

No.W.11042/22012-CRSP
Government of India
Ministry of Drinking Water & Sanitation
CRSP Division

12thFloor, Paryavaran Bhawan,
Lodhi Road, CGO Complex
New Delhi-110003
Dated 8.2.2012

To,

All participants as per list
Principal Secretaries in charge of Sanitation as per list

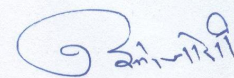
Subject: National Consultation on scaling up rural sanitation on 15th February,2012

Sir,

I am directed to refer to communications forwarded by this Ministry regarding organizing a "National Consultation on Scaling up Rural Sanitation" on 15th February, 2012 presided over by Hon'ble Minister Drinking Water & Sanitation Rural Development. As already intimated the main thrust of the consultation would be to discuss strategies for scaling up rural sanitation in the country and new technology interventions for accelerating sanitation coverage. A copy of the Background Note is attached herewith for your reference.

2. It is also intimated in this regard that TA/DA to the non official Members will be paid as per Central Govt. Rules. Air travel is permissible by Indian Airlines and Air India only on economy class.

Yours faithfully,



(N.K. Joshi)

Under Secretary to the Govt. of India

Encl: As above

Copy to: Director NIC for putting it on Ministry's website

BACKGROUND NOTE FOR NATIONAL CONSULTATION WITH NGOS AND TECHNICAL EXPERTS ON SCALING UP RURAL SANITATION

A National Consultation on scaling up rural sanitation is scheduled to be held on 15th February, 2012 at Mirza Ghalib Hall, Scope Complex, Lodhi Road, New Delhi.

The National Consultation aims at creation of vision for **Nirmal Grams** that are **open defecation free** (ODF) with adequate arrangements for **garbage disposal and drainage**. Availability of adequate **water** being the other essential for attainment of a sanitary environment, **a conjoint planning process with a saturation based approach of whole Gram Panchayats in a phased manner, is suggested for fulfilling the objectives of good sanitation. It requires a community based approach that bridges the APL/BPL divide** with realistic incentivisation and communication strategies. The programme needs to be conducted in a **mission mode in a determined time-frame**.

Sanitation is a subject that is run by different Departments in different States but one that requires a **dedicated institutional mechanism with involvement of civil society including NGOs** at the field level for **interpersonal communication** and **capacity building** of stakeholders including Panchayati Raj Institutions, Self Help Groups (SHGs), women's organisations and youth associations etc, **resource mobilisation** including credit facilitation and **demand generation** for good sanitation

Technology interventions and toilet options required for different hydro-geological areas and different sections of rural communities need to be looked at for greater acceptance and affordability of sanitation facilities in rural India. The Consultation aims at discussing available options and their best use along with exploring new vistas in this regard.

The participants would be from the NGOs, technical experts and representatives from international resource agencies. Some of the issues linked to rural sanitation and TSC in particular are as follows;

1. Policies, Principles and Reforms

1.1 Policy Framework for Sanitation and Hygiene

While the first five Plan periods were characterized by relatively negligible investments in sanitation, it received a fillip from the Sixth Plan (1980-85) onwards and the launch of the International Drinking Water Supply and Sanitation Decade in 1980s. Responsibility for rural sanitation was also shifted from the Central Public Health and Environmental Engineering Organization to the Ministry of Rural Development of Government of India.

In 1986, the Rural Development Department initiated India's first nation-wide program, the Central Rural Sanitation Program (CRSP). CRSP focused on provision of household pour-flush toilets with little accent on communication mechanism for behaviour change. It did not envisage adequate attention to 'total' sanitation which includes improved hygiene behaviour, school and institutional sanitation, solid/liquid waste management and environmental sanitation. This approach did little to motivate and sustain high levels of sanitation coverage. Despite an investment of more than Rs. 6 billion, rural sanitation grew at just 1 per cent

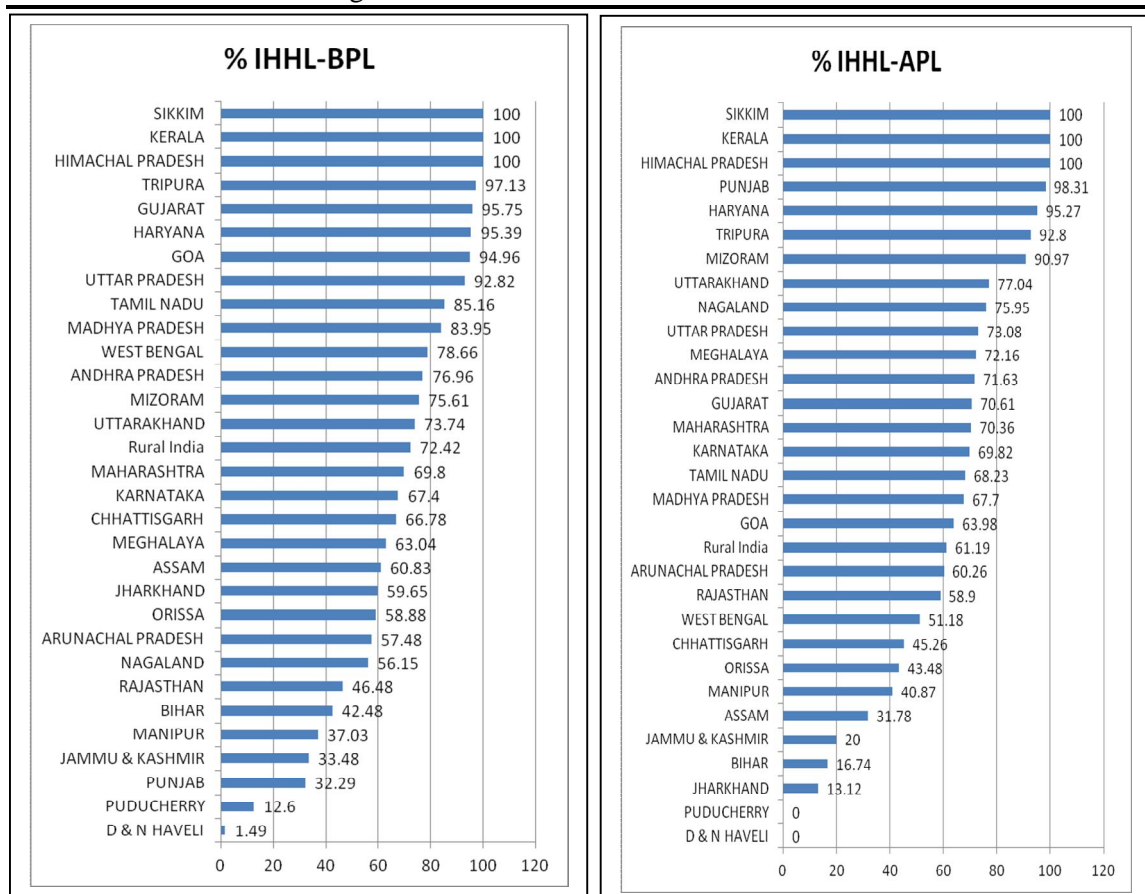
annually throughout the 1990s and the Census of 2001 found that only 22 per cent of rural households had access to a toilet.

1.2 Sector Reforms and their Impact

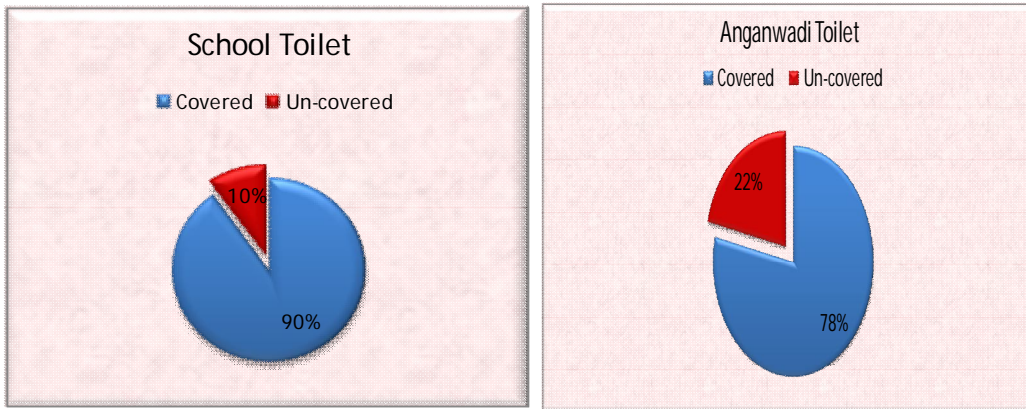
With a less than satisfactory performance of the CRSP, Government of India restructured the program with the launch of the Total Sanitation Campaign in 1999. TSC advocates a participatory and demand driven approach, taking a district as a unit with significant involvement of Gram Panchayats and local communities. It moves away from the infrastructure focussed approach of the earlier programs and concentrates on promoting behaviour change. Some key features of the TSC include:

- A community led approach with focus on collective achievement of total sanitation
- Focus on Information, Education and Communication (IEC) to mobilize and motivate communities towards safe sanitation
- Minimum incentives only for BPL households/poor/disabled, post construction and usage
- Flexible menu of technology options
- Development of supply chain to meet the demand stimulated at the community level
- Fiscal incentive in the form of a cash prize – Nirmal Gram Puraskar (NGP) – to accelerate achievement of total sanitation outcomes.

Against an objective of 12.57 crore Individual Household Latrines (IHHL), the sanitation facilities for individual households reported to be achieved is about 8.38 crore as of December 2011. In addition, about 22,922 Community Sanitary Complexes have been constructed. The state-wise % achievement is given below:-



In addition to individual household toilets, TSC lays emphasis on school sanitation. Since inception, a total of 11.88 lakh school toilet units have been reported to be constructed against an objective of 13.14 lakh.



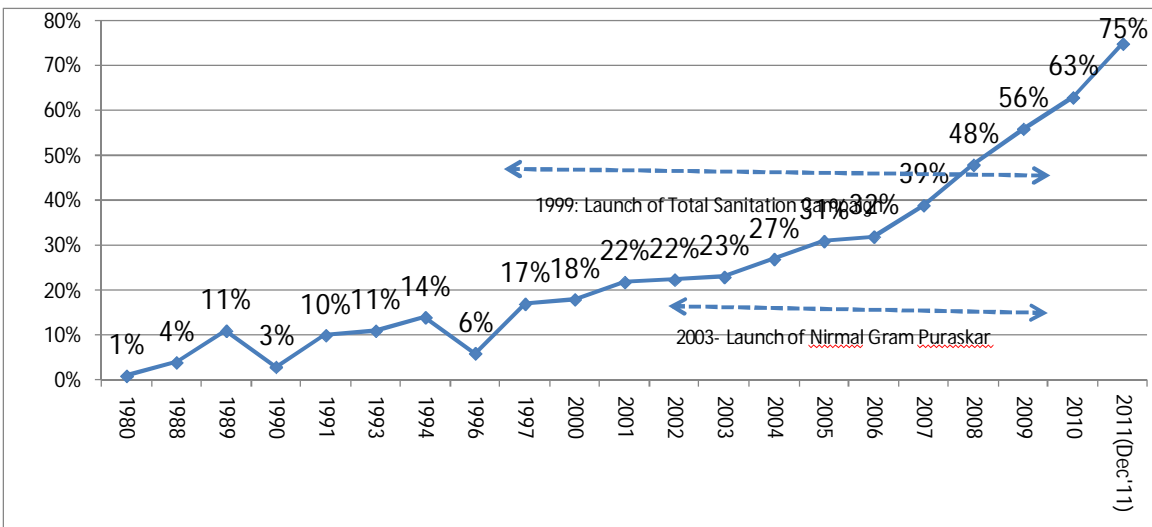
Similarly provision of Sanitary Facilities in Anganwadi is also an important component of TSC. 3,97,323 Anganwadi toilets have been reported to be constructed as against the project objectives of 5,06,968 as of December 2011.

1.3. Strategies Adopted to Achieve Scale and Sustainability

1.3.1 Coverage

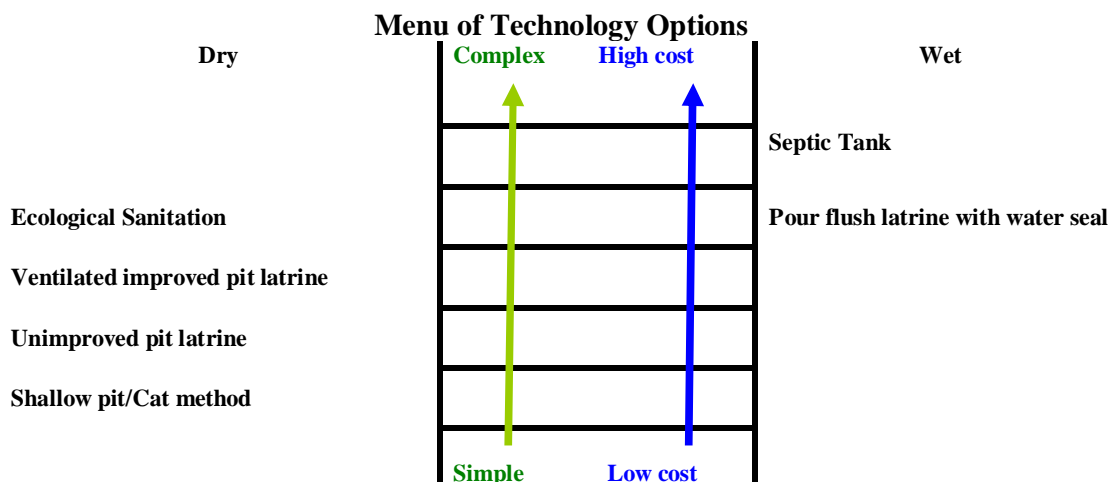
After sluggish progress throughout the eighties and nineties, rural sanitation coverage received a fillip with the implementation of TSC. As can be seen from Figure below, individual household latrine coverage has more than tripled, from around 22 per cent in 2001 to 75 per cent in December 2011.

Rural Sanitation Coverage in India



1.3.2 Community Led Approach and Technology Choices

The TSC strategy is to make the campaign community led through leadership by the local bodies, youth and women organization and schools in implementing the campaign. The community is sensitized by creating awareness about the impact of open defecation and lack of sanitation on health, dignity and security especially of women and children. In rural sanitation, ‘encouraging cost-effective and appropriate technologies for ecologically safe and sustainable sanitation’ has been one of the main objectives of the approach. The implication for technology is that this should be improvised to meet consumer preferences ‘in an affordable and accessible manner by offering a range of technological choices’.



2.0 ISSUES

Despite the investments made by GOI for the flagship program and impressive successes attained in some of the states, the results have generally not been commensurate with expectations. There are significant disparities among States and districts and also slippages once Gram Panchayats attain Open Defecation Free (ODF) status. Sustainability thus remains a major issue. **The following issues are of critical importance to be handled through scaling up of sanitation both in terms of fund requirement and consequent implementation mechanisms:**

2.1 Access:

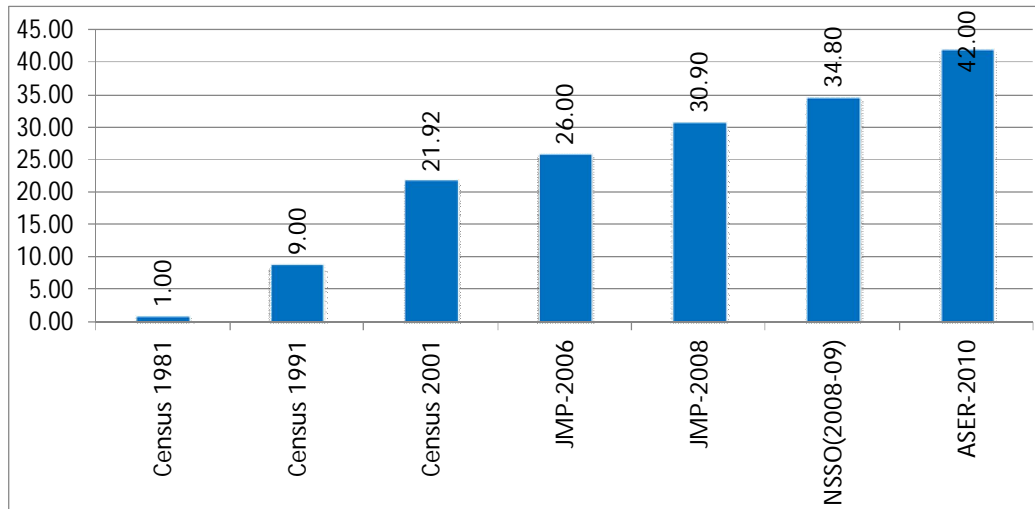
Provision of sanitation and a clean environment are vital to improve the health of our people, to reduce incidence of diseases and deaths. To address this challenge the international community has pledged to halve the proportion of people without access to safe drinking water and basic sanitation facilities by 2015 as part of the Millennium Development Goals.

The Joint Monitoring Programme (JMP) for Water Supply and Sanitation published by WHO/UNICEF describes the status and trends with respect to the use of safe drinking-water and basic sanitation, and progress made towards the MDG drinking-water and sanitation target. As the world approaches 2015, it becomes increasingly important to identify who are being left behind and to focus on the challenges of addressing their needs. This report presents some striking disparities: the gap between progress in providing access to drinking-water

versus sanitation; the divide between urban and rural populations in terms of the services provided; differences in the way different regions are performing, bearing in mind that they started from different baselines; and disparities between different socio-economic strata in society.

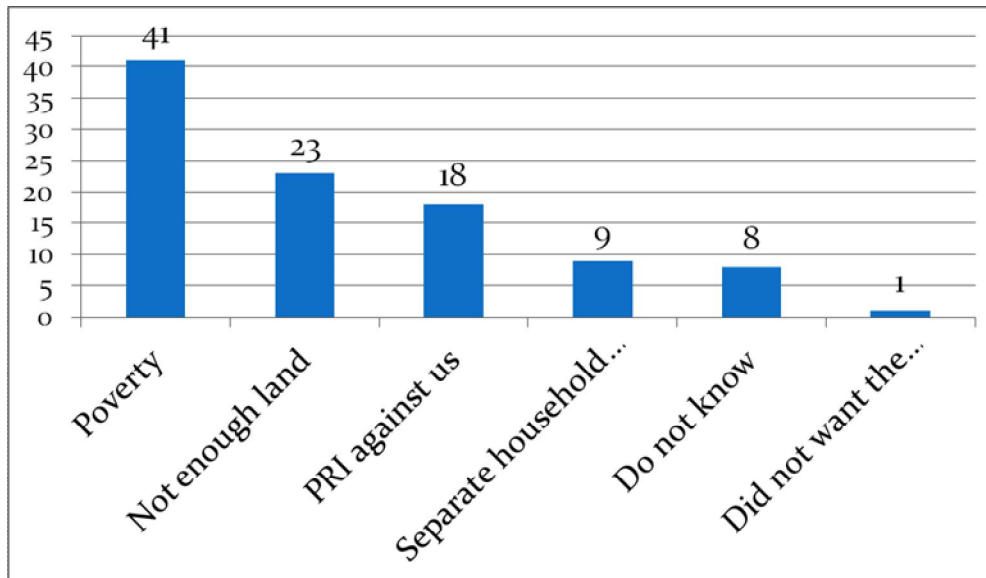
The figures based on data of 2008 with respect to access to sanitation facilities world- wide reported by the WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation report 2010 which are based on the figures of DLHFS-3 are alarming. Improved sanitation facilities are used by less than two thirds of the world population and while virtually the entire population of the developed regions uses improved facilities, in developing regions, only around half the population use improved sanitation. Among the 2.6 billion people in the world who do not use improved sanitation facilities, 72% that is 1070 million populations by far the greatest number, live in Southern Asia. According to the report the use of improved sanitation facilities in India is less than 50%, quite low compared to many other countries. The fact looks further grave when we find that the scenario reported for rural India is still worse at improved sanitation coverage of only 31% as of 2008. More alarming is that the sanitation progress towards the MDG target is reported not on track. **The objective set out by the MDG on sanitation is surely achievable but the task is daunting and challenging.**

Sanitation coverage in the rural areas of the country was **21.9%** in 2001 as per Census 2001. The 65th Report of NSS on Housing Conditions and Amenities has reported sanitation coverage in the rural areas at only **34.8% as of June 2009**. Sanitation coverage in rural areas of the country as per independence assessment carried out by various responsible agencies having the mandate is given below :



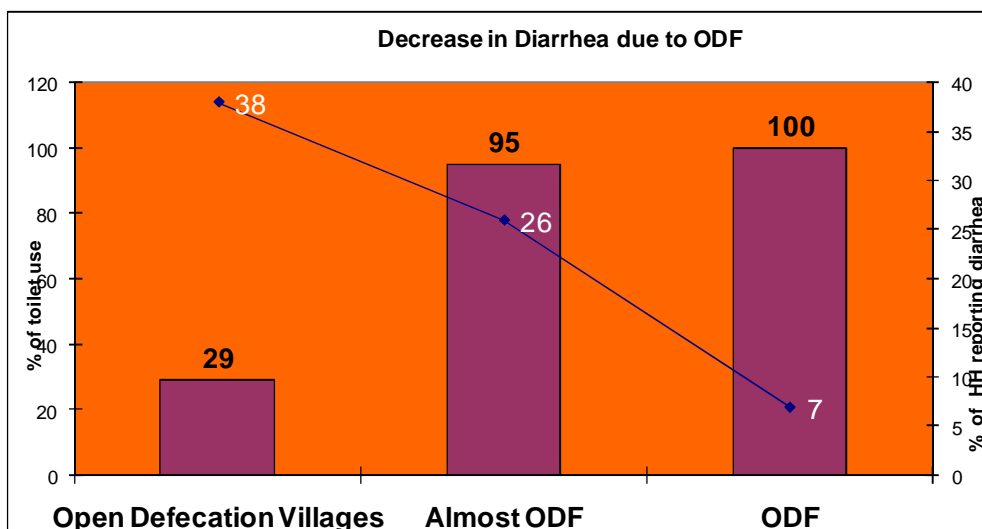
2.2 Poverty and disparities: An incentive is provided only to Below Poverty Line households under the scheme. While the incentive for IHHLs has been revised from time to time and stands at Rs 3200/- (Rs. 3700/- for hilly and difficult areas) per IHHL constructed and used by BPL household, including State share of Rs 1000/-, the BPL households are expected to find resources for the remaining cost. Most assessments have calculated IHHL cost at about Rs 8000/- with the substructure alone costing about Rs 5000/-. Those Above Poverty Line (APL) are expected to be motivated through IEC to construct toilets on their own or through availing of credit facilities.

In a study done by Centre for Media Studies (CMS), engaged by the Ministry in the year 2010, 41% of the respondents cited poverty as the reason for non-construction of toilets.



2.3 Community approach:

The current allocations are restrictive towards adoption of a community approach to sanitation. An assessment undertaken by WSP-World Bank in Himachal Pradesh in 2005 revealed that in villages with approximately 30% sanitation coverage, the incidence of diarrhea was reported by approximately 38% households. Even in villages with 95 per cent sanitation coverage, the diarrheal incidences were reported by around 26% households. Only open defecation free (ODF) villages with 100 per cent sanitation coverage reported significantly lower incidences of diarrhea by approximately 7% households. In effect, even if a few individual households switch to using toilets, the overall risk of bacteriological contamination and incidence of disease continues to be high. **To achieve the full goals of sanitation, community saturation approach cutting across the APL/BPL barrier is suggested for creation of Nirmal Grams.**



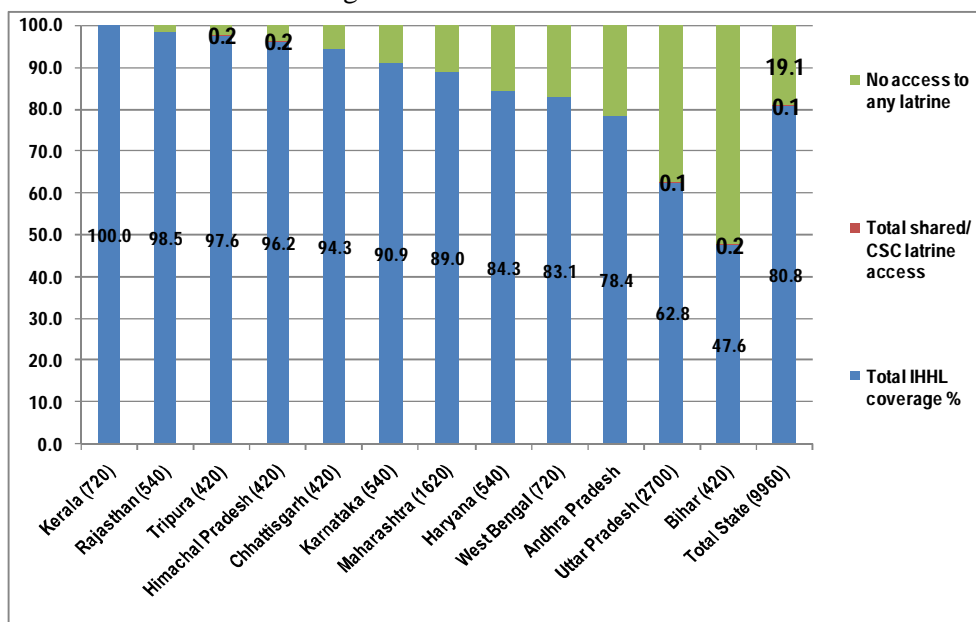
2.4 Behaviour change:

In addition to hardware issues, large scale efforts are still needed to create and sustain community demand for hygiene and sanitation. The capacity for behaviour change programming, which is decentralized under TSC, is also limited at the state and local levels. Though the country has come a long way to break the traditional barrier and taboo associated with toilets, open defecation in rural areas continues to be a socially and culturally accepted traditional behaviour at large, by both rich and poor.

There is thus a need to systematically understand factors around effective behavior change and to support a comprehensive behavior change program with consistent strategy and messages at the program level through detailed communication strategies coupled with sufficient funding for Information, Education and Communication (IEC) activities. At present, **up to 15% of Project outlay** is reserved for IEC activities. However, lower allocations allow lower availability of funds for IEC as also lack of an integrated continuous IEC in a campaign mode.

2.5 Sustainability: Inadequate IEC and follow up deficiencies have led to slipbacks from the ODF status already achieved. An independent study was conducted through M/s Centre for Media Studies for the Gram Panchayats awarded Nirmal Gram Puraskar during the years 2005 to 2008 to ascertain the sustainability of the sanitation coverage achieved. The study covered 12 States of Kerala, West Bengal, Tripura, Haryana, Maharashtra, Uttar Pradesh, Himachal Pradesh, Andhra Pradesh, Rajasthan, Bihar, and Chhattisgarh & Karnataka. 664 NGP awarded GPs from 56 districts of 12 States were surveyed with a sample of 15 households in each GP over a period of approximately 4 months. The analysis of the report revealed that overall, about 81% of the total sample NGP-GP households reported access to any type of latrine and only 67% of surveyed households reported all members using the latrine regularly.

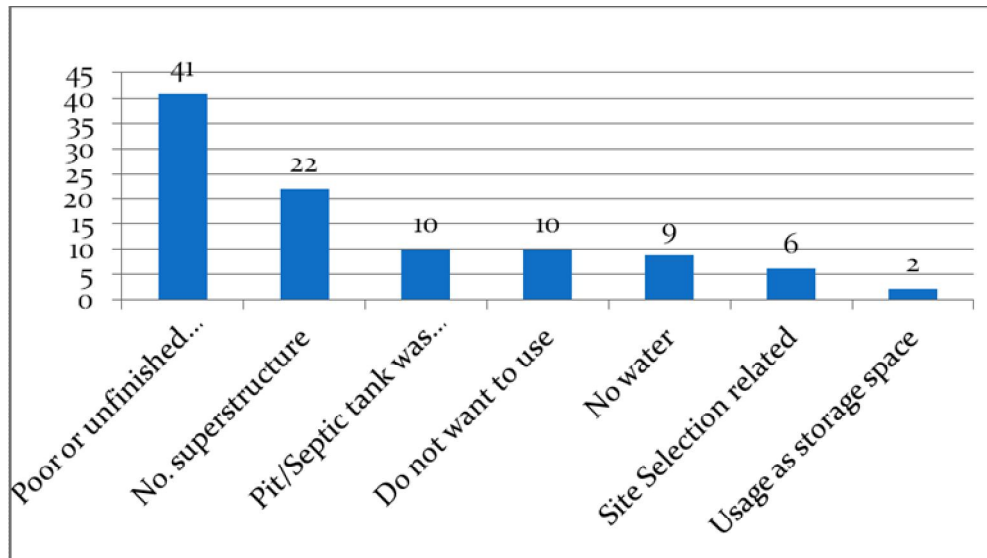
Overall, around 81% of the total sample NGP-GP households reported access to any type of latrine, i.e. either an Individual Household Latrine (IHHL - 80.8%) or a shared latrine/ a specified latrine within a Community Sanitary Complex (CSC – 0.1%). 19.1% of the total sample NGP-GP-households reported lack of access to any latrine. In Bihar only 48% households had access to sanitation facilities in NGP villages while Kerala had the best results with 100% sanitation coverage.



2.6 Dysfunctional toilets and O & M

Studies have shown existence of many incomplete/poorly constructed toilets due mainly to lesser availability of funds, that are now dysfunctional as a reason for non-usage. Attainment of Nirmal Gram objective requires policy interventions to ensure that these may be made functional and appropriate Maintenance and Operation mechanism evolved especially for Community and Institutional toilets.

In the CMS study, respondents gave poor or unfinished installations as a major reason for dysfunctional toilets.



2.7 Up-scaling Solid and Liquid Waste Management activities:

Solid and liquid waste management (SLWM) is one of the components of Total Sanitation Campaign. The clean village/GP concept takes into account that the waste material of the GP would be managed in a sustainable and environment-friendly manner. The target of SLWM activities would be to achieve a status of a zero waste society with zero disposal and discharge by adopting reducing, reusing and recycling the waste material in total.

As per NSSO 2008-09, in rural areas, nearly 19 per cent of the households had *open katcha drainage* and 57 per cent of the households had *no drainage* arrangement. Garbage disposal arrangement was available to only 24 per cent of rural households.

As of now, **up to 10%** of District project outlay can be spent for meeting capital cost on the SLWM activities with Centre, State & beneficiary share of 60: 20: 20.

3.0 Institutional framework with participation of NGOs

With lack of dedicated field level institutional framework for sanitation, it is looked after by officials from Department identified in the State. While the District Collector /Zilla Panchayat chairs the District Water and Sanitation Committee , Block Resource Centres, Village level motivators , Village Water and Sanitation Committees and Swachhta Doots/ are being put in place,

As per TSC Guidelines, NGOs have an important role in the implementation of TSC in the rural areas. They have to be actively involved in IEC (software) activities as well as in hardware activities. Their services are required to be utilized not only for bringing about awareness among the rural people for the need of rural sanitation but also ensuring that they actually make use of the sanitary latrines. NGOs can also open and operate Production Centers and Rural Sanitary Marts. NGOs may also be engaged to conduct base line surveys and PRAs specifically to determine key behaviours and perceptions regarding sanitation, hygiene, water use, O&M, etc.

As per report available on the Online Monitoring System of the Ministry, **538** NGOs are involved with various project districts in implementation of Total Sanitation Campaign (TSC). In some States like West Bengal, Orissa and Uttarakhand, NGOs are playing vital role in implementation of TSC. However, Civil Society organisations, SHGs etc working for demand generation and capacity building in the sanitation sector are not evenly spread in many areas of the country.

It is now recognized that programmes impacting social practices require greater involvement of civil society and its organizations. Local **Self Help Groups**, women's organizations, youth associations and NGOs of repute can play a major role in programme implementation. **NGOs can contribute immensely in ensuring sustainability of ODF status and monitoring apart from demand generation, resource mobilisation and capacity building of stakeholders. Appropriate mechanisms need to be built for them to be encouraged to engage in the sanitation sector.**

4.0 Technical Publications

The Ministry of Drinking Water and Sanitation has been continuously updating technical notes on rural sanitation to reinforce the quality of interventions. The following technical notes have been published in the recent past in association with partners like UNICEF, WSP and Water Aid :-

- (i) Technology options for Household Sanitation
- (ii) A Technical Note on Solid and Liquid Waste Management in Rural Areas
- (iii) Technical Note on "An inclusive approach for school sanitation and hygiene education
- (iv) A manual of Sanitary Complexes
- (v) Practitioner's Handbook on Ecological Sanitation
- (vi) Swachhata Doot Guidelines
- (vii) A handbook for Village Water Health & Sanitation committee

5.0 Research and Development(R & D)

R&D is a support activity for which MDWS provides 100 per cent funding to research organizations. Traditionally, research funding has focused on water sector but the need for

focusing concerted research efforts for sanitation has been highlighted. The three major areas identified for R&D inputs to enrich and sustain the current sanitation program are:

- **Technology related:** Initiatives are required in sanitation technologies particularly in the product/design, evacuation, decomposition and maintenance and construction with regard to leach pit technology or any improvement in existing installed septic tank technology. More investments are needed in solid and liquid waste technologies, bio-gas, eco-sanitation, methane recovery from landfill sites, etc.
- **Program related:** Innovations in planning, communication, monitoring and financing the sanitation program with more effective IEC strategies are needed to ensure faster and sustainable implementation of the sanitation program.
- **Other areas that impact sanitation sector:** Initiation of impact studies on the importance of sanitation interventions in the areas of cognitive development of children, nutritional status, other health and disease indicators, education: drop out and enrolment rate, water quality improvement, cost benefit analysis (increase in income, reduction in loss of man-days), overall child development, women empowerment, etc. Initiation of other R&D initiatives in the excreta decomposition technology for railway coaches, developing standards/norms for food hygiene, using of solar/wind energy in sanitation, innovation in sanitary pad technologies and its promotion, improvement in incinerator-cost, design, standardization, disposal of used sanitary pad, school friendly waste management technologies and systems, inclusive designs for households and institutions.
- **Solid & liquid Waste Management (SLWM)** is an area that needs to be concentrated upon both in implementation and R & D work. Low cost technologies of SLWM would enable creation of clean environment in the rural areas. Some of the areas which need to be explored are compost technologies, handling of waste water & its re-use etc.

R&D institutions have shown little interest in developing technologies for sanitation. The Ministry has however sanctioned three R & D Projects during the year bringing Institutes of repute like IIT Mumbai and IIT Guwahati on board for R&D on sanitation issues.

User friendly technological options for household sanitation remain issues of concern. The Consultation may deliberate on new technological options and interventions to accelerate sustainable sanitation.

The goal of Nirmal Grams and Nirmal Bharat needs appropriate funding with commensurate administrative and political support, **coupled with active civil society participation** that would enable the conditions for a better quality of life for people living in the rural areas of our country