

W-11013/29/2012/NBA-(UP-Corr.)(Vol II)  
Government of India  
Ministry of Drinking Water and Sanitation  
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New Delhi the 3<sup>rd</sup> June, 2014

To,  
The Principal Secretary  
Panchayati Raj Department  
Government of Uttar Pradesh  
Sachivalaya Bhawan, UP Civil secretariat  
Lucknow -226001

Sub: Construction of Toilets in the Rural areas of the State – Sanitary facilities for Women

Sir,

1. Media reports on the recent case of abduction, rape and murder in Badaun, Uttar Pradesh suggest that the absence of toilets in the areas may have, at least, in part, contributed to the occurrence of such heinous crimes.
2. Attention is drawn to the fact that under Nirmal Bharat Abhiyan (NBA), assistance is provided for the construction of Individual Household Latrines (IHHLs) and Community Sanitary Complexes. There is need to step up speed of implementation of the programme.
3. Badaun district has an IHHL target of 312082 as per the PIP, against which achievements so far is 232994 (74.66%). Further, Uttar Pradesh has an available balance under NBA of Rs. 293 crore, with Badaun district having a balance of about Rs. 1.04 cr. Adjoining districts also have sufficient funds available. Thus urgent measures can be taken to carry out large scale construction of IHHLs in the area. The State has to identify difficult areas and cover these areas with IHHLs on priority.
4. The State can also consider constructing Community Sanitary Complexes in such areas. Some states like Tamil Nadu have set up women specific Integrated Womens' Sanitary Complexes which are operated by through GPs / departmentally. The advantage of such a system is that the same can be maintained institutionally and amenities like water and power supply can be ensured. (Notes on such systems are attached)
5. State is requested to take urgent steps in the matter so as to ensure availability of adequate sanitation facilities especially for women.

Yours faithfully,

  
(Saraswati Prasad)  
Joint Secretary

Encl: As above.

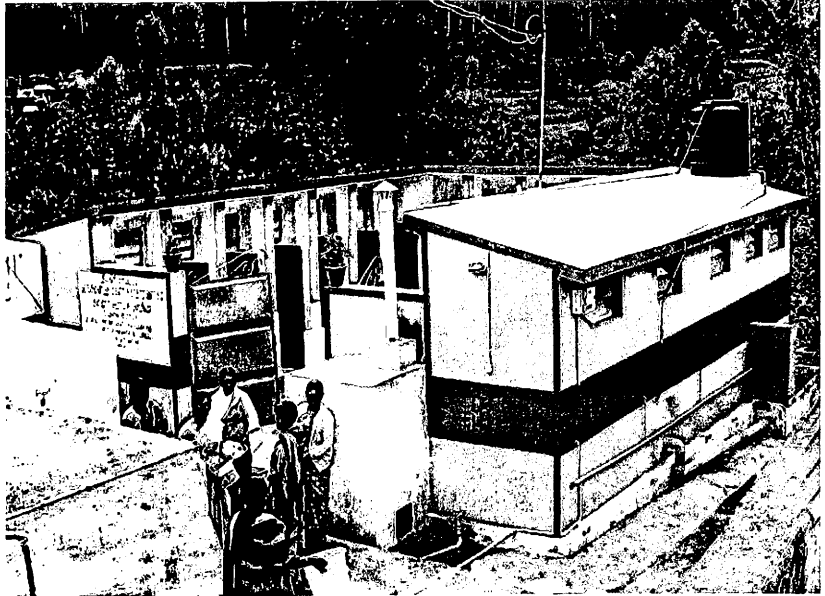
Copy: Principal Secretary's/Secretary in/charge of Rural sanitation All States - for information and appropriate action.

## Success Story

### 1. Integrated Women Sanitary Complexes (IWSC) : Tamil Nadu

The Integrated Sanitary Complexes for Women were constructed during 2001 to 2004 at the rate of one Sanitary Complex per Village Panchayat. Due to inadequate maintenance in the past most of the Integrated Sanitary Complexes for Women became unusable causing hardship to rural women folk in accessing such basic facility.

12,796 Integrated Sanitary Complexes for Women have been renovated at an estimated cost of Rs.170 crores entirely funded by the State Government.



The Complexes are constructed in a plinth area of 750 sq.ft and have toilet, bathing and washing facilities. Separate toilets provided for children and differently abled/aged. Exclusive water supply is ensured in each complex.

#### Operation & Maintenance of IWSCs

##### Training

Tamil Nadu Corporation for Development of Women has been roped in formation of User Groups and to impart training to District level and Block level Master Trainers. Master Trainers will train one PLF/one HLF member in all IWSC hamlets on all aspects of sanitation, use and maintenance of IWSC.



## **Booklet**

A Booklet on use and maintenance of IWSC prepared and given to all PLFs as Ready Reckoner.

## **Role of User Groups**

- Custodian of IWSC – Ensure use, upkeep & maintenance of IWSC.
- Collect user charges from all women users, maintain accounts, pay the sanitary worker and provide cleaning materials.
- Liaise with Panchayat President for major repair and maintenance works.

## **2. 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 targeted 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 targeted 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.

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