



Environment

Water Community



Solution Exchange for the Water Community E-Discussion Summary

Strategy for Scaling Up Rural Sanitation Coverage

Compiled by Nitya Jacob, Resource Person and Ramya Gopalan, Research Associate
Issue Date: 7 January 2008

Discussion Guest Moderator: [A. K. Singh](#), Sulabh International, New Delhi

Posted 20 June 2007

I am pleased to be invited to seek the help of the Water Community for my chosen task. At the Visioning Workshop of the Water Community in March 2007, I volunteered to act as a "convener" for engaging the Community in addressing this important topic. This e-discussion continues the conversations on the topic from the workshop towards a possible action group assignment for the Community on Strategies for Scaling up Rural Sanitation Coverage.

The grave loss to lives and person days in India due to diseases caused by open defecation is well known. Our country is grappling with the issue of scaling up availability of sanitation to the vast majority through various national programmes, such as the Total Sanitation Campaign. However, many constraints prevent us from ensuring complete coverage to India's population.

To overcome these constraints, Sulabh International feels that a three pronged strategy needs to be adopted:

- 1. Creating a demand for safe sanitation services:** through social marketing of sanitation and behaviour change communication for rural sanitation.
- 2. Meeting the demand for safe sanitation services:** Once the demand has been created, ensuring delivery of these services through capacity building of masons and providing a wide range of suitable sanitation technologies.
- 3. Ensuring sustainability of sanitation infrastructure and behaviour:** Institutional, policy and other measures to ensure sustainability of sanitation infrastructure and behaviour.

We will discuss each of these issues for a week and spend the fourth week on finalising the strategy for the Action Group.

Let us begin the discussions this week by taking up the first issue of creating demand. My specific questions to the Community on creating demand are given below:

Question 1: Creation of a Demand for Safe Sanitation Services

- What are the ways in which a demand for sanitation can be created in rural areas?
- What are the essential ingredients of the design of a communication strategy for social marketing of sanitation? How should the communication strategy target different sections, such as women and children?
- What should be the strategy to undertake social marketing of sanitation using the 4 Ps – Promotion, Product, Price, and Place (of delivery)?

Question 2: Meeting the Demand for Safe Sanitation Services

- Once demand is created, how do we ensure that good quality and appropriate sanitation options are available to rural population at the right price, place and time, once demand has been created? How can concerns of marginalized groups, such as women, be integrated into the programme?
- What are the suggested steps to create a minimum pool of skilled manpower for sanitation at village/ Panchayat level? How do we orient and build capacities of NGOs for supporting the above effort?
- What could be methods for making various technological options for sanitation available for different categories of rural population? What is the role of the private sector (including village artisans and local entrepreneurs) in the same?

Question 3: Sustainability of Sanitation infrastructure and Behavior

What would be the strategies for ensuring sustainability of sanitation infrastructure, its maintenance and sanitation behaviour? Members may like to consider the following, for example:

1. Creating appropriate institutions
 - Suggestions for creating a coordinated mechanism between Line Departments, Panchayats, masons, village level committees, Self-Help-Groups, Women's groups, NGOs for availability and sustainability of sanitation services at village level.
 - Role of existing sanitation related institutions such as Communication and Capacity Development Unit (CCDU) and the District Water and Sanitation Committee.
 - Role of Public-Private-Community partnerships in scaling up rural sanitation.
2. Creating a favorable policy environment
 - Experiences of implementation of TSC in different parts of the country.
 - Areas where the guidelines need to be updated to include best practices.
 - Mechanisms to integrate gender concerns into the policy.
 - Gap areas in existing policy environment that needs to be filled urgently.
3. Any other suggestions by members on sustainability.

For a detailed Background Paper, complete list of questions, and recommended readings, please click the link: <http://www.solutionexchange-un.net.in/environment/e-discuss/disc01-t01-res01.doc> (Size: 70 KB)

[Summary of Responses](#)
[Comparative Experiences](#)
[Related Resources](#)
[Responses in Full](#)

Summary of Responses

Rural sanitation can be scaled up by creating demand through a well-planned communications strategy and providing cost-effective toilet solutions. However, serious concerns persist about the current quality of toilets and their impact on groundwater. This was the outcome of the discussion on Scaling up Rural Sanitation Coverage.

To create a demand for rural sanitation the socio-economic conditions and attitudes toward sanitation and hygiene have to be surveyed. Based on the results of this survey, an information, education and communication (IEC) campaign should be devised that takes cultural sensitivities into account.

For example, in [Uttarakhand](#), best practice households are being used as change agents to create demand for sanitation in rural areas. Demand generation in communities can be effected by focusing on vulnerable groups like women and children (i.e., "[School Sanitation and Hygiene Education](#)"), since they are the most responsive and empathetic towards sanitation.

During the discussions, several issues were highlighted that must be taken into account while designing a communications strategy. This has to take into account why people are reluctant to construct and use toilets especially among scattered settlements. Some reasons, participants felt, are fears of water contamination if the distance between latrines is small, a shortage of water to clean toilets, increased workload for women and lack of money to build proper toilets.

The government's [Total Sanitation Campaign \(TSC\)](#) must become a 'people's movement' based on awareness and motivation. For TSC to be successful, it is necessary to build capacity of stakeholders, have an effective monitoring/surveillance mechanism and strong political will. Participants highlighted the experiences of the [Kollapatti and Kothampatti villages](#) in changing perceptions, dignity and self-esteem. The [Community Led Total Sanitation Approach](#) helps entire communities realize the link between unsanitary environments, high incidence of water-borne diseases and consequent loss of employment.

One of the flaws of TSC is the focus on increasing toilet coverage, **rather than safe sanitation and appropriate design of toilets**. In **Kerala** for example, sanitation coverage is nearly 92% but the construction of deep single pit latrines has adversely affected groundwater quality. Therefore, it is equally important to get improved designs and quality of toilets. Safe sanitation requires options for safely containing excreta and not just increasing the number of latrines. This necessitates area-specific technology choices that can be developed and marketed by local institutions, along with creating a team of trained/skilled workers.

However, engineers charged with transferring technology to communities have neither the orientation nor the time to do so, participants felt. This can be addressed by training and equipping masons at the grassroots level that will facilitate technology delivery, promote appropriate technology and enable them to act as motivators.

To bridge the outreach divide, participants said the government and NGOs should design and propagate appropriate, area-specific technical options and train local communities on implementing them.

For this, the government must develop a policy to promote only well-designed and successful toilet models in both rural and urban areas. [Rural sanitary marts](#) and better market linkages will improve the availability of quality material. Additionally, research is needed to develop faster microbiological decomposition process and systems that use less water.

Sustainability is critical while scaling up, but is often overlooked, opined members. The success of TSC depends on the commitment of the district administration, as the district is the unit of implementation. Its implementation therefore varies from district to district. Participants recommended an analysis of the functionality of the institutions involved in the Campaign: Village Water and Sanitation Committees (VWSC) and Panchayat level supporting committees, District Water and Sanitation Committees (DWSC), the State Water and Sanitation Missions (SWSM) and the [Communication and Capacity Development Units \(CCDU\)](#). The skills developed in communities during TSC can play a part in sustaining the Campaign, suggested respondents.

Several issues remain to be resolved, to improve the implementation of TSC, noted members. There is a failure to understand the inner dynamics of TSC and only some states have effectively utilised the CCDU budget allocation for the IEC components. Another major issue highlighted by members is that the government has launched programmatic reforms without reforming the institutions that will implement TSC, and to this end community mobilization, communication and capacity building are crucial pre-requisites to its success.

Although the TSC is an ambitious intervention, there is a lack of visible and tangible work other than the [Nirmal Gram Puruskar \(NGP\)](#) and similar incentive programmes at the state level. Participants felt while the Nirmal Gram Puruskar (NGP) has succeeded in increasing the number of NGP panchayats, a serious assessment of NGP is needed to understand the sustainability of the TSC in these panchayats.

Entrusting local bodies to initiate action on such issues and issue licenses to trained masons was also a key factor mentioned towards orienting and building capacities to support demand for safe sanitation services. Referring to [Chhatisgarh](#), discussants emphasized that every stakeholder has a role in this effort, which must be defined appropriately with states, each developing their own sanitation policies.

Better use of public money and greater accountability of stakeholders could help speed up rural sanitation coverage by emphasizing better hygiene and not defecating near water sources or houses. This would initiate the process of social change that would speed up rural sanitation coverage, in which both development organizations and government must play a proactive role. There was a debate on whether such social change infringes on personal freedom. However, in [Tamil Nadu](#) collective social opinion, community pressure and sensitizing children to act as change agents helps raise awareness on the dangers of open defecation.

Members said in the process of scaling up rural sanitation, there is a greater penchant for funding analysis than on actual implementation and results.

TSC has helped develop **new skills** such as producing sanitary ware for toilets, masonry as [Gramalaya](#) has demonstrated. These skills match what TSC requires: innovative and local solutions, especially community-centric ones, which create a sense of ownership.

Other factors that play an important role in promoting rural sanitation are awareness and motivation, institutional development, capacity building, community involvement and participation. Advocacy and awareness, low cost toilets, user-friendly toilet models, rural sanitary marts, technical support and training are necessary for TSC. Panchayats, sanitary marts, VWSCs, and NGOs must coordinate the programme at the block and village levels while the sabhadhipati and district collector must review the programme at the district level, participants said. Institutions and trainers must impart appropriate training. CCDU needs to be strengthened with the help of certain referral institutions. Attention also needs to be paid to protecting drinking water sources from bacterial contamination and following the guidelines as per soil conditions.

There is an urgent need to promote gender sensitivity in TSC's IEC strategies. Gender concerns have to be integrated into sanitation strategies, said members. TSC must include the construction of sanitary complexes for women and separate school toilets for girls to bring about an equitable access. There was also need for more and better quality training materials focusing to promote menstrual hygiene.

The discussion concluded that if social movements like TSC are to be effective, an enabling environment is necessary. Both national and state level campaigns are needed to create a vision for a clean India, and the political and social rhetoric needs to be popularized through campaigns to mainstream total sanitation. Unless this happens, felt the respondents, 'appropriate institutional structures' might deliver a couple of thousand Nirmal Gram Puruskars, but fail to make India an open defecation free country by 2012, as envisioned by the GoI.

Following are the detailed suggestions received from members, collated according to the e-discussion questions.

Recommendations on creating demand for sanitation in rural areas, improving communication, and undertaking a strategy for social marketing of sanitation

- Conduct a study to assess the impact of sanitation on health
- Nominate a person who can read and write from each village to record the needs of villagers obtained either voluntarily or through awareness generation activities and transmit any complaints to the responsible office/service agency
- Select strategic locations as demonstration sites for 100% sanitation coverage
- Employ communication tools (i.e. street plays and videos) to emphasize the expenses incurred dealing with diseases caused by poor watsan conditions, focusing on losses related to employment
- Advertise on local cable networks and community radio programs about toilets
- Build the capacities and skills of children and youth in Bal Panchayats on media tools to involve them in awareness generation efforts, and involve school teachers in the process of sensitizing students
- Conduct strategic competitions, such as "cleanest village," "healthy baby shows," and "poster competitions," in schools and colleges
- Target women by illustrating how safe sanitation conditions, result in reduced drudgery
- Provide easy credit for building toilets, especially low-cost sanitation structures so villagers/beneficiaries can repay the money in easy installments
- Integrate sanitation into other programs, particularly maternal and child health programs and involve stakeholders in campaigns focusing on the importance of safe sanitation services
- Emphasize the need to integrate sanitation for overall betterment of the family by linking the value of sanitation with the value addition it would bring in the life and livelihood of the community
- Strengthen the efforts of PRIs in TSC and supplement efforts of NGOs through appropriate training
- Employ a facilitator to explain the correct toilet construction technology options to avoid contamination of groundwater

Recommendations for achieving total sanitation coverage in the rural areas

- Control the quality and price of sanitation, material, through the local NGOs running district sanitary marts or through the Public Health Engineering Department (PHED) or industrial house
- Market sanitary items in village markets and/or Panchayat markets in a fixed price shop

- Select a mason's family to build sanitation facilities at the village or Panchayat level after consulting with School Management Committees, SHGs, NGOs or Public Health Engineering Departments (PHED)
- Provide mason training on correct building methods
- Market sanitary items provided by PHED or INGOs, after conducting an orientation program to raise awareness
- Utilize locally available material for cost-effective technology to use in manufacturing sanitary items

Recommendations on creating appropriate institutions

At village level

- Have Village Water and Sanitation Committees (VWSCs) be the focal point for water and sanitation works, either the Panchayat president or a members can be member of VWSC
 - Government can give the earmarked funds for these works
 - Involve VWSCs in identifying beneficiaries, getting quotations, making purchases, implementing projects, conducting quality control and following up on O and M.
- Make SHGs responsible for awareness generation in sanitation
 - Have NGOs train key SHG leaders on hygiene and creating demand for sanitation and use them to generate awareness generation amongst their group members at first and return to their villages
- Make NGOs responsible for forming SHGs and VWSCs in villages
- Build the capacity building of SHGs and VWSCs
- Create a coordinated mechanism between Line Departments, panchayats, masons, village level committees, SHGs, women's groups, and NGOs to ensure sanitation services are available and sustainable at village level.

Panchayats

- Identify below poverty line (BPL) families
- Prepare proposals for water and sanitation projects in coordination with VWSCs and SHGs and submit them to the government
- Be involved with scaling up Public-Private-Community partnerships on rural sanitation
- Encourage private bodies in nearby areas to adopt a few villages or provide support for water and sanitation works
- Develop a district wise plan
- Encourage banks to provide loans for sanitation
- Strengthen the role of existing sanitation related institutions such as Communication and Capacity Development Unit (CCDU) and District Water and Sanitation Committees
- Do monitoring and follow up along with capacity building particularly for all PRI representatives and master masons

Recommendations on creating a favorable policy environment

- Share experiences implementing TSC in different parts of the country and update guidelines to include best practices
- Expand the focus of TSC beyond just construction of household toilets, undertaking income generation programmes like production units and RSMs
- Promote phase wise implementation preferably a two year cycle, IEC, awareness generation, and formation of VWSCs in the first year and focus on capacity building and hardware implementation during the second year
- Include mechanisms to integrate gender concerns into sanitation policy
- Encourage SHGs to spearhead awareness campaigns and follow up activities

Other suggestions on promoting sustainability of sanitation

- Have donors and other institutions help to provide sanitation loans, so the poor but not on the BPL list can avail of
 - Encourage SHGs, children groups to do house visits and “health walks” to follow up on usage of constructed sanitation facilities
 - Coordinate efforts between the government, NGOs and communities, SWSMs must monitor and assess the need through DWSC and there needs to be close consultations between panchayats and the VWSC for achieving and maintaining Total Sanitation
-

Comparative Experiences

Uttarakhand

From [Brij Mohan Kandpal](#), *Simar, Chamoli*

Strategic Demonstration of 100% Sanitation Coverage, Pithoragarh District

Himalayan Gram Vikas Samiti created 100% sanitation coverage demonstrations in six villages at the villages and peri-urban sites, located either at junctions of village roads or in the hills in locations visible from surrounding villages. They set up demonstration sites to serve as examples for other villages to emulate. The demonstrations inspired 30 neighboring villages to follow the example. As a result, the President awarded two villages with the Nirmal Gram Puraskar.

Integration of Sanitation in other Programmes, Chamoli District

SIMAR working in one of the most marginalized regions of the state emphasizes the importance of safe sanitation services in every program by integrating it into the main objectives of its reproductive and child health program, female foeticide elimination program, child rights campaign, fodder promotion program and rural low-cost technological packages. The women of the households that participated in this intervention saved 3 to 4 hours of their time.

Tamil Nadu

Activity Under the School Sanitation Programme *(from K. Mahesh Kumar, School Sanitation and Hygiene Education (SSHE) Consultant, Bhopal; [response 4](#))*

When this programme started, very few schoolteachers took it up by asking children about status of their household toilet while taking attendance and many parents initially objected to the program, because those without toilets at home felt insulted. However, as time passed students realized the importance of using toilet, and changed their parent's perceptions and successfully convinced them to build toilets at home. Not the campaign is spreading rapidly across the state.

300 Toilets in 3 Days, Kollapatti and Kothampatti *(from [Pradeep Mohapatra](#), Udyama, Bhubaneswar)*

The village communities wanted domestic toilets, to eliminate the need to walk to unsanitary open areas designated for defecation. Frustrated they contacted [Gramalaya](#) for assistance and working with [WaterPartners](#) received a loan for sanitation projects and attended training sessions on sanitation. As a result, the whole community unanimously supported the idea of building 300 toilets in three days. At the end of the third day, 308 toilets were built. Read [more](#)

Chhattisgarh

Creating Appropriate Institutions at Village Level, Raigarh District *(from [Johnson Rhenius Jeyaseelan](#), WaterAid India, Bhopal)*

LSS had strong SHGs in two blocks and trained a core group of 40 people containing women SHG leaders as TOTs in hygiene and sanitation. They then trained 457 SHG members and they in turn

disseminated these hygiene messages to their SHG members. SHGs are thus made responsible for awareness generation in sanitation, as they are the most affected. Thus within a short period of time awareness was generated and in the target villages of the NGO toilet coverage increased.

Multiple States

Community Led Total Sanitation Approach (from [Poulomy Chakraborty](#), *Feedback Ventures, New Delhi*)

This approach uses an external facilitator, who goes to community members using participatory rural appraisal (PRA) tools and creates a feeling of shame and disgust in their minds. They in the process calculate and realize the amount of money spent on disease treatment per year due to poor sanitation, along with number of person days wasted and frequency of disease occurrence. The process thus creates a demand among community to stop open defecation. Read [more](#).

Related Resources

Recommended Documentation

300 Toilets in 300 Days (from [Pradeep Mohapatra](#), *Udyama, Bhubaneswar*)

Article; News and Resources; Featured Articles Headlines; WaterPartners International

Available at <http://www.water.org/waterpartners.aspx?pgID=902&newsID=20&exCompID=108>

Explains the collective power - especially of women and the community, to construct 300 toilets in three days and change the perception about sanitation, dignity and self-esteem

Recommended Organizations and Programmes

Community Led Total Sanitation (CLTS), Multiple States (from [Poulomy Chakraborty](#), *Feedback Ventures, New Delhi*)

http://www.livelihoods.org/hot_topics/CLTS.html

Uses an external to undertake the approach of building community pressure as a way towards increasing sensitivity and understanding towards the need for sanitation facilities

School Sanitation and Hygiene Education (SSHE), New Delhi (from *K. Mahesh Kumar, School Sanitation and Hygiene Education (SSHE) Consultant, Bhopal*; [response 1](#))

Department of Drinking Water Supply, Ministry of Rural Development, Government of India;

<http://ddws.nic.in/sshe/html/index.html>

Ensures child friendly water supply, toilet and hand washing facilities in the schools and promotes behavioural change by hygiene education

Total Sanitation Campaign (TSC), New Delhi (from *Arunabha Majumder, Jadavpur University, Kolkata*; [response 1](#))

Department of Drinking Water Supply, Ministry of Rural Development, Government of India;

<http://ddws.nic.in/tsc-nic/html/index.html>

Ensures sanitation facilities in rural areas aimed at eradicating open defecation emphasising on IEC, Capacity Building, Hygiene Education involving PRIs, CBOs, NGOs

Communication and Capacity Development Unit (CCDU), All India (from *K. Mahesh Kumar, School Sanitation and Hygiene Education (SSHE) Consultant, Bhopal*; [response 2](#))

Department of Drinking Water Supply, Ministry of Rural Development, Government of India;

http://ddws.nic.in/capacity_development.htm

State specific unit for IEC & capacity development of all stake holders for implementing Swajaldhara, TSC and National Rural Drinking Water Quality Monitoring & Surveillance

Nirmal Gram Puraskar, All India (from *K. Mahesh Kumar, School Sanitation and Hygiene Education (SSHE) Consultant, Bhopal; [response 3](#)*)

Total Sanitation Campaign, Department of Drinking Water Supply, Ministry of Rural Development, Government of India; http://ddws.nic.in/tsc-nic/html/nirmal_gram.htm

An incentive scheme for fully sanitized and open defecation free Gram Panchayats, Blocks, and District

Rural Sanitary Marts, All India (from *Arunabha Majumder, Jadavpur University, Kolkata; [response 2](#)*)

Total Sanitation Campaign, Department of Drinking Water Supply, Ministry of Rural Development, Government of India; http://ddws.nic.in/tsc-nic/html/rural_sani_marts.htm

Functions as a hub for providing Alternative Delivery Mechanism in terms of low cost sanitary items and services

Gramalaya, Tamil Nadu (from *S. Damodaran, WaterPartners International India Liaison Office, Tiruchirappalli*)

12, 4th Cross, Thillainagar West, Tiruchirappalli 620 018, Tamil Nadu; Mobile: 91 9443161263; Fax: 91 431 4021563/4220263; gramalaya@hotmail.com

<http://www.gramalaya.org/toilettechnology.html>

Set up the War against Open Defecation Campaign to construct a target of 30000 toilets by March 2008 by a joint venture between donors, TSC, PRIs and CBOs

Water Partners International, Tamil Nadu (from *Pradeep Mohapatra, Udyama, Bhubaneswar*)

D-56, 6th Cross (NEE), Thillainagar, Tiruchirappalli - 620 018; Tel: +91-431-4023516; <http://www.water.org/>

Provided loans for sanitation projects through their WaterCredit approach which consists of small loans revolving fund for individuals and communities for water and sanitation purposes

Responses were received, with thanks, from

To Question 1

1. [Fakrudin Bashasab](#), University of Agricultural Sciences, Dharwad
2. [Brij Mohan Kandpal](#), Simar, Chamoli
3. [Anju Gupta and Pramel Gupta](#), Independent Consultants, Bhopal
4. [Arunabha Majumder](#), Jadavpur University, Kolkata ([Response 1](#))
5. [Poulomy Chakraborty](#), Feedback Ventures, New Delhi
6. [Pradeep Mohapatra](#), Udyama, Bhubaneswar

To Question 2

7. [Latha Bhaskar](#), Independent Consultant, Kerala
8. [K. Mahesh Kumar](#), School Sanitation and Hygiene Education (SSHE) Consultant, Bhopal ([Response 1](#))
9. [Raj Ganguly](#), Independent Consultant, New Delhi
10. [Hitesh Chakravorty](#), District Elementary Education Office (DEEO) Hailakandi, Assam

To Question 3

11. K. Mahesh Kumar, School Sanitation and Hygiene Education (SSHE) Consultant, Bhopal ([Response 2](#))
12. [Ranjan Das](#), Lady Hardinge Medical College and Kalawati Saran Children Hospital, Government of India, MoHFW, New Delhi
13. [Prakash Nayak](#), TATA-Dhan Academy, Madurai
14. [Nitya Jacob](#), Writeshop Infotech Pvt. Ltd., New Delhi
15. [Mike Lipman](#), South Asia Pure Water Initiative, Inc., USA
16. K. Mahesh Kumar, School Sanitation and Hygiene Education (SSHE) Consultant, Bhopal ([Response 3](#))
17. [Johnson Rhenius Jeyaseelan](#), WaterAid India, Bhopal
18. [S. Damodaran](#), WaterPartners International India Liaison Office, Tiruchirappalli
19. [Surendra Kumar Yadav](#), National Institute of Health and Family Welfare, New Delhi
20. [Maria Fernandes](#), WaterAid India , Bhopal
21. [Sudhirendar Sharma](#), The Ecological Foundation, New Delhi
22. K. Mahesh Kumar, School Sanitation and Hygiene Education (SSHE) Consultant, Bhopal ([Response 4](#))
23. Arunabha Majumder, Jadavpur University, Kolkata ([Response 2](#))

Further contributions are welcome!

Responses in Full

To Question 1

[Fakrudin Bashasab](#), University of Agricultural Sciences, Dharwad

In response to A K Singh's questions, here are a few suggestions:

1. In each village, nominate a member (who knows to read and write) and see that he/she records the felt needs of all villagers, who can be asked to give their opinions on their sanitation needs through an awareness program or voluntarily.
 2. This nominee should now take the complaints to the responsible office/service agency.
-

[Brij Mohan Kandpal](#), Simar, Chamoli

With reference to your query, I share some of the learnings of the learnings in Uttarakhand regarding creation of a demand for Safe Sanitation Services.

- 1. Select strategic places to create demonstration of 100% sanitation coverage:** Villages and peri-urban sites that are located at junctions of village roads, or are visible from a number of surrounding villages in the hills serve as examples for others to emulate. In District Pithoragarh of Uttarakhand, Himalayan Gram Vikas Samiti (HGVS) a local NGO has created such demonstrations at six villages in scattered clusters. Two of these villages were felicitated with the Nirmal Gram Puraskar by the President. These villages have inspired about 30 neighbouring villages to follow the example.
- 2. Communicating the message:** By organising street plays and video shows in villages that emphasize the expenses incurred in fighting diseases arising out of poor watsan conditions and focusing on the loss of employment due to these diseases.
- 3. Advertisements** in local cable networks, community radio programs are another good means of creating demand.

4. Organising Bal [children's] Panchayats: The message for safe sanitation services can effectively be spread through organizing and strengthening Bal Panchayats. This involves capacity building of child/youth journalists in media tools such as news-writing, story writing, photography, radio-program, wall newspapers, etc. These child/youth journalist will spread the message through the newly acquired media skills in their locality.

5. Competitions: such as cleanest village, healthy baby shows, poster competitions, etc can be organized in a strategic manner in schools and colleges on the concerned issues.

6. Provide easy credit for building toilets: Structure the financial assistance for low-cost sanitation structures in such a manner that villagers/beneficiaries can pay back the money in easy installments.

7. Involve various stakeholders in a campaign: All stakeholders should be oriented and exposed to sustain a campaign focusing on the importance of safe sanitation services in the livelihood of the community. In the context of remote regions of Uttarakhand, this would mean health workers, extension staff of rural development dept., Sarva Shiksha Abhiyan volunteers, staff of educational institutes, NGO staff, Panchayat Raj Institutions, village level institutions, etc.

8. Let women SHGs take up the cause: In Uttarakhand, as elsewhere in India, women are the main taskforce and therefore face drudgery for about 16 hours in a day. Women SHGs formed by various programs could be targeted and sensitized with the message of reduced drudgery if they adopt safe sanitation services.

9. Integrate sanitation in other programmes: SIMAR works in 74 revenue villages of Deval block of Chamoli district in Uttarakhand, which is one of the most marginalized regions of the state. We emphasize the importance of safe sanitation services in each and every program by integrating it with the main objectives of the following programs:

- Reproductive and child health program
- Female foeticide elimination program
- Child rights campaign
- Fodder promotion program
- Rural low-cost technological packages (comprising of toilets, bio-gas attached with compost pits, fodder saving troughs, silage tanks, water harvesting tanks, polyhouses for kitchen gardening, etc.). Such interventions have saved 3 to 4 hours of time of women in participating households.

[Anju Gupta and Pramel Gupta](#), Independent Consultants, Bhopal

Raising the demand for sanitation is a very important issue, and I give below my reactions.

My own feeling is that an exercise to increase demand should begin with understanding in detail the socioeconomic conditions, behaviors and attitude of the rural community. Of course, understanding all rural households is difficult but we can take some strategic steps for increasing household coverage. Based on my experience, I suggest the following strategic interventions to handle these issues in an effective manner:

Targeting messages on sanitation as per socio-economic categories in the village:

Normally, the adoption of sanitation and hygiene practices is different in different socio-economic groups within the community. This implies that the emphasis should be on communicating the need to use latrines (and the impact of not using the same) specifically to households which are not using toilets. Our normal blanket approach does not reach specific socio-economic group which need the message the most. There is also a need to develop "sanitation best practices model households" in different socio-economic categories, and emphasise these as change agents in villages containing similar socio-economic groups.

Integrate reasons for reluctance in latrine construction

If the settlement pattern is of a scattered nature, household members feel reluctant to go in for construction of latrines, and even if some households do construct latrines, they have a tendency to use these infrequently and keep it either closed or use it for storage and other functions.

In other cases, people feel reluctant to build toilets as they think it will give rise to problems such as not sufficient distance between latrines (hence increased possibility of contamination); lack of water availability - especially for cleaning; an increase in the drudgery, mainly for women as they have to clean the toilets; poor quality of construction and lack of money for latrine construction.

These issues must be taken into account when we design our communication strategy.

Additionally, the following points need to be kept in mind while designing the communication strategy for social marketing of sanitation:

- Use well being ranking to identify the various socio-economic categories and develop high quality and sensitive IEC interventions based on their needs.
- Involving children from schools, women from SHGs and men from Panchayats
- Emphasise on the need to integrate sanitation for overall betterment of the family
- Link the value of sanitation with the value addition it would bring in the life and livelihood of the human beings.

Arunabha Majumder, Jadavpur University, Kolkata (response 1)

I agree with you that a demand driven approach needs to be taken in the field of Sanitation give below various suggestions for the same:

- The Total Sanitation Campaign should be run as a 'people's movement' as one of the basic components of the campaign is awareness and motivation. Villagers must understand the benefits of environmental sanitation.
- Appropriate capacity building for various stakeholders is essential for the success of TSC.
- The Panchayati Raj Institutions (PRI) would play an important role in forming a people's movement for sanitation. PRIs must be strengthened for this and appropriate training should be designed for different tiers.
- NGOs could supplement effort for TSC in different areas, but the right kind of NGOs must be chosen for the same.
- IEC materials must be used in villages to sensitise them for better environmental sanitation.
- Schools should be targeted to involve teachers for sensitising the students.
- A study must be carried out to assess impact of sanitation on disease burden.
- There must be a good monitoring and surveillance system on TSC.
- Finally, a positive political will is essential for the success of TSC.

Poulomy Chakraborty, Feedback Ventures, New Delhi

In most cases, it is found that the villagers are aware of the fact that living in a clean environment is essential and that unclean environment leads to many diseases. Hence awareness generation is not necessary in the context of Indian villages. All that is needed is to make them realize that they are in such an unhealthy situation and hence they need to come out of it.

The village community is already in the habit of practicing a certain behavior, hence a strong community led measure should be adopted to facilitate them change their practices. Behavior, as we know, is not something which can be altered immediately unless there is some strong and powerful motivating force

to counter it. The high practice of defecating in the open is creating a huge loss of mandays of work. It is the community who themselves have to identify the loss. Defecating in the open is an act which is being practiced since time immemorial. It is tough to stop it immediately especially among the older generations. A strategy called Community Led Total Sanitation is being practiced in some states in India, where an external facilitator goes to the community and through several PRA tools makes them realize that they are consuming each others' shit. For details, see:

http://www.livelihoods.org/hot_topics/CLTS.html

Through this approach, not only is a feeling of grave shame and disgust created in the minds of the community, in the process they themselves calculate the amount of money they spend on treatment of diseases per year. Number of man days wasted and the frequency of occurrence of diseases also comes out automatically. The villagers, even with prior awareness of spending a lot of money on treatment of diseases, now realize that they are actually spending a huge part of their annual income only on the treatment of disease caused by open defecation. Therefore a demand is created in the community where the entire community resolves to stop the practice of defecating in the open. This strategy of CLTS targets all segments of the society and is carried forward by all too. It is peer pressure which promotes adoption of sanitation for those who are slightly rigid on changing their behavior. For social marketing of sanitation, it is the community who will themselves demand for the needed products. Once the felt need is generated by the application of CLTS approach they resolve to bring about a change in their behavior, they automatically demand for the material needs for the purpose.

For the construction of toilets, various low cost technology options are available for the poor who can not afford anything. For the slightly well off, there are other options according to their economic capacity. The price of the commodities varies according to the type. It is mainly the sub structure of the toilet, which requires money while the super structure can be made out of anything available locally. For the place of delivery of the products, if the community can form their own sanitation community who can take up the initiative of bringing all the necessary items in bulk, it would be a cost effective method.

The facilitator should take a role in explaining the correct toilet construction technology options as this is the reason why even when villages have toilets constructed and people using it, the groundwater gets contaminated. They have the habit of constructing deep wells as pits for defecation so that these pits can last for ages. These deep pits reach the water level and hence contaminate it, making the contamination equal to that caused by open defecation.

When the community has resolved to stop open defecation it would also be effective to tell the community the right practices of washing hands and cleaning the toilets.

[Pradeep Mohapatra](#), Udyama, Bhubaneswar

Greetings. I give below a mail I received from Water Partners International yesterday, which shows the collective power - especially of women and the community, which has made it possible to construct 300 toilets in three days. This case study explains how this happened following a change in perception about their dignity and self-esteem and has happened only due to conviction and community action. Please find the case study below.

300 toilets in 3 days - June 28, 2007

The people living in the Indian villages of Kollapatti and Kothampatti knew they wanted domestic toilets in their villages. Without toilets, the residents would have to walk to open areas designated for defecation. This practice, as they knew all too well, was neither sanitary nor convenient.

Frustrated with their situation, Kollapatti and Kothampatti decided to do something about it. They contacted WaterPartners' local partner organization in India, Gramalaya, for assistance. Gramalaya reviewed their request and sent it to WaterPartners. A short while later, Kollapatti and Kothampatti

received loans for new sanitation projects through WaterCredit, WaterPartners' novel approach to addressing the world water crisis by empowering people to help themselves. WaterCredit consists of small loans to individuals and communities for water and sanitation purposes. Repaid loans go back into a revolving fund, which helps the next community.

As part of the health and hygiene training that goes along with all WaterPartners projects, Kollapatti and Kothampatti villagers attended a training session at Gramalaya's office. They learned about the different types of toilets, how they are constructed, and how they help to prevent water and environmental contamination. They also learned about effective hygiene practices, such as hand washing, and how to get others to follow suit. As part of the training, they visited Gramalaya's nearby Toilet Technology Center, funded by WaterPartners, where they saw models of all sorts of toilet options, such as "child-friendly" toilets. Sathish, a village child, convinced his mother to build a latrine after he attended hygiene education.

The training had a big impact on the people of Kollapatti and Kothampatti. An idea came from this meeting that the whole community unanimously supports building 300 toilets in three days. The idea took hold and the "300 toilets in three days" challenge kicked off with a sanitation festival organized by Gramalaya, WaterPartners, representatives from Kollapatti and Kothampatti, and the District Rural Development Agency.

The Kollapatti village was divided into five parts and the Kothampatti village into seven. Gramalaya field staff monitored the construction activities of the community workers, and any problems encountered were solved on the spot. Every night at 9 p.m. Gramalaya reviewed the workers' performance, and planned out the next day's activities.

Community groups also joined in the discussion. Project helpers received shelter and refreshments for the three days of the build. The project was celebrated like a festival and everyone in the village was involved.

At the end of the third day, 308 toilets were completed – exceeding the original goal. At a celebration that evening, people talked about their experiences during the three days of activities. Sait Damodaran, India Country Director for WaterPartners, stressed that the objective of the project wasn't only to build toilets, but to build knowledge of proper sanitation and hygiene. Without good hygiene, the health benefits of good toilets would quickly be lost. Both goals were accomplished.

Pitchaimuthu from Kollapatti said, "Now I am having a toilet. I am very happy about that and we need not go to far places for defecation."

To Question 2

Latha Bhaskar, Independent Consultant, Kerala

While attempting to answer this question, I wish to underline the portion "safe sanitation". In fact it means "safe containment of excreta". This again means that through safe sanitation we ensure that harmful pathogens for which excreta is a medium do not reach our water sources and food materials to attack us in the form of various diseases.

In that case we should give more thrust to the underground portion of the latrines, which need to be safe enough to contain the excreta safely, without polluting our water bodies and ground water sources.

However, people tend to give more thrust to the superstructure of the latrines, which is visible as it is above the ground and is considered as the real latrine. Superstructure only helps to maintain the privacy of the persons using it. And we know upper class families are more concerned to convert these as"

glamour rooms" adding more and more comforts in it. Even the poor classes value the superstructure more than the structure under the ground.

Hence while considering the issue of meeting the demands for safe sanitation, we should give more weightage to setting up safe sanitation, which ensures safe containment of excreta rather than setting up more number of latrines. This needs area-specific technology choices for which more thrust should be given by local technology institutions. Appropriate designs and choices need to be developed and marketed besides creating a team of trained/ skilled work forces.

Even the Govt. of India initiated Total Sanitation Campaign does not consider such issues. The programme gives more weightage to increasing the coverage statistics. Safe sanitation and appropriate designs are not dealt with seriously. In Kerala, for example, the coverage is nearly 92%. But most of the latrines constructed are single –deep pit latrines which directly pollute the ground water bed. Also, the proximity of latrines to wells in the same compound poses a grave threat to water quality. Recent studies conducted by the CWRDM have proved that 96% of the water bodies (wells) are contaminated with e-coli bacteria, which indicates the above correlation, though there are a multitude of other coexisting reasons.

Govt agencies and NGOs need to concentrate on such issues and promote technical institutions to design appropriate, area specific sanitation technology choices, through Research & Development. Training local communities on these technology options is equally important. Local bodies should be entrusted to initiate action to handle such issues and to issue license etc. to trained masons to construct safe sanitary latrines, using technology choices accepted for the area.

Every stake holder has a role in this effort, which needs to be defined appropriately for which states should consider developing appropriate sanitation policies.

I request the Solution exchange community to actively discuss the significance of this issue further.

K. Mahesh Kumar, School Sanitation and Hygiene Education (SSHE) Consultant, Bhopal
(response 1)

Demand generation among the community can be done actually through focusing on vulnerable groups like women and children (as in School Sanitation and Hygiene Education) as those most vulnerable are the ones most responsive and empathetic towards sanitation promotion. With regard to the next issue of quality and appropriate technology, technology transfer has been an issue that is hampering implementation of TSC across India. Conventionally, technology transfer is expected to roll out to communities through engineers. However, in the present scenario, engineers neither have the orientation nor the time to deliver it at community level. Hence GOI has suggested that training of Masons be done. These are the ones who are at present propagating septic tank-based costly solutions to sanitation and thereby scaring the rural communities away. If we train and equip them and make them understand the benefits in promoting appropriate rural (leech pit) technology, they would not only deliver the technology but also act as best possible motivators. In terms of quality, this is determined by the availability of quality material and that can be dealt by Rural Sanitary Marts or through better market linkages.

Raj Ganguly, Independent Consultant, New Delhi

Ms. Bhaskar has pointed out the very basic flaw in our approach, which in the long run not only fails in achieving the desired goal but also creates multiple problems. The urinals and lavatories constructed by the municipalities in urban areas are also guided by the same thought process i.e., focusing on the 'superstructure' rather than the 'main sanitation structure'.

I feel that the Government of India should have a policy to allow only properly developed and successful models of lavatory, be it in rural or urban area. More Research & Development efforts are required in the areas of - faster microbiological decomposition, less water use systems etc.

Hitesh Chakravorty, District Elementary Education Office (DEEO), Hailakandi, Assam

To achieve total sanitation coverage in the rural area we need a collective and all-out effort from all quarters of society. Based on my personal experience of twelve years in water supply and sanitation sector, my suggestions for such effort are:

- Quality control and price of the material could be determined by the NGO running the sanitary mart in the district or Public Health Engineering Department or Local NGO or Industrial House etc.
- Sanitary items could be marketed at the Village market or Panchayat market in a Fixed Shop.
- Mason's family (Man & wife) could be selected in the Village level or Panchayat level after consulting with an effective School Management Committee or SHG or NGO or Public Health Engineering Department etc.
- NGO could provide the mason training and help in marketing of sanitary items through a need orientation program after two or three months provided by PHED or International Organisation etc.
- Locally available material could be utilised for cost effective technology for manufacturing the sanitary items. In this respect private sector may play an important role.

The task is hard but achievable with hard work and sincerity.

To Question 3

K. Mahesh Kumar, School Sanitation and Hygiene Education (SSHE) Consultant, Bhopal
(response 2)

Along with a favourable policy environment, if social movements like the Total Sanitation Campaign are to sustain, they must create an 'enabling environment'. These national and state level campaigns are needed to create a vision for clean India/state or an open defecation free India/state in a stipulated time frame. Such political and social rhetoric needs to be vocalised and popularised through campaigns to bring total sanitation into mainstream discourses of 'development' across the spectrum. Until this is done, 'appropriate institutional structures' might deliver couple of thousand Nirmal Gram Puruskars, but would be far from making India an open defecation free country by 2012, as expected by Government of India.

The Communication and Capacity Development Unit (CCDU) budget allocated by GOI to all the states has a huge IEC component, intended exactly for the same purpose. But I hardly see any state (with the exception of Maharashtra and Tamil Nadu) using it rightfully.

This point may be considered for further discussion. I would welcome any state specific information on this topic.

**Ranjan Das, Lady Hardinge Medical College and Kalawati Saran Children Hospital,
Government of India, MoHFW, New Delhi**

Having visited your organization's HQ a number of times in connection with UG Medical student training programme, I somehow have the belief that your organization can someday achieve what successive governments have failed to in the past 50 years.

However, if our line of action be as has been in the past, then the outcome won't be much different. Instead if we proceed on some lateral thinking, the results could be impressive. Coming to the specifics, my suggestions would be:

For DEMAND GENERATION

Although, we say that in democracy, peoples health has been placed in peoples hands, in reality it is far from truth. So to make that happen, we have to place the current medical knowledge, in a simplified form, in peoples hands. The most cost effective way to do that is through school education curriculum.

- Incorporation of Comprehensive Health Education, with due emphasis on water & sanitation as it is responsible for 60% of all diseases in our country
- This curriculum, though supposedly already in vogue in many states, as I found out recently (In West Bengal), is dealt with very cursorily, without even a standardised book. Further teachers are also not competently trained on the subject.
- The subject, may remain a part of other major subjects, viz EVS in lower classes or Biology in higher classes, but must be evaluated.
- Practical projects may be given to the students, for field training and orientation.
- Help of PSM/ Community Medicine Deptts. of Medical Colleges should be taken for designing such curriculum.

On COMMUNICATION strategy:

Many techniques like Behaviour Change Communication, etc have been used in major govt programmes, but with very limited success. A strategy that has stood the test of times is "Catch them young to make a dent " So, a comprehensive programme, starting right from say std. 1 to std 12, supported by suitable interventions, warrants field testing.

On Social Marketing, I prefer to remain silent as that is not my area of expertise, while Health education and Communication are. I only hope that, our educationists, while trying to develop Tagores and Einsteins, wake up to the reality that is staring on our face.

[Prakash Nayak](#), TATA-Dhan Academy, Madurai

You have rightly raised the issue at this critical juncture where we have promised a lot but moved little. Total Sanitation Campaign is one of the ambitious interventions in recent years. I do not see any tangible and visible work other than collaboration of Nirmal Gram Puraskar or similar variants at the state level. During the initial days, it was luxury for any state to organize campaigns. District departments now feel happy in organising these activities. But when it comes to see the coverage of individual household latrines and other institutional latrines, one fails to understand the inner dynamics of such campaigns.

Things were different for government driven programmes 20 years ago. Now the same village behaves differently to such campaigns. With the multiplicity of media options and habits, I don't think only a Campaign will take us to "India - an open defecation free country by 2012" as expected by Government of India.

I wish to ask what stops us to move beyond campaigns. Are we initialising Need Assessment Studies to zoom in to the exact barriers of Total Sanitation Campaign? Are we going beyond social mobilisation in promoting a new behaviour? There are a number of questions to be solved and integrated into the programme. Why are we not doing this?

Only if the above questions are answered, can we visualise a Strategy for Scaling Up Rural Sanitation Coverage. Expecting the group to react and contribute.

[Nitya Jacob](#), Writeshop Infotech Pvt. Ltd., New Delhi

Running anything in a campaign mode implies that there will be attention on it as long as the campaign is on, and once the campaign finishes, so will the work on the issue. This is the mindset with almost everything the government has done since the 1980s, from literacy to health to water supply. There were missions earlier, now they are campaigns.

One of the reasons for naming these programmes campaigns is to awaken the local bureaucracy from its slumber, but apart from colourful launches and shows for visitors, little happens at the grassroots level. While not belittling the achievements of the sanitation campaign, my experience with it showed that everybody was excessively focused on getting the Nirmal Gram puruskar, without much thought for what happens in the future. The campaign in villages was aimed at getting people to stop defecating in the open long enough to satisfy assessors that it had become a Nirmal Gram, but there seemed to be in most cases little interest beyond that among both Panchayat members and the local bureaucracy.

Imposing something alien like using toilets for defecation at one go will not work simply because rural India, (and much of urban India) is not used to it. An interim thing like better hygiene, not defecating near houses and sources of water would yield better results. It would also lay the groundwork for introducing toilets.

The campaign is good for some people because it creates new skills - producing the sanitary ware for toilets, masonry, etc. But just how far are these going to help in keeping the campaign going is uncertain

A better use of public money at the village level will actually do a lot more than any number of campaigns, whether for sanitation, education or anything else. Can we work out a way to make clerks, village accountants, gram sevaks, sarpanches, panchayat members, etc., etc., more accountable. Can we ensure that villagers see value in attending gram sabhas so that they play a proactive role in their own development? If we get better governance in place, campaigns won't be necessary any more because once people demand and get better governance, everything else falls into place. Governance is not a technical issue; it's a social one and has to be handled through a process of social change. Campaigns are often reduced to numbers and technical solutions for social problems.

Mike Lipman, South Asia Pure Water Initiative, Inc., USA

Two years ago I had the pleasure of visiting with the DHAN Foundation in November of 2005 while preparing to initiate a bio-sand water filter program in Kolar, Karnataka. We have now manufactured and installed 1,500 filters in the Kolar/Bangalore area.

On scaling up the rural sanitation, I feel that there was a great penchant for analysis and measurement of a problem but not a great commitment to action to solve the problem. Also, those who analyze and measure are not the same people as those who actually implement or even supervise the work. I think most of the funding for projects gets used up at the analysis and measurement stage and very little funding trickles down to the results end of the project.

K. Mahesh Kumar, School Sanitation and Hygiene Education (SSHE) Consultant, Bhopal
(response 3)

The understanding and experience of the 'campaign' (the way it is understood, implemented and create a desired change in real India-grass root level) expressed in previous opinion is undeniable and most of the development professionals would be in agreement with it. However, our aim is to try 'making that difference' we wish to see. In the context of Total Sanitation Campaign (TSC) the idea, vision and plan at Government of India (GoI) level seem very clear. Webster's dictionary defines campaign as "a connected series of operations designed to bring about a particular result". If we superimpose this definition to TSC, GoI clearly identifies the result: "Total Sanitation Campaign is a comprehensive programme to ensure

sanitation facilities in rural areas with broader goal to eradicate the practice of open defecation by 2010" and all other components (IEC, Capacity building etc.) of the campaign are series of operations designed towards that result, including Nirmal Gram Puraskars (NGP).

GoI clearly identifies NGP as "to recognize the efforts in terms of cash awards for fully covered PRIs and those individuals and institutions who have contributed significantly in ensuring full sanitation coverage in their area of operation". If State governments and District Authorities make NGP as their 'target' and understand that as be all and end all of the campaign...who is wrong...where did this wrong occur? What can we do to rectify that? Are the pertinent questions this group is dwelling on.

If we have to blame GoI, it is on one count (I may be making a serious charge here) starting this programmatic reform without reforming the institutions that are supposed to implement this campaign. Introducing flexible programmes like TSC in a rigid government structure is like trying to fit a circle in a square, which is sure to break. 'Imposing Toilets', 'reducing campaign to numbers' and 'finding technical solutions to social problems' are all the constructs of the government mechanism which was never used to such initiatives. I have known this programme from states like AP, UP, MP, UK etc. and realized that community mobilization, communication (IEC), capacity building are 'Black holes' for government mechanism which was so used to handing out fish to communities rather than teaching them how to fish.

From my very first response my suggestion has been to explore possibilities of how to make this 'Structure' understand the importance of the 'process' that is needed for this campaign. I am requesting members to share ideas, possibilities, experiences, anecdotes, instances and evidences of making this change possible. Let's grow beyond cynicism and find ways and means to improve the situation.

[Johnson Rhenius Jeyaseelan](#), WaterAid India, Bhopal

Sustainability is one of the crucial aspect in sanitation and my views are as follows:

a. Creating appropriate institutions

At village level:

- VWSCs (Village water and sanitation committee) – The VWSCs should be the focal point for water and sanitation works. Either the Panchayat president or one of the members can be member of VWSC. Government can give the earmarked funds for these works to VWSC. The VWSC should be involved in identification of beneficiaries, getting quotation, purchases, implementation, quality control and follow up and O & M. For e.g. If a hand pump is to be installed, the VWSC should identify the site, get the quotes for drilling, HP parts, finalize the vendors/driller through a VWSSC meeting, purchase the spares needed, supervise construction, ensure quality control, contribute (money, material, labor) and operate and maintain through a water fund where all users contribute Rs. 1 or 2 pm.
- SHGs – The SHGs should be the responsible body for awareness generation in sanitation, as they are the most affected. NGOs can train key SHG leaders in hygiene and demand creation for sanitation and use them for awareness generation to their group members at first and to their villages. In Raigarh district, one of our NGO partners, LSS had strong SHGs in two blocks. A core group of 40 people containing women SHG leaders were trained as TOTs in hygiene and sanitation. These TOTs trained a total of 457 SHG members and they in turn disseminated these hygiene messages to their SHG members. Thus within a short period of time awareness was generated and in the target villages of the NGO toilet coverage increased. Thus SHGs should be responsible for awareness and follow up

NGOs:

- Be responsible for formation of SHGs and VWSCs in the village
- Capacity building of these institutions

- Suggestions for creating a coordinated mechanism between Line Departments, Panchayats, masons, village level committees, Self-Help-Groups, Women's groups, NGOs for availability and sustainability of sanitation services at village level.

Panchayats:

- Identification of BPL families
- Prepare proposal for water and sanitation of their panchayats in coordination with VWSCs and SHGs and submit the same to government
- Role of Public-Private-Community partnerships in scaling up rural sanitation
- Private bodies like industries in the nearby areas should be encouraged to adopt few villages or support for water and sanitation works
- Banks should be encouraged to lend for sanitation in particular
- Role of existing sanitation related institutions such as Communication and Capacity Development Unit (CCDU) and the District Water and Sanitation Committee
- Develop a district wise plan
- Monitoring and follow up
- Capacity building
- All PRI representatives
- Master masons

b. Creating a favorable policy environment

- Experiences of implementation of TSC in different parts of the country
- TSC still focused on just construction of HH toilets
- Recently we had a discussion with district collector in one of the districts in MP. We requested to focus on capacity building and IEC but they wanted support only on hardware construction. IEC are the most misused and capacity building the most under utilized in TSC.
- Areas where the guidelines need to be updated to include best practices
- Phase wise implementation
- There should be a two year cycle
- 1st year – IEC and awareness generation, formation of VWSCs
- 2nd year – capacity building and hardware implementation
- Mechanisms to integrate gender concerns into the policy
- SHGs to spearhead awareness and follow up
- Take up income generation programmes like production units and RSMs

c. Any other suggestions by members on sustainability

- Donors and other institutions should also help to provide sanitation loans, so that those who are poor but not in the BPL list can avail this loan and repay the same within a short period of time. Even non BPL families who are unable to find the related finances, can use these loans for construction of HH latrines
- Usage – SHGs, children groups should do house visits, health walk to follow up on usage of constructed sanitation facilities

S. Damodaran, WaterPartners International India Liaison Office, Tiruchirappalli

Thank you so much, members for sharing valuable information from the field, especially by Mr. Johnson of WaterAid, Bhopal, where sanitation projects are implemented with NGOs/Government support and support of Panchayati Raj Institutions (PRIs).

Gramalaya is doing exactly similar work at its rural project sites in three blocks of Tiruchirappalli district in Tamil Nadu, where funding support is provided from WaterAid, WaterPartners International and Arghyam. The project is a joint venture of donors, Total Sanitation Campaign, PRIs and Community Based Organisations like Self Help Groups, Village Water and Sanitation Committees and children's self-

help groups. Gramalaya has fixed a target of constructing 30,000 toilets before 31st March 2008. Based on the experiences shared by WaterAid, Bhopal, the campaign is named as WAR AGAINST OPEN DEFECATION by Gramalaya.

The roles and responsibilities are being shared among the PRIs, CBOs, NGOs, donors and Government.

I am happy that one of our community members shared similar experience, so that I could understand how similar attempts are being field tested/successfully implemented in other parts of the country.

Surendra Kumar Yadav, National Institute of Health and Family Welfare, New Delhi

Due to lack of enforcement of policy, law, Acts, rules & regulations, many industries are continuously polluting ground water and degrading ecosystems. In fact, a number of areas show dangerous chemicals and pollutants levels in ground water. Rural people are forced to drink such polluted water, coming from hand pumps.

Similarly, a heavy pollution load is being put on major drainages and rivers. This is again degrading water quality. The need for sustainable & safe drinking water availability is a question that is becoming difficult to solve day by day.

On papers, pollution is discharged in effluents in limits prescribed by Central Pollution Control Board/ State Pollution Control Boards, but this is just on paper and not in reality. Courts are able to take limited action and only in some cases, which happens only if someone takes up the matter with the court.

These are the difficult challenges we need to overcome to ensure that clean drinking water and sanitation is made available to our population.

Maria Fernandes, WaterAid India, Bhopal

The issue of sustainability is important because often, in the process of scaling up, sustainability gets a second priority. I offer the following points for members' consideration in this regard:

- The Total Sanitation Campaign (TSC) is an excellent program focusing not only on construction of toilets but also on strengthening the community & promoting hygiene related behaviour change. However, implementation of the programme varies from district to district and success of the program depends very much on the willingness of the district administration.
- The TSC programme suggests building up a strong institutional structure at community level through the Village Water & Sanitation Committee and supportive committees at Panchayat, at the District level through the District Water & Sanitation Committee (DWSC), and the State Water and Sanitation Mission (SWSM) & Communication & Capacity Development Unit. There is a need to analyze the functionality of these institutions.
- The Nirmal Gram Puruskar (NGP) has shown tremendous success as seen by the fact that the number of NGP Panchayats are increasing every year. Again, a serious assessment of NGP is needed for understanding the sustainability of NGP Panchayats.
- For sustainability of sanitation, availability of water is crucial. I have seen villages from Shivpuri & Datia in Madhya Pradesh, which have achieved an Open Defecation Free status but which are still forced to go for open defecation due to acute water scarcity. Therefore, for sustainability of sanitation one has to plan for water availability.
- Coordinated efforts are required for achieving sustainability by Govt., NGO & the community. The SWSM must monitor & assess the need through DWSC and there should be close consultations between the Panchayats & the VWSC for achieving Total Sanitation & maintaining the same.

- Multiple programmes by different donors makes the path for scaling up sanitation difficult. E.g. in Chhatarpur district, we have seen that a few International NGOs have supported both Above Poverty Line (APL) and Below Poverty Line (BPL) families by Rs. 2500 to 3500, whereas the TSC gives a support only of Rs. 1200 and for BPL families only. States like Chhattisgarh give a support of nearly Rs.3600 to BPL families for Toilet construction. In a few villages BPL families have received a support of Rs. 6000 from Jindal for construction of toilet. Some districts are also planning to achieve Open Defecation free status of the Block by supporting 100% families for construction of toilets. This scenario calls for a need to understand the investment patterns in scaling up and sustainability of sanitation.
 - **Mechanisms to integrate gender concerns into the policy** : Important components of TSC like construction of Women's Sanitary Complexes, toilets for girls in schools, etc. emphasise the need to bring about an equitable distribution of sanitary facilities. However, the peculiar need of Menstrual Hygiene Management for women and adolescent girls is largely neglected. There is hardly any training material available focusing on promoting hygienic practices during menstruation. There are many life threatening practices which girls/women follow during menstruating due to ignorance, social compulsion, lack of a platform to share these problems, lower availability of lady doctors in rural area, etc. Thus there is also an urgent need to include promotion of menstrual hygiene in TSC's IEC strategy.
-

Sudhirendar Sharma, The Ecological Foundation, New Delhi

A foreign journalist informed me of his interaction in some villages where presumably the Total Sanitation Campaign is in full swing. However, what he told me is not only interesting but also bizarre. Narrating his feedback from some such villages, he told me that to maintain effective toilet utilization, volunteers of the village committee or some such body throw torch light on those easing in the dark. In my opinion, this practice is a gross infringement of the personal freedom of individuals. Surely, there could clearly be less offensive ways of impacting change!

K. Mahesh Kumar, School Sanitation and Hygiene Education (SSHE) Consultant, Bhopal
(*response 4*)

This is in response to Sudhirendar Sharma's [observation](#) on the foreign journalist's narration.

I am sure the 'throwing torch light' instance is taken out of context. In many of the villages/communities that are adopting Community Led Sanitation approach, social pressure to stop open defecation is being adopted through different means and one of the many methods is 'naming and shaming' the culprits who commit the crime of open defecation. In regard to the 'personal freedom' part, the collective social opinion in these communities is : one's individual freedom cannot infringe upon the total health and well being of the community. We all know the health impacts of open defecation ranging from Infant mortality to disease and death. This is the reason why communities recognise open defecating as a social crime/ crime against humanity by punishing it through fines and social boycott and (one such method is social monitoring of open defecation).

Let me cite an example. In Tamil Nadu, when the School Sanitation programme started, few school teachers initiated an activity of asking children about status of their household toilet while taking attendance. Initially parents took objection to it as parents without toilets at home felt insulted. But as time passed and students realised the importance of using toilet through programme interventions, they could not only change their parent's perceptions but also were successful in convincing parents to build toilets at home. This campaign is spreading like a wild fire now across the state.

I think innovative campaigns like TSC need innovative and local solutions, and that too community centric ones. If the community owns the solutions and believes in the ultimate goal, we should not have any problem.

Arunabha Majumder, Jadavpur University, Kolkata (response 2)

Here are some suggestions.

Awareness and motivation, Institutional development, capacity building, community involvement and participation play an important role in promoting rural sanitation. Development of low cost toilet components, user-friendly toilet models, village-based manufacturing centres (Sanitary marts) are necessary for facilitating the TSC programme. As villagers will construct their own toilets by investing money (BPL families are to be provided with some subsidy), hence they must be provided with some technical support. Village motivators must be trained. Masons are also to be trained. The Panchayati Raj Institution (Zilla Parishad, Panchayat Samity, Gram Panchayat), Sanitary Marts, VWSC, NGOs (e.g. Sulabh International), would coordinate the programme at Block and Village level.

At District level, the programme may be reviewed by the Zilla Sabhadhipati and District Collector/ Magistrate.

The training component must get a priority in the programme. Institutions are to be identified to impart appropriate training. Key Trainers are to be trained. The CCDU are to be strengthened for more involvement in capacity building. In many states CCDU are yet to be geared up. Certain referral institutions with expertise in sanitation sector are to be identified to extend support to CCDU. Attention also needs to be paid for protecting spot water sources (Drinking) from bacterial contamination from leach pits. The guidelines as per soil conditions are to be followed.

Many thanks to all who contributed to this discussion!

If you have further information to share on this topic, please send it to Solution Exchange for the Water Community in India at se-wes@solutionexchange-un.net.in with the subject heading "Re: [se-watr] DISCUSSION: Strategy for Scaling Up Rural Sanitation Coverage. Additional Reply."

Disclaimer: *In posting messages or incorporating these messages into synthesized responses, the UN accepts no responsibility for their veracity or authenticity. Members intending to use or transmit the information contained in these messages should be aware that they are relying on their own judgment.*



Copyrighted under Creative Commons License "[Attribution-NonCommercial-ShareAlike 2.5](https://creativecommons.org/licenses/by-nc-sa/2.5/)". Re-users of this material must cite as their source Solution Exchange as well as the item's recommender, if relevant, and must share any derivative work with the Solution Exchange Community.



Solution Exchange is a UN initiative for development practitioners in India. For more information please visit www.solutionexchange-un.net.in
