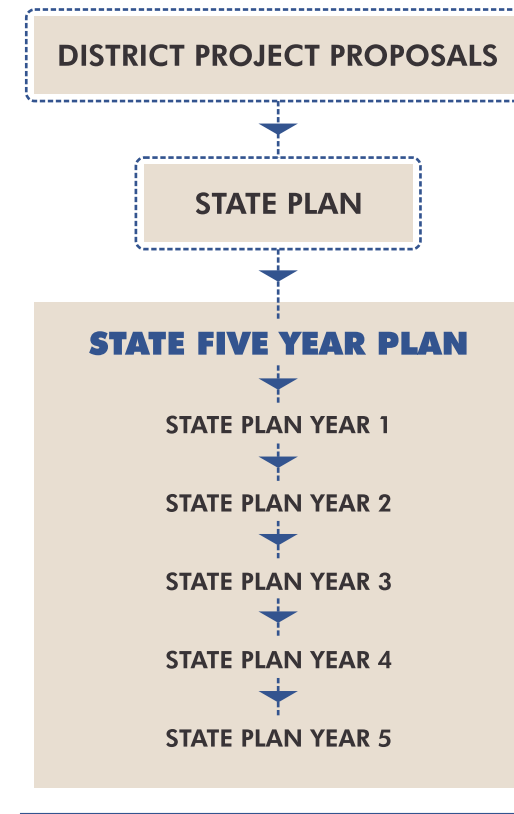
SBM (G) POLICY REVIEW

The SBM strategy is to move towards a 'Swachh Bharat' by providing flexibility to State governments (as sanitation is a state subject) to decide on their implementation policy and mechanisms, taking into account state specific requirements. As per SBM guidelines, states are to develop an 'Implementation Framework' that can utilise the provisions under the mission effectively and maximize the impact of the interventions. The role of Government of India is to only compliment efforts of the state governments and undertake monitoring and evaluation activities.

A point of differentiation between NBA and SBM is that unlike NBA where the 'Gram Panchayat' is the base unit in SBM the 'District' is considered as the base unit for the implementation for the program. The District Collectors/Magistrates/CEOs of Zilla Panchayats are expected to lead the Mission themselves, so as to facilitate district wide planning of the Mission and optimum utilization of resources.

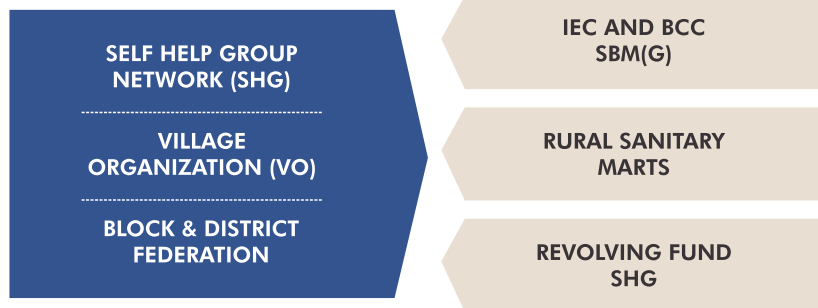
As per the SBM guidelines each district will prepare a project proposal that will be submitted to the state government. After scrutinizing the state government will consolidate the same into the 'State Plan'. The 'State Plan' with district wise details will be shared with the Government of India (Swachh Bharat Mission-Ministry of Drinking Water and Sanitation). This Plan will include a district wise 5 year Plan along with 5 independent annual Plans which merge into the 5 year Plan. These plans need be approved by the Ministry each year. On the basis of formative research and consultation rounds, the State will have to develop a tailor-made communication strategy, a communication plan, and material.

STATE PLAN SBM(G)



The National Rural Livelihood Mission (NRLM) is being implemented across India through a huge network of SHGs, Village Organizations (VO) of SHGs, Block level and District level Federations of SHGs for improving quality of life, besides strengthening livelihood options. The state governments should tie up with State Project Management Units of NRLM for utilizing the huge network of SHGs for effective IEC and BCC, triggering demand and promoting area specific toilet design and specification. The SHGs can also be effectively used as a micro financing unit for sanitation infrastructure. The Revolving Fund available under the SBM(G) also may be utilized through the NRLM mechanism. SHGs may also be utilized for working as Rural Sanitary Marts (RSMs) in remote areas where bulk procurement and delivery of quality hardware for toilet construction may be assured through such system. All these activities can be funded for under the SBM(G).

USE OF NRLM NETWORK (NRLM)



The guidelines recommend the setting up of 'Rapid Action Learning Unit (RALU)' at the National, State and District levels to evaluate the monitoring exercise, provide advice on corrective action and upscale good practices. RALUs will be small, flexible and specialized to meet these needs and to find fast and effective ways forward, developing, sharing and spreading solutions. They will be based on learning's about Action (what is happening in the field) and from Action (by trying out through Innovative action). These units will carry out activities including being upto date with field activities under SBM(G), brainstorming and search; field trials of innovative approaches; research and sharing and feedback. The RALU will be funded through the Administration component of the SBM(G), from which monitoring and evaluation funds are provided.

RALU



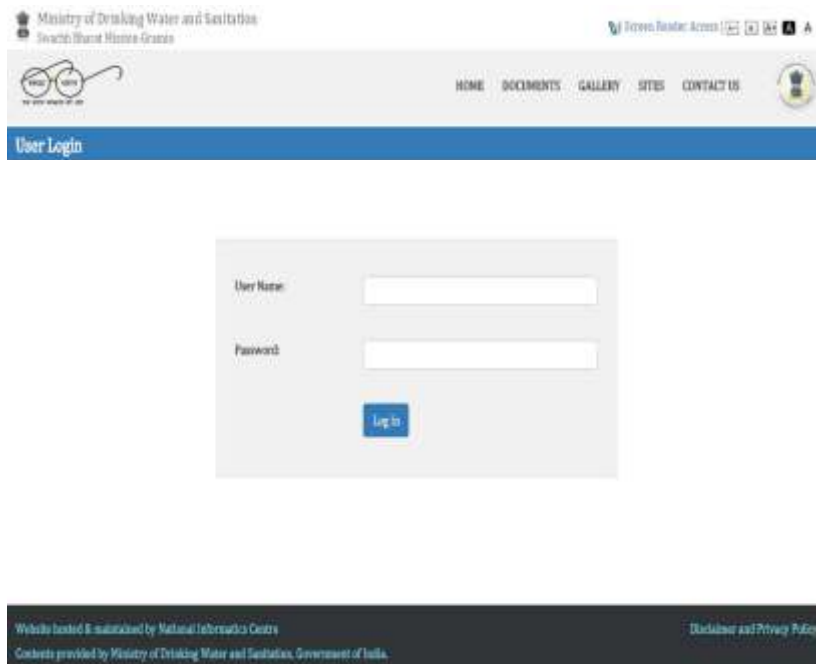
Under NBA, to enhance the incentives for IHHLs further focussed support funding was partly through NBA and partly from MGNREGA. However there were implementation difficulties in convergence of NBA with MGNREGA as funding from different sources created delays at the implementation mechanism. Hence, the provision for MGNREGS funding has been done away with under SBM-G. Thus implies that the central government's share will be met entirely through SBM-G.

COMPONENTS OF SBM (G)

All States will develop a detailed implementation strategy and plan based on the components mentioned in the guidelines.

Start up activities

All states have had to enter the baseline data on the online portal latest by 30.01.2015. Households that have not been entered by the states on the MIS will not be entitled for funds under SBM(G). The baseline survey data will be updated by States in April of every year to take into account changes in the GP during the preceding year. The updates will be based on a summary revision of the baseline data. The summary revision will be based on a transparent disposal of claims and objections in a Gram Sabha meeting. This will help in updating the status of households in relation to possession of IHHLs.



Once a village obtains ODF status, the maintenance of the status is the responsibility of the community. Any new household added to the village must have access to toilets. Expenditure on Start-up Activities will have to be booked against the IEC Component.

IEC Activities

Under SBM, IEC activities are focused on strategy and planning towards demand creation leading to behaviour change and construction and use of toilets in a sustained manner. The guidelines recommend that initially the focus should be on triggering of community action for provision of toilet access in every household. Once the toilets are gradually being put in place, the focus should be on sustained use of the toilet.

'Triggering' or 'Nudging' of communities for behaviour change leading to usage of toilets further leading to an open defecation free environment is given priority.

The guidelines suggest that at least one person in each GP (motivator) is made responsible for the sanitation communication on a full time basis. The motivator can be given a suitable incentive from the funds earmarked for IEC, as decided by the respective state government. This incentive can be performance based i.e. in terms of motivating number of households and Schools/ Anganwadis to construct latrines and use them, and should continue for at least 1 year post construction

so that sustainability of usage is ensured. The SBM (G) guidelines also suggest that funds available for IEC may be used to raise awareness, disseminate information and skills on Menstrual Hygiene Management.

The use of 'National Sanitation and Hygiene Advocacy and Communication Strategy Framework (2012-17)' is recommended for formulating state and district specific IEC strategy for rural sanitation and hygiene such as washing hands with soap and water at critical times, proper menstrual hygiene. Keeping with the strategy framework, three main approaches, namely (i) awareness raising phase, (ii) advocacy and (iii) social & behaviour change communication (SBCC) would be adopted and states could formulate state and district specific IEC strategies.

Based on the Communication Strategy, each state has to prepare a State level Communication and Mass Awareness Plan that targets the state's entire population. This Plan is to be a Perspective Plan focusing on a long term strategy of communicating key messages on sanitation. An annual communication plan will also be included in the AIP of the State.

IEC PLAN

**MOTIVATOR
(GP LEVEL)
INCENTIVE
BASED**

**TRIGGERING AND
NUDGING
COMMUNITIES
TOWARDS
BEHAVIOURAL
CHANGE**

STATE COMMUNICATION PLAN*

ANNUAL IMPLEMENTATION PLAN

***Suggested use of strategies recommended under National Sanitation & Hygiene Advocacy and Communication Strategy.**

Out of the national allocation under SBM(G), 8% is to be utilised on IEC activities. 3% is to be utilized at the Central level (MDWS) on a national Pan India campaign. This highlights the national priorities on sanitation hygiene and

IEC FUNDING

8% TOTAL PROJECT CONTRIBUTION

75% GOI CONTRIBUTION

25% STATE GOVT. CONTRIBUTION

3% expenditure by GOI for pan India campaign

5% by State Governments for IEC/BCC/IPC and other communication activities

cleanliness. In the States, 5% of allocation is to be used on IEC/BCC/IPC and all related communication activities and on capacity building. This has to be accounted for at the district level, with 3.75% of each district allocation being utilised within the district at the GP/Block and District levels for IEC/BCC/IPC, and 0.25% for State Level activities. Out of each district project, 0.75% is to be used for capacity building activities at the District/Block/GP level for IEC/BCC activities while 0.25% for activities at the State level. The Centre-State sharing for this IEC funding will be in the ratio of 75:25 between GOI and the State Governments. The entire state level plan for IEC should be approved by the State Level Scheme Sanctioning Committee.

Capacity Building

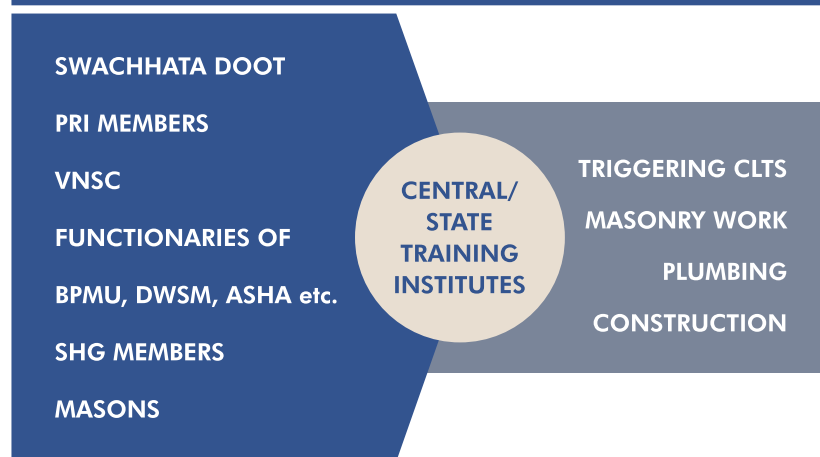
The guidelines focuses on building capacities of stakeholders and sanitation workers, the Swachhata Doots/Sena, members of PRIs, VWSCs, functionaries of BPMU, DWSM, ASHA, Anganwadi workers, SHG members, masons, CSOs/NGOs etc. The training is to be on various approaches of IEC promoting behavioural change including triggering (CLTS), SLTS, IPC and house to house communication etc., masonry work, plumbing, construction and maintenance of toilets and for Solid and Liquid Waste Management works.

Central and State level Training Institutes ,Resource Centers /Key Resource Centers (KRCs), District Resource Centers, and empanelled NGOs/CBOs and agencies with experience in capacity building will be engaged for such trainings.

The Annual Action Plan of each district will have details of the annual Capacity Building Action Plan covering every GP in the district, with

identification of the training institute/agency, training components and of the intended trainees, with definite timelines. Funding for the Capacity Building Action Plan will be from the IEC budget of upto 0.75% of each district total project cost, out of which 0.25% can be spent at the State level. The sharing pattern of expenditure will be in the ratio of 75:25 between GOI and the State Government.

CAPACITY BUILDING



Construction of Individual Household Latrines

A duly completed household sanitary latrine should comprise of a 'toilet unit' including a sub-structure which is sanitary (that safely confines human faeces and eliminates the need of human handling before it is fully decomposed), a super structure, with water facility and hand wash unit for cleaning and hand washing.

The Mission aims to ensure that all rural families have access to toilets. There are various models of toilets available based on safe sanitation technologies like the twin pit, septic tank, bio toilets amongst others. The toilets must have a superstructure acceptable to the beneficiaries, as the poor quality of toilets constructed has been one of the main complaints against earlier sanitation programmes. Various options for the superstructure should be explored and information about the options available has to be provided to the beneficiary for him to choose from. Ideally the construction activities should be taken up by the individual beneficiaries themselves with support from/or through agencies in the village. Appropriate information also has to be provided to the beneficiary regarding the maintenance of the toilets

States have the flexibility to decide on the implementation mechanism to be followed. The construction of household toilets may be undertaken by the individual beneficiaries themselves with support from/or through agencies in the village. States can also decide to give the incentives to the individuals, or where the community model is necessarily adopted to trigger the demand

in GPs/Blocks/Districts on the achievement of community objectives. Payment of incentives may be either in cash or in the form of construction materials or credit vouchers for such materials.

In cases where individuals are being paid the incentive, the state can provide incentives to households in two phases, one at the pre-construction stage and the other on completion of construction and usage. However, the Community/GP incentive, can only be released after the village unit is open defecation free for a significant length of time. Both of these outcomes will be measured through a robust follow up monitoring system.

APL families not covered by the above incentives will be motivated and triggered to take up construction of the household latrines on their own. The IEC activities focusing on behaviour change will provide comprehensive coverage to all the families in the GP without exception. APL families facing fund problems may be assisted through the Revolving Fund or through low cost financing from NABARD, Banks and Financial Institutions.

Priority: Under the Programme, priority shall be accorded to cover households having:

- Old Age Pensioners / Widow Pensioners / Disability Pensioners (National Social Assistance Programme {NSAP} beneficiaries)
- Pregnant and lactating mothers covered by Maternal Health Programmes of Central and State Governments, including Janani Suraksha Yojana under National Rural Health Mission; and
- Girl children covered by any Scheme benefitting the girl child.

Availability of Sanitation Material through RSMs, Production Centers, SHGs

The Rural Sanitary Mart (RSM) is an outlet dealing with the material, hardware and designs required for the construction of sanitary latrines, soakage and compost pits, vermi-composting, washing platforms, certified domestic water filters and other sanitation and hygiene accessories etc. The RSM should necessarily have those items, which are required as a part of the sanitation package. It is a commercial venture with a social objective.

Production Centers are the means to produce cost effective affordable sanitary materials at the local level as per local demand suitable for rural consumption.

The main aim of having a RSM is to provide materials, services and guidance needed for constructing different types of latrines and other sanitary facilities for a clean environment at a place near the residence of the beneficiaries. RSMs need to ensure that a variety of pans (Rural, Ceramic, HDP, Fiberglass) are available for choice by the beneficiaries at reasonable rates.

It is the GP's responsibility to ensure the availability of a pool of trained masons in the area who can be utilised for the construction of toilets. DWSM/DWSC/GPs should have a Memorandum of Understanding (MoU) with the RSMs/PCs along with a system of joint monitoring evolved to ensure that the RSMs & PCs are on track with production plans as per requirement. RSMs should have a method of quality certification of its products and a band of trained masons and motivators.

An interest free loan up to Rs.5 lakh can be given for establishing a RSM/PC out of the Revolving fund available with the district. Loans from the Revolving fund for RSM/PC will have to be recovered in 12-18 instalments after one year from the date of receiving the loan. States have to decide on the number of RSMs/PC to be set up as per requirement, ideally with one such unit per block

The RSM/PC has to prepare a Business Plan for each financial year and submit to the DWSM/DWSC for review. This plan should provide hardware support for saturating all the villages in its areas of operation with IHHLs and other forms of toilets. It should also reflect sufficient income generation to

be able to return the amount to the Revolving Fund of the DWSM/DWSC in fixed instalments.

Using the SHG network of NRLM a sanitation supply chain needs to be built that seeks to address the problem of reach. States have to decide to extend suitable financial support to the SHGs in line of the RSMs and PCs.

Provision of Revolving Fund in the District

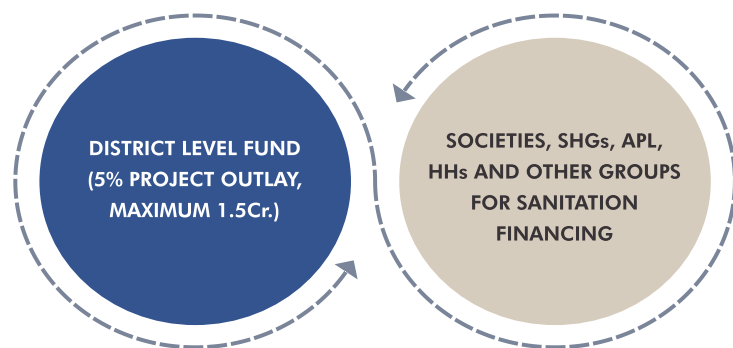
A Revolving Fund is available at the district level out of the SBM(G) funds. This fund is to be given to Societies, Self Help Groups or other groups as decided by the states for providing cheap finance to their members for the construction of toilets. Loan from this fund will be recovered in 12-18 instalments. States have the flexibility to decide the other terms and conditions for sanction of the Revolving Fund.

This Revolving Fund can be accessed by APL households not covered for incentives under the guidelines. Households which have availed incentives under any sanitation scheme earlier can also access such finance as loans. Those households (BPL and APL)

covered under the incentive can also approach for financing under the Revolving Fund to meet the additional cost of improved toilets with bathing facility. Registered SHGs with proven credentials can approach the DWSM for such funding.

Upto 5% of the district project outlay subject to maximum of Rs. 1.5 crore, can be used as Revolving fund, including for funding setting up of RSMs/PCs. Provision of the Revolving Fund in a district will be approved by the DWSM/DWSC. The burden of the fund will be shared between Centre and State on 80:20 basis.

REVOLVING FUND



Micro Financing of Construction of Toilets

To enable the provision of low cost financing to individual households for the construction of household latrines and to leverage the network of NGOs and SHGs identified by agencies like NABARD and other Financial Institutions, micro financing should be explored as an option

for financing toilets by the States and the MDWS. This will facilitate converging financial resources, management skills and outreach capabilities to cover the demand of toilets by households not eligible for direct incentives under SBM(G), and /or those HHs interested to build a more expensive toilet by availing finance.

Equity and inclusion

Equity and inclusion issues are of significance in the sanitation and hygiene sectors. Providing access to the different categories of people who are not able to access and use safe sanitation facilities will have to be a priority of the implementing agencies.

These categories of people include among others, those who are socially and economically marginalised, those who are unable to use sanitation facilities constructed with standard designs. Women, children, people of certain castes, faiths and ethnicities, older people, pregnant women, people with disabilities, geographically marginalised populations in remote areas, as well as those living in areas where it is difficult to construct simple toilets due to high water tables, sandy soils or hard rock may be given priority while planning for coverage. Requirements and sensitivities relating to gender including dignity and

safety issues will have to be taken into account at each stage of planning, implementation and post implementation management of sanitation issues.

Issues relating to women's personal hygiene namely menstrual hygiene will be focussed on, under the SBM(G). Girls and women have hygiene and sanitation needs linked to their menstrual cycle. Women suffer in the absence of knowledge about safe practices on MHM. CSOs and SHGs will work with the community, inform them about menstrual hygiene practices and also develop economic models to meet the demand for sanitary napkins.

Funds available under the IEC component may be used to raise awareness and skills on Menstrual Hygiene Management in all places and specifically amongst adolescent girls in schools. IEC plans should include this component for raising awareness among all stakeholders. Funds under the SLWM components can also be used for setting up of incinerators in Schools, PHCs and Public toilets, for the safe disposal of menstrual hygiene waste.

Provision of sanitary facilities sensitive to the needs of people with disabilities, will be included in the technologies that can be used for the construction of toilets.

Suggestive models and cost estimates shall be prepared and circulated for the same.

EQUITY & INCLUSION

Priority to women, differently abled, socially and economically marginalized and geographically vulnerable

IEC funds used for Menstrual Hygiene Management (MHM)

Disabled-friendly toilets included in technologies for construction

Solid and Liquid Waste Management

The objective of SBM(G) is to bring about improvement in the cleanliness, hygiene and the general quality of life in rural areas. Solid and Liquid Waste Management (SLWM) is one of the key components of the programme. To create clean villages, it is essential that the IEC interventions focus on Solid and Liquid Waste Management so as to create a felt need for these activities amongst the population. This must lead to the setting up of systems for the scientific disposal of waste in such a way that has a tangible impact on the population. The Community/Gram panchayat will be motivated to come forward and demand for such a system, which they have to subsequently operate and maintain.

SLWM will be taken up in project mode for each Gram Panchayat (GP) with financial assistance capped for a GP on number of household basis to enable all GPs to implement sustainable SLWM projects (subject to a maximum of Rs.7 lakh for a GP having up to 150 households, Rs.12 lakh up to 300 households, Rs.15 lakh up to 500 households and Rs.20 lakh for GPs having more than 500 households). Funding for

SLWM project under SBM(G) is provided by the Central and State Government in the ratio of 75:25. Any additional cost requirement will be met with funds from the State/GP, and from other sources like Finance Commission funding, CSR, Swachh Bharat Khosh and through the PPP model.

The guideline suggests the activities such as collection, segregation and safe disposal of household garbage, setting up of decentralised systems like household composting and biogas plants. SBM (G) also suggests maximum reuse of organic solid wastes as manure with the help of technologies such as vermi-composting, NADEP composting, or any other composting method, use of individual and community biogas plants will be undertaken under SLWM.

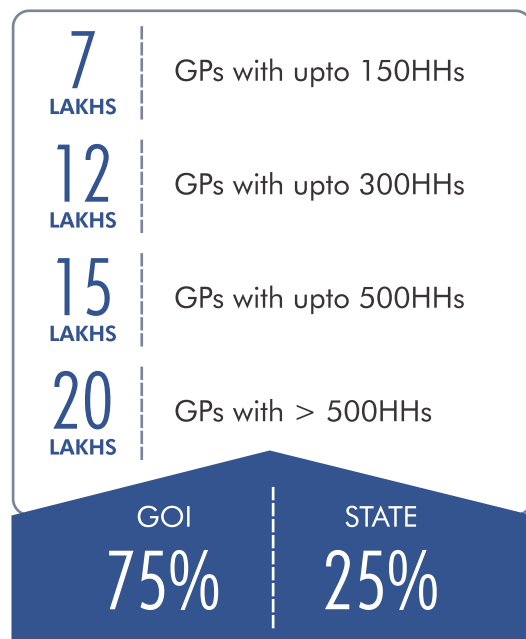
SBM (G) recommends states to identify suitable technologies for liquid waste management: It suggests that the method should be such that there is maximum reuse of such waste water for agriculture purposes with least operation and maintenance costs. It also suggests technologies for treatment of waste water such as Waste Stabilization Pond (WSP) technology, Duckweed based waste water treatment, Phyto roid Technology (developed by NEERI) and Anaerobic decentralized waste water treatment.

SLWM Projects for each GP should be part of the Annual District Plan. Each individual SLWM project may be approved at the DWSC level as per the technical and financial rules of the individual states.

The policy suggests that every State should have at least one SLWM Consultant at the State level and District level to guide the preparations of the SLWM projects for each GP. The preparation, supervision and monitoring costs of SLWM projects and O&M costs for the first 5 years of operation will be a part of the project cost itself.

Suggested sources of funding for SLWM projects are MNREGS, MPLAD, MLALAD funds, Finance Commission funds, CSR contribution, Swachh Bharat Kosh, donor funding etc.

SOLID & LIQUID WASTE MANAGEMENT FUNDING ASSISTANCE



Administrative Charge

The Administrative Charge permits expenditure on salary of temporary staff and agencies deployed for the execution of various components of the SBM(G) at State, District, Block and GP levels, support services, fuel charges, vehicle hire charges, stationery, monitoring & evaluation activities, TA/DA to Inter-State and Inter-District Survey teams deputed for monitoring and verification, exposure visits.

In order to implement the projects professionally, specialists/ consultants/agencies from the fields of IEC, Human Resource Development, School sanitation & hygiene education, SLWM, Monitoring and Evaluation etc. will have to be hired at the State and District levels for the project period.

Administrative component will be about 2% of programme expenditure in a year. This will be adjusted at the district level where the authority will be to incur expenditure of 1.8%. The state will be authorised to incur expenditure upto 0.2% of total program expenditure of all districts taken together. Sharing pattern of expenditure will be 75:25 between Centre and State.

Expenditure such as: purchase of vehicles, purchase of land and buildings, construction of official buildings and rest houses is not allowed under 'administrative expenses'.

ADMINISTRATIVE EXPENDITURE

2% OF PROJECT EXPENSES

1.8%
DISTRICT LEVEL EXPENDITURE

0.2%
STATE LEVEL EXPENDITURE

ADMINISTRATIVE EXPENSES

Consultant fees:
IEC, HRD, SLWY

Not for capital Expenditure

National Scheme Sanctioning Committee

National Scheme Sanctioning Committee (NSSC) will be constituted under the SBM(G) for specific periods to approve or revise the Perspective Plan/Project Implementation Plan (PIP) for the States/districts, and the Annual Implementation Plan (AIP) as and when received by the State/UT Governments duly approved by the State Level Scheme Sanctioning Committee (SLSCC).

IMPLEMENTING AGENCIES

While NBA had a four tier implementation mechanism at the state, district, village, and block level, an additional tier has been added for SBM-G, at the national level. Thus, the implementation mechanisms at the five levels will consist of: (i) National Swachh Bharat Mission (Gramin), (ii) State Swachh Bharat Mission (Gramin), (iii) District Swachh Bharat Mission (Gramin), (iv) Block Programme Management Unit, and (v) Gram Panchayat/Village and Water Sanitation Committee. At the Gram Panchayat level, Swachhta Doots will be hired to assist with activities such as identification of beneficiaries, IEC, and maintenance of records.

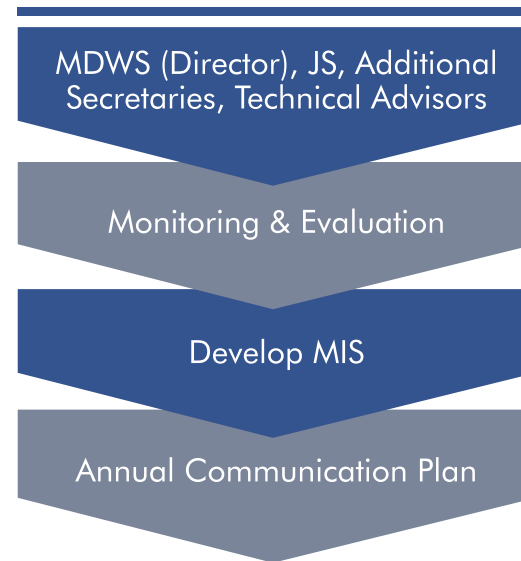
National Swachh Bharat Mission (G) – NSBM(G)

The Swachh Bharat Mission is set up at the Ministry of Drinking Water and Sanitation. Secretary DWS will be the Mission Director who will be assisted by Additional Secretaries, Joint Secretaries, Directors, Deputy Secretaries and Technical advisors from time to time.

The Mission will have a Monitoring and Evaluation Cell which will be responsible for carrying out relevant and suitable annual or biannual monitoring exercises of the implementation of the SBM(G) in states.

This Cell will be responsible for coordination with states and districts on monitoring and will also monitor the reports and publications being brought out by various agencies and organizations regarding

NATIONAL SWACHH BHARAT MISSION (G)



the changing sanitation situation in the country. It will work towards developing the SBM(G) - MIS of the Ministry in coordination with the NIC.

The Mission will have a Communication Cell that will prepare and implement the Annual and long term communication plan of the Swachh Bharat Mission (G) of the MDWS, it will also monitor activities of states to ensure commonality of focus and purpose.

IMPLEMENTING AGENCIES



State Swachh Bharat Mission SSBM(G) - State Water and Sanitation Mission (SWSM)

State Swachh Bharat Mission (Gramin) - should be set up at the State/UT level. It will be a registered society under the aegis of the Department/Board/ Corporation/Authority/Agency implementing rural water supply and sanitation programme in the State.

While states will decide on an appropriate structure, there should be an Apex Committee at the State level to aid and advise the State Mission. The Committee will be headed by the Chief Secretary with Secretaries in-charge of PHED, Rural Development (RD), Panchayati Raj (PR), Finance, Health, Information and Public Relations (I&PR) as members. Principal Secretary / Secretary of the Department looking after Sanitation in the State will be the nodal Secretary responsible for all the SSBM(G) activities and for convening the meetings of the Mission.

The SSBM(G) Directorate headed by a senior state level official will supervise implementation of SBM(G) in the project districts in the State, facilitate convergence mechanism between line departments, ensure preparation of the Annual Implementation Plan for each district as per the requirement of the district, consolidate the same into the Annual Implementation Plan of the State.

The State Level Scheme Sanctioning Committee (SLSSC) is a Committee comprising of representatives of various Technical Departments, Institutions and Organizations as decided by the state Government to examine and approve district projects and other proposals of technical nature at the State level. The Committee will have a representative from Ministry of Drinking Water and Sanitation.

STATE SWACHH BHARAT MISSION (G)

Chief Secretary, Secretaries RD,
PR Health, Finance, etc.

Supervise implementation

Sanction District Plan

Prepare AIPs

District Swachh Bharat Mission DSBM(G)

A District Swachh Bharat Mission is to be formed at the district level. This can be done by suitable changes in the existing District Water and Sanitation Mission/Committee (DWSM/C). As the line departments will play catalytic role in implementation of the programme, the role of the District Collector/Magistrate/CEO Zilla Panchayat will be pivotal.

While States will decide on an appropriate mechanism, the suggested composition of DSBM(G) is as follows:

- DSBM(G) will be headed by Chairman of Zilla Parishad. The District /Deputy Commissioner/Magistrate/CEO Zilla Panchayat will be the Executive Vice Chairman.
- The members will be - all MPs/MLAs and MLCs of the District and Chairperson of the concerned Standing Committees of the Zilla Parishad or their representatives; CEO/AEO of the Zilla Parishad; District Officers of Education, Health, Panchayati Raj, Social Welfare, ICDS, PHED, Water Resources, Agriculture, Information and

Public Relation;

- NGOs will be identified by the DSBM(G) and co-opted into the Mission as members
- The CEO of the District Panchayat/ Parishad; the Executive Engineer of PHED/ District Engineer of the ZP/ any other officer approved by SSBM(G) will be the Member Secretary.
- DSBM(G) has to plan and advise on implementation of the district SBM (G) with appropriate IEC strategies and convergence mechanisms with all line departments.

DISTRICT SWACHH BHARAT MISSION (G)

Chairman Zila Parishad, District
Deputy Commissioner, District
Officers (Health, PR, Social
welfare) etc.

Advise on implementation

IEC Strategy

Convergence with line
departments

Block Programme Management Unit (BPMU)

The role of Block level intervention in the rural sanitation sector needs to be significantly strengthened to provide guidance, support and monitor sanitation status in GPs. The Block level is the ideal unit for providing support to a GP or a group of Gram Panchayats.

Ideally state has to set up a Block Programme Management Unit (BPMU). The BPMU will work as bridge between the District experts and the GPs and provide continuous support in terms of awareness generation, motivation, mobilization, training and handholding of village communities, GPs and VWSCs. The BPMU will serve as an extended delivery arm of the District Mission in terms of software support and act as a link between DSBM(G) and the GPs/ VWSCs/ village communities.

The State Governments are expected to post a Government officer as a full time Block Sanitation Officer (BSO). This Block level arrangement will be tasked with handholding, supervising and monitoring of the programme and the quality of toilets being constructed and their usage in every GP. States can also set up a sub-block i.e. cluster level units in places where there are large 20-30 GPs.

Capacity building and generating awareness including triggering demand among the village community on various aspects of sanitation will be taken up by BPMUs through the designated CSO etc./Swachhata Doot/ Sena. It will also help the GPs in achieving ODF status, sustaining and building on it with effective motivation and low cost management of solid and liquid wastes.

BLOCK LEVEL MANAGEMENT UNIT

Block Sanitation Officer

Bridge between District experts
and GPs

Provide support in terms of
awareness generation,
motivation and mobilization

Awareness generation including
triggering demand

Gram Panchayat/ Village Water and Sanitation Committee

The Gram Panchayats have to play a pivotal role in the implementation of the programme. States can channel the fund flow for activities at the GP level through the Gram Panchayat institution. All Institutions and Committees working within the GP framework have to prioritise sanitation within their programmes.

A Village Water and Sanitation Committee (VWSC) needs to be constituted as a sub-committee of Gram Panchayat, for providing support in terms of motivation, mobilization, implementation and supervision of the programme. The VWSC will play a crucial role in the comprehensive and saturation approach to ODF Grams. The membership of a VWSC will have representation from each Ward of the GP and 6 more members. 50% of the members should be women. There should be representation from SCs and STs and poorer sections of the society. This committee should function as a Standing Committee on Water and Sanitation of the Gram Panchayat and should be an integral part of the Village Panchayat. The composition and functions of the VWSC can be determined by the State Government.

A separate account has to be opened for each Village and Water Sanitation Committee of a GP and "Sarpanch/Pradhan" of the GP should be the chairperson of each VWSC. The Swachh Bharat Funds should be routed through the account of the VWSC/GP. The account will be subject to audits held from time to time including Social Audit.

The GPs and the VWSCs will be working towards making their GPs ODF and Swachh at the earliest.

While the participation of the local bodies is advised, there will be flexibility at the state and district levels to decide on the methodology of the implementation of the programme depending on local conditions and the role that the GPs and the VWSCs will play.

GRAM PANCHAYAT VILLAGE WATER & SANITATION COMMITTEE

**PIVOTAL ROLE IN
IMPLEMENTATION OF
PROGRAMME**

Swachhata Doot/Sena

There is a need for a dedicated, trained and properly incentivized sanitation work force at the GP level. This has been brought out by many monitoring and evaluation and research studies carried out in the country. These Swachhata Doots/Sena, need to carry out the multiple formalities and communication that needs to be completed in the course of triggering of demand and subsequent toilet construction. Identification of a beneficiary, assisting in the IEC, maintaining records and tracking progress also need to be undertaken by Swachhata Doot at the GP level.

The GP/WWSC must engage Swachhata Doots or Swachhata Sena to carry out and be responsible for all such sanitation related activities in the GP. The States have to decide on the guidelines for their engagement and the honorarium/remuneration to such Doots, which is essential to attract dedicated and serious workers. Use of ASHAs, Anganwadi workers, ANM workers for the position of Swachhata Doot can be considered, however ideally they should serve on a full time basis. Expenses on the Swachhata Doots have to be borne on the IEC component of the SBM(G). However no permanent cadre of Swachhata Doots is to be created. The incentives to anyone including Swachhata Doots who motivate households for toilet construction which results in the household moving away from open defecation can be upto Rs. 150 per case. Further provision of Post-construction honorarium should also be provided to ensure sustainability.

SWACHHATA DOOT/SENA

DEDICATED, TRAINED,
INCENTIVISED SANITATION
WORKFORCE

IDENTIFICATION OF A
BENEFICIARY, ASSISTING
IEC, MAINTAINING
AND TRACKING
PROGRESS

INCENTIVE EXPENSE TO
BE DONE BY IEC
COMPONENT

Role of MDWS in ensuring Adequate Infrastructure

The creation of adequate infrastructure for the implementation of the SBM(G) in the state at various levels, will be monitored by the MDWS, which may issue necessary advisories on the matter. Approval of the AIP of the states and release of assistance will be made contingent on compliance with such directions.

Role of Panchayati Raj Institutions

As per the Constitution 73rd Amendment Act, 1992, Sanitation is included in the 11th Schedule. Accordingly, Gram Panchayats have a pivotal role in the implementation of SBM(G). The programme has to be implemented by the Panchayati Raj Institutions at all levels.

Gp's have to play a key role in promoting regular use, maintaining and upgrading of toilets, SLWM components and inter-personal communication for hygiene education. GP's must also play a role in the monitoring of the SBM(G) programme. They

ROLE OF PRIs

73RD CAA, SANITATION 11TH SCHEDULE

Key role in promoting, maintaining and upgrading toilets

Triggering demand

Responsibility of social audit

organise and assist in organizing social audits of the programme. social audit meeting will be held in each GP once in six months.

An important part of crystallizing community level action towards ODF is the adoption of a GP wide resolution or pledge to be taken as milestone of the triggering activity. This is an important process towards ODF status in the GP, and has to be used appropriately and effectively.

The responsibility of Social audit of the programme will be given to any specific village level body/committee/SHG etc. which will be carried out in coordination with the GP.

Role of Community Based Organizations / Non Governmental Organizations/ Self Help Groups / Support Organizations

It is envisaged that CBOs/NGOs/SHGs should have a catalytic role in the implementation of SBM (G) in rural areas. The outreach and ground level connect that such organisations can deliver, needs to be tapped in the programme to achieve positive results.

They have to be considered for active involvement in the IEC activities including triggering leading to demand generation and sustained use of the facilities, in capacity building, assistance in construction and ensuring sustained use of sanitation facilities.

These organisations have to generate mass awareness of the community against open defecation, hygiene and environmental sanitation, safe drinking water etc. by planning and implementing diverse, effective and multiple evidence based participatory communication strategy.

ROLE OF CSR

Corporate participation through CSR

Targeted intervention

Separate CSR guidelines under SBM

CBOs/NGOs/ SHGs/ other organisations have to play a significant role in the capacity building of the community in developing and implementing Village Sanitation and Water Security Plan, environmental sanitation, inclusive of Solid and Liquid Waste Management(SLWM) and capacity building of members of PRI, VWSC, VO and grass root level workers. capacity

In many states, varieties of options of toilet parts like pan, pan trap, tiles, rings for pits, lid of pit, pipes, doors, roof are available even at block level. Households have the options of purchasing varieties of toilet parts at their own choice at block level, near GPs. However, for some GPs that are situated in remote areas, RSMs are as inevitable requirement for ensuring supply chain of individual house hold toilets, community toilets school toilets and anganwadi toilets. CBOs/NGOs/SHGs/ other Organisations may be engaged effectively in ensuring quality bulk supply of hardware for toilets. However, to ensure sustainability through supply of quality components and construction of toilets, the specifications of materials like Ceramic Pans, Pan Traps, Pipes, Super Structure of bricks, brick lining in pits or rings made of concrete, depth and diameter of pit, roof of asbestos/tin, doors with iron frame, twin pits etc. should be stipulated.

Such organisations should also be engaged to conduct monitoring and evaluation surveys and PRAs specifically to determine key behaviour and perception changes regarding sanitation, hygiene, water use, O&M, etc, either by themselves or as a

partner to the GP. It has to be ensured that organisations of repute, good track record and experience in social sectors are engaged. They should be selected by a fair and transparent process based on competence, ability and capacity. Keeping in view the state specific requirements vis-à-vis prevailing situation, the eligibility or qualifying criteria needs to be defined. These organisations will work in the supervision of the DSBM(G) and the BPMU and in coordination with the district level RALU.

Role of Corporate Bodies/PSU and Corporate Social Responsibility

Corporate houses need to be encouraged to participate in the SBM(G) as an essential part of the Corporate Social Responsibility (CSR). The Corporate/PSUs may take up the issues of sanitation through IEC, HRD or through direct targeted interventions such as:

- a) Establish demonstration fields / rural sanitation parks for exposure of various technology options available under SBM to the rural populace.
- b) Organise exhibitions / sanitation melas.
- c) Provide necessary exposure to the children in Schools about proper sanitation and hygiene
- d) Provide additional incentive to rural households in form of suitable sanitary materials or create sanitation facilities for the rural populace through appropriate local organisations

ROLE OF CBOs/NGOs/SHGs

Catalytic role.
Duration and ground
level connect

Mass awareness
against OD

Capacity building of
community VWSC members,
GP members

Organizing RSMs

Monitoring & Evaluation

Supervision of DSBM(G),
BPMU coordination
with RALU

- e) Provide sanitary complexes in market or other public places / around work places or alike
- f) Provide assistance in effective Solid and Liquid Waste Management technology and resources
- g) Provide trained manpower for maintenance of sanitation facilities and/or SLWM establishments
- h) Propagate the programme through mass media and GP level interventions.
- I Adopt habitations/villages/GPs to make them ODF

The MDWS has issued guidelines to facilitate the involvement of CSR resources in sanitation works. States can use these guidelines as a base to develop their own procedure to attract/receive and utilise CSR funds.

State Swachh Bharat Mission (G) will have a dedicated person who will be responsible to solicit and process CSR projects in the State. At the district level, one consultant will be identified to work on CSR projects with Corporates, Businesses, Funding agencies as well as Gram Panchayats and Implementing CBOs/NGOs. The MDWS will assist in coordinating the implementation of CSR projects in sanitation.

Project Funding

Funding for SBM-G will be through budgetary allocations of the central and state governments, the Swachh Bharat Kosh, and

FUNDING UNDER SBM(G)

COMPONENT	CENTRE	STATE	BENEFICIARY	AMOUNT AS A % OF SBM(G) OUTLAY
IEC, START UP ACTIVITIES ETC.	75%	25%	-	8%
REVOLVING FUND	80%	20%	-	UP TO 5%
CONSTRUCTION OF HOUSEHOLD TOILETS	75% (Rs9000) 90% FOR J&K, NE STATES, SPECIAL CATEGORY STATES	25% (Rs3000) 10% FOR J&K, NE STATES, SPECIAL CATEGORY STATES	-	AMOUNT REQUIRED FOR FULL COVERAGE
COMMUNITY SANITARY COMPLEXES	60%	30%	10%	AMOUNT REQUIRED FOR FULL COVERAGE
SOLID/LIQUID WASTE MANAGEMENT	75%	25%	-	AMOUNT REQUIRED WITHIN LIMITS PERMITTED
ADMINISTRATIVE CHARGES	75%	25%	-	UP TO 2% OF THE PROJECT COST

multilateral agencies. The Swachh Bharat Kosh has been established to collect funds from non-governmental sources. One of the changes from NBA, in terms of funding, is that funds for IEC will be up to 8% of the total outlay under SBM-G, as opposed to up to 15% (calculated at the district level) under NBA. Secondly, the amount provided for the construction of household toilets has increased from Rs. 10,000 to Rs. 12,000. Thirdly, while earlier funding for household toilets was partly through NBA and partly through the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), the provision for MGNREGS funding has been done away with under SBM-G. This implies that the central government's share will be met entirely through SBM-G.

The SBM (G) funding pattern has seen an increase in absolute numbers and percentage of total project as compared to the NBA. Also, one can observe a slight shift in the pattern. The central funds allocated have been pushed higher except in the case of Solid/Liquid Waste Management. The new pattern along with the change from NBA can be summarized in the following points:

- IEC and start up activity which had been allotted a 15% under NBA has been reduced to 8% (3% at central and 5% at state) under the SBM. The contribution share of GOI is to State 75:25 as compared to the 80:20 in NBA.
- The revolving fund sees no change and is pegged at 5% of project outlay, with 80:20 shares to GOI and state respectively.
- Individual Household Latrines are entitled to receive the full amount

required for full coverage. The contribution share has however increased to 9000:3000:0 for GOI: State: Beneficiary respectively.

- The community sanitary Complexes has been granted actual amount required for full coverage and the share is 60:30:10 for GOI: State: Beneficiary respectively. This is consistent with the NBA.
- Administrative charges have been allotted 2% of the project cost, which earlier stood at 4% in NBA. The share is 75:25:0 for GOI: State: Beneficiary respectively, which was 80% GOI and 20% state in the NBA. The reduction in the administrative allocation is aiming at increased efficiency from the administrators, which has been the voice of the new government.
- In the solid/liquid waste management section the amount earmarked is the actual amount as per the SLWM project cost, but within limits permitted. The limits however are not mentioned explicitly. The share of Centre: State is 75:25 respectively, which earlier stood at 70:30 in the NBA.

Annual Implementation Plan (AIP) / Incentivizing Good Performance

As was done under NBA, each state must prepare an Annual State Implementation Plan. Gram Panchayats must prepare implementation plans, which will be consolidated into Block Implementation Plans. These Block Implementation Plans will further be consolidated into District Implementation Plans. Finally, District Implementation Plans will be consolidated in a State Implementation Plan by the SSBM (G).

A Plan Approval Committee in Ministry of Drinking Water and Sanitation will review the State Implementation Plans. The final State Implementation Plan will be prepared by states based on the allocation of funds, and then approved by National Scheme Sanctioning Committee of the Ministry.

The twin objectives of the AIP is to provide a definite direction to the programme and to serve as a basis for monthly and quarterly monitoring of physical and financial progress. Performances of the states would be published on the MDWS website on a

regular basis. A dashboard that ranks states would also be developed and shared with states. Achievements against the AIPs would serve as the only basis of incentive to states.

The guidelines suggest that the AIPs should consist of detailed sections on planning, implementation and sustainability phases. The following are the mandatory information required in the AIPs:

- Report on the progress made by states in SBM during the previous year against AIP objectives.
- Reasons and comments for variation, if any;
- A detailed plan of the IEC, triggering and capacity building activities proposed to be taken up in the ensuing financial year;
- A plan of activities with physical and financial estimates under each component of the SBM(G) for the proposed financial year with agreed time lines. A summary of district level Plans is to be provided;
- Monthly Quarterly projected targets, so as to be able to monitor progress;
- Plans to ensure sustainability of the interventions made;
- Details of plans for monitoring and evaluation to be carried out at the state level;
- Write ups of success stories, best practices, innovations introduced, new technologies used etc

There will be an Plan Appraisal Committee (PAC) chaired by various secretaries in the Water and Sanitation department and the director (sanitation) and coordinator of SBM in the PAC. The states will prepare and present to the PAC the AIPs. After scrutiny and suggestions by the PAC the final AIP is prepared by the states, which is forwarded to the NSSC for approval. A state would be allowed to prepare a supplementary AIP only if the current achievement is satisfactory. It is mandatory that the AIP should be developed in a way that it covers all the Gram Panchayats in a block, therefore pushing the whole state towards the goal of "Swachh State"

A new feature in the SBM is the incentive process in this scheme. All states performing as per their plans would be incentivized and the states which achieve their targets prior to the scheduled dates would be further incentivized. This feature was not present in the NBA scheme. Apart from this and a few points like the points c,d,f and g in the above bullets, the process of AIPs was similar to that of the NBA.

RELEASE OF FUNDS Centre to State

The funds under the SBM (G) would be released by the MDWS to the state governments account under the guidance of the Ministry of Finance. The states are directed to transfer the funds to the SBM (G) accounts within 15 days of the GOI transfer. If not a penalty could be levied @12% p.a for the delay. This penalty feature was missing in the NBA. It is also mandatory that the state should operate this through a single bank account under a nationalized bank or a bank authorized by the state government only. The IFSC code, the bank account number and the bank details need to be shared with the MDWS ministry and should not be changed in the financial year. All the funds would be transferred through the Central Plan Scheme Monitoring System.

The funds will be released in two instalments. In cases where the second instalment has been released unconditionally during the preceding year, states will be eligible for automatic release of the 1st instalment during the financial year. Other states will be eligible for only 25% of the allocation. As per Ministry of

Finance instructions, the fund released in the first instalment will be 50% of the amount approved in the PAC and will be reduced by the amount of opening balance/unspent balance in excess of 10% of the previous year's release to the state.

The 2nd instalment of funds would be released on fulfilment of certain conditions like a receipt of specific proposal from the state, based on the annual performance report, review of the achievements, on submission of audited documents, utilization of 60% of the available funds with the SWSM etc.

Any further release of funds or incentives for good performance would be on the basis of production of the necessary documents required by MDWS.

State to District

The states/UT are liable to release the funds received from the centre along with the state share to the respective districts/district implementing agency within 15 days of receipt of the Central Grants. Extent of funds released will be based on the demand generation, expenditure pattern and balance funds in the district. States are also required to enter the data in the IMIS within 48 hours and also ensure smooth and effective implementation of the transfer.

If the states do not comply with this 15 day window of transferring funds, they are liable to pay a penalty @ 12% p.a to the implementing agencies along with the principle. Inter districts transfers are allowed only if there is a change in the physical targets of both districts and should be approved by the GOI. Also, the changes should be updated in the IMIS within 3 days of the transfer. No such penalty provision was applicable in NBA.

The SBM funds are to be kept in savings bank accounts only. The beneficiary contribution should also be added in this account. Any interest accrued on this amount will be treated as an additional resource. However it is mandatory to show these accruals in the utilization certificates, when applying for further funds.

Monitoring

Monitoring of the whole programme is given importance by the GOI, Monitoring of Outcomes will be the prime focus to be measured in terms of Toilet usage as reflected in creation of ODF communities. Monitoring will also be done of administration in terms of the expenditure against the assets created. The suggested framework for monitoring is ideally aimed at identifying the following:

- Whether adequate IEC/IPC/Triggering activities have been carried out for behaviour change
- Whether toilets have been constructed as reported
- Constructed Toilets are being used
- Whether ODF communities have been created

The report also chalks out two different types of monitoring. One annual monitoring survey conducted at the national level by a 3rd party independent monitoring agency in rural areas, which will conform to national and international standards. The concurrent monitoring system which uses community level data fed into the SBM- MIS through information Technology would be the 2nd type of monitoring. However other types of monitoring could also be explored.

Apart from these, field level monitoring at the state/national level could be undertaken. NGOs/CSOs and independent agencies could be roped in for carrying out research and monitoring activities. The state can spend up to 5% of the state level administrative component on this.

Management Information System (MIS)

An online monitoring system has been developed under the MDWS. Household level data are to be made available on this by the states on the basis of the baseline survey 2012-13. Baseline surveys may be updated only once a year in March-April.

the physical and financial status of the projects along with photographs of the toilets by the 10th of every month. For this an online user ID and password has been provided to all the states, districts and blocks. A mobile based application has also been created for instant, real time uploading of photos and information. Monitoring is mandatory at all levels by the concerned authorities. This technology driven methodology of monitoring was absent in the NBA mission, while it solely relied on timely inspection by state officers, State review missions and social audits which aimed at the construction rate of toilets.

Evaluation

The states are mandated to conduct periodical evaluation studies in districts and blocks. The aid of renowned institutions and Organizations may be taken for the same. The key findings from these, needs to be presented to the GOI and remedial action need to be taken by the state. The evaluation guidelines are similar to that of the NBA. The costing can be charged to the administrative charges component.

Technology & Research

The SBM (G) is mandated to encourage technological research in making the process of Swachh Bharath more efficient and affordable. Under the MDWS a committee is constituted for the same. NGO's/ research institutes with proven track record must be roped in for the same. The study outcomes should aim at making sanitation more affordable and environmentally safe to suit the ever changing geo-hydrological conditions.

Research on latrine design, sustainable methods and technology to suit the local conditions also needs to be undertaken.

A Research and Development Approval Committee (RDAC) chaired by Secretary, and consisting of technical and non-technical members to be decided by the MDWS will examine all research proposals and accord approval if found suitable from time to time. The NBA also had enough room for research but the impetus to technology was missing.

Annual Audit

All audit requirements of the GOI and CAG will have to be complied with. The SSBM will ensure that a chartered accountant will audit their accounts within 6 months of closure of the financial year. It is in line with the NBA guidelines.

REVIEW OF SBM (G)

As compared to NBA and other previous sanitation programmes the SBM specifically talks about improving the quality of life by

promoting hygiene and elimination of Open Defecation (OD).

The focus of SBM is to move towards a 'Swachh Bharat' by providing flexibility to State Governments. Considering that sanitation is a state subject, the SBM (G) gives the state governments the task to decide on their implementation policy and mechanisms, taking into account state specific requirements. States are recommended to develop their Implementation Framework that can utilise the provisions under the Mission effectively and maximize the impact of the interventions. The role of Government of India's is to complement the efforts of the state governments through the focused programme being given the status of a mission, recognizing its need for the country.

Since Open Defecation Free villages cannot be achieved without all the households and individuals conforming to the desired behaviour of toilet use, every day and every time, community action and generation of peer pressure on the outliers are the key way to ensure sustained sanitation. The SBM (G) thus suggests that behaviour change communication should focus on triggering entire communities. The guidelines recognize that community based monitoring and vigilance committees are essential to create peer pressure.

SBM (G) intends to make use of the NRLM network of SHGs, Village Organizations (VOs) of SHGs in the villages, Block level and District level Federations of SHGs as a micro financing unit for sanitation infrastructure. The Revolving Fund available under the SBM (G) can also be utilized through the NRLM mechanism. SBM also intends to utilize the network of SHGs for working as Rural Sanitary Marts (RSMs) in remote areas where bulk procurement and delivery of quality hardware for toilet construction is an issue.

Under SBM an individual toilet is designed as a duly completed household sanitary latrine comprising of a Toilet Unit including a substructure which is sanitary (that safely confines human faeces and eliminates the need of human handling before it is fully decomposed). Thus, the guidelines focuses not only on construction of a superstructure, equal emphasis is given on safe disposal.

The MDWS encourages the development of other safe technologies under the programme. The guideline says that the IHHLs should meet the minimum design specifications to ensure their sustainability.

However, points out that care shall be taken to ensure that these toilets are not over-designed and over constructed i.e. building extra large pits which are not required, to keep them affordable and also to prevent problems like contamination of drinking water.

The guidelines suggest the exploration of micro financing as an option for provisioning the low cost financing to IHHLs so as to leverage on to the network of NGOs and SHGs identified by agencies like NABARD and other financial Institutions. This will facilitate converging financial resources, management skills and outreach capabilities to

cover the demand of toilets by households not eligible for direct incentives under SBM(G), and /or those households interested to build a more expensive toilet by availing finance.

Equity and inclusion issues are of significance in the sanitation and hygiene sectors. Providing access to the different categories of people who are not able to access and use safe sanitation facilities is a priority of the implementing agencies under SBM. These categories of people may include among others, those who are socially and economically marginalised, those who are unable to use sanitation facilities constructed with standard designs. Women, children, people of certain castes, faiths and ethnicities, older people, pregnant women, people with disabilities, geographically marginalised populations in remote areas, as well as those living in areas where it is difficult to construct simple toilets due to high water tables, sandy soils or hard rock have been given priority while planning for coverage. Issues relating to women's personal hygiene namely menstrual hygiene are focussed under the SBM(G). Girls and women have hygiene and sanitation needs linked to their menstrual cycle. Women suffer in the

absence of knowledge about safe practices on Menstrual Hygiene Management (MHM). SBM (G) intends to encourage CSOs and SHGs have worked with the community, informed them about menstrual hygiene practices and also developed economic models to meet the demand for sanitary napkins by providing funds.

The programme recognizes the need for a dedicated, trained and properly incentivized sanitation work force at the GP level in the form of a Swachhata Doot/Sena. These Swachhata Doots/Sena, will carry out the multiple formalities and communication that needs to be completed in the course of triggering of demand and subsequent toilet construction. Identification of a beneficiary, assisting in the IEC, maintaining records and tracking progress are essential activities that are needed to be carried out at the GP level.

Overall the scope of SBM (G) is much larger than any previous sanitation programmes in India. Its success will depend on the strengthening and coordination of all institutions involved.

FINDINGS FROM THE BENCHMARKING CRC IN ODISHA & TAMIL NADU

A Citizen Report Card (CRC) exercise was conducted in six districts each of two states, Tamil Nadu and Odisha, to gather citizen feedback on rural sanitation. Specifically, citizens who had built an Individual Household Latrine (IHHL) in the last five years using the incentive from various rural sanitation programmes like NBA/TSC/SBM) constituted the respondents pool for the CRC survey. The intent was to collect citizen voices, as a part of Public Affair Centre's BMGF-funded larger study, Improving Consumer Voices and Accountability in the Nirmal Bharat Mission.

The districts in each state chosen for the study are as follows:

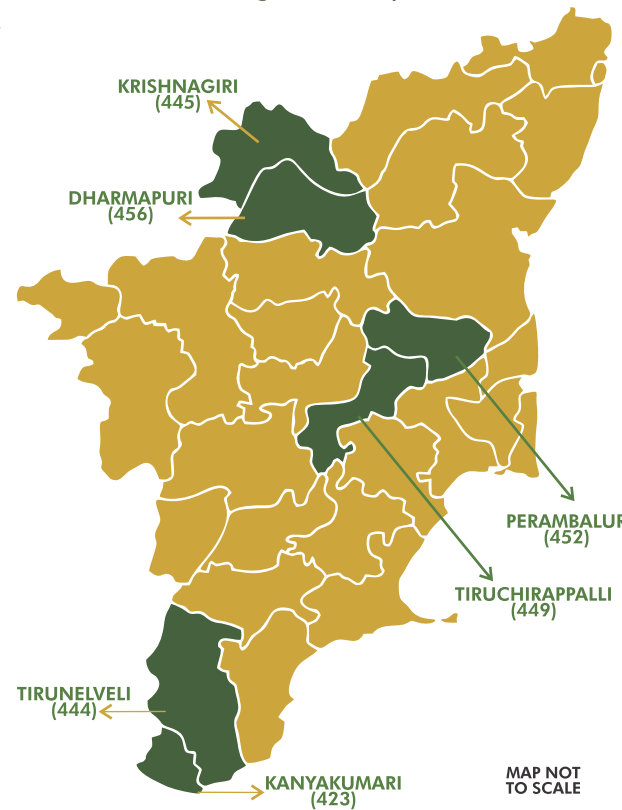
- Tamil Nadu: Dharmapuri, Kanyakumari, Krishnagiri, Perambalur, Tirunelveli and Tiruchirappalli (Trichy).
- Odisha: Anugul, Baleswar (Balasore), Cuttack, Dhenkanal, Ganjam and Sambalpur.

A detailed questionnaire was administered to beneficiaries across the twelve districts, recording their experience of seeking the NBA/SBM incentive, interacting with the programme officials, building a toilet, using the toilet and, satisfaction with the entire process from application to construction. The districts chosen by PAC were roughly, the two top performers, two middle and two low performers of the NBA program in their respective states. Similarly, the states too are a relatively better performer (Tamil Nadu) and a poor performer (Odisha) in the rural sanitation programmes.

DISTRICT MAP

Geographic areas under study in
TAMIL NADU.

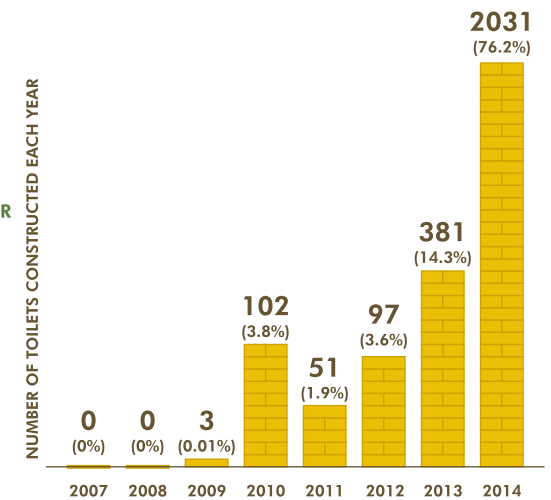
In all, 2669 households were covered during the study.



Tamil Nadu – High Awareness, Completion and Usage

Among the HHs which were surveyed, 76% of construction commenced in 2014 and 14% stated it began in 2013. Toilet construction was completed in 2014 itself according to 79% of respondents.

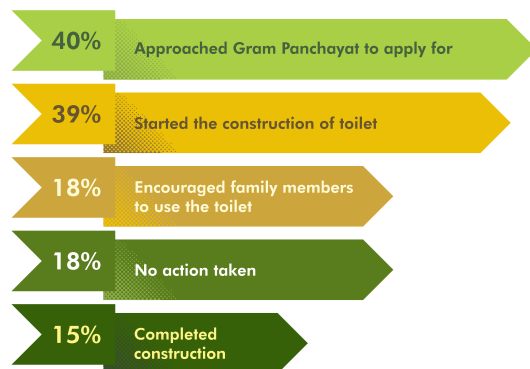
COMMENCEMENT OF TOILET CONSTRUCTION



In the six districts covered, awareness of the NBA was high (85%). Gram Panchayat Members, officials and the Swachhata Doot were the main sources of information regarding toilet construction under the NBA.

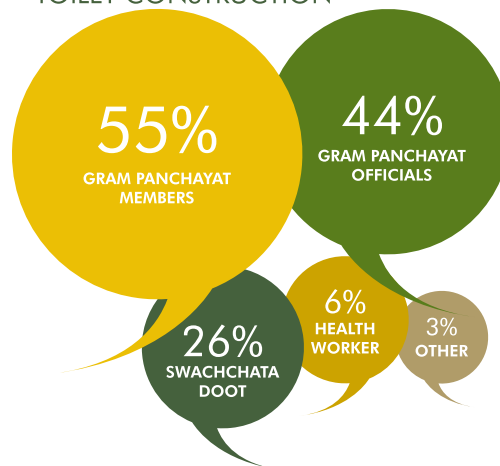
As an impact of exposure to information on NBA, 40% of the respondents approached the GP to apply for toilet construction and 39% reported having started construction. While 18% of the respondents didn't take any action based of the information received, an equal proportion encouraged family members to use the toilet in the house.

IMPACT OF EXPOSURE TO NBA/SBM

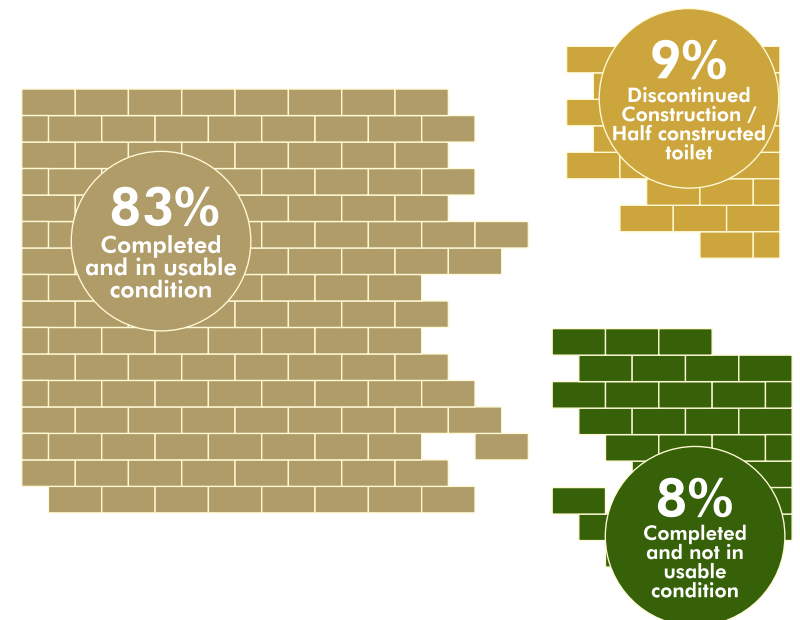


Completion numbers reflect the high awareness among the beneficiaries. 83% reported that their toilet built under the NBA scheme was complete and in usable condition. Respondents also reported usage in greater proportions. 84% of the respondents reported that all the members use the toilet at all times. Kanyakumari and Tirunelveli were the highest, with 100% of the beneficiaries reporting toilet usage all the time. Lowest reports of usage were recorded in Perambalur and Dharmapuri – incidentally, both districts reporting contractor-built toilets in greater numbers compared to the other four districts.

AWARENESS SOURCES OF INFORMATION ON TOILET CONSTRUCTION



STATUS OF HOUSEHOLD TOILETS



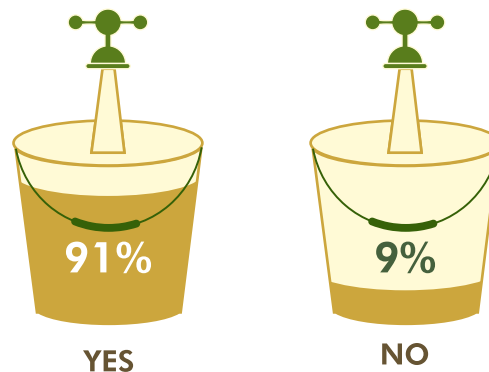
61% of respondents reported that they hired a mason for the toilet construction whereas 26% said that they themselves built the toilet. Interesting results appear when we try and relate the condition of the toilet and usability with who built the toilet. It has been found that the probability of a toilet being in a complete and in a usable condition is higher when it is built by the household on its own or by a mason who has been hired by them as compared to toilets built by NGOs/Contractors without involving the HHs.

CONSTRUCTION VS. CONDITION OF TOILET



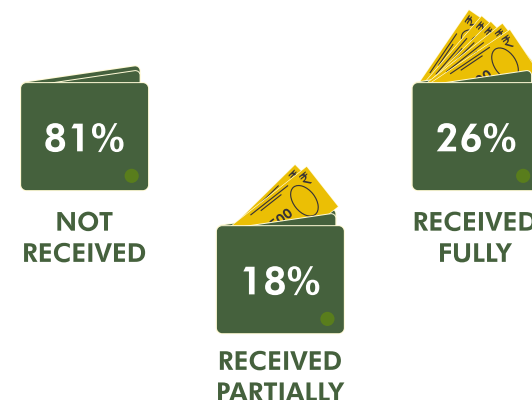
According to 91% of respondents the design of the toilet was easy to use and maintain. Of those (9%) who were not happy with the design most (33%) cited the lack of a roof as the reason.

EASE OF USING TOILETS



Of the total households covered under the CRC, 524 had constructed the toilets through NGOs/Contractors and would not receive the incentive amount. Among the remaining beneficiaries 81% respondents had not received the incentive, 18% had received the incentive partially and 26% received the incentive in full.

RECEIVING THE INCENTIVE N=2145

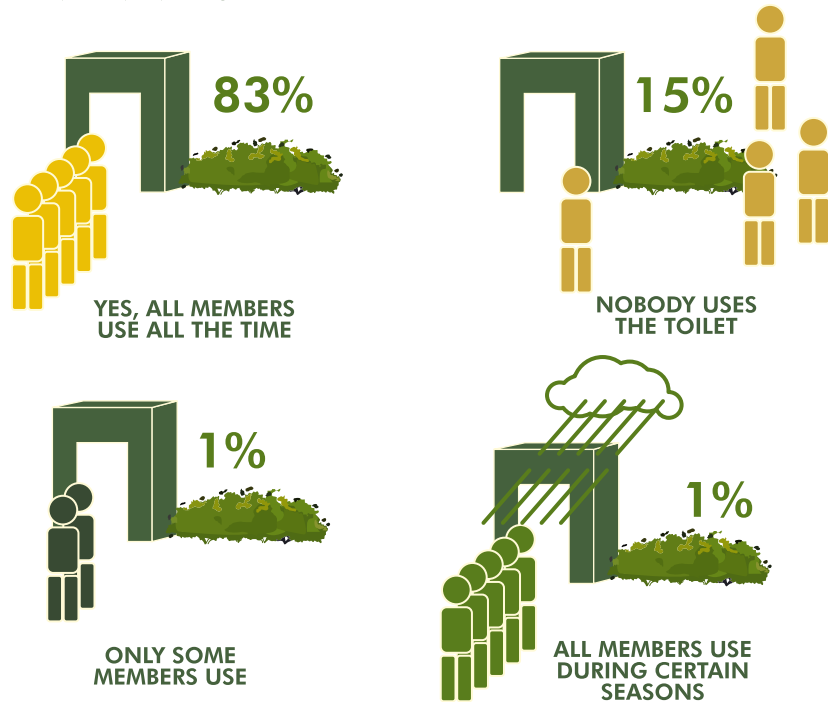


The extra money spent on the toilet construction was procured through loans, as reported by 68% of the respondents. Money lenders, pawn brokers, relatives and banks were the source of the loan. Only 45% had partially repaid the loan.

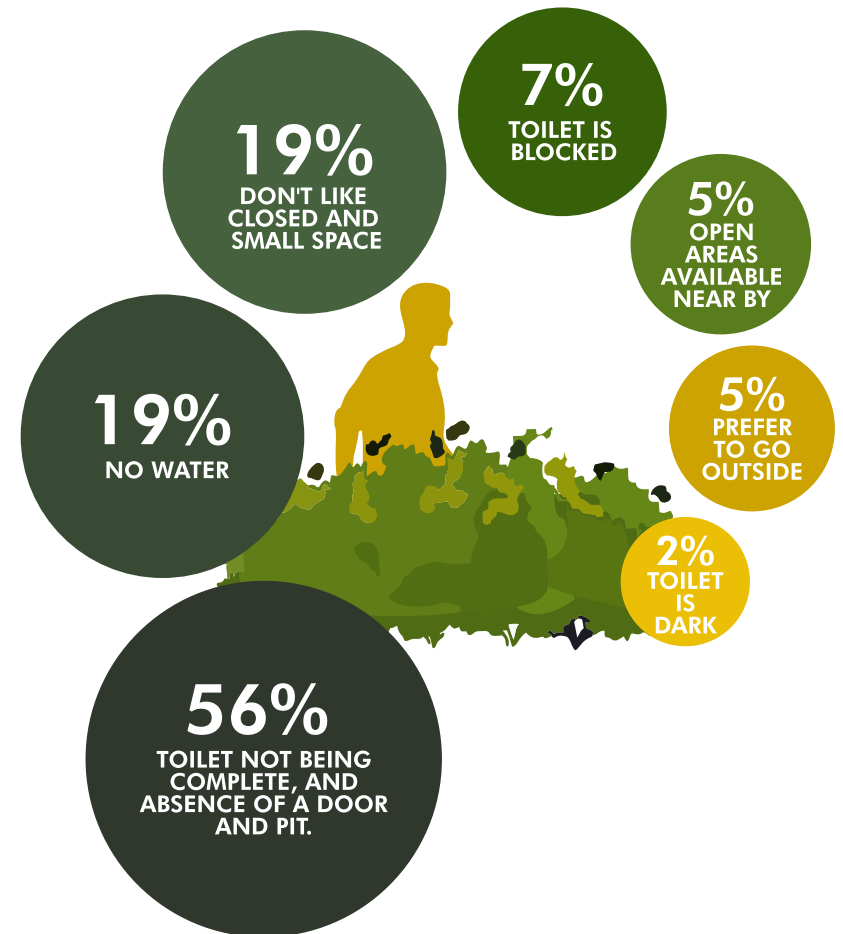
Where toilets were left half constructed, the reasons given were often to do with the insufficiency of funds, delays in receiving incentives, contractors asking for bribes or taking the incentive amounts and not finishing the work on the toilet.

It was reported by 83% of respondents that everyone in the household used the toilet throughout the year. In 15% of the households nobody used the toilets at all. While in 1% of the households toilets were used only during certain seasons of the year all members use during certain seasons. Reasons cited for not using toilet were a preference to go outside for defecation (19%) and lack of water (19%). It is to be noted here that 56% of respondents also gave reasons such as the toilet not being complete, and absence of a door and pit.

USAGE BY FAMILY MEMBERS



REASON FOR OPEN DEFECTION*

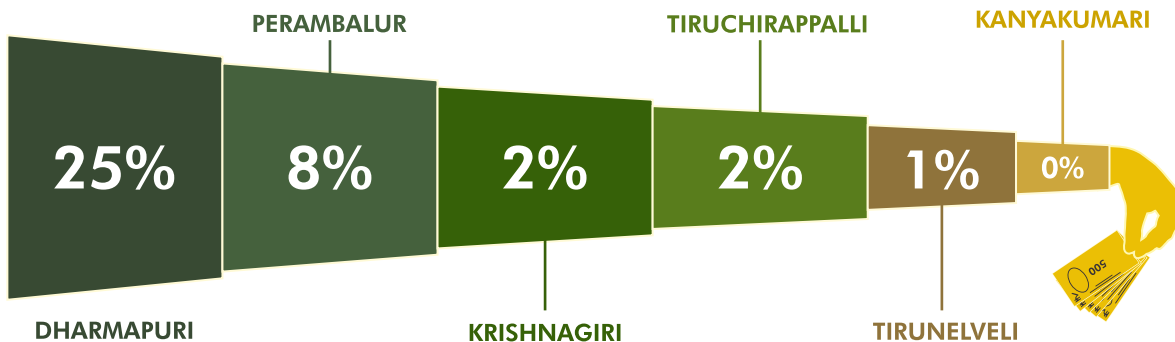


* MULTIPLE RESPONSES

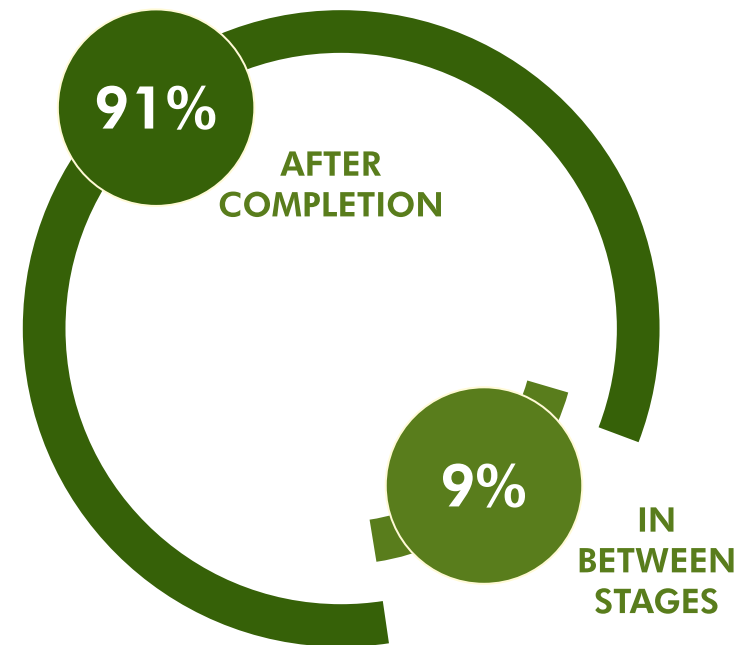
Seven percent of the beneficiaries (n=173) reported direct “extra payments” to officials to avail of the NBA/SBM benefits. Most of them paid to be selected as a beneficiary, for arranging masons, digging of the pit and arranging materials. These payments paint only a partial picture of the situation.

Reports of extra money spent on the toilet construction varied across districts. Average amount spent on toilet construction reported was Rs. 15,273 (Median=Rs. 12000), with Dharmapuri reporting the lowest at Rs. 7652 and Tirunelveli residents reporting Rs. 26,189. This is because in Tirunelveli residents did not take to the idea of pit toilets and preferred Septic tank toilets, which cost more than the pit latrines. In some areas, a small bath area was added to the toilet, resulting in the extra cost.

RESPONDENTS
REPORTING PAYMENT OF EXTRA MONEY



STAGE
OF RECEIVING
THE INCENTIVE



Despite these noted problems, satisfaction levels among beneficiaries, as measured through various indicators on the NBA process, remained high at 87%. In districts where beneficiaries built the toilets themselves (or with the help of a mason), overall satisfaction was reported at greater than 90%, with Kanyakumari reporting 100% overall completion and Dharmapuri – incidentally, both districts reporting contractor-built toilets in greater numbers compared to the other four districts.

OVERALL SATISFACTION WITH THE TOILET CONSTRUCTION PROCESS



KANYAKUMARI



TRIUCHIRAPALLI



KRISHNAGIRI



TIRUNELVELI



PERAMBALUR



DHARMAPURI

Odisha – Low Awareness, Poor Completion and Usage

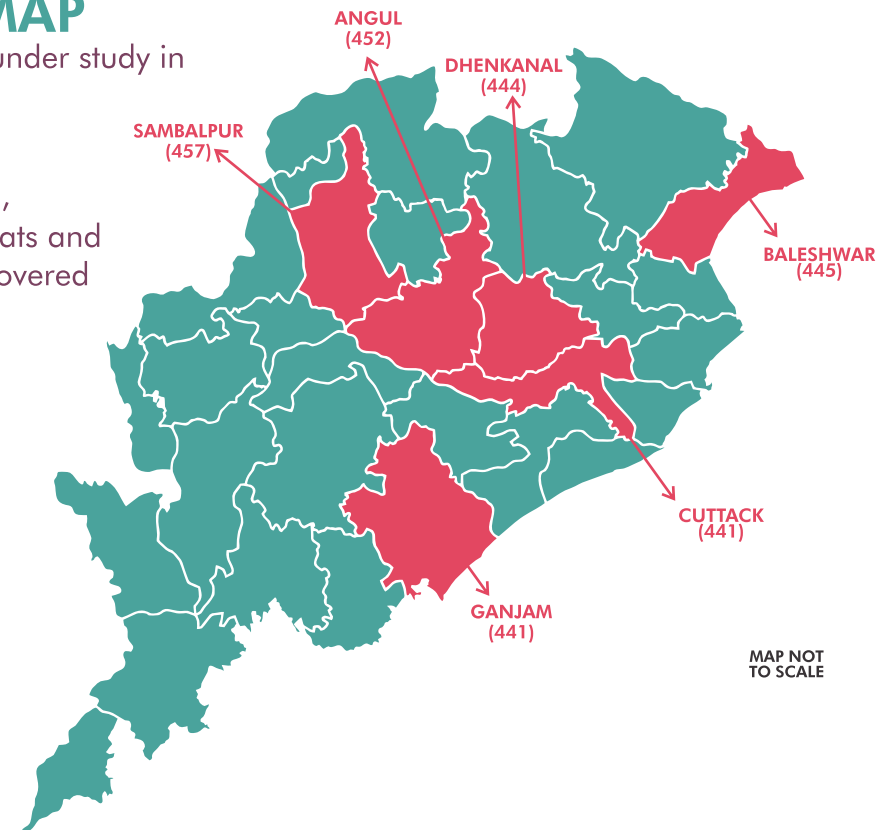
Primarily, it was very difficult for the research and survey teams to locate beneficiaries in Odisha. Data from the NBA website, or official numbers given by the district officials, did not tally with the ground situation. A substantial amount of time was spent throughout the study in locating beneficiaries that fit the criteria of the study (toilet constructed under the TSC/NBA/SBM between 2010 and 2014). Subsequently, when located, the survey team realized that finding recently built toilets was an uphill task. One of the reasons could be that Odisha has lagged behind in implementing NBA, did not have a completed baseline 2012 survey unlike other states, and official apathy was clearly visible at all stages of the study, including cooperation with the study and survey teams.

The available sample for Odisha therefore is spread across several years, with 36% of the respondents reporting 2010 as the year the toilet was built. Only 25% reported 2013 or 2014 as the year of construction. This is in contrast to Tamil Nadu, where 76% reported 2014 as the year of construction, and another 14% reported 2013.

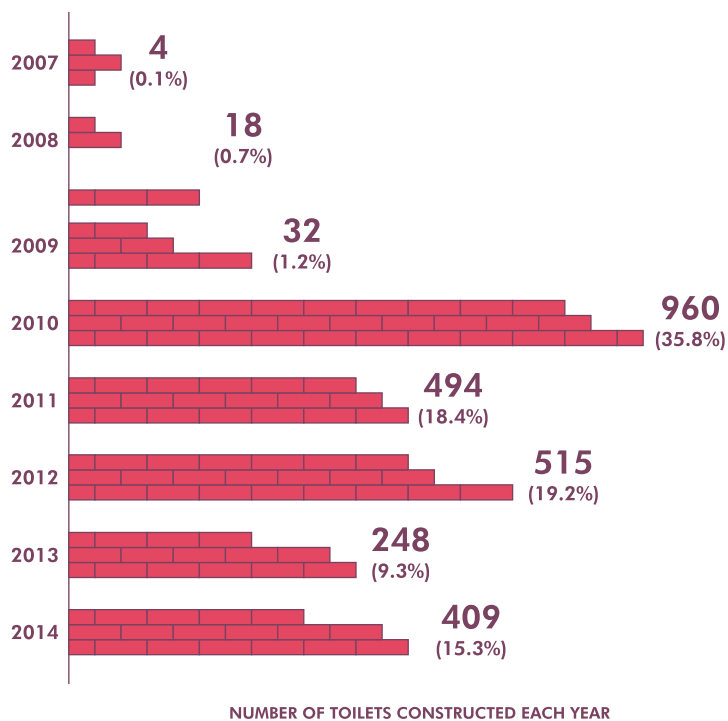
DISTRICT MAP

Geographic areas under study in **ODISHA.**

In all, **2680** households, 181 Gram Panchayats and 336 villages were covered during the study.

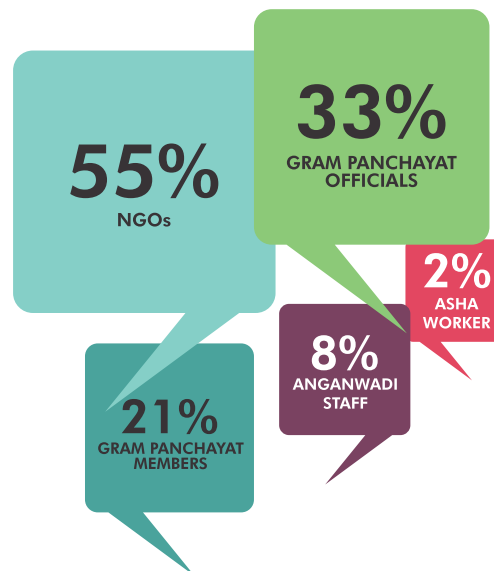


COMMENCEMENT OF TOILET CONSTRUCTION



When questioned about who informed them about the NBA/TSC scheme, 33% reported it to be GP officials followed by GP members (21%), and while 55% reported that they were informed by NGOs.

AWARENESS SOURCES OF INFORMATION ON TOILET CONSTRUCTION



32% of the respondents reported having started construction and an equal number stated that they had completed the constructing of a toilet. While 30% of the respondents did not take any action based on the information received, 12% of the respondents encouraged family members to use the toilet in the house.

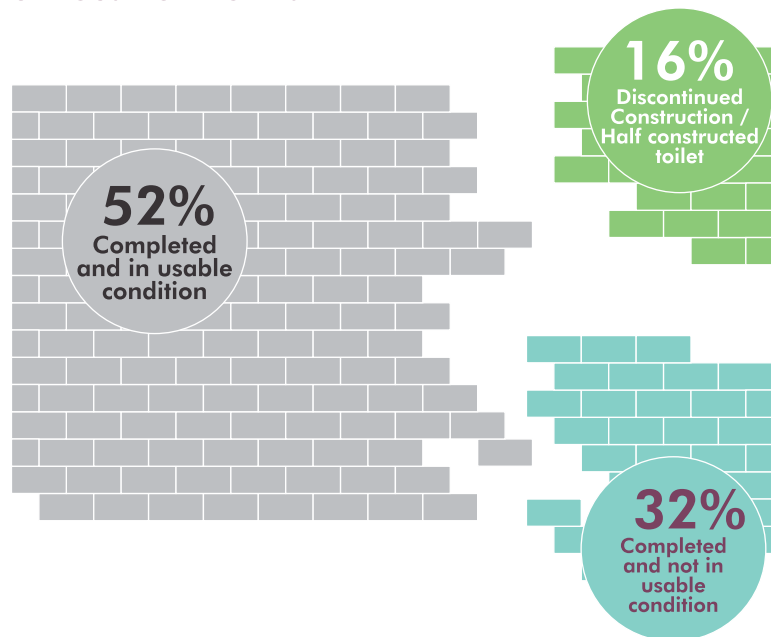
Only 52% of the respondents reported that the toilet was in a completed and usable condition. The rest either had a completed but unusable toilet (32%), or discontinued construction.

IMPACT OF EXPOSURE TO NBA



STATUS

OF HOUSEHOLD TOILETS

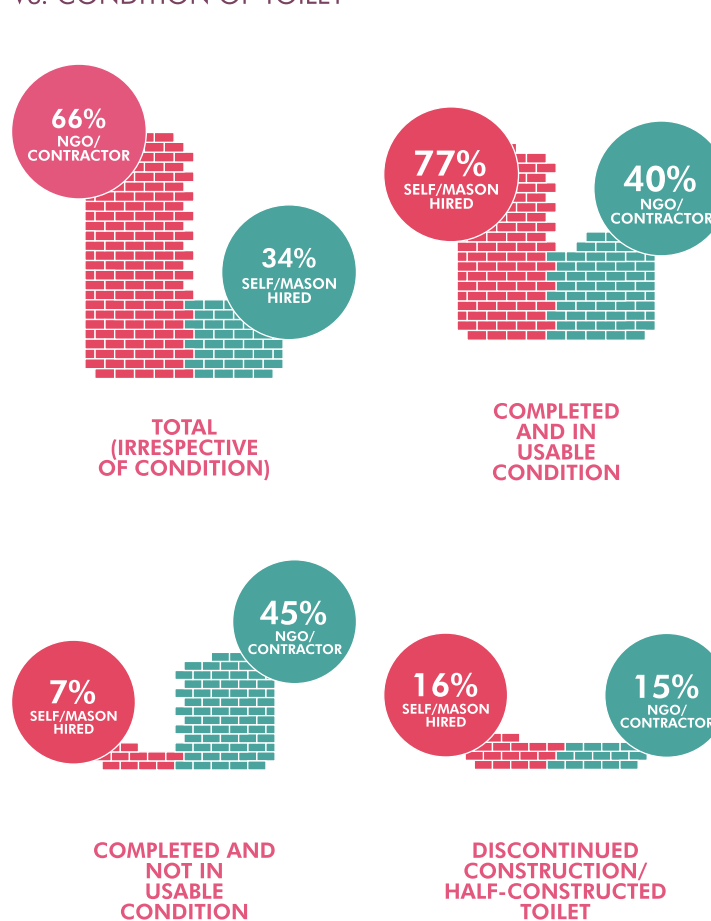


76% of respondents reported that the toilet was constructed by a contractor, 34% had hired a mason for construction purposes or built it themselves.

The probability of a toilet being in a complete and in a usable condition is higher when it is built by the HH on its own or by a mason who has been hired by them as compared to toilets built by the NGOs/Contractors without involving HHs.

CONSTRUCTION

VS. CONDITION OF TOILET



RECEIVING

THE INCENTIVE
N=895

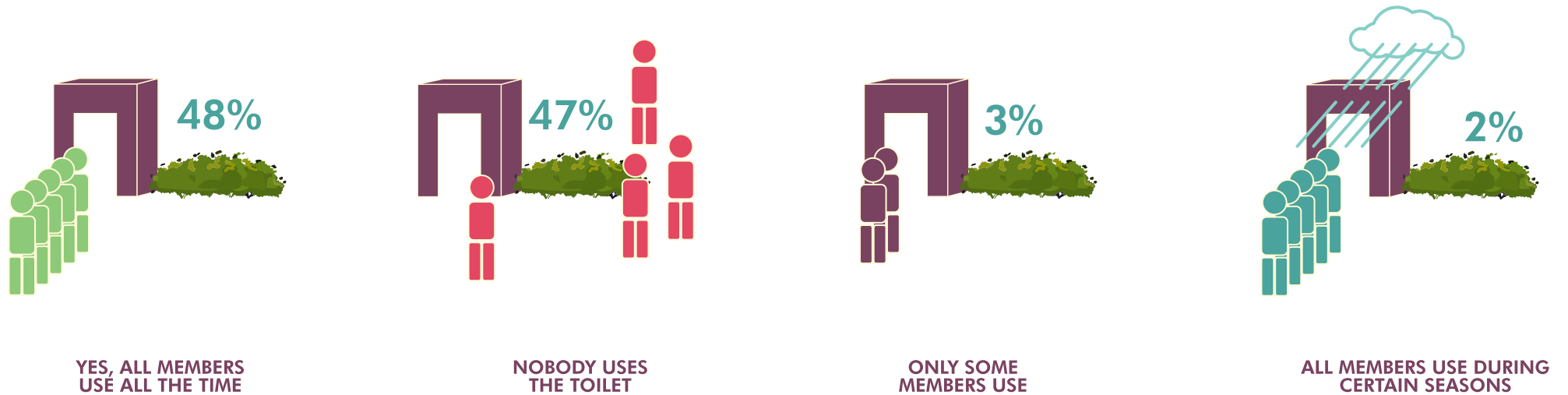


Of the total households covered under the CRC, 1751 had constructed the toilets through NGOs/Contractors and would not receive the incentive amount. Among the remaining beneficiaries 64% respondents had not received the incentive, 20% had received the incentive partially and 16% received the incentive in full.

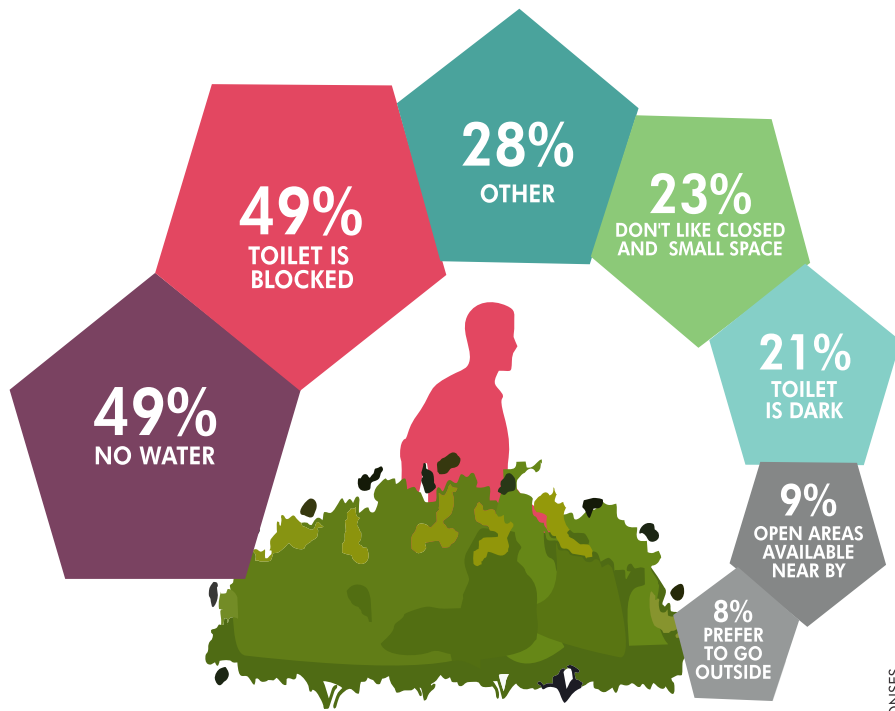
According to 48% of respondents everyone in the HHs uses the toilet throughout the year. However, 47% also stated that nobody uses the toilet. In 2% of the cases all members use during certain seasons and in 3% of the cases only some members use.

The main reasons for open defecation as stated by 49% of the households was the lack of water, another 49% said that the toilet was blocked, 23% don't like closed and small space and 21% said that the toilet is dark. Another 17% defecated in open areas because of the availability of open areas nearby and their preference to go outside.

USAGE BY FAMILY MEMBERS



REASON FOR OPEN DEFECACTION*



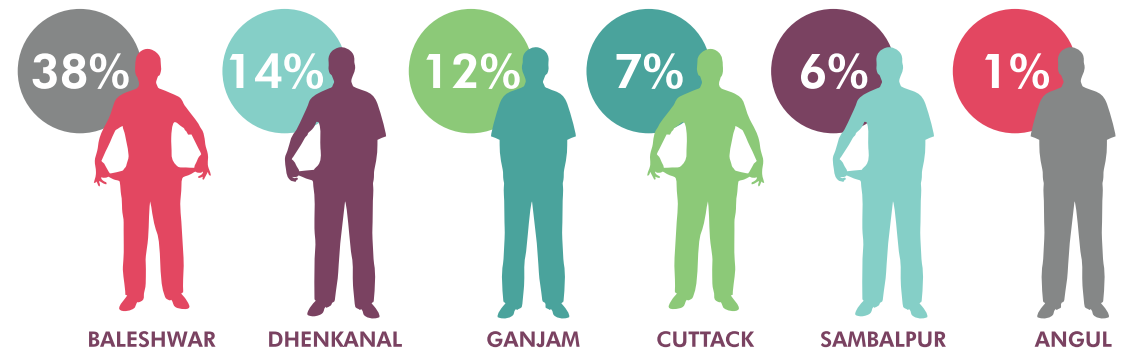
* MULTIPLE RESPONSES

In order to assess if corruption was prevalent in the toilet construction process, respondents were asked if they had to pay anything extra at any stage. According to 87% of respondents, they did not have to pay anything extra at any stage in the toilet construction process. Of the 13% of the respondents (N= 346) who stated that they had to pay extra, 54% (N=188) had to do

so to be selected as a beneficiary. Baleshwar at 38% had the highest reports of extra payments. Further it was found that in 72% of the cases the beneficiaries paid 'extra money' without being asked for it. This was done with the intention of expediting the process of completion of work. 64 % of respondents work got completed after they made payment.

RESPONDENTS REPORTING PAYMENT OF EXTRA MONEY

6 DIST. AVERAGE 13%

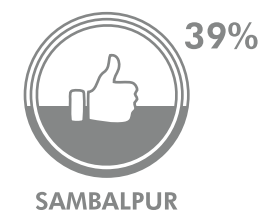
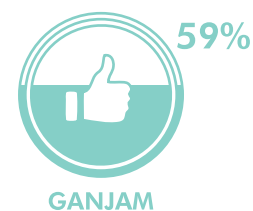
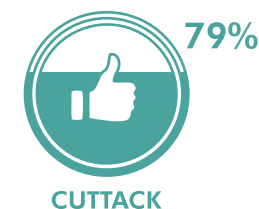
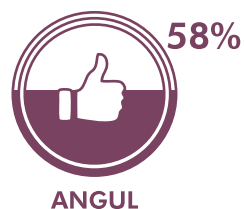


Extra money paid by respondents to avail of the services is only one indicator of leakages in the system. In some GPs, it was found that beneficiaries' names on the list did not translate to toilets on the ground. Villagers were unhappy when told that their names are on a beneficiary list of households with completed toilets. This has a dual disadvantage for such households – not only do they not have a toilet currently; they are also ineligible to receive the incentive, since the fictitious list contains their names as past beneficiaries. It is unclear how widespread this practice is, but the proof in one GP is sufficient to surmise that the practice of such lists may be occurring in other GPs too.

It follows from the above findings that satisfaction levels will be low in Odisha. Lack of avenues for ownership and action on the demand side, poor quality of construction, and the slowness of uptake are reflected in the satisfaction levels. Only 39% of the respondents reported complete satisfaction with rural sanitation programmes. Cuttack showed the highest overall satisfaction levels, with 79% reporting complete satisfaction. In Baleshwar, where contractor-built toilets, as well as highest 'extra payments' were reported, satisfaction was at a low 8%. Sambalpur, also on the lower side, reported 7% overall complete satisfaction.

OVERALL
SATISFACTION
 WITH THE TOILET CONSTRUCTION PROCESS

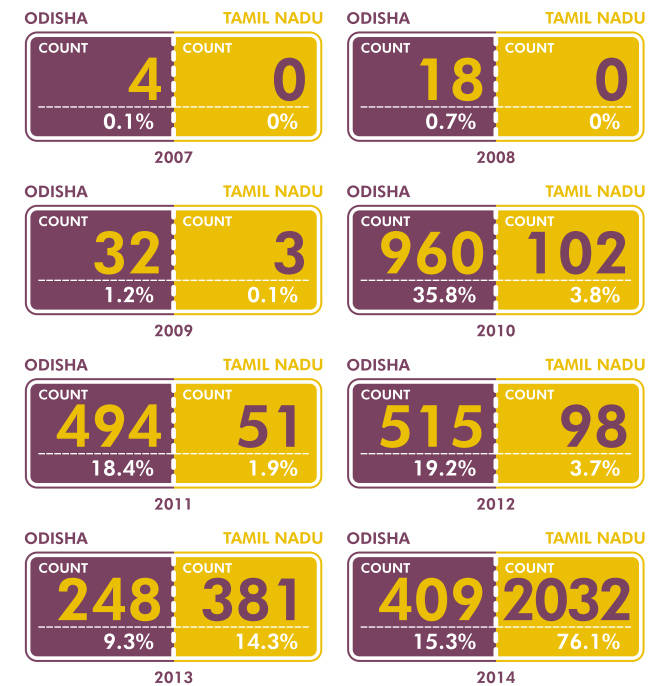
6 DIST.
 AVERAGE
39%



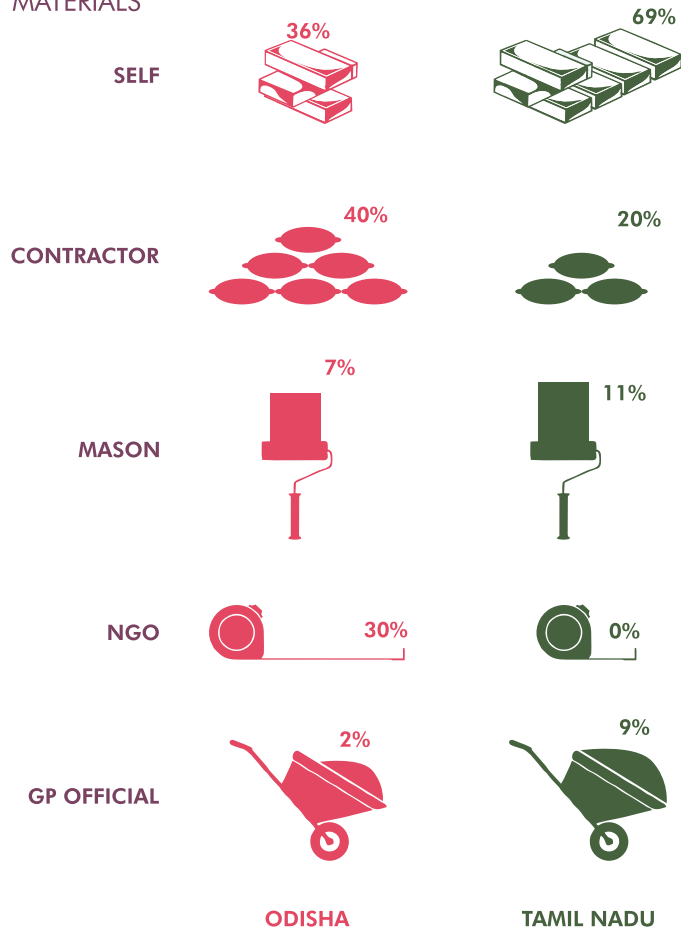
SUMMARY

Results of the CRC in both states – Tamil Nadu and Odisha – have given some clear pointers to issues plaguing the sanitation programmes of the past, which if unresolved, will continue to cripple the scheme under SBM. Not giving enough voice and choice to the beneficiaries and awarding contracts to NGOs and/or contractors to build toilets severely reduces the chances of completed and usable toilets, longevity of the toilets and, importantly, usage of the toilets. Coverage data based on numbers of toilets built do not give a clear picture of the above, and will be an impediment to achieving Open Defecation-Free status by 2019 as envisaged by the SBM. Giving control of the scheme to the Gram Panchayats, and therefore to the citizens, will increase their involvement and accountability in the SBM.

YEAR TOILET WAS BUILT



WHO ARRANGED MATERIALS



CONSTRUCTION VS. CONDITION OF TOILET

ODISHA



TAMIL NADU



COMPLETED AND IN USABLE CONDITION

COMPLETED AND NOT IN USABLE CONDITION

DISCONTINUED CONSTRUCTION/HALF-CONSTRUCTED TOILET

Is lack of water an impediment?

This note presents data from the CRCs in Tamil Nadu and Odisha and examines the notion of water shortage as a reason for low toilet usage.

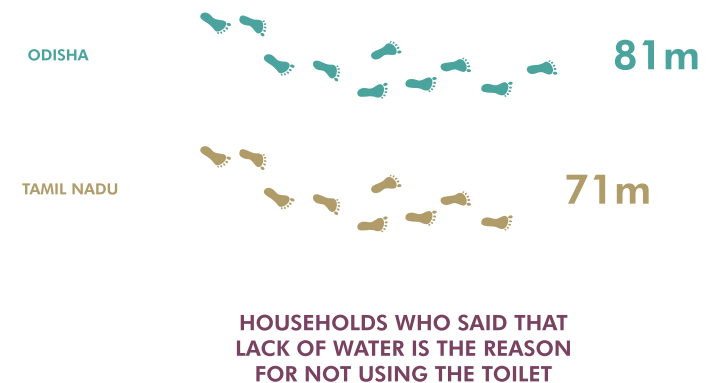
There is a stark difference in reported toilet usage between the two states. While Tamil Nadu reported a very high percentage of users (83%, n=2222), Odisha was considerably behind with 48% (n=1293) reporting that all members of the household use the toilet all the time.

In Odisha, of the 47% that do not use the toilet, 620 respondents (23% of the total sample) mentioned lack of water as a reason for not using the toilet. In Tamil Nadu, of the 15% that reported non usage of toilets, only 78 respondents (3% of the total sample) stated water to be the reason.

- Usage of water is similar in the two groups: the overall sample and those households that cite lack of water as an impediment to toilet usage, those who reported non-use of toilets due to lack of water (among other reasons).
- Difference in water source - whether piped-in or fetched - seems to be a driver in deciding whether water is used for toilet flushing purposes. Those who cite lack of water are more likely to be fetching water from outside sources.
- Availability of water, distance and trips being near constant, it appears that those who fetch water try to prioritize use due to the extra effort required in fetching the water when compared to those who have water piped into their dwelling or yard. Water for toilet purposes could be low on the priority list.

6 DISTRICT AVERAGE

DISTANCE TRAVELLED PER TRIP TO FETCH WATER



TOTAL WATER

USAGE PER DAY (Pots/Buckets)



ALL
HOUSEHOLDS

23

20

29

42

19

16

25

18

21

20

41

16

16

22

HOUSEHOLDS

WHO SAID THAT LACK OF WATER
IS THE REASON FOR NOT USING
THE TOILET

ANGUL

BALESHWAR

CUTTACK

DHENKANAL

GANJAM

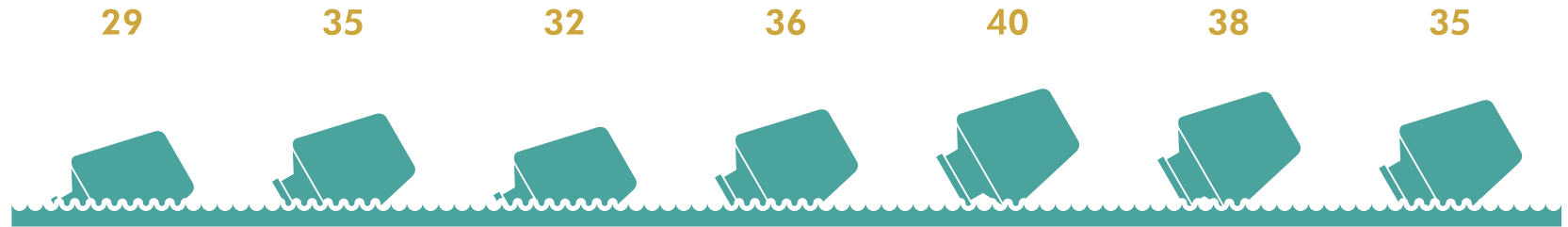
SAMBALPUR

ODISHA (TOTAL)

TOTAL WATER

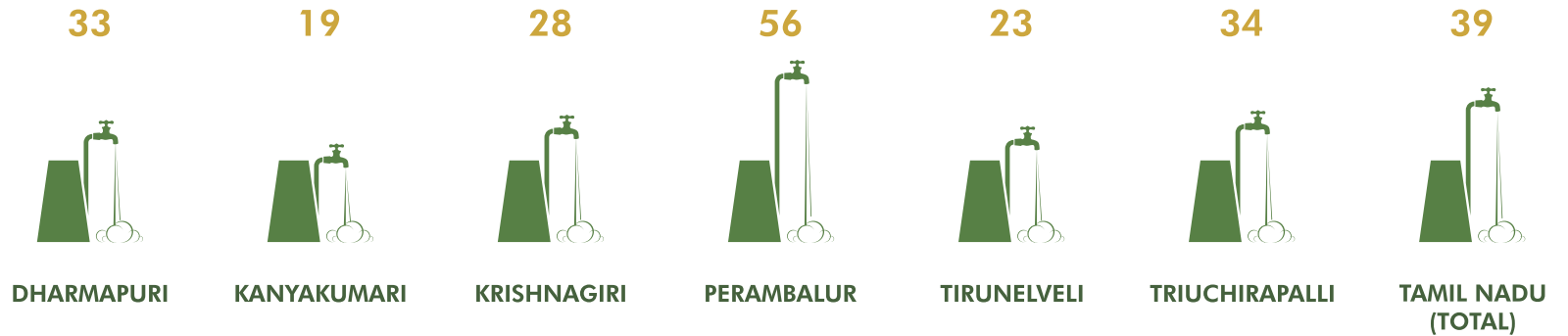
USAGE PER DAY (Pots/Buckets)

ALL
HOUSEHOLDS



HOUSEHOLDS

WHO SAID THAT LACK OF WATER
IS THE REASON FOR NOT USING
THE TOILET



CONCLUSION & RECOMMENDATIONS

The high degree of policy priority accorded to sanitation with the introduction of Swachh Bharat Mission could go a long way in achieving an open defecation free India in the coming years. A number of concerns with the proposed programme do exist, but these can be addressed in due course. It is hoped that the concerned stakeholders including the various line ministries and states would own the programme to ensure its successful implementation.

A significant departure from the NBA is the de-linking of rural sanitation with the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA). This is a welcome measure as its acceptance is likely to address the problem of delayed availability of a part of the funds (for construction of IHHLs) from MGNREGA.

Additionally, under SBM (G) Nirmal Gram Puraskar will be replaced by the Swachh Bharat Puraskar with a widened focus to include block and district level benchmarks for coverage. In recognition of the need to strengthen monitoring mechanism, SBM (G) will monitor both outputs (construction) and outcomes (usage). Under the programme, states have been given the flexibility with regard to use of funds by allowing interchangeability of funds between drinking water and sanitation so as to ensure that funds do not lie idle and targets are not starved of funds in either of the two sectors.

The reduction in the budget of the Information Education and Communication (IEC) component (from 15 percent to 8 percent), which is critical to trigger behavioral change to ensure usage of toilets, is a matter of concern. SBM (G) tries to address the issue of shortage of staff for implementation of both water and sanitation

programmes by recommending a cadre of consultants that can be hired and making a provision for their remuneration under administrative expenditure.

The launch of the SBM (G) also provides an opportunity to address some concerns from the perspective of social inclusion and equity. An overarching concern in this regard is the reliance on PPP, which could constrain the ability of the government to address the already existing inequities based on caste, class and gender in both rural water and sanitation.

Though the MDWS explicitly recognizes some critical gender concerns with regard to sanitation. The need for enclosed bathing spaces within homes remains un-addressed, which has been a threat to the privacy and security for women. The guidelines gives priority to the aged and differently-abled. However the proposed unit costs for construction of toilets, especially household toilets, would be inadequate for making them accessible to persons with disabilities; features such as grab bars and ramps require significantly higher unit costs than what has been provided under SBM.

To make India ODF by 2019 an estimated 65,000 families per day need to be provided toilets over the next four and half years to achieve the goal of the SBM (G).

The following are some recommendations to ensure the same can be achieved and sustained overtime:

- Collective behaviour change should be the focus of SBM
- Sanitation is a basic human right and should be included within the broader horizon of other rights like right to food or right to education
- Women are consumers, producers and managers and thus gender has to be central to the programming and implementation of SBM
- Intersectionality of class, caste, gender need to be integrated in the analytics and programs of SBM
- Collaboration and coordination between government and non-governmental actors as well as amongst the various non-governmental agencies working in the sector is crucial for the success of SBM
- Capacity enhancement through large scale training and implementation of the lessons gained from best practices
- Communities should be engaged in the monitoring of SBM to ensure accountability and transparency
- Monitoring should be cross-sector and third party national surveys should be conducted for verification of the data at all stages

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