



From Dreams to Reality

Compendium of Best Practices in Rural Sanitation in India





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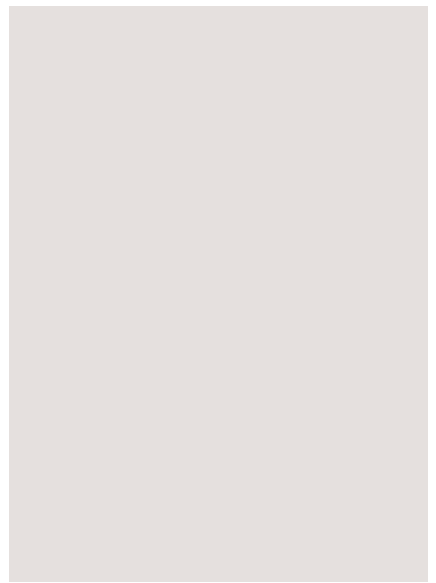
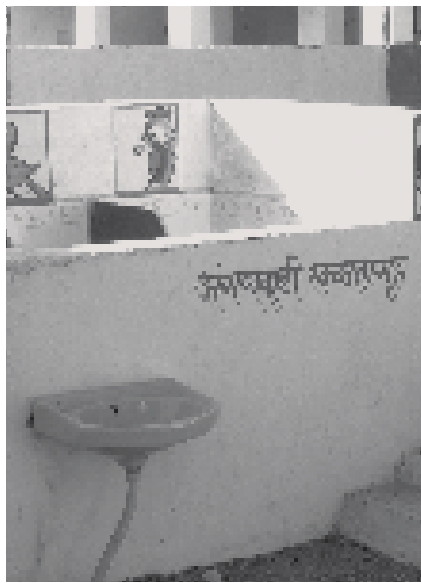


Abbreviations

ADC	Assistant District Collector	NIRD	National Institute of Rural Development
ASHA	Accredited Social Health Activist	NL	natural leader
BP	block panchayat	NREGS	National Rural Employment Guarantee Scheme
BPL	below poverty line	NRHM	National Rural Health Mission
BRGF	Backward Regions Grant Fund	O&M	operation and maintenance
CGG	Centre for Good Governance	OD	open defecation
CLASS	community-led action for sanitary surveillance	ODF	Open defecation free
CLTS	Community-Led Total Sanitation	PI	Panchayat Inspector
CLTSC	Community-Led Total Sanitation Campaign	PMU	Project Management Unit
CMAS	contract management advisory service	PRI	Panchayati Raj Institutions
CSC	community sanitary complex	PTA	parent-teacher association
DSC	Divisional Sanitation Coordinator	RDA	Rural Development Assistant
DSU	District Support Unit	RMDD	Rural Management and Development Department
DWSM	District Water and Sanitation Mission	RSM	Rural Sanitary Mart
GP	gram panchayat	SHG	self help group
GPU	Gram Panchayat Unit	SIRD	State Institute of Rural Development
H ₂ S	hydrogen sulphide	SSHE	School Sanitation and Hygiene Education
ICDS	Integrated Child Development Services	TOT	Training of Trainers
IEC	Information, Education and Communication	TSC	Total Sanitation Campaign
IHHL	individual household latrines	UKAA	Uttarakhand Academy of Administration
ILE	International Learning Exchange	UWSSC	User Water Supply and Sanitation Committee
KRC	Key Resource Centre	VWSC	Village Water and Sanitation Committee
m	metre	WASH	water, sanitation and hygiene
MDG	Millennium Development Goal	WSP	Water and Sanitation Program
MDM	mid-day meal	ZP	zilla panchayat
MM	mahila mandal		
NGO	nongovernmental organisation		
NGP	Nirmal Gram Puraskar		

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Foreword

India is experiencing paradigm shift in rural sanitation with the launch of the Total Sanitation Campaign (TSC). Mobilisation, motivation and innovative financial incentives are bringing about positive sanitation and hygiene behaviour changes amongst rural communities.

TSC has been able to accelerate the sanitation coverage from a mere 21% as per 2001 Census to approximately 67% as of now with over 22,000 PRIs becoming open defecation free “**Nirmal Grams**”. The benefits of investments in sanitation through the Total Sanitation Campaign are many but the most enduring will be the long term impact it will have on the health profiles and quality of life of our rural population.

While some of the States have shown significant achievement in accelerating the sanitation coverage, others need to strengthen their implementation strategies to enhance progress. The ‘**demand-driven**’, ‘**community-led**’ and flexible approach of TSC implementation has given an opportunity to several states to develop and demonstrate successfully several innovative sanitation models. A need was, therefore, felt to document the good practices, lessons learnt and success stories from States while implementing the Campaign that may serve as a role model for other States to give a boost to their sanitation programme.

This document, prepared in association with Water and Sanitation Programme (WSP), World Bank, seeks to capture successful case studies, success stories, and best practices from States on TSC implementation which need to be highlighted and replicated in other States.

I am convinced that this document would inspire a new generation of “**Sanitation Mobilisers**” who shall be able to translate some of the learnings from these success stories to give greater momentum to the sanitation movement for making an Open Defecation Free India.

I wish to place on record our deep appreciation to all the officials of the Government, Panchayati Raj Institutions and grassroots sanitation champions of all States who have worked tirelessly for ensuring clean surroundings and in becoming a role model for TSC.

Place: New Delhi

Dated: 20th September, 2010

(Arun Kumar Misra)

Brief Note on the Contents

Background

After a decade of launching the Total Sanitation Campaign, India has seen significant successes in terms of the sanitation coverage, creating open defecation communities/GPs and solid and liquid waste management. Thousands of success stories have emerged across the country while still there are many challenges in making the entire rural India Nirmal and sustaining the changes achieved. As part of advocacy and capacity building through knowledge sharing, Govt of India with assistance from Water and Sanitation Program has brought out this document by compiling various best practices in achieving total sanitation at different levels.

Objectives: The main objectives of the assignment are (a) to identify and document the best practices in implementing rural sanitation programme at district/block/GP level and creating and sustaining ODF status (b) draw lessons for replications throughout the country by disseminating the best practices to achieve sustainable total sanitation.

Contents of the compendium: This compendium contains the case studies of best practices in achieving total sanitation at different levels, that is, GP/Block/districts. These case studies are about the achievements and the experiences of different situations, institutional models, community mobilisation approaches, supply chain management, capacity building, convergence of various programmes, school sanitation, innovative approaches etc, in different states and the regions.



VILLAGE-LEVEL Case Studies



Sanitation: A Way of Life

Location: Moradabad District, Uttar Pradesh

The Total Sanitation Campaign (TSC) in Moradabad (in western Uttar Pradesh), which started in 2003–04, was tough to implement as people were resistant to new ideas. The initial baseline survey focussed on the behaviour of the individual and the community as whole, in addition to availability of toilet facilities. The survey revealed that 80 per cent of the people were in the habit of open defecation, or had dry toilets, hygiene conditions were below average; 60 per cent of the toilets constructed with 'Indira Awas' (housing programme) were not in use. Those who had contributed their part to constructing toilets under the TSC found it convenient to change them into a bathroom by just sealing the pan. The only toilets being used were those constructed by households out of their own resources.

District officials decided to hand over the programme fully to the gram panchayats (GP) for implementation. In each GP an ambitious, efficient and active

person was selected to be the motivator. A 'block motivator' was also appointed at the block level. All key departments including education, health, social welfare and Integrated Child Development Services (ICDS) were linked with the campaign.

The motivation was undertaken using both mass and individual campaigns. Motivators appointed in all the villages focussed on women to spread the message. Women's dignity, comfort, status, technological options, etc, were used as themes. Various communication methods were used to create the required atmosphere throughout the entire rural area. Pradhans, members of the village panchayats, motivators, teachers, ICDS workers were all used to take the message across.

The campaign did not focus on the construction of toilets, but tried to spread the message of health and hygiene. ICDS workers formed groups of women, did door-to-door contacts

and routine meetings at block and village levels.

The campaign therefore included orientation of a network of government officers with definite goals and responsibilities; training of a network of panchayat representatives and social workers; mass and individual campaigns; focus on women to spread the message related to health, hygiene and women's dignity; focus on school children, especially adolescent girls, who went around motivating people; and an effective monitoring system to track progress and usage.

Manual Scavenging

Manual scavenging involves removing human and animal excreta using brooms, small tin plates, and baskets that are carried on the head. In 'dry toilets' human excreta remains in the house from 24 to 48 hours and is the root cause of diseases. It is also a crime. Under the TSC, thousands of dry toilets were converted to pour flush water toilets.



Fifty-seven-year-old Nirmala was reborn two years ago. Condemned to a life of drudgery and indignity for nearly half a century, this manual scavenger had been carrying human excreta from the young age of eight. She bid good-bye to that miserable stage of life only two years ago. Hailing from the Balmiki caste, untouchables like Nirmala have, for centuries, been ostracised by even the other 'low caste' Dalits and Scheduled Castes. In her village, Mohamad Ibrahimpur of Baniakhera block in Moradabad district, all 600 houses, including that of Nirmala, have acquired a flush toilet.

But overnight Nirmala also turned jobless. Nirmala became a labourer and after two years, the initial anxiety is over. She is happy and free from what Mahatma Gandhi termed the "hateful, inhuman, unhealthy practice" of manual scavenging.



Bal Panchayats: An Ideal Example of Grassroots Democracy and Equity

Location: Wok Sikkip, Sikkim

The aim of establishing Bal Panchayats is to develop leadership among children, and also to develop a sense of responsibility towards their peers and community. It is with this objective that the Block Administrative Centre, Sikkip, launched the concept of Bal Panchayats in February 2010 in 12 schools. Setting an example before the adult members of the gram panchayat (village council), children of schools under BAC Sikkip are running a parallel self-government body, asserting their right to education, health, entertainment and leisure.

Facilitated by ‘Bal Sathi’ (that is, ‘children’s friend’) – who is a teacher of the concerned school and who works among the children – the Bal Panchayats are an ideal example of grassroots democracy and equity. The village children have constituted the Bal Panchayat through a general election under the supervision of school authorities.

Besides a president, the Bal Panchayat has ‘ministers’ for education, health, environment, cultural affairs, sports, etc. These ministers are charged with the responsibility of ensuring the well-being of the children by bringing the specific problems and needs of the children to the notice of the elders and authorities concerned.

Bal Panchayats have helped and persuaded their friends to attend schools; school attendance has improved a lot within just two months of starting Bal Panchayats. Bal Panchayats have also prepared their Annual Plans for sports meets, cultural programmes and cleanliness drives which earlier used to be directly undertaken by the teachers. Bal Panchayats have helped to develop leadership qualities among a number of children, inculcated positive values such as the importance of equity and social justice, made them aware of the problems of their village, and helped them take on responsibilities. After the formation of Bal Panchayats in their schools, children on their own have taken the responsibilities of boiling water for drinking purposes in the school, with the help of mid-day meal facilities available at the school.

In addition, after the formation of Bal Panchayats in their schools, students have conducted, on their own, meetings for various developmental activities to be undertaken in the school. The Bal Panchayat of NTL School, for example, is planning to come out with an annual magazine. Twelve-year-old Rema Gurung of NTL School was very keen to share the message of the Bal Panchayat with her parents at home.

A self-help drive was organised by the Block Administrative Centre for roads, for better toilets and better hygiene in Sanganath Secondary School, one of the remotest gram panchayat units. After the formation of the Bal Panchayat in this school, an initial round of meetings were held with the school authorities and the panchayat for the preparation of user-friendly plans and estimates for the construction of the school toilet. For the construction of the toilet, the material component was used from the fund that was provided from the government and the labour component was covered totally using a participatory mode by school students, teachers, the community, and panchayat and block officials. This ultimately built a sense of ownership of the asset created in their area – a feeling which earlier was missing.

Solid and Liquid Resource (Waste) Management

Location: Yangang Rangang Gram Panchayat Unit, Sikkim

Sikkim has become the first state to achieve 100 per cent rural sanitation coverage, becoming the first 'nirmal rajya' in the country. The challenge ahead is that of the sustainability of the campaign, with prime focus on solid and liquid waste management (SLWM) in the villages.

The Rural Management and Development Department adopted the 'zero waste management' concept developed by Exnora Green Cross, Vellore, with a pilot project in Yangang Rangang gram panchayat unit, GPU, South Sikkim.

A detailed survey was first made of the village to study the existing practice of waste disposal, and other details. A suitable spot for a shed, for collection of waste using tricycles, was also identified.

Sixty young people and self-help groups from the village and surrounding areas were trained for one week, after which 19 volunteers were selected as master trainers of the SLRM project. An eco-friendly, cost-effective SLRM compost shed was constructed as a rigorous information and

education campaigns – awareness campaigns in schools, market places and residential areas – were carried out simultaneously by volunteers in the village. Calendars containing information on organic and inorganic waste, and general instructions on waste disposal, were distributed at all these places.

Residents and shop-owners were given two buckets (green for biodegradable and red for non-biodegradable waste) and asked to dump all old and mixed waste in the truck as per the existing practice. They were then asked to follow segregation method by dumping their household waste in the respective red and green bins from that moment onwards.

A tricycle has been engaged for the door-to-door collection of waste. In fact, this tricycle is custom-made and fabricated according to the requirements of the hilly terrain. It has two compartments, red and green, for the collection of inorganic and organic waste, respectively.

Currently, there are six workers in the project, including a chief

coordinator and one night chowkidar (guard). Collection is done twice daily: every morning from 6 am to 8 am and from 4 pm to 6 pm in the evening. The organic and inorganic waste collected is then transported to the shed where it goes through a secondary segregation process. All the cattle eatables are segregated, washed and given to the cattle; the rest of the cattle non-eatable organic waste is soaked in cow dung-mixed water, filtered and used for the compost beds.

Inorganic resources are similarly segregated category-wise. For instance, paper, tin, bottles, plastics, etc, are packed, stored and sold to a scrap dealer in East Sikkim.

The compost beds are currently getting ready for harvest.

As much as this project has encouraged everyone, the challenge of difficult terrain remains. Due to the unavoidable slopes, the tricycle needs constant maintenance and repair. The lack of a competitive market for the non-recyclable waste is another challenge.

Improving Quality of Life

Location: Vaishali District, Bihar

The Bhalui Panchayat, under the Rajapakar block of Vaishali district in Bihar, is a village with 1,915 households.

The strategy to motivate the community included meetings with households; Panchayati Raj Institutions' (PRI) training; Village Water and Sanitation Committee (VWSC) orientation; formation and orientation of Child Cabinet/Bal Sansad and Meena Manch; and orientation of anganwadi and Accredited Social Health Activists (ASHA) and workers. Other participatory activities such as sanitation mapping, village contact

drive, rallies, mass awareness campaigns and video shows were also undertaken.

This has made the village free from open defecation, with all families using their toilet; led to an improvement in handwashing; and resulted in school toilets being used by children and maintained by Child Cabinet and Vidyalay Shiksha Samiti; and improvement in safe garbage management and liquid waste management.

The achievement of open defecation free status has made the Panchayat take the initiative

and pass the resolution that, from the 12th Finance Commission Fund, the Panchayat will maintain the water supply system and repair and maintain handpumps for the regular supply of safe drinking water. The panchayat has continued with other developmental activities, such as using the National Rural Employment Guarantee Act to desilt and improve embankment of the village pond to create 2,000 man days, test 100 per cent drinking water sources, and get all the village wells cleaned up and disinfected by bleaching powder, with community effort.

Sanitation is Dignity: Tribals in Malkangiri Show the Way

Location: Pandripani (Malkangiri District), Odisha

In Pandripani gram panchayat (GP) of Malkangiri district of Odisha, 19 villages have undergone a tremendous change by achieving dignity, convenience and safety for themselves through more than a year-long community process.

Pandripani GP, situated in the Naxal-infested Malkangiri district, is surrounded by forests. The GP now has the headquarters of the Central Reserve Police Force and a Border Security Force camp. Earlier, defecating in the jungles was a way of life. Now, apart from the unhygienic repercussions, it has also become a dangerous proposition for the people as they could be caught in the crossfire of military combing operations or Naxal forays in the jungles.

This situation prompted the Sarpanch to seek the District Water and Sanitation Mission's support in making proper sanitation facilities available to the people. He realised that the process of mainstreaming sanitation and hygiene practices in the day-to-day lives of the tribals – and making life safer and dignified – could only happen if it was integrated into the cultural life of the tribes.

The process of change was initiated in February 2009. For this, the Sarpanch ingeniously used the popular 'Chaita Parab', the annual seven-day festival of the tribes, as an entry point for sanitation. The traditional mode of revelry and merry-making involved adult males going to the forest for hunting prey, with successful hunters being ceremoniously welcomed by their waiting wives in the villages.

After initial meetings with villagers and other key opinion leaders, it was agreed that the occasion this time would not focus on hunting; instead, every adult male householder would construct toilets in their houses within the seven days. The campaign was sustained throughout the festive period with traditional drum beating, feasts and dancing. The men were supported in their construction drives by their wives and family members. The Ward Members supported the supply of raw materials. The anganwadi worker was given the responsibility of door-to-door motivation for sustaining the desired behaviour practice of toilet usage. The district officials ensured the supply of materials.

The festival ended with a toilet in every house. The men were garlanded with red hibiscus garlands by their wives in recognition of this accomplishment.

The Gaon Kalyan Samitis, under the National Rural Health Mission, monitor behaviour through regular village meetings and door-to-door visits.

This process, of using local cultural traditions for promoting sanitation, is proposed to be taken up in nearby GPs and villages.



Community Mobilisation in a Tribal Community for Sanitation Behaviour Change

Location: Bagchema (Koraput District), Odisha

Odisha suffers from the widely prevalent practice of open defecation among the rural communities in its various districts. This was the situation in a tribal village community in Bagchema village, in the Dasmantpur block in Koraput district of Odisha. However, a radical transformation in traditional lifestyles to become an open defecation free (ODF) community, through community mobilisation and collective action, was achieved with the help of external facilitation.

Bagchema is a small revenue village in Dasmantpur gram panchayat (GP) with 32 households, all of whom belong to the Mudli and Jani tribes. Their main source of income is agriculture or construction labour. More than 90 per cent of the community lives below the poverty line (BPL), with an overall daily income per household of not more than Rs 100.

The village was taken up as a demonstration site to convince the cynical staff at district and block levels of the effect of Community-Led Total Sanitation (CLTS) on behaviour change among the tribal community. The initiative was started on November 10, 2009, by the facilitating agency, along with Mr Bara Jani, the village Sarpanch. While a donor agency had earlier constructed toilets for seven families in this village as demonstration, the toilets were soon broken down and the components used for other purposes. Hence, open defecation was found to be the norm among everybody, including women and children. Oral faecal transmission was observed in every household, with regular incidence of diarrhoea and water contamination.

Triggering

After some initial rapport-building interactions with the village, triggering was undertaken on November 12 in the presence of all households, using various trigger tools (defecation mapping, demonstration of oral faecal transmission, faeces ingested by people, calculation of faeces, cost/expenditure of illness, and respect of

women). The triggering led to the villagers realising and acknowledging their situation, and collectively vowing to stop open defecation. Natural leaders emerged from among the villagers on the first day, declaring that nobody would leave open their faeces. The excited natural leaders came forward spontaneously to dig leach pits and line it with clay, in only three-and-a-half hours, helped enthusiastically by their friends.

Intensive Follow-up

Four of the natural leaders – Kurmo Jani, Abhi Jani, Pitwas Mudli and Rameshwer Jani – were ready the next day at 4 am. Two teams ('Nigrani Committees') were formed to monitor the two main defecation sites. On the first day of field visits, the teams met with 50 per cent success. The Sarpanch, on receiving this report, was excited enough to provide whistles to all the natural leaders.

Within six days, the entire village had stopped open defecation; in the next 10 days, all the villagers constructed their own no-cost leach pit toilets, without any external support. Since the natural leaders had already demonstrated how to build the no-cost toilet with good superstructure, it served as a model for others to follow suit. There was a ceremonious 'launch' of the new toilets with a ribbon-cutting ceremony, where all villagers promised to stop their current practices and start a civilised existence.

Post-ODF Status

The intervention was started in November 2009. Following the promises made during the triggering phase, every one, including children, is now using their self-built toilets for defecation. 'Nigrani Committees' persisted with the early morning follow-ups for one month afterwards, armed with their whistles. The whistle served as a reminder to those who still went for open defecation to cover their excreta and start digging pits in their house.

Two months later, a ‘walk of pride’ was held in which the entire village participated. A green flag was placed at the village entrance with the caption ‘Sanskari gram – Baghchema’, implying that nobody goes out for defecation in this village. The jubilant villagers also coined a slogan for themselves: ‘Jai Pariskar’, in honour of this new ODF scenario. This victory-slogan has now reached the neighbouring villages too.

Ensuring Sustainability of the Changed Practice

This intervention is less than a year old. However, various measures of monitoring and sustainability have already been put in place:

- Regular follow-ups by the ‘Nigrani Committee’.
- Peer group pressure among villagers to create a continuing sense of shame among ‘defaulters’.
- Regular visits by external personnel (for example, government functionaries from line departments).
- Use of sanitation ladder to upgrade technology (cat method to on pit to off pit) options once the village attains ODF status.
- Institutional support from the state government to legalise the ‘Nigrani Committees’ and bring them within the institutional framework; and reallocate the BPL fund under the Total Sanitation Campaign to give equal share to families both above and below the poverty line, with the consensus of the community. Hence, in a way, the poor cross-subsidise the rich.

Initiatives for Scaling Up

In the next two months, following the demonstrated success in Baghchema, two neighbouring villages – Durkaguda and Badlikudma – started practicing safe disposal of excreta. A majority of people are now covering the excreta with mud or ash. Baghchema has created a wave of enthusiasm, which has spread out to neighbouring GPs too. Currently, all the villages in Dasmantpur GP (Baghchema, Badlikudma, Durkaguda, Mandiyaguda, Munder, Maugaon, Chaulakanti and K. Dandabar) have become ODF. In addition, Dumbaguda GP, Girligumma GP and Chikamb GP have also succeeded in becoming ODF communities.

Key Learning

- Collective behavioural change is possible through effective community mobilisation.
- Communities, irrespective of geographical background or socio-economic status, can be mobilised to attain open defecation free status without any external support.
- To sustain this practice in a predominantly BPL community, and enable them to move up the sanitation ladder, institutional support from the government is critical.
- Existing ‘Nigrani Committees’ need to be empowered and recognised by bringing them within the purview of the institutional framework.



Female Sarpanch Achieves Total Sanitation

Location: Hajjipally (Mehboobnagar District), Andhra Pradesh

Hajjipally is a gram panchayat (GP) in Farooqnagar Mandal of Mehboobnagar district, one of the most backward districts in Andhra Pradesh. Hajjipally, under the leadership of a female sarpanch, has achieved total sanitation with access to, and usage of, toilets by 100 percent households. This GP became open defecation free (ODF) by 2008 and moved beyond ODF to address other issues such as solid and liquid waste management, ensuring cement roads, underground drainage and sanitation facilities for all institutions.

The Hajjipally GP received the highest award at the state-level under the state reward scheme, the 'Shubram Awards' by the Government of Andhra Pradesh. It also received the Nirmal Gram Puraskar from the Government of India.

How This Village Looks Today

This village has achieved ODF status in 2008 and sustained it; the village is totally clean, without any stagnant water either in the streets or any water points. The village has cement roads and each house is connected to underground drains with a proper disposal outside the village. The people have passed a resolution that any guest or visitor to the village during fairs or ceremonies, such as marriages or family functions, should not defecate in the open. All the school toilets/anganwadi toilets have water supply and are well maintained. Drinking water is regularly chlorinated in the village.

How Total Sanitation is Maintained

The GP could sustain the change achieved with the following activities by the GP with all the stakeholders in the village:

- Separate school sanitation facilities for boys and girls, with running water facility.
- School Sanitation and Hygiene Committee maintains degradable and non-degradable dustbins in the school campus.

- In winter, youth club members formed teams of four members for monitoring of open defecation practices and camp fires at open defecation places by the Nigrani Committee.
- Cleaning of bushes to prevent open defecation in GP jurisdiction and fixing of lights in open defecation area.
- Notices issued by the Gram Panchayat Water and Sanitation Committee during fairs and festivals: Guests are not to go outside for defecation. A Rs 500 penalty is being imposed per family if anybody goes outside for defecation.
- Visits by many officials, elected representatives of the other villages and the districts have also motivated the GP to maintain the status.

Initiation and Support

The District Support Unit formed under the Total Sanitation Campaign (TSC) and Swajaladhara programmes visited the village in late 2006 and formed a Village Water and Sanitation Committee (VWSC) involving the village elders, GP members and the active youth club. The president of the youth club played a major role in ensuring the participation of all the young people in the programme. Triggering activities using the Community-Led Total Sanitation (CLTS) approach had been undertaken in the village when the district initiated the CLTS programme under the then Collector's leadership. This programme was effective in bring people together and triggering behaviour change. The VWSC developed a strategy to involve various groups such as youth clubs, women's self help groups (SHGs), elected representatives from each ward and the informal/community leaders.

Triggering Tools Used

The triggering tools used to bring about a change in the behaviour of the villagers were:

- Participatory approaches to trigger the community, such as a walk of shame, and appealing to women's dignity.
- Health expenditure due to poor hygiene and sanitation, and faecal-oral transmission of diseases.
- Interpersonal communication between SHG members, school children and the youth in the village.

Sustainability of Total Sanitation

Total sanitation has been sustained since 2008 due to monitoring by youth club members on a regular basis. The GP has introduced a system of penalties for any open defecation either by the villagers or visitors/guests to the village; so far, an amount of Rs 2,500 has been collected by the VWSC. These penalties were, however, collected in the beginning—now no one defecates in the open.

Health Impacts

There has been a great reduction in the incidence of diarrhoea, typhoid, and other water- and sanitation-related diseases in the village.



Innovative Initiative in Water and Sanitation

Location: Medepally (Khammam District), Andhra Pradesh

Medepally village has ignited behavioural change among the community and Panchayati Raj Institutions, which is a step forward and a ray of hope of rejuvenation for the village. The gram panchayat (GP), under the leadership of the sarpanch, and with the support of community leaders, self help groups, youth clubs and officials from all levels, has achieved total sanitation by making the GP open defecation free (ODF). This has been further extended to ensure safe water to all. This GP has been recognised by various agencies and rewarded for its achievements. The important rewards received are: Nirmal Gram Puraskar by the Government of India; Shubram Award under a state rewards scheme at mandal and district level by the Government of Andhra Pradesh; and Google award from the Google group for achievement in the areas of water supply and sanitation.

Approaches Adopted to Achieve Total Sanitation

- House-to-house surveys conducted in the village and necessity of household toilets explained.
- Members of the Mahila Samakhya are involved and they explain the usage of individual toilets to every household.
- Attractive toilets have been constructed for boys and girls separately, with running water facility, at the schools, and there are baby-friendly toilets for anganwadi centres in the village.
- Student committees have been formed. They create awareness amongst the community on usage of toilets and handwashing before meals and after toilets.
- Urinals and toilets have been constructed for migrant labourers and the public; preventive steps have been taken for control of defecation in open places.
- Soak pits have been constructed with lesser cost in each house and at every handpump in the village to prevent the gathering of wastewater.
- Solid waste from cattle sheds has been dumped in a corner of the house and the accumulated solid waste has to be shifted to their agricultural fields once in a year.
- Every household is trained to collect waste material from their kitchens and houses, and to dump it in a dustbin provided by the GP (one for 20 houses). The accumulated solid waste should be shifted to the vermi-compost unit, which is maintained by the GP. Waste plastic goods and plastic carry bags are put in the designated dustbins and finally disposed off in separate pits provided at the outskirts of the village.
- The village has been maintaining drinking water scheme in a sustainable way by collecting a monthly tariff from stakeholders through a well established Village Water and Sanitation Committee.
- Water quality has been maintained by regular testing using the field test kits.
- To protect and increase the level of the ground water, the village has constructed rain water harvesting structures at condemned borewells in the village.



From Sanitation to Drinking Water Supply

After achieving total sanitation, the GP has turned its attention towards improving the efficiency of the water supply scheme through:

- a) Community participation in water supply.
- b) Cost sharing by the community in capital investment, and complete responsibility for operation and maintenance (O&M) and water quality monitoring, etc.
- c) Sustainable water supply system through user charges – 100 per cent recovery of O&M costs from users.
- d) Setting up of community-based water treatment plant and safe water provided to every household at a nominal price (that is, 20 litres at Re 1 only).

Impact

Improved water and sanitation facilities have resulted in reducing drudgery for women, enhancing women's dignity, reducing water-borne diseases, increasing capacity of the GP and bringing in recognition from various quarters.

Women Create History: Village Made Open Defecation Free in Two Days

Location: Hoori (Kinnaur District), Himachal Pradesh

A remote high altitude village called Hoori, Gram Panchayat (GP) Yangpa of Nichar block in district Kinnaur of Himachal Pradesh is now a clean village. All the 33 households of the village are using toilets and no one defecates in the open. Outsiders who visited village easily sensed that the villagers treat sanitation as a public good. If visitors ask villagers pointing to a household toilet in the village (which is located close to the pathway and is where the village begins): “Whose toilet is this?”, people usually reply, “It belongs to everyone who needs to relieve his/herself,” “In our village, anyone can use any one else’s toilets, if required.”

There is a rule made by the village sanitation committee (which has mostly women members) in the village that everyone, including wage labourers, has to use toilet 100 per cent of the time when there is a need to defecate. There is also a penalty/fine (ranging between Rs 500 to Rs 1,000 depending upon whether it is the first mistake or a repeated default) for defecating in the open. Outside labourers, whenever they arrive, are told by the village committee members to first construct a dry pit toilet for themselves and then to do anything else. Cow dung and street sweeping are disposed off in allotted places, such as agreed place for community littering, in agriculture fields. Everyone has imbibed improved hygiene practices such as handwashing with soap and water after defecation, which was earlier almost missing. Hoori village is now neat and clean, and all in the village are proud of their achievement.

This was initiated and completed in two days during a five-day training workshop organised by the District Rural Development Agency, Kinnaur to train panchayat secretaries and panchayat sahayaks. This practice of always using toilets for defecation by all the inhabitants of the village as also the migrant labourers (as a rule now labourers construct dry pit toilet for themselves and use them), sweeping village lane and streets at regular intervals by women and younger people and use of improved hygienic practices were witnessed only after the triggering intervention by a group of participants who went for trying out triggering in a real life situation as part of the training activity in October 2007.

During the triggering exercise, the community members present were engaged in a self analysis of the sanitation profile of the village using a number of participatory exercises such as transect walk, disease transmission routes and calculation of medical expenses, etc. The exercise revealed that despite 60 per cent households having toilets in their houses (most of them were defunct or were being used for bathing), 95 per cent of village population was practicing open defecation. As mentioned above, the triggering team used participatory tools to ignite the community by helping them in analysing and reflecting on their own sanitation profile. The villagers realised the related negative effects of their sanitation behaviour on their dignity and health.

While most community members present during the exercise became silent, two women community members, Rajvanti and Vijaylakshmi, said that everyone needs to stop open defecation as early as they could, as they don’t want to eat human shit anymore. Surprisingly,

after two days of triggering, these two women village natural leader (NLs) along with another NL Rameshwar visited the workshop and shared that they have made their village open defecation free and invited the participants to see their village's transformation. A team of the participants including the PO, DRDA, visited the village. During the visit, villagers welcomed them and said that "you people opened our eyes; earlier we were living like animals; we felt very much ashamed on that day." The then PO also encouraged villagers by praising them for their work and requested them to motivate people in other villages in the neighbourhood, including their relatives in the area.

The villagers shared that they had a meeting the same evening after the triggering team had come back and started constructing simple pit toilets with local material and using proper pit cover on it. Initially, they completed five toilets in different localities of the village and started sharing them and everyone stopped defecating in the open. After five or six months, all the households constructed pour flush toilets, including the initial five households that had constructed simple pit toilets. It was their upward journey on the sanitation ladder.

There is community participation in mobilising and sustaining the change. Women's group, and some village youth who were motivated by women, took the initiative to improve the village environment. Mahila Mandal (women group) of Hoori also got a cash prize for mobilising and sustaining the sanitation gain under state sponsored 'Mahila Protsahan Yojna' for promoting sanitation in Himachal Pradesh. Women and youth took interest in this; now women are monitoring that no one defecates in the open including migrant labourers.'

This practice is sustainable; women and a village committee ensure cleanliness in village lanes and monitor labourers' behaviour. This practice has been sustainable since the past two years. As mentioned above, there is a provision of imposing fine on defaulters; there has been no instance of default though. In 2009, the GP Yangpa has applied for NGP.

This practice of triggering is replicated in many villages across Himachal Pradesh. Reportedly, the district Kinnaur is on the verge of declaring itself an ODF district using community-led approach. The approach has also been successfully used in some other districts/states/countries. However, in most cases, triggering alone is not sufficient. Timely and strategic post-triggering follow-ups are critical in capitalising upon the desire of collective behaviour change and converting it into collective local action.



Community Mobilisation Leads to Open Defecation Free Status in Three Months

Location: Neen (Shimla), Himachal Pradesh

Gram panchayat-level best practice: Training and orientation led to community mobilisation.¹

Neen gram panchayat (GP), of Basantpur block of Shimla district in Himachal Pradesh, is the first GP to receive the state-level sanitation award for achieving fully sanitised status. Since March 28, 2007, when all the eight villages of the GP declared themselves open defecation free (ODF), no one now defecates in the open and visitors are also not allowed to defecate in the open. Efforts have moved beyond safe disposal of human excreta to solid and liquid waste management. All the households are now making either vermi-compost from cow dung and household waste or using simple composting methods. Soak pits have been constructed for grey water wherever required. The people are also doing rainwater harvesting to combat water scarcity for toilets and bathrooms (around 60 per cent households have constructed roof-top rainwater harvesting structures in their houses). There is excellent drinking water management at traditional water sources and households level. Improved water, sanitation and hygiene (WASH) facilities in the high school are managed by the school sanitation club. Women's groups organise sanitation drives every month to ensure overall cleanliness of the village. A dhaba (hotel) owner manages and ensures, on a voluntary basis, water for the pour flush community toilet in the local market for visitors.

¹ Training and orientation of members of Panchayati Raj Institutions on a Community-Led Total Sanitation approach impacted their mindsets and they got involved in mobilising the community in a participatory manner, until an ODF environment in the gram panchayat was achievement. Then they led further local action for moving beyond ODF to fully sanitised status.



Sustainability of improved behaviour is ensured by a village-level sanitation committee by involving children and women in the sanitation-related activities and monitoring. The GP imposes a penalty of Rs 50 for open defecators and people who litter solid waste in the open.

The demonstrated success of this practice has led to its replication in other GPs of other blocks and districts in Himachal Pradesh. People come from outside the state to learn how the GP has achieved and is sustaining a fully sanitised status.

This integrated approach had been initiated in January 2007. Although the Total Sanitation Campaign (TSC) had been implemented in the GP since January 2006 (after the formation of the new GP elected in December 2005), out of 241 households, less than half of households (41 per cent) had access to toilets. Only 10 per cent toilets were in use for the purpose they were constructed and the remaining were put to alternative uses such as bathing enclosures, storehouse, etc. TSC progress on the ground was not satisfactory until December 2006. A support organisation hired by the district authorities (Their services were terminated later, as the district administration found them ineffective) was working for community mobilisation.

In January 2007, panchayat secretary Mr Bhagwant, under the guidance of the local block development officer, formed two teams under the leadership of a zilla parishad (ZP) member and the secretary himself (he had received training in Community-Led Total Sanitation, or CLTS). They organised triggering sessions initially at two locations (in Neen ward and in Jubbar ward). Later, triggering sessions were organised in the other three wards. Door-to-door campaigns were undertaken by the natural leaders that emerged during the process. Later, members of all community-based women's groups (such as Gita of Mahila Mandal) took the lead, followed by block development committee, school children, teachers, other trained personnel and district administration who supported this initiative.

This effort witnessed good response from community members, particularly women and children. Then the triggering teams planned to involve leaders of community-based women's organisations and school children as part of triggering teams. Follow-up sessions were organised in small groups of women by both triggering teams. The focus was on collective realisation of linkages between sanitation behaviour and health, and initiating local action without waiting for outside help. The block development officer also accompanied the team on some follow-up sessions to encourage those villagers who took initiatives to modify their traditional behaviour.

The initial two Mahila Mandals soon triggered the remaining five. These women self-help groups and school children visited the difficult/stubborn households, who were unwilling to change, in teams and motivated them as and when required.

The GP also displayed newspaper cuttings related to sanitation achievement of other districts (such as good work of Killing GP of Mandi, etc) on its notice board, to break the myth that eradicating open defecation is difficult. During discussions with visitors and in official meetings at the GP office, the members made people realise their dignity. To scale up sanitation in the entire GP area, the GPWSC passed a resolution in a special gram sabha to make all the GP area ODF by March 31, 2007. Community members were mobilised by using multiple local community mobilisation tools, such as, mapping faecal-oral route, anecdotal stories related to sanitation, H₂S vial and medical expenses, a *kalajatha* (street play) performance, and so on.

Children formed sanitation clubs in the high school to ensure proper operation and maintenance of WASH facilities in schools. A weekly sanitation talk in the morning assembly of schools (including the high school and five primary schools) is now a regular feature in Neen GP.

Initially, there was non-cooperation from retired government employees of the GP. They perceived the involvement of women in TSC activities as a wastage of time. Gradually, however, they realised that people changed their sanitation behaviour due to the efforts of women. They came fully on board when they saw that the GP got the first position at block level competition of sanitation. Now, all sections and age groups of the community practice safe sanitation.

Women's groups and panchayat bodies are the main drivers in the GP. For example, the Mahila Mandal of Katheru hamlet (30 households, and no one had toilets initially) in Neen village undertook an initiative to change the practice of open defecation after a triggering session in January 2007. The Mandal members continued follow-ups in their own hamlet and triggering in village/ward of Neen until they became ODF. They also did follow-ups in other villages of GP on demand. As stated above, initially, only two MMs came forward to promote sanitation but now all the seven MMs have undertaken the responsibility. These women groups have helped in mobilising unwilling government employees who were not cooperating in the campaign and not building or using toilets. School children, teachers and Panchayati Raj Institutions' (PRI) members also worked hard until fully sanitised status was achieved. Villagers and GP members encouraged poor households of their village to construct toilets with self-help.

This modified practice is sustainable and is in operation since March 2007. Sustainability is ensured by involving the real stakeholders such as school children, women's groups, village water and sanitation committee members and PRIs in monitoring and encouraging people towards improvement in sanitation facilities, especially because their villages are role models for other villages. Defaulters of sanitation rules have to pay a fine (Rs 50) in the gram sabha. Mahila Mandals and SHGs meet every month as part of group activity and also supervise cleanliness of the village paths and surrounding areas by involving other willing community members. A local dhaba (hotel) owner has taken the responsibility of ensuring water for the community toilet. A new community toilet complex is under construction. Wall painting and slogan writing – depicting the best hygiene and sanitation behaviour, and life cycle of different type of garbage and their possible reuse and safe disposal – have been done by the GP at strategic places in the villages and local markets to remind visitors and villagers about safe sanitation.

This best practice is being replicated in other GPs of the blocks and districts and in Himachal Pradesh. People outside the state visit the GP to learn these best practices. These visits also encourage them to ensure sustainability of changed behaviour in respect of sanitation. The people of Neen are sustaining their status after having been conferred the first cleanest GP reward of Rs 10 lakh under state reward scheme of the Government of Himachal Pradesh in 2007.

Community Surveillance of Water Sources and Sanitation Practices

Location: Sunderkhal, Uttarakhand

Sunderkhal gram panchayat (GP) in Uttarakhand is an excellent example of community ownership in water quality monitoring and surveillance, as also sanitation behaviour change. The following practices in Sunderkhal deserve mention:

- All the 21 water sources in the GP are tested by the community for bacteriological contamination using H₂S vials three times in a year and necessary remedial measures are undertaken as per requirement using bleaching powder/chlorine tablets, etc.
 - The community also fills sanitary survey formats once a year to assess the risk associated with their water sources and the related reasons. Based on the findings of the survey, protection measures are undertaken by the community members themselves. These include repair, white wash, cleaning or protection of various structures of water sources. The community contributes Rs 10/month/household for the purpose. At times, community members also contribute voluntary labour.
 - To ensure protection from illnesses, there is a practice of consuming boiled and filtered water in almost all households. Domestic water filters exist in 60 per cent households.
 - Ladles are used for taking out water from pitchers.
 - Proper drainage has been constructed for disposing wastewater, particularly from water sources and houses.
 - Nobody defecates in the open in Sunderkhal. The GP imposes a Rs 50 fine on defaulters.
 - All the schools¹, anganwadi centre and other community buildings (Panchayat Bhawan, sub-centre of health department) have toilets that are properly maintained. To solve the problem of water shortage (for use in toilets) in the inter college, a rule has been formed, with the consent of students/parents, that every student would bring half-a-litre extra water which would be poured in a big container put near the toilets in the school.
- Handwashing with soap/ash and water after defecation and before meals is being practiced by students and community members.
 - Four garbage bins have been installed by the GP at main locations.
 - There are about 75 compost or vermi-compost pits in the village for safe disposal of cow-dung and other biodegradable waste. Non-biodegradable waste is either sold to rag pickers or buried in pits.
 - A user water supply and sanitation committee (UWSSC), which is responsible for overseeing water and sanitation in the village, has been formed in the village.

This was initiated on January 24, 2009. A training workshop was organised in Dhari block of district Nainital by District Project Management Unit, Bhimtal, and conducted by Knowledge Links as part of IDM 2007 project number 245, 'Institutionalising community-led action for sanitary surveillance (CLASS) through development and launch of a reward scheme', with the support of the World Bank. Key Resource Centre (KRC), Centre for Good Governance (CGG), Uttarakhand Academy of Administration (UKAA), Nainital, and the Project Management Unit (PMU), Swajal Project, Uttarakhand, Dehradun, provided their consent for this IDM pilot project.

The gram pradhan of Sunderkhal, Ms Leela Bisht, was one of the participants in this workshop. Impressed by the CLASS approach, she requested resource persons from Knowledge Links to trigger CLASS in her own village during the course of training. Thus, triggering was done and post-triggering follow-up support was also provided by Knowledge Links professionals and a few DPMU staff.

¹ Sunderkhal has three schools: two primary (one government and one private) and one inter college.

During the triggering exercise, the community members present were engaged in self-analysis of water and sanitation profile of the village using a number of participatory exercises, such as disease transmission routes, calculation of medical expenses, calculation of amount of faeces left in the open, demonstration of sanitary survey of *naula* and *dhara* (traditional water sources), visits to defecation areas, water testing through H₂S vials, etc. The exercise revealed that 50 per cent households were suffering from jaundice; one person had died of jaundice just a month ago. Most of the households were practicing open defecation; one school toilet was choked and defunct. Many people in the community had the perception that jaundice is occurring due to bad air. For the first time, they now realised the connection between their consumption of bad water and occurrence of jaundice. They also realised that open defecation was polluting the water sources. The risks associated with their water sources and related reasons that emerged during sanitary survey demonstrations gave them ideas as to what they could possibly do on their own to improve the situation.

They immediately agreed to undertake a sanitary survey of all the water sources in the GP, cleaning of all the *naulas*, repair of tank in *dhara* and disinfection of all the water sources using bleaching powder. Besides the gram pradhan, two natural leaders emerged during the triggering process. Up-pradhan Khim Singh and Bachchi Singh (who is currently cashier of the UWSSC) were the first to get motivated. Bachchi Singh said, “We undertake this responsibility now onwards; had this been known to us earlier, that we were responsible for polluting our water, we would not have lost Jagat Singh [person who died of jaundice].” Khim Singh said, “We will ensure that the village becomes ODF within a week or two. I will help those who are unable to dig their toilet pits.”

These natural leaders visited the schools and mobilised students and teachers. Students organised processions in the village, shouting slogans to end open defecation. Women were mobilised to form teams and convince

community members in their neighbourhood regarding cleaning and protecting sources, water testing and ending open defecation. Similarly, men in teams mobilised the males. Community contribution was started and deposited in the UWSSC account. For the first time men got associated with protection of water sources; earlier only women were responsible for this.

Drainage was constructed to safely dispose wastewater from one *naula*. A water tank was repaired with community contribution and GP fund. A system of weekly cleaning of water sources was introduced. Self-help groups of women and Yuvak Mangal Dal contributed to this process by doing vigilance in the morning to check open defecation. The committee decided to purchase H₂S vials, bleaching powder, etc, from the contribution. Seven ward members also took the responsibility of monitoring. All the water sources were tested initially in January and February 2009, then in July 2009 and then in October 2009. Now, these tests are done during the monsoon, after monsoon and in the winters.

Thus the village became open defecation free (ODF) in 13 days, and all the water sources had been tested and sanitary surveys undertaken. The sanitary surveys revealed that most of the water sources were a ‘high risk’ category. Therefore, remedial and protection measures were undertaken. Within six months, the community members upgraded their toilets.

All sections of the community have participated including men, women and children. Community institutions such as Yuvak Mangal Dal, GP, women self-help groups, anganwadi and schools contributed in the process. School teachers, Accredited Social Health Activist (ASHA) and anganwadi workers mobilised the people in their work places.

The initial indications are encouraging. The practice has been operational for more than a year-and-a-half. This practice is sustainable – women and village committees ensures water quality monitoring and surveillance and

cleanliness in the village. Many persons who earlier built temporary pit toilets have now proper *pucca* (permanent) toilets. As mentioned above, there is a regular community contribution in cash; labour is also being contributed by community members to ensure proper upkeep of water sources and water testing.

While before the initiation of the project in Sunderkhal, 50 per cent people were suffering from jaundice and one person had died of the disease, there are hardly any occurrences of jaundice in the GP now. In 2010, the GP Sunderkhal bagged the best GP reward (Rs 70,000) under the IDM project. There is another factor which is contributing to the sustainability of community processes and outcomes, which is that, often, group participants of various training programmes that are organised in the KRC,

CGG and UKAA visit to see the best practice. This reinforces community participation and boosts the morale of the community.

This practice of triggering CLASS has been replicated in many villages across Dhari block of district Nainital in Uttarakhand. The approach has been successfully pilot tested in this block. It has the potential of replication at scale under the GoI's National Rural Water Quality Monitoring and Surveillance Programme, provided the implementing agency at the state and district level decide to use the CLASS approach to achieve the objectives of the national programme, and also strategically use the information, education and communication as well as human resource development funds available under the national programmes of water quality and total sanitation.



From Sanitation to Governance and Overall Development

Location: Gudur (Karimnagar District), Andhra Pradesh

Gudur is a small gram panchayat (GP) in Musthabad Mandal of Karimnagar district of Andhra Pradesh, with 256 households and a population of 1,013. The majority of the people are agriculturists and agricultural labour. Triggered by the motivational efforts of the district authorities, the village eradicated open defecation in the village during 2007 and marched towards achieving many other goals. Some of these achievements by the GP, in partnership with women's self help groups, youth clubs and informal leaders are:

- Achieving open defecation free status by 2007.
- Banning smoking, as well as consumption of gutka and liquor, in the village.
- Proper management of solid and liquid management in the village.

- Setting up of community water treatment plant by the self help groups.
- Conducting gram sabhas every month with more than 90 per cent attendance.

The process followed was:

- In early 2007, after the sarpanch of Gudur GP came to know of the Total Sanitation Campaign (TSC), Nirmal Gram Puraskar and Shubram wards from the District Support Unit (DSU), he convened a meeting of all the ward members, self help groups (Development of Women and Children in Rural Areas) and youth clubs. On the agenda was a discussion about TSC and the opportunities to clean the village. He enlisted the support and active participation of all stakeholders in the process.
- It was decided that relevant stakeholders should study how another village – Gangadevapally in Warangal district, a well-known GP in the state for its many good practices – had achieved its status. A group of 120 members representing all SHGs in the village, youth clubs, GP members and informal leaders along with the sarpanch and the DSU staff members visited Gangadevapally.
- The group spent a day with the people of Gangadevapally discussing the various development programmes and systems, and the sanitation situation, in the village.
- A gram sabha was convened the day after the exposure visit, to share experiences and to decide how to proceed. After a two-hour discussion, the community passed a resolution to work together, to make their village better than Gangadevapally, within six months.
- The community decided, that same day, to end open defecation within six months.



On October 2, 2008, on Gandhi Jayanti, the entire community of Gudur GP promised to ban liquor and gutka in their village. This is one of the best examples of community participation.

The villagers established a water purification plant with public contribution. It has been maintained by women's self help groups – 20 litres of purified water is now available to the people only for Re 1.

Awards

Gudur's GP was honoured with the Nirmal Gram Puraskar, for promoting good sanitation and hygiene practices, by the Department of Drinking Water Supply, Ministry of Rural Development, Government of India, in 2008. It was also selected for Shubram 2008 Award, District level 1st prize, which is presented by the state government of Andhra Pradesh.

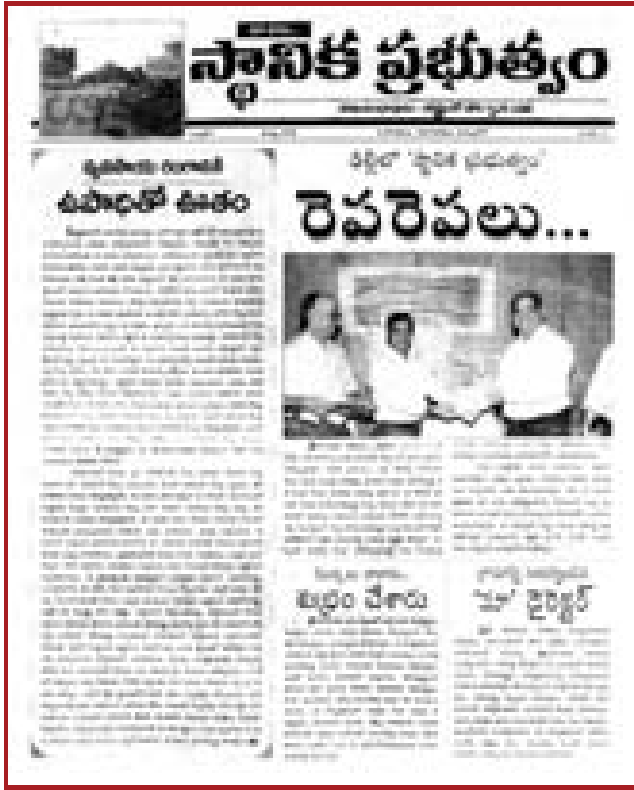


A Model for Community Participation in Development

Location: Ramachandrapur (Karimnagar District), Andhra Pradesh

Ramachandrapur is a gram panchayat (GP), in Karimnagar district of Andhra Pradesh, with 447 households. It has achieved the distinction of being the first GP in the state that has received the Nirmal Gram Puraskar (NGP), and has sustained this achievement very efficiently. Each and every house has a safe toilet; more than 90 per cent households have access to individual tap connections. By ensuring the convergence of various programmes, the GP has ensured that every family has a *pucca* (permanent) house, and the village has been declared as a 'hut free' village. This village has not become complacent after receiving the NGP. Achieving total sanitation was the first step towards development. A few of the other achievements made by the community, under the leadership of the sarpanch, are:

- Received NGP from the Government of India in 2005.
- Received the state reward under Shubram 2009.
- The entire population has consented to donate their eyes after death – 21 people's eyes have been collected and sight given to 42 persons.
- There is proper management of solid waste in the village. The GP has procured necessary equipment such as tricycles and dust bins, and manages a vermi-compost unit.
- Every household has either a leach pit or kitchen garden to maintain liquid waste (wastewater treatment).
- Every individual (who is eligible) in the village is insured.
- There are well-maintained roads with gardens on either side of the road and proper street lighting.
- The GP recently printed a newsletter, called *Sthanika Prabhatvam* (that is, Local Government), which was released in July 2010 by the Director, National Institute of Rural Development (NIRD).



The ‘Mini Cabinet’ style of administration adopted by Ramachandrapur village has worked wonders. It has enabled the village to win many accolades, including the President’s Nirmal Gram Puraskar for sanitation. It was in tune with the Gandhian model of rural development that the GP introduced the mini cabinet concept. Under this, ward members were made “ministers” responsible for particular portfolios. The strategy worked and each minister worked hard for the success of the projects given to him or her. The village also created a record when all of its 2,100 residents volunteered to donate their eyes.

According to the sarpanch, allotment of specific tasks helped the ward members to focus their energies. Women in the village are very receptive to progressive ideas.



Supply chain for sanitation programme: The GP coordinated with the suppliers of sanitary materials – like pans, pipes, pre-fabricated doors, etc – in the market and ensured bulk supply delivered to the village at reasonable prices. Some of the materials, like sand, were collected from sand quarries collectively by the community using their tractors and voluntary labour. Everybody participated in the activities. Most households manufactured or moulded the bricks themselves, which helped in further reducing the cost of the materials.

Replication: Ramachandrapur has become a learning ground for community-managed development. It has been frequently visited by many television channels, academic and training institutions (including NIRD), and development professionals from within and outside the country. GP members, non-governmental organisations and sarpanchs from many other GPs from within and outside the side the district have visited the village also.

Sanitation Success Stories

Location: Fatehpur (Block Una, District Una), Himachal Pradesh

Background

Fatehpur is one of the first gram panchayats (GPs) of Una district to have won awards under the Nirmal Gram Puraskar (NGP) programme of the Government of India, as well as the 'Maharishi Valmiki Sampurna Swachata' award of the Government of Himachal Pradesh. The awards have been given in recognition of its achievements in attaining open defecation free status, ensuring complete toilet access and use in its households, schools and anganwadis; and developing and maintaining proper solid and liquid waste management systems, with clean and green environment around the village. The key attributes of this remarkable success have been a well-defined process, effective implementation and monitoring; and, above all, collective commitment – all of which have put Fatehpur on the road towards total sanitation.

Elements of Success

The key elements of the commitment, processes and systems that contributed toward Fatehpur's success are:

- Initiation of planning process based on situation analysis which revealed that despite having access to toilets (164 out of 190 households had access), a majority of them were practicing open defecation resulting in filth and dirt in and around the village and spreading diseases.
- The findings of the situation analysis helped in fine-tuning the strategies from construction driven to behavior change approach, which saw massive investment in generating awareness using various communication tools such as street plays, community meetings, audio-visuals, wall writing, posters, etc. Household-level meetings with individual and families also played a critical role. The partnership approach adopted saw the involvement of youth clubs, women's groups and self help groups (SHGs) in mobilising the community to adopt sanitary behaviour. In particular, youth were mobilised and motivated for the upkeep and maintenance of religious places, schools, anganwadis, sports grounds, etc. Teachers and students too have participated in this initiative with great impact. The key messages of mobilisation were dignity and health of women and panchayat.
- Setting up a robust institutional mechanism to implement and monitor the total sanitation initiative by creating sanitation committees both at GP and ward levels. These committees were provided technical assistance by engaged support organisation of the district administration.
- The enabling role of district and block administration with support of line departments such as rural development, education, public health and others, have contributed tremendously to the success of the total sanitation drive in Fatehpur.
- Regular monitoring by GP, block and district officials has ensured sustainable behaviour change.

Location: Sain ke Sere (Block Nahan, District Sirmour), Himachal Pradesh

Background

Sain ke Sere GP, with 256 households distributed in five wards of Sirmour district has shown remarkable progress in achieving the goals of total sanitation within a very short time. The ‘Maharishi Valmiki Sampoorna Swachata’ award of the Government of Himachal Pradesh, won by the panchayat in 2008 at the block level, is a reflection of its commitment and hard work. Later, this helped the GP in winning the NGP in the same year.

Elements of Success

This successful initiative has hinged upon four very critical components:

- Realistic goal setting by the stakeholders has helped in bringing clarity, commitment and resources to set up the initiative in the panchayat.
- Social mobilisation structured within the community-led total sanitation approach using triggering tools has played a particularly key role in changing the behaviour of the community – an approach adopted by the district administration to scale up the sanitation programme within the district. The implementation of the social mobilisation approach had a very systematic process flow, starting with the initial sensitisation of the panchayat president, ward members and panchayat secretary, followed up with community triggering processes and mass awareness programmes using ‘kala jathas’, etc.
- Learning from experience has been one of the key processes that was adopted to understand the bottlenecks in changing sanitary behaviour, which was still favoring open defecation, especially in the absence of motivation and participation from its key stakeholders like panchayat functionaries, youth and women’s groups, SHGs, etc. Realising this, intensive mobilising was done under the leadership of the panchayat president, and supported by other officials to promote sanitation and hygiene.
- Monitoring of the progress by the ward members was one of the highlights that ensured sustained adoption as well as usage of the toilet facilities.

Location: Shamra (Block Sangdah, District Sirmour), Himachal Pradesh

Background

“Do not follow others. Make your own way and let the others follow.” This saying felicitates Shamra GP that has set an example in the sanitation programme through its remarkable achievements, by winning the ‘Maharishi Valmiki Sampoorna Swachata’ award at the block and district levels as well as receiving the NGP in 2008. With these achievements, it has forced others to follow in their footsteps. For example, some GPs, like Chokar and Sangraha, have replicated the lessons learnt during the implementation of Shamra’s initiatives and reaped huge benefits in achieving total sanitation outcomes.

Elements of Success

The key elements of success have been:

- Commitment to practice was one of the key drivers for sustaining the demand creation drive. This was initially doubted by the community but the persistent effort of Community-

Led Total Sanitation trained motivators at the block level changed the perception of the community, and later behavior, towards sanitation. The support and hard work of natural leaders within the community further strengthened the resolve; as a result, within three-four months (April to July 2007), the entire GP was declared open defecation free.

- Effective programming was another key factor, especially for of setting up sanitation committees for implementation and monitoring at panchayat and ward levels, supporting poor families in constructing toilets, etc.
- To ensure sustainability in gains made in sanitation; the panchayat has also worked on issues of solid and liquid waste management in terms of providing dustbins, bio-gas, composting pits, systems of rain water harvesting, etc. And to maintain cleanliness and open defecation free status, it has also introduced penalties on individuals if violating the status.
- Community-based monitoring was another important factor that helped the panchayat to ensure greater sustainability of gains made. This was effectively supported by children and women's groups who were engaged to monitor the facilities within the schools and community, respectively.

Location: Janutipalri (Bageshwar District) and Kasani (Pithoragarh District), Uttarakhand

Background

Janutipalri and Kasani GPs, which were once characterised by dirt and filth, resulting in epidemic form of diarrhoea and dysentery, now present altogether a different story with their achievements in sanitation that changed the face and fate of these GPs. With increased sanitation access to all households, anganwadis and schools, and elimination of open defecation, today the panchayats are healthier and cleaner – especially happier because of the recognition given by the NGP for their achievements in sanitation. These GPs were given the NGP in 2009.

Elements of Success

The key elements of success have been:

- Focus on behavior change was one of the key strategies to promote sanitation in these panchayats, which received tremendous support from the 'Swajal programme' in mobilising families, students and others. Community meetings, street plays, as well as rallies by students and women's groups, consolidated the commitment of the community to adopt improved sanitation practices, particularly sanitary toilets, and become a 'Nirmal' gram.
- The committed leadership of the GP has also played a key role in sustaining the efforts. The panchayat leaders themselves took the lead in this efforts. This motivated the villagers to keep their areas clean and green.
- Regular monitoring has also helped in addressing issues and sustaining momentum.

Location: Jabda (Block Badnawar), District Dhar, Madhya Pradesh

Background

The effort of 'Nirmal' GP, Jabda, is an inspiration for others on account of their hard work and persistence in achieving results in sanitation. The focus on ensuring an effective process to improve the performance and impact on results has won tremendous respect for Jabda, especially for ensuring sanitation facilities for all households, schools and anganwadis, and for achieving open defecation free status.

Elements of Success

The key elements of success have been:

- Focus on demand creation for sanitation with the help of innovative approaches, especially the use of CLTS supported by information, education and communication tools, which have galvanised the community and ensured participation. The demand focussed training of motivators at the block and district levels have also helped in scaling up the process and producing results.
- Institutionalisation of behaviour change programmes through the Village Water and Sanitation Committee in terms of implementation and monitoring; and regulatory mechanisms such as penalising open defecation, have also worked in supporting the sanitation drive.
- Scaling of NGP has also helped in motivating the panchayat leadership to promote sanitation.
- Monitoring by children within the village and external monitoring by block and district officials have strengthened the process of implementation and ensured its sustainability since 2004. This has helped the panchayat to apply for the state-level Ujjawal Award, which is given for ensuring sustainability of NGP outcomes.



STATE/DISTRICT-LEVEL Case Studies





Community Sanitary Complexes under Total Sanitation Campaign

Location: Mizoram

A Brief History

A hilly state, Mizoram is situated in the Northeast corner of India. As per the 2001 Census, Mizoram has a population of 8,91,058 with a literacy percentage of 88.94 per cent.

The Mizos traditionally lived in small villages situated on high hillocks. Each village functioned as an independent sovereign unit with its own chief and council members (locally called 'Lal Khawnbawl'). Though the Mizos practised open defecation, they did not defecate near water sources, maintaining a high sense of hygiene and sanitation.

The arrival of the Christian Missionaries was responsible for a gradual change in the way of living. Through the British, the Mizos were introduced to the dry pit latrine system for disposal of excreta. This was popular for many years and is still practised. The dry pit latrine system was basically seen as a means of privacy and people were not aware of the need for using it for prevention of transmission of various diseases.

Implementation of TSC

In Mizoram, the Total Sanitation Campaign (TSC) was introduced in 2002. Emphasis has been laid on information, education and communication components to change the behaviour of the targetted population, by creating awareness about health education. The programme is being implemented with focus on community-led and people-centred initiatives. The Village Water and Sanitation Committee (VWSC) plays an effective role in absorbing new ideas and concepts. Through the TSC, the consciousness of the community is being transformed towards health and hygiene practices. People choose from a menu of options for household toilets for satisfying their felt needs. The generation of demand for sanitation facilities motivated the targetted audiences and they are willing to pay their share in the project. Thus, the physical implementation of this programme has made remarkable achievements in converting dry toilets into pour flush toilets, and construction of septic tanks. The programme has made a highly positive impact, especially in the rural areas.

A community sanitary complex (CSC) is an important component of the TSC. It is meant for public places, markets, etc, where large-scale congregation of people takes place. As per provisions of the guidelines, the sharing pattern between the centre, state and beneficiary is 60:30:10, respectively, for a total cost of Rs 2.00 lakh per CSC.

Mizoram has implemented innovative ideas for the operation and maintenance of such complexes, which is essential as gram panchayats (GPs) have to ultimately own the responsibility for them, as CSCs are to be used by the community. The location of a CSC is decided after taking into consideration where people congregate every day, that is, near shopping areas and taxi stands, etc. The public land is donated by the village council free of cost in the interest of cleanliness in the village.

An innovative design has been evolved for the CSC: one side of the complex is extended on one side, and this is converted into a shop, which could sell items of daily need, books, stationery or eatables. The shop is given to a person in return for a commitment to operate and maintain the CSC. The shop is rented generally for one year through local advertisements as per terms and conditions set for the purpose. The shopkeeper also takes care of the electricity and water bills of the CSC. In certain cases, where collection through users' fee has been large or the shop has been running successfully, the shop-owner also contributes up to Rs 200 per month to the village council – for further maintenance of the complex or a one-time expenditure for the evacuation of the septic tank, as and when required.

This has, therefore, resulted in the sustainability of the community sanitary complexes, constructed with central assistance under the Total Sanitation Campaign. Community members, too, are satisfied as they get clean sanitary facilities.

This concept can certainly be replicated in the northeastern region for ensuring clean surroundings in public places and market areas.

Child Cabinets: Encouraging Children to Take Charge State-wide

Location: Uttar Pradesh

Children are more receptive to new ideas and, if motivated, can more easily change their behaviour. School children can spread important health messages and practices from school to home and are potential agents to carry these forward to the next generation.

Children also act as ‘change agents’ – the prime movers in changing the environment at home. The power of ‘child’ as motivator who influences purchasing behaviour within a middle class family has been recognised by consumer industries. The same reasoning is applied in promoting hygiene in the community. Experience shows that children can act as potential agents of change within their homes and communities through their knowledge and use of sanitation and hygiene practices learned at school.

The well-managed, dirt-free surroundings of the school with a lot of plants and greenery, cleanliness in all classrooms and toilets, has turned out to be an identity for rural schools in Uttar Pradesh. This has been achieved through introduction of Child Cabinets. Once formed and strengthened, the children have taken up the management of hygiene and sanitation in their own hands. The transformation in the schools is happening with the active role of the Child Cabinet and the support of the teachers.

Rahul Patel, studying in Class 7, is small, but with a lot of self belief in what he does. He is the Prime Minister of the Child Cabinet of Upper Primary School, Niyampur Khurd, Narayanpur, Mirzapur district. He is very proud of the position he commands. He is first to arrive in the morning, almost 15 minutes before the school starts, and gathers all the children of his Cabinet to start the day by quickly checking the register to make sure that all are ready for their duties. For them the school begins with a cleanliness drive including cleaning of toilets. They also put all the flower pots in a systematic manner around the walkways. The Minister in charge of water gathers his team of students to make sure that the overhead tanks are filled with water so that they have running water in the toilets and for handwashing during school days. The Cultural Minister is also present with the team to conduct morning assembly. After the prayer, once again, Rahul, along with other ministers, is busy checking the nails and dress of the students. He very proudly narrates that it is not only in schools, but also at home he ensures that every one follows good hygiene practices – he helped his grandparents to overcome initial difficulties in using a sanitary latrine. His grandparents were not very comfortable with the newly constructed toilet at home and were not sure of how to use it. He demonstrated the correct way of using the pour flush latrine. After this demonstration now the grandparents use it regularly and also tell everyone, especially the old people, the benefits of using it.

The participation of children in school sanitation and hygiene programmes is widely recognised right from the selection of sites for installation/construction of water, sanitation and hygiene (WASH) facilities, their use and maintenance, change within self and help to change other children/peer groups, and largely in dissemination of knowledge /information about hygiene and sanitation from school to the family and in the community. In addition to dissemination of health and hygiene messages they also insist on a change in attitude and practices at the personal, family and community level in health, hygiene and sanitation behaviour.

It has been widely accepted that when students play an active role in the operation and maintenance of school infrastructure, they not only learn more by doing things themselves but also gradually adopt the desired behavioural habits of using the facilities provided in the schools. Also, lack of coordinated efforts to institutionalised arrangements for operation and maintenance (O&M) by students may lead to these facilities not being maintained and sustained for the longer term. One of the major issues in ensuring provision of WASH facilities in schools is to make them functional throughout the year. Many newly constructed facilities become unusable after some time due to the lack of a proper O&M system in place. This was a major concern in schools in Uttar Pradesh till a few months ago. But now, school programmes for WASH have organised special children's groups, under Child Cabinet.

An aim of the Cabinet is to involve children as advocates for hygiene and sanitation practices in the school and the community. Children can be powerful advocates for change among their peers, family members and the wider community. They can take part in public awareness campaigns, motivation in the home, teaching and helping younger brothers and sisters.

Another purpose of the Cabinet, particularly the health minister, is to help ensure that water and sanitation facilities in the school are used, cleaned and maintained as intended. The children of the Child Cabinet explain how to use these facilities to the younger children. They help to organise the children, for example, by leading the group that may need to carry water to the school or by lining up and organising children to wash hands before eating. The members of the clubs clean or work with groups of children to keep the schoolyard clean and to clean water points and toilets. This is particularly helpful because many schools cannot afford to pay to clean the facilities each day.

The Child Cabinet offers many opportunities for children and teachers. They can allow teachers to experiment outside the constraints of a classroom and its fixed curriculum. For example, in the context of out-of-school activities it is easier to undertake community walks, observation, small experiments, discussion groups as well as to develop songs or dances with the children on health and hygiene themes. The introduction of Child Cabinets in schools has a positive impact on the school environment; these schools demonstrate encouraging trends towards O&M of physical facilities as well as monitoring of hygiene behaviour by children itself.

Apart from monitoring the use of sanitation facilities and hygiene practices, the Child Cabinet is also helping teachers in conducting school activities in a systematic manner. Take the case of Primary School Maheba Paschim Patti, Chaka, Allahabad. Shivam Kumar, the Education Minister of the Child Cabinet, regularly helps the students of Class I with poetry lessons. He uses the supplementary reading material developed with support from UNICEF to make the smaller children learn handwashing. Similarly in Primary School Wari, Gyanpur, Bhadohi, children are helping the teachers in maintaining plantation in the school. Each student in the Child Cabinet has been allotted a plant to look after. The monitor of the school, Ajay Kumar Yadav, a student of Class 5, proudly takes every visitor to show the rose plant he is in charge of which, incidentally, is blooming with flowers.

These are some examples which suggest that, provided a platform for participation, children can manage school activities very well and help teachers in enhancing the quality of education.

Raising Clean Hands: An Innovative Initiative for Handwashing in Schools

Location: Uttar Pradesh

As Khushboo Patel, 12, rolls up her sleeves to prepare for a handwashing demonstration, other schoolchildren quickly surround her. “It is important to keep our hands clean,” she explains, “especially after using the toilet, before and after each meal, and after playing outside.”

Khushboo began teaching other students about good hygiene at Primary School Kachnar in Arajiline block, Varanasi, after the first Global Handwashing Day in 2008. Two years later, she continues to round up children in the playground at meal and break times. She also encourages her schoolmates to pass on these healthy handwashing techniques to relatives and friends at home. She is also the elected Prime Minister of the Child Cabinet of the school.

Students and teachers at the WASH-friendly Primary School, located in Bardaha gram panchayat (GP) of Bhadohi block in Sant Ravidas Nagar (Bhadohi), are eager to show visitors the changes they’ve made since learning about the importance of good water, sanitation, and hygiene practices, better known as WASH. One change is the new handwashing stations – taps and soap are set up around the school premises and used regularly. Students are taught the importance of washing their hands at appropriate times – especially before eating and after using the toilet – and are taking to this practice enthusiastically.

“The students really enjoy washing their hands and keeping clean,” remarks Rajesh Kumar Singh, the school Headmaster.

These types of facilities are now becoming an integral part of school toilet design across schools in Uttar Pradesh. In most of the schools visited, they have developed a system whereby, at the beginning of each week and in many schools every day during prayers, teachers review with all the students the three practices that improve child health and make a school WASH-friendly: using the school’s washable latrine; drinking water that has been purified; and washing hands properly with soap. The children gladly recite these three principles to visitors, while their teachers explain how these practices are improving attendance.

“Before we had WASH instruction, students were often sick with diarrhoea,” says Mr Ram Prasad Shukla, Incharge Headmaster at the Upper Primary School, Nevada Samogar, Allahabad. “Now the students aren’t sick as much and can study regularly.” Other teachers agree that absences from school have decreased since the students started washing their hands with soap and drinking clean water regularly.

Water, sanitation and hygiene education in schools – a strategic approach known as WASH in Schools – provides safe drinking water, improved sanitation facilities and hygiene education, encouraging the development of healthy behaviour for life. WASH in Schools helps fulfill children’s right to health, education and participation, and enjoys widespread recognition for its significant role in achieving the Millennium Development Goals – particularly those related to

universal access to primary education, reducing child mortality, improving water and sanitation, and promoting gender equality.

Each year, diarrhoeal diseases and acute respiratory infections are responsible for the deaths of more than 3.5 million children under the age of five. Unsafe water and inadequate sanitation are often major causes of lost work and missed school days, perpetuating the cycle of economic and social stagnation in many countries. Investments in health, child survival, education, water supply and sanitation are all jeopardised if there is a lack of emphasis on handwashing with soap.

Washing hands with soap and water, especially at the critical times – after using the toilet and before handling food – helps reduce the incidence of diarrhoeal disease by more than 40 per cent and respiratory infections by nearly 25 per cent. Furthermore, washing hands with soap is also being recommended as a critical action to prevent the spread of influenza H1N1.

Handwashing with soap represents a cornerstone of public health and can be considered an affordable, accessible ‘do-it-yourself’ vaccine. It is economical, safe and effective. Improved sanitation and hygiene programmes combined with handwashing education directly impact the Millennium Development Goal (MDG) 2: Universal primary education; and MDG 3: Gender equality via higher enrolment, attendance and retention rates in schools for both girls and boys. Additionally, higher rates of handwashing with soap would significantly contribute towards meeting the MDG 4 of reducing deaths of children under the age of five by two-thirds by 2015.

Despite its life-saving potential, handwashing with soap is seldom practiced and not always easy to promote. Although soap is available in most households around the world, observed rates of handwashing with soap at critical moments range from zero to 34 per cent. For successful and sustained behavioral change to occur, it is vital to incorporate community-based and community-sensitive approaches that understand what motivates people to change. Handwashing is the most critical target behaviour in the school interventions.

In most of the schools, it is often the drinking water source or the only handpump, also doubles up as designated place for washing hands. This is one thing very uncomfortable for the children. Keeping soap at the handpump was not practically economical for the school also. Monitoring the habit of handwashing was also difficult for the teachers. It was also putting lot of undue pressure on the water source, often resulting in a lot of wastewater and children piling on each other to do it first. The resources available with the schools are limited and making proper handwashing provisions within this resource is difficult. Schools in Uttar Pradesh, across various districts, present a fine example of convergence and utilising available resources under other schemes to develop designated places for handwashing in schools. Most commonly, funds from the 12th Finance Commission and State Finance Commission has been dovetailed to ensure these important provisions in the schools. This is one practice that will go long way in developing a better school environment.

Safai Karamcharis: Institutionalising Cleanliness

Location: Uttar Pradesh

A well-designed facility will lose its effect if it is not properly looked after. A good operation and maintenance (O&M) plan will not only indicate who is responsible for cleaning, maintenance and the costs involved, it will also ensure involvement of children, teachers, parents and the community in the continuous process of monitoring and improving hygiene practices at school.

Ms Bindu Devi belongs to the Hela community, which was traditionally engaged in cleaning jobs. She has three children and comes to Patawath gram panchayat (Chopan, Sonbhadra) every day from Obara, a distance of approximately 10 km. Last year, the Government of Uttar Pradesh took a decision to appoint one *safai karamchari* (sweeper/cleaner) in every revenue village of the state. She was one of the few successful candidates who applied and got the job. She is all praise for this initiative and takes her job very seriously. Her day starts with cleaning the school campus, school toilet and drinking water point in the school. After that she goes out to

do the cleaning in the village, only to return in the afternoon to support the school during the mid-day meal. Though she has never been to school for education, working in school has made her realise the importance of education. She has now enrolled her children in the same school and is determined to educate them. Mr Ram Sajeevan's case is similar. He used to work as an agricultural labourer to sustain his family and support his parents. The job of *safai karamchari* has come as a blessing. These workers are also working as a link between the school and the community.

When it comes to the sustainability of water and sanitation facilities, it can only be ensured with proper O&M in place. The appointment of *safai karamcharis* is like a boon to the schools, as one of the main jobs of the worker is to first come to school to clean the campus and toilet facilities. Later throughout the day the school ensures that it is being monitored through the Child Cabinet. Earlier, keeping the school environment clean, including daily

cleaning of the toilet, was solely the responsibility of the school and, more often than not, the headmaster has to hire a sweeper to do this job. Children were sometimes helping the teachers in keeping the classroom clean but getting the toilet cleaned was something they avoided. It was also not very practical to involve small children, in the primary schools, to carry buckets full of water to clean the toilet, although in upper primary schools it was easy as the children were a bit grown up. It also cost a lot of money for the school to get it regularly cleaned by hiring a sweeper. But now, with the appointment of *safai karamcharis*, the school is benefitting a lot. The teachers, along with children, especially the Child Cabinet, now supervise the work done by the *safai karamcharis*.

To make children understand the importance of cleanliness, in most schools, they are instructed to clean the classrooms after school hours. This way the children are learning a life skill and are not completely dependant on the *safai karamcharis*.

Dining Sheds: Hygiene, Equality and Dignity to Mid-day Meal

Location: Uttar Pradesh

One of the important policy decisions of the Government of India, few years ago, was to provide nutritious meal in government-run schools for all children. There were various reasons given in favour of this scheme and lot of funds allocated for the purpose every year. Infrastructurally, schools were also provided funds for making kitchen sheds and for storing food within the school premises. But something that was missing were provisions regarding how the food is distributed to, and eaten by, the students. If you visit most schools during the lunch hour, you will find children jostling for space to eat food comfortably, sitting in corners, etc. In the process, smaller children are the worst hit. Lack of a proper space for eating also means that after the lunch hour, the whole school is dirty with food waste all over the premises. There are stories of social barriers being reportedly practiced in the school – higher caste children refusing to eat food along with lower caste children; or children refusing food because it had been cooked by someone considered lower in the social set up.

Apart from these issues, one bigger issue was the kind of respect and dignity that was being provided to the children at meal time. The prevailing unhygienic conditions and manner in which the food is prepared and served was also a cause of concern. Looking at this scheme from a different perspective, it provides great opportunity to monitor a key hygiene behaviour – handwashing with soap before handling food, amongst the children. It was very difficult for the teachers to monitor hygiene behaviour associated with food. It was important that all children wash their hands with soap before eating.

To address this issue of hygiene during the mid-day meal scheme, the school authorities and the Panchayati Raj Institutions (PRIs) were motivated to come up with a solution where not only social concerns but behaviour concerns could be properly addressed. The result is that several schools, across the state, have come up with different kinds of dining sheds in the schools. These sheds provide a place to eat food properly. Through this initiative, schools have their first experiential learning of inclusion. Children from all castes and religions find themselves becoming a part of a collective, a joint community. Thus, these dining sheds improve the quality of life not just of individual student, but

of the village as a whole. Irrespective of caste and class, all children share the same space. In a way, these dining sheds are proving to be a social leveler.

Mr Wakeel Ahmed, headman (pradhan) of Soraon village, Allahabad, and Mr Kandarp Narayan Mishra, Headmaster of the primary school, instead of playing patronage with public resources, used the State Finance Commission grant for the construction of a dining shed in the premises of the village primary school. It cost the panchayat approximately Rs 1,10,000 to construct this facility where around 150–200 children can eat together. The headmaster narrates that during construction, the children were surprised to see something this big coming up right in the middle of their school. On the day of the inauguration, not a single student missed the food in the dining hall – even though earlier some children were going home to eat food during lunch hour! For them, he explained, this was something which made them and their school “superior” to all other schools in the neighbourhood. These sheds are making children learn about discipline, coming in queues, eating food in a hygienic manner. They also provide an opportunity to teachers and community members to monitor food distribution.

Similar initiatives can be seen in other primary schools: PS Sikara Kalan in Mirzapur, Upper Primary School Sukrit in Sonbhadra, Primary School Ubhari, Primary School Maheba Paschim Patti, Primary School Dera Gadai in Allahabad, Primary School Sarai Kalidas in Jaunpur, Upper Primary School Mandwari, and Upper Primary School Gangaura in Lalitpur.

The dining shed has not only broadened the scope of the Total Sanitation Campaign, it has also given ownership and legitimacy to the mid-day meal scheme, in addition to enriching the School Sanitation and Hygiene Education (SSHE) programme. What is particularly striking about the Nuan Soraon village panchayat, including others roped in under the SSHE programme, is that the state resources have generously been utilised for upgrading environmental sanitation and personal hygiene at school. The quest for doing something innovative, something distinguishing, has constantly been getting momentum under the SSHE project. This is one initiative that should be replicated by all.



Hygiene Practices in Handling Mid-day Meals in Schools: Dining Shed in Nuan Primary School

Location: Nuan (Mirzapur District), Uttar Pradesh

A surfeit of studies and reports on Panchayati Raj Institution (PRIs) suggest that the new decentralised system of governance has given an opportunity to the people to exercise control on the quality of local public services and related matters in a number of states. There are, in fact, interesting cases where an improved practice of local democracy is considered to have led to have some progress in the quality of development programmes. The situation in Uttar Pradesh, however, is generally characterised by factional strife, often little more than social and economic competition which is enhanced by securing access to state resources. Thus, development programmes, in particular, are often regarded by faction leaders as useful channels for reward of supporters.

In marked contrast to this trend, the headman (pradhan) of Nuan village in Mirzapur district of the state, instead of playing patronage with public resources, went out to use the State Finance Commission grant for the construction of a dining shed in the premises of a village primary school.

The dining shed has not only broadened the scope of the Total Sanitation Campaign (TSC), it has also given ownership and legitimacy to the mid-day meal (MDM), in addition to enriching the UNICEF supported School Sanitation and Hygiene Education (SSHE) programme.

What is particularly striking about the Nuan village panchayat, including others roped in under the SSHE programme, is that the state resources have generously been utilised for upgrading environmental sanitation and personal hygiene at school, sometimes at the village-level, as evidenced by the sight of public urinals, working rural drainage, safe waste disposal systems, etc. This has set an example before panchayats across the state. The school premises in SSHE villages, including Nuan, are of course, equipped with designer and child-friendly water and sanitation facilities such as toilets, hand wash, brick soling, etc. In Nuan, one can even see functional bins, spittoons and guest toilets. The idea has been to make available the school facilities to the community at nominal rates. It is, thus, also that a system of taxation has been placed for the community using school facilities. And the revenue generated is channelled for 'greening' the campus and maintaining the facilities.

Catalysing Action and Innovation

In the context of a situation where the PRI could not provide any basis for local democracy and accountability, where privileged groups continue to exercise control on almost everything, where appropriation of public resources and dispensation of patronage has been playing an important role, there was virtually nothing, no scope for grounding a the programme as daunting as the SSHE.

But the show had to go on! With a Divisional Sanitation Coordinator (DSC) at the helm of the affairs, it all began with a workshop in December 2006.

The workshop gave the pradhans and the programme participants probably a maiden opportunity to prevail over the situation and see beyond the village confines.

A number of village pradhans turned up to see the District Project Coordinator with the agenda of individual household latrines (IHHL) construction. That created a cataclysm which facilitated the grounding of the SSHE in primary and upper primary schools. By virtue of its design, effective mobilisation strategies and, of course, the leadership provided by the DSC, Mirzapur division, the programme took over the reigns of village panchayats.

From here commenced the race for excelling and outsmarting each other among the pradhans, in giving expression to their thrusts within the frame of reference of the SSHE programme. The announcement of an International Learning Exchange (ILE) programme brought real impetus; it was, in fact, motivated. The Divisional Coordinator maintained constant 'vigil' on the progress. On the pretext of a forthcoming visit, for instance, the Coordinator and his team together led the pradhan to the understanding of the need of developing a dining shed in the school premises, and extended handholding support in designing and execution.

Dining Shed in Nuan

The quest for doing something innovative, something distinguishing has constantly been getting momentum under the shadow of the ILE visit. The Nuan pradhan was particularly interested about the whole thing.

It was, thus, a series of discussions and consultations among the stakeholders, that finally resulted in the coinage of the 'idea' and its manifestation in the form of a dining shed. Funds totalling nearly Rs 1,27,000 for the purpose were leveraged from the State Finance Commission grant by the village panchayat. The shed was completed in October 2008.

The 900 sq ft shed can seat 150 children. Its construction is concrete with tile dressing, and the roof is made of fibre sheet.

This dining shed in Nuan is no exception to the work being done. The water and sanitation infrastructure developed under the SSHE programme in other villages (such as Niamatpur Khurd, Lakhanpur, Khanjadipur, Arangi Sarpati, Tilaimanar etc) is also praiseworthy.

Implications

- Socially, the mobilisation strategy which resulted in the development of WATSAN infrastructure in the village primary school through the involvement of the panchayat has proved itself as an effective tool of undermining factional strife and giving the PRI a new self-image, a sense of purpose – something like public accountability.
- The dining shed has redefined the scope of the MDM. It has demonstrated its worth in maintaining the required sanitation standards. The effort is seen as empowering, as a source of pride and respectability.
- Specialised handwashing facilities also supplement the sanitation requirements of the MDM, towards its accomplishment as a complete package.
- The dining shed cannot be seen as complementary. There is growing awareness among stakeholders and experts that the shed should be made an inevitable fixture of the MDM scheme.
- Now the MDM shed innovation – replicated in other blocks of Mirzapur district – is spreading in neighbouring districts such as Allahabad, Sonbhadra, Jaunpur and so on. Many other districts are interested in such an MDM shed.



Changing the Face of Rural Hygiene: Case Study of West Garo Hills

Location: West Garo Hills District, Meghalaya

West Garo Hills is one of the largest districts of Meghalaya, covering an area of about 3,714 sq km and comprising three sub-divisions and eight blocks. The district is largely populated by different communities/tribes such as Koch and Hajong, besides the majority Garo population. Every community has its own traditional sanitary practices, some of which can be considered to be ecologically unsafe. As a result, people suffer from diseases like diarrhoea, dysentery, typhoid, etc. The Total Sanitation Campaign (TSC) was launched in West Garo Hills in 2004 and is implemented through the District Water and Sanitation Mission (DWSM).

At the beginning of the TSC programme in the district, only 5 per cent households had safe toilets. Of the rest, 76 per cent had unsafe toilets and 19 per cent practiced open defecation. After five years of implementing the TSC, even though about 7,200 household toilets were built, nothing much changed in terms of the behaviour

of the people. A review conducted by the DWSC in 2009 revealed some weaknesses in the implementation of the TSC:

- Emphasis was on achieving coverage through construction of toilets rather than on behaviour change. The relationship between water, sanitation and health did not percolate to the grassroots.
- The key elements were: subsidised, standardised and prescribed.
- Focus on individuals rather than community – out of about 140 villages touched and covered, only a few were actually 100 per cent open defecation free (ODF).
- Externally designed and implemented – the selection of beneficiaries was faulty as the financially better-off people from the villages came forward to deposit the beneficiary contribution and started getting subsidy.
- No, or insufficient, recognition (or awards) of fully sanitised status, no encouragement.



These resulted in led people to expectant attitude, a weak sense of community ownership, problems with long-term sustainability and only partial use. It also created a culture of dependence on subsidies.

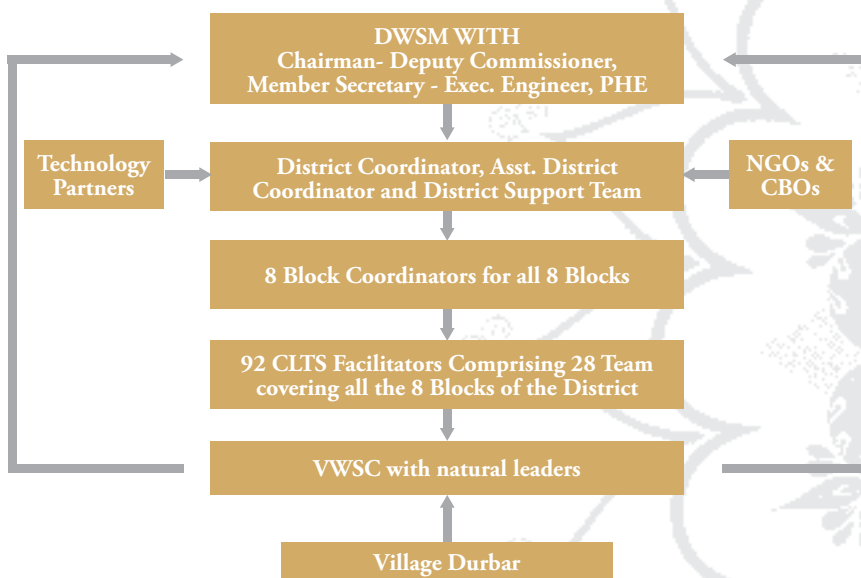
New Strategy: Community-Led Total Sanitation (CLTS)

To bring about a radical change in the achievement of the sanitation objectives, the DWSC adopted, first, an improved institutional mechanism to effectively reach out to people, and second, the CLTS approach to effectively bring about a change in the entire community. The support from the Water and Sanitation Program (WSP) and lessons from other parts of the country have been very useful in designing and adopting the new approach. The salient features of the revised approach are:

Dedicated teams: The DWSC has put a dedicated team at the district level and dedicated block level coordinators in place. They have been given specific responsibilities; appropriate reporting and coordination mechanisms have been put in place.

Transparency and accountability were identified as the building blocks of garnering community support. Appointment of VWSC office bearers was done in the village Dorbar and with the consensus of the community.

The overall new institutional structure is:



Effective monitoring and reporting mechanisms: As timely information is crucial to understand problems and take corrective measures, the DWSC developed and put in place effective monitoring and reporting mechanisms. Team were put in place and appropriate formats were developed for collecting information at crucial stages, that is: (i) Pre-Triggering phase; (ii) Triggering phase; (iii) Follow up report – I; (iv) Follow up reports – 2 and 3; and (v) Weekly report to the DWSM chairman. The formats are given in the Appendix.

Approach: The data collection had to be result-oriented; correct collection of data was emphasised. The idea was to capture all details for proper assessment and planning. It was cross verified extensively by the district team and corrective measures were taken mid-course to avoid any future hiccups. Simple software based on Microsoft Excel was designed to link up the data collection and thus weekly requirements of raw materials, mason training, etc, could be worked out easily. Adequate instructions were given to the teams to photograph the visits and progress of the work at every step.

Outcomes: The new monitoring and reporting system was handled by dedicated staff. There was no delay in report generation, which was done on a weekly basis (on each Friday) when there was a meeting with all block coordinators at the district headquarters. Shortcomings in the progress were discussed. Issues like delays in opening of Bank accounts, poor connectivity

by road to the villages, shortage of masons, delay in procurements of materials, etc, which emerged from these reports from all blocks could be tackled immediately. The mechanism helped in achieving targets beyond planning in some blocks.

Information, education and communication (IEC) and community mobilisation: After five years of experience, one learning was that the TSC is all about behaviour change which requires personal approach. It was also observed that a one-to-one and community approach

yielded excellent results instead of big hoardings and other such IEC tools. Thus it was decided to adopt the CLTS approach which emphasised the power of the community to bring about behavioural change. CLTS is a ‘trigger-based’ approach that helps to change the sanitary behaviour of the community. CLTS focusses on igniting/triggering a change in sanitation behaviour rather than on constructing toilets. It relies on local triggers for sustainable sanitary behaviour change at the community level. It makes the people realise the link between open defecation and negative health impacts. As a result, the community members take action to change their own situation. However, this happens through a process of social awakening that is stimulated by facilitators from within or outside the community.

Some ‘trigger tools’ which made the community think and act for change are:

- Rapport building.
- Defecation area transect walk.
- Community defecation mapping (PRA).
- Flow diagrams (links between open defecation and health hazards).
- Calculation of human excreta.
- Calculation of medical expenses spent on treating water-borne diseases.
- Water quality testing through H₂S vial.

Transparency and accountability were identified as the building blocks of garnering community support. The sanction letters were pasted in public places, for example, a community hall in the villages so that everyone came to know about the money released by the government as assistance for the programme. Follow up by the teams of facilitators/motivators was based on the felt needs of the community; ownership of the scheme by the community was the main agenda to ensure community participation and usage. The tribal society has a lot of respect for commitments given and, to emphasise this fact, a Social Agreement was designed in the local language, the format of which is given on page 55.

Outcome: the result of the approach adopted gave exceptional results. It proved the faith imposed in community participation and its linkage to the success of the programme.

Impact: After adopting the new innovations in promoting sanitation across the district, there has been marked improvement in the achievements. The difference in approach and results achieved are summarised here:

Differences in the achievements:

Category	2004–09	2009–10
Villages covered	140	227
Individual household latrines (IHHL)	7195	11947
School toilets	376	386
Anganwadi toilets	42	102
Community toilets	3	4
Masons trained	Nil	42

All the 227 villages triggered are in different stages of progress as they were taken up in a phased manner. Nearly 134 villages have been proposed for nomination for NGP for 2009–10. The following remarks of the NGP inspection team are a source of encouragement and are a morale booster for the DWSSM:

“During the visit to the villages our survey team was very much impressed in one thing that all the Village Heads including the village council members are adequately oriented and involved in the TSC promotion process. It has also been seen in the villages that the people are regularly using the toilets and keeping it clean. (The district has)...efficient human resource pool with one Block Coordinator and Facilitators in each block. These resource group members are found to be very effective and are keeping close contact with the villages. It has been reported by our team that you have developed a system of regular monitoring of the programme to overcome the gaps in implementation. We appreciate your initiatives and look forward to see your district as the first NGP district in Meghalaya State.”
 Chandi Charan Dey, Coordinator, Water & Sanitation, Ramakrishna Mission Lokasiksha Parishad, PO : Narendrapur, Kolkata 700103, West Bengal, India

Social Agreement Under TSC (English Version)

We the Village Community of _____
 Village _____ AEC _____ Block have realised that Open
 Defecation and Unsafe Toilets in our village are polluting the Water Sources and are directly responsible for
 many health related problems faced by us and our children. We sincerely feel that making of our village Open
 Defecation Free (ODF) is an urgent need and we will try to achieve the target as indicated below:

1. We will constitute a Village Water and Sanitation Committee in our village with the following members:

Chairman: _____.

Secretary: _____.

Members: _____ (ASHA).

- The Committee will be responsible to oversee the goal of achieving and sustaining ODF in our village.
- The Committee will be in constant touch with the TSC Facilitators/Motivators and will ensure continuous follow up with regard to sanitation matters.

2. We will make our village ODF by _____ date.

3. It will be the responsibility of all of us to achieve this target because we are doing it for ourselves and for the well being and good health of our children.

Signed

Heads of every household in the village

1. _____.
2. _____.
3. _____.
4. _____.
5. _____.
6. _____.

Signed

TSC Motivators on behalf of DWSC, WGH.

1. _____.
2. _____.
3. _____.
4. _____.
5. _____.
6. _____.

APPENDIX

Monitoring and Reporting Formats

Format I: Pre-triggering Report

Reporting time period: From _____ to _____

Name of Team: _____

Team Leader _____

Name of village	Date of Pre- Triggering	Remarks on quality of triggering

Remarks of Block Coordinator

Format II: Triggering Report

Reporting time period: From _____ to _____

Name of Team: _____

Team Leader _____

Name of village	Date of pre-triggering	Quality of triggering			ODF explained (Y/N) holds	Total no. of house toilets	No. of households with safe kacha (unsafe) toilets	No of households with no toilets at all	No. of households with (Y/N) and its status	Angan-wadi toilet toilets	Schools	
		Poor	Avg	Very good							With toilets	Without

Remarks of Block Coordinator

Format III: Follow up Report – 1

Reporting time period: From _____ to _____

Name of Team: _____

Team Leader _____

Name of village	Date	VWSC formed (Y/N)	Social Agreement signed (Y/N)	VWSC bank account opened (Y/N)	A/c No.	Survey of households needing toilets done (Y/N)	Total no. of households	Total no. of households needing toilets	No. of pits dug	No. of households which collected local materials	Beneficiary for construction of 1st toilets (Name)	Date of achieving ODF status

Remarks of Block Coordinator

Format IV: Follow up Report – 2 and 3

Reporting time period: From _____ to _____

Name of Team: _____

Team Leader _____

Name of village	Sanction order pasted in village (Y/N)	Mason present and training done (Yes/No)	No. of toilets made during training	Bank account no. If not opened by first follow up	Summary of action after first follow up					Remarks	
					Households	No. of pits dug	No of toilets constructed	Schools			Anganwadi toilet made (Y/N)
								With toilet	Without toilet		

Remarks of Block Coordinator

Format V: Weekly Report to Chairman, District Water and Sanitation Mission

Reporting time period: From _____ to _____

Name of the Block: _____

Name of village	No. of households	VWSC account no.	Social Agreement signed (Y/N)	No. of households needing toilets	No. of pits dug	Households which collected local material	Sanction order given & pasted in village (Y/N)	Masons present and conducted training (Y/N)	Anganwadi toilet made (Y/N)	Schools		Whether raw material supplied (Y/N)	No. of toilets constructed	
										With toilet	Without toilet		During the reporting week	Cumulative total

Sanjay Goyal, IAS Deputy Commissioner, West Garo Hills District.



Journey to Zero Open Defecation

Location: West Godavari District, Andhra Pradesh

West Godavari is one of the main coastal districts of Andhra Pradesh, with 2,164 habitations in the district. Most of the people in the district are poor, living below poverty line without basic needs like sanitation facilities.

The District Water Sanitation Mission (DWSM) was registered under the Societies Act, in 2003. The chairman of the zilla parishad (ZP) is the chairman of the Mission. An executive committee under the chairmanship of the district collector functions as the executive arm of the Mission. In the initial stages of the implementation of TSC, the focus was on the hardware component of sanitation. However, the thinking process changed after the then sarpanch of Juvvalapalem village of Kalla Mandal received the first 'Nirmal Gram Puraskar' (NGP) award for a village in 2006. Inspired by this achievement, DWSM decided to make it big. The goal was to achieve first position in the state.

Governmental Organisation–Non-governmental Organisation Partnership

The DWSM had mainly departmental staff, and though there are policy directions for strengthening the DWSM with professionals, it was not practical for a small town like Eluru, the district headquarters. To resolve this issue, initially a team of five district resource persons was constituted to take the agenda forward. Even after a great deal of hard work, the Mission could reach only 100 villages in the district. The agenda required a larger team. The small team of staff within the DSWM was not adequate for realising the goal. The DWSM then decided to establish an innovative institutional design based on partnership models.

The DSWM benefited from the partnerships with Paschima Samakhya, a network of 100 local non-governmental organisations (NGOs). This network is coordinated by an NGO–Social Service Centre. The DWSM overcame its initial apprehensions related to the role of and partnership with NGOs through a series of meetings and discussions. It was important to orient the chief functionaries of the NGOs on the needs and goals of the DWSM. After consistent efforts, the partnership between NGOs and the DWSM started yielding good results.

The district annual action plans for Information, Education and Communications (IEC) was prepared to provide direction. This plan was approved by the District Collector in a single approval and there was no need to take day-to-day approvals. The villages were categorised into ‘focus’ and ‘preparatory’ villages. The IEC inputs and strategies were fine-tuned to the needs of these two categories. Top priority has been given to convergence mode right from district level to village level. Several workshops were organised. The participants have been involved in chalking out the action plan for the year and preparation of calendar for events to follow throughout the district. Group discussions have been encouraged; ideas expressed by all the participant are collated in a pool.

Community-Led Total Sanitation Campaign (CLTSC) – A Decisive Shift in the Strategy and Approach

The need and importance of training and capacity building inputs were well recognised in the programme. The Water and Sanitation Program (WSP) came forward to support the DWSM





with capacity building support using various participatory tools. These inputs helped the team to gain new levels of confidence and developed conviction among the team members about the agenda and goal. Thirty-two resource persons participated in the training programme. Some of them were District Literacy Mission and part time workers. Eight members from this pool were placed at the Mandal level as district resource persons; this number was later increased to 34 and they were designated Nodal Coordinators and Mandal Coordinators for school sanitation and hygiene education. This strategy helped in reaching out to large number of villages and developing a Mandal-level pool of resource persons. The Mandal Coordinators identified village sanitation motivators from each village and trained them on the processes and goals of CLTSC. Now the district has 640 village sanitation motivators, covering all gram panchayats (GP) in the district. The pools of district resource persons consist of a variety of persons – Accredited Social Health Activist (ASHA) workers; GP secretaries; village youths; anganwadi teachers, etc. These members work on the agenda of sanitation and support the Mission. The interesting point is that these members work on voluntary basis and the Mission does not pay any fee to them.

A visit to Haryana state was organised during September 2008 for ZPTC members, selected MPPs and MPDOs with the partnership of the WSP. They learned the various strategies adopted by the Total Sanitation Campaign in Haryana and were impressed by the method of implementation of sanitation programmes in the villages.

The First 'First Position' in the State Set the Trend

In 2007, 28 villages in the West Godavari district got the NGP and, for the first time, the district stood in the first place in the state in terms of the number of NGPs. This gave tremendous confidence to the district teams. During this period, the Government of Andhra Pradesh also

introduced 'Shubram Awards' for clean villages. During the awards function, the Chief Minister challenged the ZP chairman not to be satisfied with 28 awards and motivated him to get 200 awards next year. This challenge triggered a serious attention to the agenda of total sanitation in the district. Successive district collectors further supported and improved the strategies and support systems. The district administration is now pursuing a convergence mode of all departments and implementing total sanitation with community participation to achieve zero open defecation status to the district. The vision is broadened and common vision is established. The entire administration is involved in the agenda. The ZP actively involves all the officials and elected representatives in the sanitation programme. Mandal Praja Parishads and their staff, GP and various departments became an integral part of this agenda. Since the political support is visible, media attention also happened, and the total sanitation agenda got visibility. During 2008, West Godavari District received 195 NGPs and again stood first in the state. In 2009, the district again stood first in the state with 86 NGPs. Out of the 888 GPs, 472 GPs have either previously won or applied for NGP in this year. This is the highest among the districts of the state. The goal has now become bigger and the DWSM is determined to make the entire district open defecation free (ODF).

Ten Commandments Fixed by the District Administration

The DWSM has set 10 Commandments to follow in the villages to achieve open defecation free status:

1. Access to individual sanitary latrines for all.
2. No open defecation.
3. All schools with toilet facilities.
4. All anganwadis with toilet facilities.
5. Proper liquid waste management.
6. Proper solid waste management.
7. No cess pools.
8. Individual hygienic conditions.
9. Community sanitation.
10. Health and festive look in villages.

Successful Strategies Adopted in the Implementation of Total Sanitation Campaign

- Youth committees were formed to monitor the village level progress.
- Fines collected from people openly defecating. Names of those who openly defecate are written on the notice boards of GPs.
- Hundred NGOs were identified to work in allotted areas for IEC activities.
- Ten commandments Identified to achieve ODF villages.
- Calendar of events was fixed by the district administration and a common programme was observed throughout the district.
- Thirty-two master trainers were trained for five days on the CLTS approach, with the support of the WSP.
- School awareness camps conducted in all schools throughout the district.
- Feedback mechanism has been developed, Mandal special officer appointed to sort out field problems.
- Involved Extension Officers of Rural development as Mandal sanitation officers.
- Conducted review meetings fortnightly to assess progress.
- The DWSM has a strong District Support Unit with dedicated persons.



Best Practices in Rural Sanitation

Location: Dakshina Kannada, Karnataka

The Dakshina Kannada zilla panchayat (DKZP) has been working to encourage and promote innovations and inventions in the effective implementation of the Total Sanitation Campaign (TSC) components in the district. Several activities, such as mass construction of toilets, involvement of rural youth and people representatives, anganwadi workers, health workers, self-help groups (SHGs), officials, school teachers and children have become unique models in themselves.

In Dakshina Kannada district, the TSC was launched on October 2, 2005, by the district minister along with elected representatives of the gram panchayat (GP) and district officials. Implementation of the TSC requires large scale social mobilisation. GPs, under the guidance of the district authority, played a pivotal role in the success of the TSC in the district. The GPs carried out the social mobilisation for the construction of toilets and maintenance of a clean environment by way of safe disposal of waste. Panchayats and non-governmental organisations (NGOs) made the implementation of the campaign a priority.

Achievements

The efforts and involvement of rural Dakshina Kannadigans was rewarded by the Nirmal Gram Puraskar (NGP) award: 49 GPs in 2007, 131 GPs in 2008 and 23 GPs in 2009 have received NGP awards, besides receiving three block-level NGP awards. Dakshina Kannada district, was the first and the only district to represent the state at the block-level NPG award.

'Shramadhan' Mode and Media Support

Eradicating open defecation and sensitising the rural population on healthy living habits are the main objective of the TSC. Ira GP, in Bantwal taluk of Dakshina Kannada district, has successfully worked out a model for achieving these objectives. The campaign was kicked off in Ira GP on October 2, 2005; Mr Chandrashekar Pathur, the secretary of the GP, called the

secretaries of Bantwal taluk for ‘shramadhan’.¹ On November 11, 2005 about 26 self-motivated GP secretaries conducted ‘shramadhan’ in Mundadi Adivasi Colony – they dug pits for two houses that were in the hard laterite land area. After this gesture gained media visibility, many officials and people’s representatives elsewhere in the district were motivated to perform ‘shramadhan’. In Golthamajal GP, 110 toilets were built in one day! As the manual labour was going on, the people of Scheduled Caste colonies and backward areas were explained the importance of toilet use, maintenance, usage of soap and handwashing.

More than 25 ‘shramadhan’ camps were successfully conducted by the GP. Soon, local community-based organisations joined hands in the initiative.

Supply of Materials

Zilla panchayat (ZP) member A.C. Bhandary took the responsibility of supply of material such as slanted and baby pans that were not available locally. Donors were identified and motivated to supply sanitation materials to needy villagers.

Information, Education and Communication (IEC) Campaigns

Children are given education on sanitation and personal hygiene continuously. Teachers were trained by ZP members. School Betterment Committee members ensure the cleanliness of the toilets.

Elocution, essay writing, debate, slogan writing and other competitions on the topic of TSC have been held for students of all levels. Nursery rhymes and dances on TSC, for instance, were exhibited by anganwadi kids. Pamphlets on TSC were distributed with the help of self-help groups. People’s active involvement in the sanitation programme was boosted by conducting ward-wise competitions. Yuvaka/Yuvathi Mandals, Sthree Shakthi, other self-help groups and National Social Service units of various colleges and elected members of the panchayats helped in spreading information about the campaign. School children, for example, visited nearby houses regularly with the aim of spreading awareness about good sanitary habits.

Educational Visits

Teams of people’s representatives, NGOs, officials and development agencies from different districts, states, and also from different countries have visited the GP to study the Ira model of total sanitation. This has inspired the villages to maintain the success they have achieved.

Many other people were involved in the campaign. The NGO Janashikshana Trust has provided pivotal support to the campaign. The SKDRDP conducted the best SHG competitions (Nirmal Okkuta Award) to boost the movement. Nagarika Seva trust, Guruvayanakere, conducted a mass IEC campaign. The women of the district, especially, made the movement a top priority irrespective of all the social hurdles. A strong communal fraternity emerged as the task progressed. This large-scale mass movement was strengthened with large-scale material donations. The district minister, Members of Legislative Assembly, Members of Parliament, and panchayat members pitched in with help.

¹ ‘Shramadhan’ can be translated as: voluntary labour.

'Swachatha Neethi'

A sanitation policy, that is, a 'swachatha neethi', which was worked out and approved by GP members and secretary, was circulated to every household. It became a model for all GPs in the district. Officials volunteered their time to help spread the message. Mr Dharanendra Kumar, a former vice president of the ZP, for instance, worked in eight GPs in his constituency – he conducted a door-to-door campaign, and motivated people to construct individual toilets, and also grow gardens. Due to such efforts, Hosangady gained popularity and landmarks in sanitation.

Questionnaires were prepared to get the feedback of the target groups. District- and taluk-level officials, and district support unit officials, made spot visits to the target GPs and places where work was being done.

Third party inspections have been conducted in almost every panchayat. NGOs from different parts of the state were involved in the process. The president and other elected authorities of the panchayat, government and school officials, and field workers attend a taluk-level meeting every month. Personal overviews by the CEO and the DKZP boost the morale of employees and volunteers. Ward-wise committees maintain follow-up programmes, visiting the houses under the TSC frequently. Ward 'swachatha' committees have been strengthened for the sustainability of the programme. The end of open defecation has been made a reality.

Plastic-free Ira and Hosangady Gram Panchayats

The ZP administration has also embarked on a drive for the proper disposal of solid waste, especially, the effective management of plastic waste. Sensitising people about the menace of plastic in the environment was a challenge in the Ira GP of Bantwal taluk and Hosangady GP in Belthangady taluk. To make plastic-free villages a reality, several interactions with various stakeholders were held. Community members led from the front to make their village plastic free. It was decided to undertake the following activities:

Mass awareness about the evils of plastic usage. In orientation programmes – organised by the GPs for self-help group members, people's representatives, local youth, teachers, health workers, NGOs and GP members – resource persons spoke on the negative impacts of plastics on Nature and on the health of the people, and stressed the urgent need for its proper management. Several rallies were organised, inspiring slogans were written at key places, and door-to-door campaigns were held.

Creation of a 'plastic hill'. The mass awareness programme resulted in a huge collection of various types of plastics from households. These were cleaned, dried and deposited in schools and anganwadi centres. From here the plastics were collected on the 15th of every month and stored in a 'plastic hills' on the outskirts of the villages. A plastic waste collector from Mangalore city was identified to collect the plastic waste (at Rs 1 per kg). This collected plastic was then transported to Dharwad for recycling.

Promotion of cloth bags. Having found the way for recycling of plastic waste, the next challenge was the promotion of cloth bags in the rural set up. Local NGOs and SHGs were trained on how to stitch cloth bags and were motivated to produce the bags at minimum cost. With the supply of cloth by the GPs, the SHG members and other women came forward to supply cloth bags free of cost. These cloth bags were supplied to households and shops.

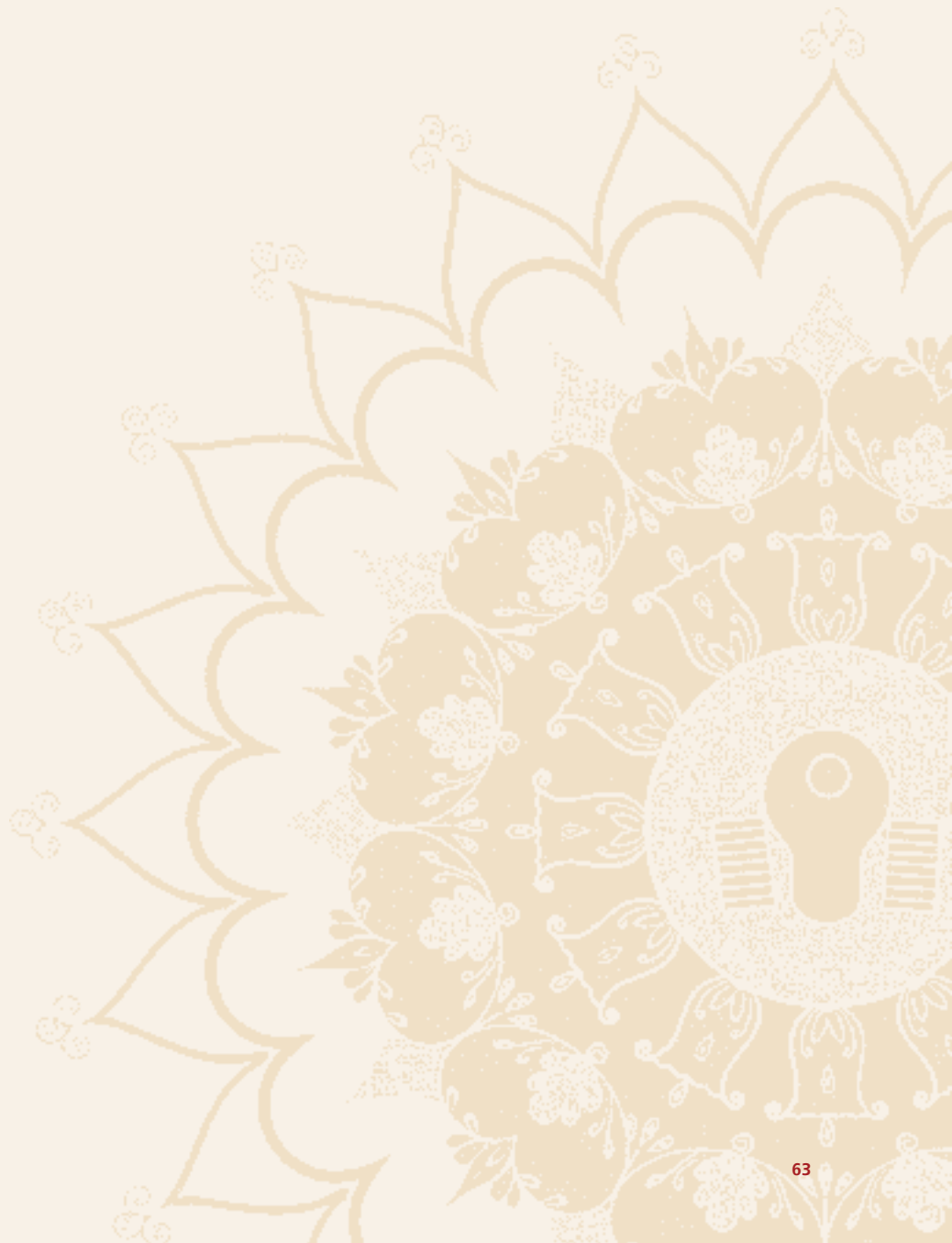
Supply of dustbins. Red- and green-coloured dustbins were supplied by the GPs to everyone in the shopping area of the village for segregating organic and inorganic wastes.

All these efforts resulted in making Ira and Hosangady GPs plastic-free zones. Several visitors from various countries, for example, Nigeria, Zambia, Zimbabwe and Mozambique, have applauded these initiatives.

Conclusion

This year, the DKZP has taken on the implementation of simple, scientific and economically viable technologies in all the GPs of the district. Workshops have been conducted at the GP and taluk panchayat levels. The effort is to put the NGP award amount to proper use.

The ZP administration has also taken up water source sustainability, testing of sources, chlorination, and metering in the mission mode even as far as rural drinking water supply in the west coast, Dakshina Kannada, district of Karnataka.



Total Sanitation Campaign on Mission Mode

Location: Shimoga District, Karnataka

Shimoga, a Karnataka district, has achieved total sanitation within a short span of time with a mission mode through excellent interdepartmental coordination. Though the Total Sanitation Campaign (TSC) was sanctioned earlier, the programme was formally launched on October 2, 2005, in the district as part of the state-wide launch. By 2009 end, 230 gram panchayats (GP) out of 260 had achieved total sanitation and received the Nirmal Gram Puraskar (NGP) from the Government of India. The remaining 30 GPs have applied for NGP in 2010. This is a good practice in rural sanitation in the state as well as in the country.

The strategy adopted by the district was totally demand-driven, community-led and people-centred. A major factor in the success was the active participation of, and a big push from, the officials and elected representatives at all levels under the leadership of the Chief Executive Officer, zilla panchayat (ZP). In addition to human excreta disposal, management of liquid and solid waste, as well as personal and community hygiene were also addressed under the programme.

Approach and Strategy

The strategy was built on the principles of the TSC guidelines, with a focus on involving Panchayati Raj Institutions and the community at all stages.

Goal

The target was to achieve an open defecation free (ODF) district covering 260 GPs. The aim was two-fold: ensure the construction of 40,151 household toilets for 'above poverty line' households and 99,428 toilets for 'below poverty line' households, 951 school toilets and 960 anganwadi toilets; and to ensure that all infrastructure was used 100 per cent.





Key Elements of the Strategy

Some key elements of the strategy are:

Phasing: Initially the district worked with selected 25 GPs where GP leadership was very strong and focused on achieving ODF status. Twenty-three out of these achieved total sanitation and received NGP in the first year (2006–07). With this, the district administration and field-level staff also gained confidence

Demonstration effect: All the 23 GPs that received NGP in the first year were showcased in the district to motivate other GPs. The GP secretaries and the president of the NGP GPs were enlisted as resource persons to work in the neighboring GPs for motivation and guidance.

Involvement of More Stakeholders

One of the most important steps taken by the district administration was to involve other line departments such as Health, Education, Child and Mother Welfare and Social Welfare in addition to non-governmental organisations (NGOs), self help groups, anganwadi workers, children, parents, teachers and headmasters of the local schools, with the support of the School Development Management Committees.

Role of the Media

The press and media played an important role in affecting a psychological change in the mindset of the rural people with regard to the implementation of the TSC. Many media exposure visits were organised to the successful villages and GPs to disseminate success stories in the electronic and print media.

Involvement of Religious and Informal Leaders

Religious and informal leaders played an important role in spreading the message of the importance of sanitation through visits to villages and 'Meet the Media' programmes.

Supply Chain Management

Sanitary materials' productions and sanitary marts were established locally based on requirement. Financial institutions, such as lead banks, were roped into the programme to extend financial assistance or loans through

self help groups. The Rotary Organisation also joined hands in the implementation of the TSC in the district. They provided 'Baby Pans' to all anganwadi centres in the district. Many leaders contributed in kind, for instance, providing tractors or labour to procure local materials for the construction of toilets. The GPs were authorised to purchase the bricks, pans and other materials at competitive rates fixed by the district-level committee.

Recognition

The GP's secretaries, presidents or any other individual who made a substantial contribution for sanitation promotion were felicitated in public functions, which triggered government officials at the field level to play a proactive role in the TSC.

Monitoring

Various approaches were adopted to monitor the success of the programme, for example, organising media visits to villages, creating monitoring committees at the village level, involving school children in tacking open defecation in the villages, etc.

Lessons Learnt

Some of the interesting lessons learnt from the field are:

- In some places the lack of space did not prove to be a constraint to dig up the pits. Some families utilised their living spaces, inside the house, for this purpose. The issue of space constraint was proved to be psychological.
- When there were no funds available under the TSC, the GPs diverted local funds allocated for other works, to ensure the easy flow of money for the programme. This was reimbursed subsequently when the funds were released.
- Some of the GP presidents contributed their honorarium/sitting fee to the TSC till the village become ODF, while some others undertook *dharnas* in front of the households reluctant to build a toilet.

Health Impact

The successful implementation of the TSC in the district seems to have made a remarkable positive impact on the general health condition of the rural people. The incidence of many water-borne diseases has come down drastically. While as many as 4,643 cases of water-borne diseases (such as cholera, gastroenteritis, jaundice, typhoid, amoebic dysentery) were reported in 2005–06, this number gradually came down to 2,427 in 2007–08, 1,215 in 2008–09 and 595 in 2009–10 – according to the Health Report of the Primary Health Centres of all the 230 GPs. This reduction is attributed to the positive impact of the TSC.

Disease	Affected in 2005–06			Affected in 2007–08			Affected in 2008–09			Affected in 2009–10		
	Elderly	Children	Total	Elderly	Children	Total	Elderly	Children	Total	Elderly	Children	Total
Cholera	301	116	417	126	39	165	82	48	130	37	22	59
Amoebic dysentery	1,800	1120	2,920	980	612	1529	414	268	682	206	118	324
Gastroenteritis	480	284	764	276	138	414	118	78	196	63	34	97
Typhoid	214	120	334	139	70	209	96	21	117	59	14	73
Jaundice	78	130	208	39	71	110	26	48	74	16	26	42
Total	2,572	1,770	4643	1,720	930	2,427	736	463	1,215	381	214	595

* Source: From THOs of the respective blocks.



Community Led, Community Built, Community Owned

Location: East Garo Hills District, Meghalaya

The District Water and Sanitation Committee (DWSC) of East Garo Hills district was constituted in 2007. As in many other parts of the country, different strategies were deployed to implement the Total Sanitation Campaign (TSC) in letter and spirit. However, the biggest weakness was that TSC implementation never assumed a ‘campaign mode’ –it was seen as one of the many centrally sponsored programmes. Against this background, the Community-Led Total Sanitation (CLTS) approach was incorporated into the implementation strategy from June 2009 and, within one year, there have been remarkable successes in the field – finally transforming TSC into a truly community-led campaign.



The Approach and Strategy

A typical village in the district has an average of 50 households. On the basis of toilet usage practices, households can be classified into three broad categories – those who practice open defecation (OD); those which have unsafe toilets (an opened-up pipe serving as a drop hole which is directly connected to a pit without a water seal/P-trap); and those with safe toilets. The CLTS approach looks at the village or community, and not an individual household, as a unit of action. A group of well trained and motivated facilitators visit a village and, in the first visit, try to understand the overall sanitation scenario. The village community is then triggered into understanding the importance of sanitation by using innovative triggering tools which clearly establish the link between health, water and sanitation.

Once the community members understand this link, they take decisions to remedy the situation. In many villages, OD stopped within a week after triggering and toilet construction was taken up by the community. The facilitators step in at this stage to educate the community on low-cost toilet construction strategies; form a Village Water and Sanitation Committee (VWSC) comprising natural leaders; conduct mason training; and assist in purchase of materials through the Rural Sanitary Marts (RSM). Then the community collects locally available materials, purchases other materials from the RSM, and starts construction in a mission mode according to a time frame for completion, which is also decided by the community.

After all individual household latrines (IHHLs) have been constructed, the VWSC also takes the responsibility for the construction of school toilets. Some VWSCs have formulated local rules – any individual who practices OD or does not use the toilets constructed is fined. The instances of non-usage of constructed toilets are almost zero since toilets are constructed by the community after fully understanding the importance of toilets and the methods of safe disposal of excreta. The VWSCs are given multiple options of technology for the design of the toilet and they make an informed choice. No one technology – single pit, double pit, septic tank, simple pit toilet, etc – is imposed on the VWSCs.

Today, following this approach, 134 of the 900 villages of East Garo Hills have achieved 100 per cent sanitation. The district aims to become a Nirmal district within the next one year.

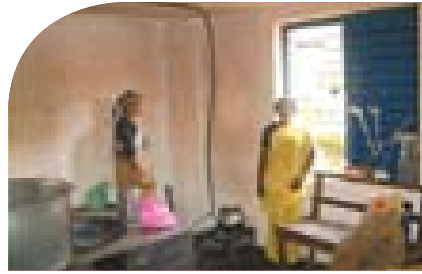
CLTS Story of Asiragre Village

Asiragre was the first village to achieve 100 per cent sanitation following the CLTS approach. The village has 51 households. Before the intervention, only six households had safe toilets; 42 had unsafe toilets; and members of three households were defecating in the open. When the facilitator team made its first visit to the village, most of the villagers felt that since 94 per cent of the households in the village had toilets (42 unsafe and six safe toilets), sanitation was not an issue in their village. The challenge for the facilitator team was to make the community understand that their existing toilets did not provide for the safe disposal of excreta and that they were as good as non-existent.

The concept of a 'toilet' as the sub-structure with a pan, a water seal and a properly sealed pit allowing for the safe disposal of excreta was brought home to the community using innovative triggering/training tools developed by the facilitators. Once the community realised the gravity of the situation, a VWSC was formed. Within a week, the entire village including men, women, youth and children did social work and collected all the local materials – stone, bamboo, sand, etc, and approached the DWSC for further assistance to construct new, safe toilets. The DWSC released the money under TSC to all the below poverty line (BPL) households of the village according to the norms. However, the community realised that there were some non-BPL households which needed a new, safe toilet but did not have enough money for their construction. At this stage, the VWSC made a resolution to use the money sanctioned by the DWSC for BPL households as a village sanitation fund and to procure materials for all households which needed safe toilets. The entire community contributed their labour; two youth who were trained as master masons ensured that all households constructed safe toilets. The master masons were paid wages amounting to the one-day National Rural Employment Guarantee Scheme wage of all the households.

Today the village has 100 per cent IHHLs. Every villager knows and understands not just the importance of toilets but also the concept of a safe toilet. Since the toilets were built by the people themselves, there is no doubt about the continuous usage and sustainability of the results achieved. The president of the Asiragre VWSC, a champion of CLTS, was also trained as a master mason. He is now spreading the CLTS story and safe sanitation practices in the other villages of the district.





Waste to Wealth: An Experiment in Schools

Location: Tirur Block (Malappuram District), Kerala

Tirur Block in Malappuram district of Kerala has adopted an innovative approach to convert waste in the schools into wealth – through establishing a bio-gas plant in the school. Waste management is a major problem in the schools: given that 85 per cent of the things dumped as waste are actually resources in the wrong place, the necessity of correct practices for waste management is imperative.

To sensitise the younger generation of this fact, the Tirur block panchayat (BP) constructed a bio-gas plant (8 m³ digester able to digest 75 kg bio-waste) in Government VHSS, BP Angadi, in Talakkad gram panchayat (GP). With around 2300 students on the rolls, the remains of the mid-day meal and the lunch brought by children is turned into bio-gas. A nearby hotel run by 'Kudubashree' can also use this for its waste disposal. This in turn meets part of the fuel needs for cooking the mid-day meal. Slurry is used as manure for the school garden. Seventy-five per cent of the project cost of Rs 1.2 lakh was met from the waste management fund of the Total Sanitation Campaign (TSC) and the rest from the yearly plan of the block panchayat.

The waste from the school kitchen and food remains thrown away by the children used to make the surroundings dirty and a perfect breeding ground for diseases. As part of the 'Malinya Muktha Keralam' campaign, of the Government of Kerala had formulated detailed guidelines for setting up waste management plants. The Tirur BP, under the guidance of the District Coordinator of the TSC, formulated a plan for setting up a bio-gas plant for transforming this waste into a resource, that is, fuel for the mid-day meal and slurry/manure for the school garden.

This unit is meant to be a display unit to show children how waste can be managed scientifically and turned into a useful resource. The plan for this unit was evolved in the meeting of the working group of BP held for the preparation of an annual action plan. This was vetted by the district-level Technical Advisory Group on Drinking Water and Sanitation. Discussions were held with representatives of the school parent-teacher association (PTA), and their support ensured. A government-approved agency with a good track record in this field was selected for implementation.

Sustainability is a major factor in the case of such plants; operation and maintenance, thus, was properly planned. Under the supervision of the PTA, health club/green club members formed maintenance committees which maintains and operates the plant without complaint. The plant has been operating successfully till date, with the help of the school authorities, especially with the help of some dedicated teachers.

As the initial project was recognised as a success, Tirur's BP undertook the construction of four more bio-gas plants in the yearly plan of 2009–10 (in GUPS Purathur; Padinjarakkara GUPS, Purathur GP; GUPS Chamravattom, Triprangod GP; and GMUPS Kottathara, Talakkad GP, with student strengths of 800 on an average). Vettom GP under Tirur block constructed one plant in GMUPS Paravanna using Nirmal Gram Puraskar (NGP) funds. All are functioning properly. Purathur GP has initiated action for the construction of two plants in GHS Purathur and GMLPS Muttannur with NGP funds. The BP has approved plans for constructing one at the block headquarters, where a canteen is functioning. In case of schools situated in market places, vegetable, fish or chicken merchants use this facility to get rid of their waste and the schools get more fuel for their needs.

Building Capacities and Conviction to Scale up Sanitation

Location: Kurukshetra District, Haryana

In 2003-04, Haryana had the highest per capita income level in India at current prices, while being plagued by one of the highest expenditures on health. As per the 2001 Census, in rural Haryana, 52 per cent of the households had televisions, 76 per cent had radios but only 29 per cent had toilets in their houses. This clearly indicated that non-availability of toilets was not due to economic reasons but due to lack of awareness about the benefits of accessing toilets within the household. The lack of awareness about sanitation and better hygiene practices also resulted in unnecessary expenditure on health and loss of income because of productive days wasted due to sickness. Under the Total Sanitation Campaign, Community-Led Total Sanitation (CLTS)¹ was first proposed to be put in use by organising training programmes for trainers with the help of experts from outside the state. This provided key inputs in the conceptualisation and implementation of the strategy.²

Capacity Building to Facilitate Behaviour Change in Sanitation Practices

The catalyst of the CLTS approach in initiating, progressing and upholding the communities' behaviour change are the trainers. They continuously inform, energise and motivate the state, district, block and village level functionaries so that the ignited community finds an informed, committed and skilled implementation support to achieve the ultimate goal of being and living in an open defecation free environment. The maximum impact in Haryana was seen with the first five-day Training of Trainers' (TOT) workshop conducted in Bhiwani district in July 2006. Between this and 2009 the state has been the fastest in adopting sanitary habits and practices and its measurement in terms of the Nirmal Gram Puraskar (NGP)-awarded villages. CLTS has, during this period, built the capacities of 950 participants in every district, leading to efficient and effective up scaling and creating a revolution with records broken and targets met.

To build capacity, a five-day district level workshop – consisting of class room, hands-on field-based and simulation exercises in the actual community – was conducted. The district and block team then moved to the villages and 'triggered' the community for achieving open defecation free (ODF) outcomes. In the process the capacities of the 'Nigrani Samitis' (vigilance committee of natural leaders), at the village level, on ways to monitor community members from going out to defecate, was also demonstrated. Thus the capacity building initiative is not restricted to TOT workshops but seamlessly extends to the actual implementation of the CLTS approach in the field. For example, Sirsa has made it to the Limca Book of Records, in making all 313 gram panchayats ODF, within a span of 90 days, with the leadership of the Assistant District Collector (ADC). In Kurukshetra the race was led by the ADC.

Ensuring Sustainability of the Changed Practice

The entire state of Haryana is climbing the ladder of total sanitation, with the scaling up of the CLTS approach. The key lies in creating an adequate number, and building capacity, of master trainers at the district levels, motivators at block level and 'Nigrani Samitis', at the village level. The capacity building aspect in Haryana has been complemented with the following factors to ensure its sustainability:

¹ CLTS or Community Led Total Sanitation is an approach which facilitates communities to collectively analyse the status of sanitation, its impact on their well-being, and thereby collectively act to change the status and become open defecation free.

² <http://indiasanitationportal.org/sites/default/files/Haryana.pdf>

- A clear mission towards making the entire state free from open defecation since 2006 with continuous monitoring, policies, institutional arrangements, roles and responsibilities, etc.
- Senior level administrators at state, district and block levels have demonstrated high levels of motivation. Numerous champions of sanitation have emerged in the state at all levels.
- A state-wide availability, accessibility and affordability of necessary material with regard to the supply chain needs of the communities, and establishment of a pool of readily available trained masons at every district level, to support this supply chain system. The capacity of the masons at districts has been built by involving them as a part of the CLTS ToT workshops.
- Haryana has designed vigilant monitoring systems to measure progress at the gram panchayat, block, district and state levels. Community-based monitoring and monitoring by block, district and state teams, forms an integral part of the state sanitation mission. At the community level a participatory monitoring map is used as a tool to monitor individual/ household behaviour change. At the block, district and state levels the use of tools on community visits are walk of pride and giving preference to becoming ODF rather than focussing on the number of toilets constructed – which have proved to be extremely effective.

Initiatives for Scaling Up

This process has been replicated across the state. Starting with one district in 2006, this has now been replicated and adopted across all 21 districts of Haryana. The state had zero villages under NGP in 2006; this became 60 in 2007, 798 in 2008, and 131 in 2009. In 2010 nearly 1,350 villages have applied for the NGPs.

Main Achievements

- A pool of master trainers created across the state to ‘trigger’ the villages.
- Trained local resources are now functioning as the state-level team for scaling up CLTS.
- Sanitation, which was early a low-priority agenda in Haryana, has emerged as a high-priority issue at the policy level, brought on by conviction among key government functionaries.

Key Learning

- Strong demand from the state/districts is required, along with a commitment to scale up the initiative.
- Careful selection of trainers who would be dedicated and available full-time for a minimum period of six months is necessary to ensure scaling up of the approach.
- Apart from knowledge and skill development, the training should be designed to develop right attitude and build conviction towards the approach amongst participants.
- Action planning has to be done for three months during the workshop so that there is clarity among participants about how to scale up
- Institutional support to implement the action plan is an absolute necessity.
- Follow-up workshops after three months are crucial for sharing experiences and filling in knowledge gaps.
- Strengthening the monitoring and evaluation system is important for strengthening the momentum achieved post the TOT workshop.

The success of this approach can probably be best gauged by a news item which appeared in a news website in March 2009: “The war against insanitation is being fought by women in Haryana by placing a simple condition before their daughters get married – her new household should have a toilet.”





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