

Country Paper India



SACOSAN VI
DHAKA, 11-13 JANUARY 2016

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Contents

| | |
|--|----|
| Abbreviations | v |
| Executive Summary | 1 |
| Background and evolution of current approach | 4 |
| Swachh Bharat Mission (Clean India Mission) | 8 |
| Challenges and recent initiatives | 14 |
| Glimpses from the States | 18 |
| Urban Sanitation | 25 |
| School Sanitation | 28 |
| Future Road Map | 31 |

Abbreviations

| | |
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| AIP | Annual Implementation Plan |
| AMRUT | Atal Mission for Rejuvenation and Urban Transformation |
| APL | Above Poverty Line |
| BCC | Behavioural Change Communication |
| BPL | Below Poverty Line |
| CBO | Community Based Organization |
| CLTS | Community Led Total Sanitation |
| CRSP | Central Rural Sanitation Programme |
| CSP | City Sanitation Plan |
| CSR | Corporate Social Responsibility |
| DISE | District Information System for Education |
| DSBM | District Swachh Bharat Mission |
| GIWA | Global Inter-faith WASH Alliance |
| GP | Gram Panchayat |
| HRD | Human Resource Development |
| ICDS | Integrated Child Development Scheme |
| IEC | Information, Education and Communication |
| IHHLs | Individual household latrines |
| ILCS | Integrated Low Cost Sanitation |
| IMIS | Integrated Management Information System |
| JMP | Joint Monitoring Program |
| JNNURM | Jawaharlal Nehru National Urban Renewal Mission |
| KRC | Key Resource Centre |
| M&E | Monitoring and Evaluation |
| MDM | Midday Meal |
| MDWS | Ministry of Drinking Water and Sanitation |
| MGNREGS | Mahatma Gandhi National Rural Employment Guarantee Scheme |
| MHM | Menstrual Hygiene Management |
| MHRD | Ministry of Human Resource Development |

| | |
|--------|--|
| MoUD | Ministry of Urban Development |
| NBA | Nirmal Bharat Abhiyan |
| NHM | National Health Mission |
| NGO | Non-Governmental Organization |
| NGP | Nirmal Gram Puraskar |
| NITI | National Institution for Transforming India |
| NSSO | National Sample Survey Organization |
| NUEPA | National University of Educational Planning and Administration |
| NUSP | National Urban Sanitation Policy |
| O&M | Operation and Maintenance |
| ODF | Open Defecation Free |
| PHED | Public Health Engineering Department |
| PPP | Public Private Partnership |
| PRI | Panchayati Raj Institution |
| RALU | Rapid Action Learning Unit |
| RSM | Rural Sanitary Mart |
| SBSV | Swachh Bharat Swachh Vidyalaya |
| SC | Scheduled Caste |
| SDG | Sustainable Development Goals |
| SHACS | Sanitation and Hygiene Advocacy & Communication Strategy |
| SLB | Service Level Benchmark |
| SLWM | Solid and Liquid Waste Management |
| SSBM | State Swachh Bharat Mission |
| ST | Scheduled Tribe |
| SWM | Solid Waste Management |
| TSC | Total Sanitation Campaign |
| ULB | Urban Local Bodies |
| UNICEF | United Nation Children's Fund |
| VGf | Viability Gap Funding |
| VWSC | Village Water and Sanitation Committee |
| WASH | Water, Sanitation and Hygiene |
| WSP | Water and Sanitation Program |

Executive Summary

- 1.1** It was a turning point in the sanitation history of India, when the Prime Minister of India, Shri Narendra Modi, mentioned from the ramparts of the Red Fort, on 15th August, 2014, the occasion of India's 68th Independence Day:

"The poor need respect and it begins with cleanliness. I, therefore, have to launch a 'Clean India' campaign from 2nd October this year and carry it forward in four years."

- 1.2** The Prime Minister had to take up this agenda personally, in order to kick start the process of achieving Swachh Bharat (clean India) by 2019. Poor sanitation is proven closely linked with poor health, low education status, malnutrition and poverty. Although India has made some progress over the past few decades, the challenge before India remained huge. Despite progress, India missed the achievement of Millennium Development Goal of halving the proportion of people with sustainable access to basic sanitation by 2015.

- 1.3** The Government launched **Swachh Bharat Mission (SBM)** (Clean India Mission) on 2nd October, 2014 to accelerate efforts to achieve universal sanitation coverage, improve cleanliness and eliminate open defecation in India by 2019. The program is considered India's biggest drive to improve sanitation, hygiene and cleanliness in the country. The effectiveness of the Programme is predicated upon generating demand for toilets leading to their construction and sustained use by all the household members. It also aims to promote better hygiene behaviour amongst the population and improve cleanliness by initiating Solid and Liquid Waste Management (SLWM) projects in the villages, towns and cities of the country. This is to be bolstered with adequate implementation capacities in terms of trained personnel, financial incentives and systems and procedures for planning and monitoring. The emphasis is on stronger focus on behaviour change intervention including interpersonal communication; strengthening implementation and delivery mechanisms down to the GP level; and giving States flexibility to design delivery mechanisms that take into account local cultures, practices, sensibilities and demands.

- 1.4** The progress in sanitation has witnessed a spurt, since the launch of the **Swachh Bharat Mission**. In the first year of the Mission i.e. from 2.10.2014 to 2.10.2015, 8.8 million toilets were constructed, against an expected outcome of 6 million. Since the launch of **Swachh Bharat Mission** more than 11.5 million toilets have already been constructed in the rural areas. The sanitation coverage, which stood at 40.60% as per the National Sample Survey Organization (NSSO) has increased to around 48.3%.

- 1.5** The focus of the **Swachh Bharat Mission** is on behavior change and usage of toilets. While individual toilets continue to be provided on demand, there is a focus on village saturation and achievement of open defecation free (ODF) communities. This involves

collective behavioral change of the entire community through intensive triggering and follow-up. This change of mindset involving changing of age-old habits is a very challenging task. However, given the fact that collective change leads to improved health outcome, the **Swachh Bharat Mission** lays emphasis on this. The uniform parameters of ODF have been defined, so that there is a common understanding of the term across the country. As per the definition, the ODF comprises not just access to a toilet, but also usage of toilet and safe technology. Guidelines for ODF verification have also been issued, and the States have begun the process of verification. This is being captured in the online monitoring system (IMIS- Integrated Management Information System) of the Ministry of Drinking Water and Sanitation (MDWS).

- 1.6** A key thrust of the **Swachh Bharat Mission** programme is the flexibility provided to the Provinces (States) in implementation. The States can now, depending on their socio-economic-cultural milieu, adopt strategies considered most appropriate by them. The Centre is trying to focus on evaluating the actual outcomes and promoting cross-sharing of best practices between the States. The typical outcome parameters include reduction in open defecation, achievement of ODF villages and improvement in SLWM. Many States are utilizing this flexibility to implement the programme in a manner best suited to them, and encouraging innovations.
- 1.7** The programme has a strong thrust on equity, and focuses on the marginalized sections. The emphasis of the programme on community approach ensures that all sections of the community – especially the poor and the marginalized – participate in the deliberations and decisions in the community, towards adopting safer sanitation practices. The programme also incentivizes toilet construction and usage by the poor - BPL (below poverty line) households and marginalised APL (Above Poverty Line) households. An incentive of Rs 12000 is available for individual latrines. The States have a flexibility to give this incentive amount either to the individual household, or to the community as a whole (in cases where community approach is adopted), after the entire village becomes ODF.
- 1.8** Several important initiatives have been taken to expedite the programme. The focus on capacity building has been increased, especially in skills pertaining to community processes and triggering for collective behavior change. A 360 degree behavior change communication strategy is being deployed. State/Regional level workshops involving all the key stakeholders such as Collectors, CEO, Zilla Panchayats, and Chairmen Zilla Panchayats etc. are being held. Since sanitation is a State subject, and States/districts are the actual implementing units of the programme, the Centre-State coordination has been increased. Social media [twitter (@swachbharat), Facebook (**Swachh Bharat Mission**), HIKE and WhatsApp] is being extensively used for sharing innovative ideas and cross-learning. A National Rapid Action and Learning Unit (RALU) has been constituted to institutionalize learning from the field and provide quick feedback. The technology aspect is also being focused and an expert committee under Dr R.A. Mashelkar has

been constituted to examine new innovations; and quarterly exhibitions are organized to spread these technologies amongst the States and other stakeholders.

- 1.9** The Swachh Bharat Swachh Vidyalaya campaign, a component of the **Swachh Bharat Mission**, which aimed to provide separate toilets for girls and boys in all remaining schools of the country within one year, in response to a call made by the Hon. Prime Minister in his Independence day address on 15th August 2014, achieved remarkable success, and the targets were fully achieved with 4,17,796 toilets added to 2,61,400 government elementary and secondary schools during the year from 15.8.2014 to 15.8.2015. This was achieved by a combination of effort from government, public and corporate sectors and private contributions.
- 1.10** As the **Swachh Bharat Mission** has entered the second year of its launch, there are renewed efforts in not only sustaining the momentum achieved in the first year, but also multiplying the efforts towards a deepened understanding and deployment of community processes, strengthening of implementation capacities, promoting innovations in addressing various social and technical challenges and continuing the focus on sustainability of outcomes.

Background and evolution of approach

India houses about one-sixth of the world's population. Around 68% of the country's population lives in the rural areas. It is the seventh-largest economy in the world and the third largest by purchasing power parity adjusted exchange rates. India's GDP growth during 2014-15 was 7.3%, making it one of the fastest growing economies. It also has the one of fastest growing service sectors in the world. There are however, significant challenges to the provision of environmental services such as water, sanitation, solid waste management, and drainage.

Scale of problem

2.1 More than 50% of Indians, especially in the rural areas continue to defecate in the open. The current status of sanitation in India is reflected in the extract below from Joint Monitoring Programme (JMP) of the WHO and UNICEF (JMP 2015):

| India | Sanitation Coverage | | | | | |
|------------------------|---------------------|------|-----------|------|-----------|------|
| | Urban (%) | | Rural (%) | | Total (%) | |
| | 1990 | 2015 | 1990 | 2015 | 1990 | 2015 |
| Access to sanitation | 71 | 90 | 9 | 39 | 25 | 56 |
| a. Improved facilities | 49 | 63 | 6 | 28 | 17 | 40 |
| b. Shared facilities | 16 | 21 | 1 | 5 | 5 | 10 |
| c. Other unimproved | 6 | 6 | 2 | 6 | 3 | 6 |
| Open defecation | 29 | 10 | 91 | 61 | 75 | 44 |

2.2 The sanitation coverage increased from 1% in 1981 to 9% in 1991 to 22% in 2001. In 2011 also, the Census reported the coverage to be around 31%, which was lower than the expected coverage as per the programmatic data. In order to ascertain the facts, the States were asked to conduct household baseline data in 2012. As per this data (2012-2013), the coverage was found out to be 38.81%. Two states Sikkim and Kerala have toilet coverage of over 95%.

2.3 Since independence and the initiation of a planning framework in India, policy and programmes have exhibited three distinct phases. The first phase of little over three decades was one, where adequate attention was not paid to rural sanitation. From the mid-1980s till 1999 was a middle period of some attention, with a mainly hardware focus of subsidizing toilets for poor households. From 1999 began a period of more intensive engagement with increasingly higher levels of funding. It also marked a change in approach. The hardware focus was underplayed in attempting a balance between the need for behavior change and continuing assistance to the poor for toilet construction.

Policy and Programmes till 1999

- 2.4** The Mar del Plata resolution of 1977 to declare the period 1981-1990 as the international decade of water and sanitation reflected the global concern about sanitation. The Sixth Five Year Plan (1980-1985) explicitly acknowledged this global concern and declared that “India as a signatory to the Resolution has pledged its full support to the action plan under the International Decade”. Keeping in view the poor status of coverage -the 1981 Census revealed that rural sanitation coverage was only around 1% - and the limitation of budgetary resources, the Plan document noted that sanitation facilities could be provided to only 25 per cent of the rural population by the end of the Decade. The Seventh Plan document reiterated this target and stated that “lack of a good sanitation system is one of the factors affecting the quality of life of the rural population”. Simple low cost designs of water seal latrines had already been developed in many areas through UNDP assistance. It was realized that extensive efforts would, however, need to be made on a large scale to assist the village organizations for bringing about people’s participation and mobilization to encourage adoption and use of these designs with such local modifications as may be necessary. However, the exact manner in which this could be brought about was not yet detailed out. Consequently, the Government of India introduced the Central Rural Sanitation Programme (CRSP) in 1986, primarily with the objective of improving the quality of life of the rural people and also to provide privacy and dignity to women. The CRSP involved setting targets of toilet construction in public places through subsidies to poor households. Despite this effort, there was only 8% improvement in rural sanitation between 1981 and 1991. In the 1990s also, rural sanitation coverage crept upward, but not at a satisfactory level.
- 2.5** However, both internationally and within India, changes on the ground were being noticed that challenged the traditional approach of a focus on hardware subsidy. The evidence was there that toilet construction was not enough to secure usage. With the technology (hardware) challenge solved (to an extent) by the low cost experiments of previous decades, attention to the software of securing usage, was logical. Internationally, community education, training and communication to secure need and demand for sanitation increasingly gained prominence. Within India, the efforts of the Ramakrishna Mission in Midnapur district of West Bengal were noteworthy. In this approach, production centers for low cost models ensured availability of hardware. Motivators were able to ‘sell’ the advantages of these low cost toilet models to a large number of households with very low subsidy. It appeared that lack of finance was possibly not the key constraint to the acceptance of toilets. A survey to test out this hypothesis followed. A very comprehensive Baseline Survey on Knowledge, Attitudes and Practices in rural water supply and sanitation was conducted during 1996-97 by the Indian Institute of Mass Communication, which showed that 55% of those with private latrines were self-motivated. Only 2% of the respondents claimed the existence of subsidy as the major motivating factor, while 54% claimed to have gone in for sanitary latrines due to convenience and privacy. The study also showed that 51% of the beneficiaries were willing to spend up to Rs. 1000/- to acquire sanitary toilets. The stage was set for a new

sanitation policy in India, signaled by the launch of the Total Sanitation Campaign (TSC) in 1999.

Total Sanitation Campaign, Nirmal Gram Puruskar and the Nirmal Bharat Abhiyan

- 2.6** The TSC was launched in pilot districts from 1st April, 1999 along with reforms in the rural drinking water sector. In both, rural drinking water and sanitation, the key words were “community led”, “people centered” and “demand driven” in keeping with the understanding of developments over the previous decade. The TSC strategy emphasized that “subsidy for individual units has to be progressively reduced and phased out. Rural School Sanitation is to be a major component and entry point for wider acceptance of sanitation by the rural masses. Technology improvisations according to customer preferences and location specific, intensive IEC Campaign involving Cooperatives, Women Groups, Self Help Groups, NGOs, etc. are also important components of the Strategy”. Project funding was established as the norm, replacing the poverty incidence based allocations under the CRSP. The key principles of TSC were enunciated as follows: low to no subsidy, focus on awareness generation (IEC), community centered and demand responsive approach, reliable supply chain, school sanitation and hygiene education and involvement of PRIs and NGOs. The programme guidelines sought to ensure that adequate funds would be allocated for Information, Education and Communication (IEC) and start up activities so as to create demand for sanitation facilities. A project was allowed to keep up to 5% of the total cost for start-up activities and at least 15% of the total was expected to be devoted to soft side activities for demand creation. Progress in the initial years of TSC was not as per expectation, since the implementation machinery was not yet geared up for ‘demand generation’ and effective behavior change strategies.
- 2.7** The Nirmal Gram Puraskar (NGP) scheme was introduced in 2003 as a reward for the three tiers of rural local governments securing desired sanitation outcomes of eliminating open defecation, confining excreta safely and ensuring proper solid and liquid waste management in their areas. The NGP represented a significant change in the approach to rural sanitation. The NGP implicitly recognized that the nature of behavior change required for the benefits of sanitation to be realized was collective and not merely increased toilet coverage at household level. By 2011, 28002 gram panchayats (out of around 2.5 lakh gram panchayats), 181 block panchayats and 13 district panchayats were awarded NGP. While the NGP contributed in raising awareness about rural sanitation, issues of sustainability in many awardee villages were noted in independent evaluations.
- 2.8** “Nirmal Bharat Abhiyan” (NBA), was launched from 1st April 2012. The new programme aimed at creating totally sanitized villages with a greater focus on rural local government bodies. The NBA envisaged covering the entire community for saturated outcomes with a view to create Nirmal Grams. Under the NBA, the incentive for individual toilet was

further enhanced and additional financial support was obtained through convergence with the rural livelihood programme Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS). The NGP guidelines were also revised to bring in greater State involvement.

- 2.9** Certain practical difficulties were encountered in the implementation of NBA. The convergence with MGNREGA meant that funding had to come from different streams at different times. This mismatch brought up the prospect of partially built structures waiting to be finished and motivated households reverting to old practice of open defecation. There was also a growing feeling of providing States (provinces) a greater flexibility in implementation, and reorienting the role of Central Government to focus on effective monitoring, and incentivizing States based on actual outcomes. It was also important to spell out vision for achievement of Clean India within a given time-frame. The stage was set for rolling out of **Swachh Bharat Mission**.

Swachh Bharat Mission (Clean India Mission)

3.1 The Government of India launched a new programme - **Swachh Bharat Mission (Clean India Mission)** on 2nd October, 2014 to accelerate efforts to achieve universal sanitation coverage, improve cleanliness and eliminate open defecation in India by 2019. The goal of the programme is to achieve Swachh Bharat by 2019. The programme has two verticals- **Swachh Bharat Mission, Urban {SBM (U)}** for cities and **Swachh Bharat Mission, Gramin {SBM (G)}** for rural areas. The Urban programme is looked after by the Ministry of Urban Development (MoUD) while Rural programme is looked after by the Ministry of Drinking Water and Sanitation (MDWS). At the State level, the Urban Development Department / Urban local bodies (Municipal Corporations) handle the urban sanitation programme; while the rural programme is handled by either the Public Health Engineering Department or the Panchayati Raj/Rural Development Department. In order to provide greater focus and coordination, the school and anganwadi toilets are now to be done by the Ministry of Human Resource Development and Ministry of Woman and Child Development respectively. A separate programme Swachh Bharat Swachh Vidyalaya (SBSV) was launched to pay specific attention to the coverage of all schools with separate toilets for boys and girls by 15th August 2015. This chapter discusses SBM (G) in detail. The urban sanitation and school sanitation programmes are separately discussed.



3.2 The main objectives of the SBM(G) are: to bring about an improvement in the general quality of life in the rural areas, by promoting cleanliness, hygiene and eliminating open defecation; to accelerate sanitation coverage in rural areas to achieve the vision of Swachh Bharat by 2nd October 2019; to motivate communities and panchayati raj institutions to adopt sustainable sanitation practices and facilities through awareness creation and health education; to encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation; to develop wherever required, community managed sanitation systems focusing on scientific Solid and Liquid Waste Management systems for overall cleanliness in the rural areas.

3.3 The new programme is a shift from the earlier rural sanitation programmes in several respects. First and foremost, under SBM, the focus is on behavior change. Community based collective behavior change has been mentioned as the preferred approach, although the States are free to choose the approach best suited to them. Focus is also on creation of complete open defecation free (ODF) villages, rather than only

on construction of individual toilets. This entails triggering the entire village into changing their behavior rather than dealing individually with beneficiaries. Secondly, the new programme provides flexibility to the States (Provinces) in the implementation of the programme. This is essential, given the vast socio-economic-cultural diversity of India, and also from the point of view of promoting innovations. Thirdly, there is a greater emphasis on capacity building, especially in community approaches and programme management. Lack of adequate capacities is a major challenge in scaling up the programme. Therefore, various initiatives are being taken to reach out to all the stakeholders. From the Government of India side, the States and select organizations (called Key Resource Centres) are being trained. These in turn are, carrying out trainings at the sub-State level. The key official at the district level-Collector-has been roped in the programme to provide leadership at the district level. They are being exposed to best practices, both through workshops and exposure visits. A National Sanitation and Hygiene Advocacy and Communication Strategy Framework (SHACS) has been developed with the support of UNICEF and other partner agencies. Fourthly, the programme is being run as a citizen's movement with cooperation of all sections of the society including the NGOs, Corporates, youth etc. The Panchayat (Local Government) representatives are being actively involved. This is in tune with the 73rd and 74th Constitutional Amendments in 1992, transferring the subject of sanitation to the urban and rural local governments respectively. Also, there is an emphasis on streamlining administrative and financial procedures, both to cut down on time, as well as to increase accountability. Innovations in technology is being promoted at the National and State levels. Sanitation is being prioritized amongst the overall development agenda. Various other development schemes are being converged with the sanitation outcomes.

- 3.4** In the new SBM (G) programme, funding has been delinked from the livelihood programme, Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), since that was leading to inefficiencies and delays in implementation. The incentive for individual toilet has been increased by Rs. 2000 from Rs.10000 to Rs. 12000 for all the poor Below Poverty Line (BPL) households and identified (SC/ST, Small and Marginal Farmers, Landless Labourers with Homestead, Physically Handicapped Women headed households) Above Poverty Line (APL) households. Dedicated funding is provided under the Scheduled Castes Sub Plan (SCSP) (22% of budget) and the Tribal Sub Plan (TSP) (10% of budget), that are to be spent for these two categories of population. Besides, fund is also provided for SLWM, subject to a ceiling of Rs. 0.7/1.2/1.5/2 million to be applicable for Gram Panchayats having upto 150/300/500/ more than 500 households. A fund of Rs. 0.2 million is available for community toilets. Keeping in view the importance of behavior change communication, 8% of the fund is reserved for this activity.
- 3.5** Fund utilization is planned and implemented through the State and District **Swachh Bharat Missions** (SSBM and DSBM), which are multi-stakeholder bodies consisting of various government departments and non government stakeholders mandated with planning, supervising and monitoring the programme at the State and district levels.

The DSBMs prepare the Annual Implementation Plan (AIP) for districts and supervise the implementation of the programme. The district AIPs are consolidated into State AIPs, which are then discussed with the MDWS, GoI for implementation and funding.

- 3.6** As per the Baseline Survey done in 2012-2013 around 11.11 crore latrines are to be constructed under the SBM(G) programme in a period of five years (2014-2019). Of these, 8.84 crore are eligible for incentive, 1.39 crore are defunct/dysfunctional and 0.88 crore are ineligible for incentive as per the scheme guidelines. Of the 8.84 crore latrines, around 2 crore are to be done under MGNREGA, leaving a balance of 6.84 crore to be done under the SBM(G) programme.
- 3.7** Since the launch of SBM, the sector has witnessed increased collaboration with various sector players like the World Bank, UNICEF, CLTS-Foundation, WSSCC and WaterAid, amongst others in rolling out national and state level implementation framework. Corporates have also shown enhanced vigor and come together as India Sanitation Coalition towards contributing to sanitation. Government has established a Corporate Facilitation Desk, to facilitate and guide the corporate in this regard.
- 3.8** The NITI Aayog (National Institution for Transforming India), set up in 2014, in place of the erstwhile Planning Commission, with the aim to foster involvement and participation in the policy-making process by the State governments through a “bottom-up” approach, has taken up sanitation as one of its focus areas. A Sub-Group of Chief Ministers was constituted by the NITI Aayog to look into **Swachh Bharat Mission** and to recommend financial, institutional, and technical measures to achieve the outcomes of the Mission and make them sustainable.

Flexibility to States

- 3.9** An important component of the guidelines of the current programme is the flexibility provided to the States. The programme is running in 32 States/Union territories of India. India has around 0.25 million gram panchayats (GPs), comprising more than 0.6 million villages. There is immense socio-economic-geographic-cultural-language diversity. The States are best placed to decide what kind of strategy, approach and technology suits them most, in order to reach the desirable outcomes.
- 3.10** Sanitation is a ‘State subject’ as per the Constitution of India (as against ‘Union subject’). This means that the primary responsibility of the subject lies with the State Governments. Keeping in view its importance, the Union Government has launched a programme, and also set the timeline of 2019 for achieving the goal of Clean India. However, the programme is being implemented in conjunction with States as a Centrally Sponsored Scheme.
- 3.11** As per the SBM(G) guidelines, therefore, a lot of flexibility has been provided to the States. This includes flexibility in giving incentive fund for individual toilets either to individual beneficiaries, or to the community as a whole, after achievement of ODF.

Emphasis on ODF

3.12 Lack of uniform definition of ODF was leading to a possibility of different States interpreting it differently as per their understanding. This was leading to difficulty in monitoring. Therefore, the MDWS issued a standard definition of ODF as follows:

‘ODF is the termination of faecal-oral transmission, defined by:

- a) no visible faeces found in the environment/village; and
- b) every household as well as public/community institutions using safe technology option for disposal of faeces.’

(Tip: Safe technology option means no contamination of surface soil, ground water or surface water; excreta inaccessible to flies or animals; no handling of fresh excreta; and freedom from odour and unsightly condition)

3.13 Further, indicative guidelines for verification of ODF have also been issued for the benefit of the States. The States are using these guidelines to evolve their own mechanism for verification. The guidelines are available at the website of the Ministry (http://www.mdws.gov.in/sites/default/files/R_274_1441280478318.pdf)

Solid and Liquid Waste Management

3.14 SLWM is an important component of the Swachh Bharat, besides ODF. This includes management of both organic and inorganic waste in the villages and also management of grey water from kitchen and washing. The Ministry provides technical and financial assistance to the States in this regard.

Monitoring and Evaluation

3.15 In order to strengthen the database the Government has upgraded the Integrated Management Information System (IMIS) to maintain a register of all rural households in the country, along with their sanitation status as recorded in the baseline survey carried out in 2013. As on 30th August 2015, out of 181 million rural households, data of 173 million households is available on the IMIS. This data is available in the public domain. All new households that are being covered with toilets or are building their own toilets are being entered in this database. A Mobile application for uploading photographs of toilets constructed after 2nd October 2014 has been launched. The photographs are geo- tagged.

3.16 Third party monitoring is also being done through agencies such as National Sample Survey Organisation (NSSO). A module for monitoring ODF is also available on the IMIS. Further, the IMIS provides for a module, whereby, the States/districts can transfer incentive fund directly to the community as a whole, as per the flexibility provided to the States.

Rapid Action and Learning Units (RALUs)

3.17 In order to get a quick feedback on innovations in addressing various implementation challenges, Rapid Action and Learning Unit (RALU) has been constituted at the National level and similar RALUs are being constituted at the State levels. The RALUs are small, flexible and specialized units to provide advice on corrective action and to upscale good practices. They are also to find quick and effective solutions and develop, share and spread those based on actual working in the field.

Namami Gange

3.18 Namami Gange is an integrated Mission to clean the Ganga river. It involves interdisciplinary efforts from several Ministries in the areas of urban sanitation, control of discharge of pollutants from industries, and freedom from open defecation. As far as rural areas are concerned, the work of ODF has been prioritized in 1657 GPs that are on the banks of the Ganga in 253 Blocks of 53 districts. in the States of Uttarakhand, Uttar Pradesh, Bihar, Jharkhand and West Bengal. The action plans of these States have been formulated and work is in progress. These areas are to attain ODF status much before the targeted date of 2nd October, 2019, set for the entire nation. As in mid-December, 2015, out of 15.2 lakh toilets to be constructed in these villages, 2.74 lakh have been constructed. The total fund requirement for ODF achievement is estimated to be Rs. 2354.46 crore.

Financing of SBM (G)

3.19 The cost of implementation of the SBM (G) is estimated to be Rs. 1,34,000 crore (US\$ 21.6 million). The Government is committed to provide adequate resources for the programme. 0.5% Swachh Cess on services has been imposed w.e.f. 15.11.2015 to supplement the budgetary source for **Swachh Bharat Mission**. Besides this, Swachh Bharat Kosh has been established in November, 2014 under Ministry of Finance to attract CSR funds for sanitation. Funding from Overseas Indians is also being tapped. For this purpose, India Development Foundation of Overseas Indians (IDF-OI) Trust has been established under the Ministry of Overseas Indian Affairs. Other sources of funds such as 14th Finance Commission grants, States own resources, CSR etc. are also available. Since 2013, the following investment has been made in rural sanitation through budgetary sources:

(In Rs. Crore)

| | Central | State |
|---------------------------|---------|---------|
| 2012-13 | 2500 | 470.79 |
| 2013-14 | 2300 | 689.62 |
| 2014-15 | 2850 | 1182.26 |
| 2015-16 (till 22.12.2015) | 4125 | 942.65 |

Status against SACOSAN V Commitments (Kathmandu Declaration)

3.20 The Kathmandu Declaration broadly called for strengthening of policy, emphasis on inclusion and diversity, access in public buildings, raising awareness and demands, engaging health sector and significant direct participation in SACOSAN. The emphasis of **Swachh Bharat Mission** is on collective behaviour change and achievement of ODF communities, with flexibility to States in actual implementation. The collective approach takes care of inclusion of vulnerable communities and all sections of the society, including women, youth, disabled are involved in the campaign. The term ODF includes access to safe toilets in all houses and public buildings. The monitoring of the programme has been strengthened, with household level data available in the public domain, and third party monitoring through agencies such as National Sample Survey Organization (NSSO) is also being carried out. A handbook on different technological options for disabled people and guidelines on Menstrual Hygiene Management (MHM) have been published.

Progress since SBM(G)

3.21 There has been a spurt in construction of toilets since the launch of the **Swachh Bharat Mission**. In the first year of the Mission i.e. from 2.10.2014 to 2.10.2015, 88.71 lakh toilets were constructed, against an expected outcome of 60 lakh. Since the launch of **Swachh Bharat Mission**, around 115 lakh toilets have already been constructed in the rural areas. The sanitation coverage, which stood at 40.60% as per the National Sample Survey Organisation (NSSO) has increased to around 48.3%. Against an expected outcome of 50 lakh for individual latrines for the year 2014-15, 58,54,987 latrines were constructed, which is achievement of 117% of the target. More importantly 49.49 lakh household latrines were constructed after launch of **Swachh Bharat Mission** (Gramin), indicating more than 446% increase in construction of toilets after the launch of SBM(G) as compared to pre-SBM period of 2014-15. For the year 2015-16, against the expected outcome of 1.2 crore for individual latrines, 65,31,417 latrines have been constructed as on 7-12-2015.

3.22 More importantly, besides the construction of toilets, their usage and achievement of ODF is now being monitored. As per the online IMIS, 33,435 villages and 12,822 Gram Panchayats have declared themselves as ODF (as on 18.12.2015). The process of declaration/verification is a continuous process.

Challenges and Recent Initiatives

- 4.1 As the new policy is being rolled out, there are challenges that emerge, especially keeping in view the massive scale of the problem of open defecation and changing the mindset of the people who have been defecating in the open for centuries. These are being addressed through the following initiatives.

Capacity building

- 4.2 Implementation of the new programme requires renewed emphasis on capacity building, both of the programme managers as well as the implementers in the field. The State and district officials, especially the Collectors/CEOs of Zilla Panchayats (district level local government body) need to be trained in the various approaches, especially community approaches and triggering for collective behavior change. This has been started through a series of workshops for the Collectors (the key district level official) -and more than one-third Collectors have already been trained so far through the Central Government. Besides, workshops are being carried out at the State and regional levels for expanding these capacities.

The elected representatives are also being involved in various orientation/training programmes. Cross visits between different districts is also being organized. In order to ensure sustained engagement of trained motivators, appropriate incentive mechanisms to link their work with outcomes are also being put into place by several States.

- 4.3 In order to replicate the necessary skills, certain organizations, as recommended by the State Governments, are being empanelled as the Key Resource Centres (KRCs) and given the necessary orientation, so that they in turn, can scale up the capacity building programme in the respective States. The work of these KRCs is being streamlined, and better coordination attempted between them, and the States. A mechanism is also being put in place to ensure that these trainings have appropriate forward linkages that result in up-scaling of capacities, engagement of trained personnel, and their appropriate utilization.

Community involvement and collective behaviour change

- 4.4 The choice of approach lies with the State. However, the SBM(G) guidelines mention community-led collective behaviour change as the preferred approach. Various nuances of this approach are discussed with the States on a continuous basis. This includes discussion on the following key issues:
- **Use of flexibility by the States:** The SBM provides flexibility to States in their implementation policy and mechanisms, taking into account State-specific requirements, while it does not obviate the responsibility of the Centre in acting as a guide and facilitator. In the same manner, the States are suggested to maintain flexibility with

districts and Gram Panchayats in their implementation mechanisms, taking into account local specific requirements, thereby further enabling an open and trustful environment.

- **Community-led approach:** Sustainable social change is possible only when communities have taken charge. Although Centre and States are to take the lead in bringing sanitation on to the agenda/priority of the districts and Gram Panchayats; it is emphasized that the role of administration be restricted to creating an enabling and open environment in the village/Gram Panchayat for people from different backgrounds and social strata to come together and begin a process of 'collective dialogue' on the issues of sanitation. This is a very challenging task, since the village society at many places is diverse and heterogeneous, and there may be practices of socio-cultural and economic divide.
- **Appropriate behavior change communication (BCC) linked with health outcomes:** Social change happens through a sustained process that connects on a personal and collective level. There exists a wide range of strategies to place an issue and to bring it on to the priority of a community. But the crucial issue is selecting a strategy that is scientific and "non-colored" socially and/or culturally. It is therefore attempted that the sanitation messages and processes are linked with health-related risks and desired impact on the issues of malnutrition, diarrhoea, infant and child mortality and water-borne health epidemics, thereby leading to improved quality of life.
- **Inter-personal communication:** Interpersonal communication plays an important role in bringing about an attitudinal shift in collective behaviors and practices. Interpersonal communication tools and methods build and strengthen relationships by breaking hierarchy leading to open exchange of point of views and willingness to "listen" to each other. People no longer remain "passive" receivers; instead they are "active" enablers of change process. Triggering tools are promoted to bring about desire for change from within the community.
- **Role of 'Natural Leaders':** Natural leaders emerge through community processes. It is these natural leaders who play an important role in keeping people together, maintaining the momentum, sharing and delegating responsibilities as also addressing various challenges. The community process should therefore, allow emergence of natural leaders, and alertness during the initial process can influence sustainability of the whole community-led process.
- **ODF and ODF plus:** While ODF is prioritized as part of the sanitation (given its disastrous impact on child health), it is well realized that the overall goal is total sanitation, including hygiene, SLWM, availability of safe and clean drinking water, and clean environment. The community-led process is not to stop with declaration and/or achievement of ODF status; rather the ODF status needs to be sustained and linked to the vision of overall sanitation of the village.
- Hygiene issues mainly focusing on handwashing at critical times especially in schools and health centres and safe storage of drinking water are also part of the SBM-SHACS

implementation and messaging. Various national programmes like the MNREGS, the National Health Mission (NHM), the Mid day Meal scheme in schools (MDM) and the ICDS are being oriented towards this.

States to take lead

- 4.5** There are many changes in the new programme (SBM) from earlier sanitation programmes. The philosophy of the new programme is required to be carried to the implementing units i.e. the States. This requires a much closer coordination with the States than before and is being brought about by measures such as holding workshops in the States, exposing the key State/district officials to the approach of community processes for reinforcing the message, cross sharing of best practices across States by holding regional/national workshops, visits to States, reviews and video conferencing.
- 4.6** Social media is being used extensively. There is a national Swachh Bharat Group on Hike App, with representatives from all the States and selected districts. Happenings on the field across the country are shared on a daily basis. The Ministry also actively uses the twitter handle (@swachhbharat) and Facebook (**Swachh Bharat Mission**). The website of the Ministry (www.mdws.gov.in) has also been upgraded as a medium for real-time cross sharing of best practices.

Targeting district leadership

- 4.7** Districts are the key units of implementation. The SBM (G) guidelines provide for direct leadership by the District Collector to the programme. The States have been requested to involve Collectors in the programme proactively, by motivating them and equipping them with requisite skills.

Technological innovations

- 4.8** With the launch of SBM (G), there is a spurt of research and development (R&D) activities in technology of both toilets and SLWM. The Ministry promotes such R&D activities by financing various projects. An Expert Committee headed by Dr. R.A. Mashelkar has been constituted to examine the Innovative Technologies. This committee meets regularly and has enlisted various innovative technologies and a compendium consisting of such technologies has been published and uploaded in the website of the Ministry for benefits of various stakeholders. Locally relevant, safe and sustainable technology is promoted. Local innovations are encouraged.

Making campaign a citizen's movement

- 4.9** The programme is to be implemented as a citizens' campaign and therefore, there is a key role of BCC. Regular campaigns are being undertaken at the national and State level to promote awareness about the programme. 8% of the total budget is reserved for IEC, including inter-personal communication. A 360 degree massive media campaign is now being undertaken to address the issue comprehensively.

Financial and Programme management

4.10 It is also required to initiate reforms in the fields of financial management and overall programme management. Reforms are also required to ensure quick availability of funds at the implementation level of districts. Public Financial Management System (PFMS), that ensures online transmission of funds is planned to be rolled out, in consultation with the States. The institutional structure is also being strengthened to carry out various functions more professionally and in a more competent manner.

Convergence of other development schemes with sanitation

4.11 In order to provide sanitation a centre stage in the overall development agenda, the States are encouraged to converge other development programmes/schemes to the ODF villages to further strengthen the collective movement of the community in achieving desired change.

Global Inter-faith WASH Alliance (GIWA)

4.12 Recognizing the importance of religion in the Indian society, engagement with faith leaders and faith based organizations for social mobilization, demand for sanitation services and policy change has been initiated with the Global Inter-faith WASH Alliance (GIWA) representing India's main faiths. GIWA is the world's first initiative to engage many faiths to create a world where everyone has access to improved sanitation, safe drinking water and proper hygiene. GIWA organized the first inter-faith summit for WASH with over 300 faith leaders in 2014 at Rishikesh, bringing them on a common platform with international organizations, businesses, civil society organizations and government and orienting about the urgent need for them to actively promote an end open defecation; to embrace the special needs of girls and women and start talking openly about menstrual hygiene management and WASH in facilities in schools and health centres. GIWA is now active on multiple national and international forums to promote WASH and pledge commitment and action in the area through faith leaders and their constituencies.

Glimpses from the States

5.1 States are the units given the responsibility of sanitation by the Indian Constitution. The SBM (G) guidelines have provided flexibility to States in implementation, and many States are utilizing this flexibility to make impressive strides in sanitation. Sikkim and Kerala are ahead, with more than 90% sanitation coverage. Other States are also catching up. Below are some such examples.

Community led total sanitation in Chhattisgarh

5.2 Chhattisgarh is a tribal State, formed in 2000 after bifurcation of Madhya Pradesh. The State has adopted a policy of Community Led Total Sanitation (CLTS) to achieve freedom from open defecation. It is concentrating on achievement of ODF villages, and has provided flexibility to districts to provide incentive to community as a whole, after the village becomes ODF through community approach. As a result of various initiatives, 1123 villages in the State have become ODF. One complete block from Rajnandgaon district has become ODF. About 1.60 lakh toilets have been built in nine months.

5.3 As per Census 2011, nearly 85% people in the rural areas of Chhattisgarh practiced open defecation. The baseline survey in 2012-13 data underlined that 10,32,000 toilets in the State were defunct. Nearly half of the toilets constructed under earlier sanitation program were found dysfunctional.

5.4 In the above circumstances, it was essential to apply a model of behavior change communication approach for sanitation in the State. CLTS approach was initially adopted in two districts - Rajnandgaon and Raigarh, with handholding support to the district teams through a trained organization. Based on the success, the State adopted CLTS model for sustainable behavior change as a State policy. The approach is to ensure the participation of the village community by creating awareness on the health benefits of building toilets, instilling a stigma for open defecation practice, and ensuring the capacity building of the key administrative functionaries at the grass root level to implement this goal. The administration defined its role to be that of a facilitator, to providing trainings and a platform to encourage people who brought about positive change.

5.5 The following major initiatives have been undertaken in the State for sanitation:

- Village is chosen as a unit instead of GP for implementation as well as for monitoring.
- Social mobilization activities/triggering activities are organized at village level and no advance fund is given to beneficiary or Village Water Supply and Sanitation Committee (VWSC).
- Three models of incentivizing community/individual is adopted in the State. Incentive can either be given to the whole community after achieving ODF status and sustaining

it up to 03 months or to a family if they construct and subsequently use toilets for 3 months. 50% upfront incentive may also be given if household is from deprived community.

- Rather than talking about financial incentive for toilet construction, attempt is made to make the community understand risk of open defecation and its adverse health impact.
- Navratnas (9 Gems – reputed people) are selected at State, District, Block and GP level to lead the process as community leaders.
- Monitoring committee (Nigrani Samiti) is formed comprising natural leaders/proactive people of the village. Children are also involved effectively in the monitoring of ODF status.
- Conjoint programmes for water and sanitation are encouraged.
- Access to toilet has been made obligatory for all elected representatives and government functionaries like anganwadi workers, health workers, GP secretary, teachers etc.
- “Sanitation Pledge” has been incorporated in the oath of newly elected leaders.
- Other development schemes are prioritized in the ODF villages.
- Capacity building of all key stakeholders on implementation of CLTS approach is undertaken.
- Flexibility is given for choosing the technology of toilet as per beneficiary willingness and geographical conditions of the village.
- Linkages with private sanitary ware entrepreneurs are facilitated to ensure supply chain.

5.6 Monitoring: Quality is ensured by engineers. Toilet usage and sustainability monitoring is being done through a third party mechanism of RALU. RALU is also to do impact monitoring through a health outcome based study. Community based monitoring is also developed to ensure ODF status.

Nadia District, West Bengal - declared ODF on April 30, 2015 -Winner of the UN Public Service Award 2015

5.7 A campaign launched by an enterprising District Collector on 15th July 2013, led to the district achieving 100% ODF status in all the 89 GPs on 30th April 2015, making Nadia the 1st district since the launch of the SBM, to become ODF. In 2013, 3,09,881 households in Nadia District did not having access to toilets and



Celebration of declaration of Nadia district as ODF

were defecating in the open. A strategy focusing on behavioral change, provision of universal access to sanitary toilets and usage to bring improvement in health indices was put in place.

5.8 The building blocks for ODF Nadia were :

- Analysis of baseline survey data, intensive planning activities
- Behavior change communication involving people from all walks of life
- Initiatives in human resource development, especially skill up gradation of masons
- Strengthening the service delivery mechanism and induction of partners in this
- Convergence, co-ordination and monitoring – Zila Parishad and district administration
- GPs designated as implementing agencies. Anganwadi workers made focal point.
- Rural Sanitary Marts (RSM) delivered the materials. SHGs also used

5.9 The stakeholder participation was expanded through a campaign of pledging in schools. Students were used as change agents. SHGs were also used for mobilization. Faith-based organizations were motivated to spread awareness. The doctors were sensitized to prescribe toilets and safe hygienic practices to patients. Capacity building of various stakeholders - teachers, SHG leaders, RSMs, masons. Intensive IEC/ BCC campaigns were undertaken - mini marathon, hot air balloons, human chain of 122 km (with 3.5 lakh people throughout the district participating). Para Najardari Committees were formed in each habitation for monitoring of ODF.

Banko Bikano- a people's movement

5.10 In the heart of the arid Thar Desert in Rajasthan State, the programme of sanitation in Bikaner district was almost destined to fail, given the traditional approach to sanitation. But in April 2013, when it was launched, the Banko Bikano campaign surprised everyone. Unlike other target oriented government programmes, this one focused on being community led and community driven. Moreover the basic premise of the programme was pride - pride and self respect for the women, pride for the family, pride for the village and ultimately for the district. This thought and vision using local language and customs, caught on in the social set up of rural Bikaner and the programme became almost self-propelling.

5.11 With technical support from Water and Sanitation Program (WSP), the District Collector went about forming a dedicated team, the District Resource Group and convincing people's representatives. Community led with intensive capacity building of stakeholders, toilets to be built by householders themselves, checking by Nigrani samitis and monitoring focused on ODF achievement, the movement involved women and children as entry points into the community. The programme has achieved remarkable success with all 219 GPs and 890 villages declared as ODF in a period of 2 and a half years.

5.12 In the words of Arti Dogra, the Collector who initiated the Banko Bikano campaign,

“Before sunrise every morning, groups of men, women and children can be seen walking through the sand dunes of Bikaner. These heterogeneous groups, known as the nigrani committee, are often spearheaded by little toils of children and are bound together by a common agenda – to seek and shame those from the village who step out in the early hours of the morning to defecate in the open. This activity is a part of the two-year-old community-led campaign Banko Bikano, which aims to create open defecation free (ODF) gram panchayats in Bikaner district in western Rajasthan. Since the launch of this campaign, spearheaded by the local community and supported by the district administration, over 200 panchayats in the district have been declared as ODF.

The truth is that even the people practicing open defecation are aware of the risks, whether to their health or socially. However, this knowledge has not been enough for them to build and use toilets. Poverty and lack of space to build a toilet are often cited as reasons to explain why the age-old practice continues, but enough evidence has been generated to show that these are not valid.

Communities were “triggered” by igniting in them disgust and exhorting them to feel pride in a clean, ODF village. Once a collective mindset change was ensured, communities came together to generate innovative methods to ensure that each person in the village constructed and used the toilets. Toilets, therefore, became an aspirational need and a symbol of the dignity and pride of the family and community as a whole, instead of merely a financial subsidy provided to an individual



by the government. Payments for toilets were made in Bikaner after the entire village had achieved and maintained its ODF status. Ensuring the ODF status through early morning nigrani was therefore in the interest of the community. By reorienting the administrative setup in Bikaner to act as facilitators (of behavioral change) and not providers (of individual toilets), the collective conscious of the community was kindled. This led to a massive increase in the number of ODF villages in Bikaner, and an increase in the percentage coverage of toilets from 29 per cent (Census 2011) to 82 per cent (in January 2015). Over 1,99,000 toilets were constructed in the district during a two-year period, re-emphasizing the point that when the focus is on creating ODF communities, toilets get built on their own.”

Operation Malyuddh – Realizing the dream of ODF Harda

5.13 Harda is a district in Madhya Pradesh in Central India. The district is coming up with many innovations to promote sanitation.

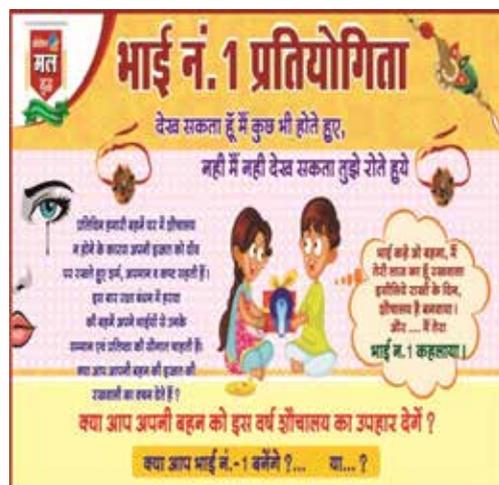
5.14 Literally meaning ‘war against impurity’, Operation Malyuddh started off as an

experiment to engage communities and create an open defecation free environment in villages by shifting the onus from government to people of the village. Slowly it turned into a more institutionalized campaign involving every possible stakeholder and making them a change agent in the behavior change process. The monotonous toilet construction scheme metamorphosed into an interesting and evolving scheme with few innovations, some of which are listed below.

- Branding the campaign with a name, logo, theme song and local brand ambassadors
- Training of motivators, hired by a unique 3-step elimination process of group discussion, interview and a physical fitness-cum-punctuality test; selection was based not on educational qualification but on discipline, perseverance and communication skills
- Motivators hired on a result oriented incentive system (Rs.15000/- per gram panchayat and 250/- per day) where the result is attainment of ODF status and not the number of toilets, thereby totally avoiding financial risk. Sustainability is taken care of by making provisions of top-up after 6 months (5000/-) & one year (5000/-) of ODF status attainment. The per-day honorarium was restricted to 90 days (optimal follow up duration, according to research).
- Each resident of the district is a stakeholder to the behavior-change drive; so more than 4000 people were oriented in an in-house triggering module; all those triggered, like religious leaders, caste and community association leaders, health, revenue, cooperative, dairy and ICDS workers, judiciary, police and forest officials, held power in various capacities to trigger larger sub-groups
- Bar association announced concession in advocate fees to clients from ODF villages. Caste Associations adopted villages to make them ODF and challenged that nobody can identify a person belonging to their caste practicing open defecation. Doctors started to write the status of toilets and open defecation in the medical prescription of their patients. Private school owners started counseling sessions for encouraging their students' parents to own a toilet in their home for better attendance of their kids. Cooperative societies that distribute food grains through fair-price shops started advising their customers to own toilets first and then come to collect their month's ration. Religious leaders started propagating the importance of ODF in their sermons.
- An affidavit was signed from all government and semi-government employees that they use the toilet and were given the knowledge of the various sections under which Open defecation is a crime under existing legal statutes. Yoga Day, Teachers day, Students day, Diwali, Raksha bandhan, Senior Citizens' day, Women's day, Children's day, Drug addiction eradication day, Gandhi Jayanti, Independence day and Republic day were all given the 'cleanliness' angle to spread the message of ODF Harda and Malyuddh.
- All types of technical options in toilet construction like pre-cast RCC, in situ cast

block, traditional brick, fly-ash, advanced air fried blocks, etc were encouraged and no single model was emphasized. All possible toilet models are displayed in a Wat-San (Water & Sanitation) Park in Zilla Panchayat office

- 'Cluster Attack' and 'Zero Days' were organized for large-scale toilet construction to saturate groups of villages with the needed number of toilets in a limited span of time
- 'Diaspora', a social networking website and 'Sendspace', a file sharing website were used to obtain payment sheets in MS-Excel format from gram panchayats and ensure timely release of payments to constructed toilets
- ODF attainment celebrated by the villagers in a 'Swachhta Utsav' when they take a 'walk of pride' to visit the now-clean ex-open defecation spots of their village, reward the vigilance team members, honor the new-toilet owners, burning the symbol and vestige of open defecation from the village in a 'Lota Jalao' (Lota - water holder for open defecation) and ends with a signature campaign and unveiling the cleanliness rules of the village including the penal provisions and sanctions against any future defaulters
- In order to encourage self-constructed toilets rather than panchayat-built toilets, a Bhai Number One campaign was launched on the occasion of Raksha bandhan festival, which rewarded more than 500 brothers who safeguarded their sisters by gifting them a toilet before tying a 'Rakhi' and made them take pride by sharing a 'Selfie with Sister' in front of their newly constructed toilet; the Hon'ble Prime Minister of India mentioned this initiative in his monthly address to the Nation - Man ki Baat
- To promote sustainability, upon request of the district administration, Sahayog Private Dairy is procuring milk from ODF villages at 25 paise extra per liter under the 'holy-cow-incentive-scheme' because in ODF villages, the cattle are not in contact with open human feces
- ODF Olympics was organized at village, block and district level to encourage and reward the villagers and volunteers from ODF villages only. More than 1100 participants of age groups from 10 to 60+ participated in 20 categories of events, kabaddi, kho-kho, three-legged race, sack race, slow cycle race, sit-up and push-up counts, etc. The fun and frolic was missed by non-ODF villagers, even national and state level players from non-ODF villages were disqualified for participation in ODF Olympics



Campaign of brothers gifting toilets to their sisters during Raksha Bandhan festival

- Swachh Kitchen-Sundar Kitchen (Clean Kitchen-Beautiful Kitchen) competition is being organized among Kitchen sheds of Self-help Groups, which are engaged in preparing Mid-Day –Meal in schools situated in ODF villages
- Raddi se Samriddhi (Waste to Wealth) programme was an experiment to make soft toys stuffed with sanitized shredded non-biodegradable waste like plastic bags, wrappers, etc; More than 35 women were trained in the trade. Kooda se kalakriti (Trash to Art) exhibition-cum-sales is an opportunity for school and college students and artisans to display the various showpieces and arts made out of waste products which can become a source of livelihood.

ODF Lakuwa Block, Sivasagar, Assam

- 5.15** Lakuwa block in Sivasagar district of Assam has been declared completely free from open defecation. Sri Virendra Mittal, Collector Sivasagar, says that he realised the importance of 4Ms - motivation, money, masons and monitoring - to achieve the ODF status. The fund release procedure was streamlined, people's representatives were involved and the Public Sector Undertakings working in the district were also roped in.
- 5.16** There were two main challenges encountered in achieving the ODF status (1) Provision of toilets to the persons left out in the baseline survey and upgrading the defunct toilets and (2) Changing the mindset for using the sanitary toilets. The first challenge was met by pooling of money from various sources like MGNREGA, Zila Parishad, PSUs, Banks, and Philanthropists etc. Philanthropists contribution played a crucial role in making Lakuwa Development Block ODF. The second challenge was addressed by the Collector, Sivasagar leading from the front and organising weekly meetings which became famous as "Saturday Meeting" in Lakuwa with the PRIs, NGOs/SHGs, Junior Engineers, resource persons etc. along with the local public and PHED officials to discuss the importance of attaining the ODF status and reviewing the performance.
- 5.17** Assam has got a glorious past of Ahom rule which helped in motivating the people by invoking the glorious history of the majestic Ahom Kings. Further, Tea Garden labourers were reminded of their contribution to socio-economic-cultural development of Assam and urged upon to look into their personal development by way of adopting the use of sanitary toilets. Constant touch with PRIs, PHE officials further boosted the morale of the team and every single member of the team committed himself/herself to the goal of making Lakuwa Block ODF.
- 5.18** A strong leadership with direct communication channels with the executing team; community participation; funds from non-government sources to supplement resources; streamlining of the procedure and last but not the least, effective coordination helped Lakuwa to achieve ODF status within 11 months despite the hurdles created by incessant rains and water logging for a period of three months.

Urban Sanitation

- 6.1** As per census 2011, 31.17% population lives in the urban areas. Around 7.9 million households (12%) are estimated to be resorting to open defecation. As per NSSO (2013), 91.20% had access to toilets (NSSO 2013). The new programme **Swachh Bharat Mission** (Urban) covers 4,041 statutory towns and aims to provide 10.3 million units of individual household toilets and 0.508 million units of Community and Public toilets.

Background

- 6.2** India launched the Integrated Low Cost Sanitation Scheme (ILCS) (1980) for urban areas, during the International Water and Sanitation decade (1980-90). However, urban sanitation received serious attention with the 2004 Pune declaration 'Provision of Universal Sanitation in Urban India'. This was followed by the launch of the Jawaharlal Nehru Urban Renewal Scheme (JNNURM) in 2005. The Mission was a major intervention in urban development that linked federal grants with government reforms, including delegation of powers to municipalities and enhancing their capacities. Provision of sanitation, sewerage and solid waste management infrastructure was one of the Mission objectives. 63 cities were part of the Mission. The Mission included a specific sub-Mission for providing Basic Services to the Urban Poor (BSUP). Sewerage and SWM projects costing over US\$ 4 billion were approved under the Mission. While there was creation of new infrastructure and upgradation of earlier sewerage and sanitation infrastructure, full completion of projects is yet to be achieved and there were issues with capacity of planners, capacity of urban local bodies (ULB), inadequate participation of citizens and monitoring.
- 6.3** National Urban Sanitation Policy (NUSP) was rolled out in 2008, the International Year of Sanitation. The NUSP set out a Vision of: 'All Indian cities and towns should become totally sanitized, healthy and liveable and ensure and sustain good public health and environmental outcomes for all their citizens with a special focus on hygienic and affordable sanitation facilities for the urban poor and women'. The goal in the NUSP was to transform urban India into 'community-driven, totally sanitized, healthy and livable cities and towns', with direct Central and State support through existing schemes, public-private partnerships, and external funding agencies. The focus of the NUSP was on (i) Awareness Generation and Behavioral Change; (ii) Open Defecation Free Cities (iii) Integrated City Wide Sanitation (iv) Sanitary and Safe Disposal and (v) Proper Operation and Maintenance of all Sanitary Installations.
- 6.4** Sanitation being the responsibility of States and ULBs, a major component of the NUSP is the State Sanitation Strategies and City Sanitation Plan (CSP) - a comprehensive sectoral planning document which details the full cycle of sanitation, financing and institutional arrangements for achieving the goals of city-wide sanitation. The NUSP has achieved in bringing attention to the neglected area of urban sanitation. It has brought to the fore

issues such as open defecation, septage management in urban settings, and galvanized States into institutional strengthening and capacity building. Many States have taken up State specific initiatives under the NUSP, yielding mixed results. Issues regarding policy delivery, ownership among State and city functionaries, need to pool expertise, mobilizing finance and using IEC effectively, developing quality inter-temporal database for planning and monitoring progress, and setting up measurable and achievable targets are challenges that have to be resolved.

Swachh Bharat Mission (Urban)

6.5 The SBM(U) has following objectives:

- Eliminate open defecation.
- Conversion of insanitary toilets to pour flush toilets.
- Eradication of manual scavenging.
- 100% collection and scientific processing/disposal/reuse/recycle of Solid Waste.
- Behavioural change in people regarding healthy sanitation practices.
- Generate awareness citizens about sanitation and its linkages with public health.
- Strengthening of urban local bodies to design, execute and operate systems.
- Create enabling environment for private sector participation in CAPEX and OPEX.

6.6 The components of SBM (U) are (a) Household toilets; (b) Community and Public toilets; (c) Solid Waste Management; (d) IEC and Public Awareness; (e) Capacity Building. The SBM (U) targets 80% of Urban Households practicing open defecation to be covered with IHHLs. The remaining 20%, mainly those with space constraints are to be covered through Community toilets. The Central Government provides a support of Rs. 4000/- for each individual toilet in the urban areas. Public toilets, for the floating population are to be organised by ULBs through the PPP model among others, with provision for a 5 year maintenance contract. 15% of resources under SBM (U) are to be utilised for IEC activities.

6.7 For Solid Waste management (SWM) activities, the aim is to achieve 100% collection, transportation, processing and disposal of solid waste. There is a 20% viability gap funding (VGF)/grant by Central Government to each project, and decentralized SWM is to be promoted. Implementation and operation and maintenance (O & M) on a PPP mode is encouraged. The aim is to move towards 100% Reuse and Recycle. Waste to Energy and Building Material projects are encouraged.

6.8 The cost of implementation of the SBM (U) is estimated to be Rs. 62000 crores (US\$ 10 million), with the Central Government funding to the extent of Rs 14623 crore (US\$ 2.3 million). States and ULBs shall contribute Rs 4874 crores (US\$ 0.76 million). The balance is to be generated from other sources including beneficiary contribution, user charges, CSR funds, and private sector participation.

- 6.9** The SBM (U), MoUD has developed an interactive web based platform that captures existing infrastructure and allows near real time status updation. It also enumerates proposed needs of the Urban Local Bodies and helps in monitoring of ongoing sanitation activities in towns. A system for individuals to apply for support for Household Toilets has been developed. Various Urban Local bodies have taken steps for monitoring sanitary services in their areas. These also include robust public Grievance reporting and monitoring systems.

Atal Mission for Rejuvenation and Urban Transformation (AMRUT)

- 6.10** Some elements of sanitation in urban areas are also included in the Atal Mission for Rejuvenation and Urban Transformation (AMRUT) (2015-2019), launched for 500 large cities. The purpose of AMRUT is to ensure among others, that every household has access to a tap with assured supply of water and a sewerage connection for septage management. The outcome indicators and standards have been prescribed by the Ministry of Urban Development (MoUD) in the form of Service Level Benchmarks (SLBs). In the AMRUT a State Annual Action Plan is approved once a year by the MoUD and the States have to give project sanctions and approval at their end. Thus AMRUT makes States equal partners in planning and implementation of projects, thus actualizing the spirit of cooperative federalism. Capacity Building and a set of reforms towards improvement in service delivery, mobilization of resources and making municipal functioning more transparent and functionaries more accountable is the focus of the Mission.

Smart City Mission

- 6.11** The Smart City Mission is a new initiative with the objective to develop cities that provide core infrastructure and give a decent quality of life to its citizens, a clean and sustainable environment and application of 'smart' Solutions. The focus is on sustainable and inclusive development and the idea is to look at compact areas and create a replicable model, which will act like a light house to other aspiring cities. The core infrastructure elements in a smart city would include among others: i. adequate water supply, and ii. sanitation, including solid waste management. Area based development is to transform existing areas (retrofit and redevelop), including slums, into better planned ones, thereby improving livability of the whole city. New areas (greenfield) will be developed around cities in order to accommodate the expanding population in urban areas. Application of Smart Solutions will enable cities to use technology, information and data to improve infrastructure and services. The Mission will cover 100 SMART cities and the duration of the Mission is till 2019.

School Sanitation

7.1 The Hon'ble Prime Minister of India in his Independence day speech of 15th August 2014, said:

'...The poor need respect and it begins with cleanliness. I, therefore, have to launch a 'clean India' campaign from 2nd October this year and carry it forward in 4 years. I want to make a beginning today itself and that is - all schools in the country should have toilets with separate toilets for girls. Only then our daughters will not be compelled to leave schools midway. Our parliamentarians utilizing MPLAD fund are there. I appeal to them to spend it for constructing toilets in schools for a year. The government should utilise its budget on providing toilets. I call upon the corporate sector also to give priority to the provision of toilets in schools with your expenditure under Corporate Social Responsibility. This target should be finished within one year with the help of state governments and on the next 15th August, we should be in a firm position to announce that there is no school in India without separate toilets for boys and girls...'

7.2 In view of this commitment, the MHRD launched the Swachh Bharat Swachh Vidyalaya (SBSV) initiative as part of the SBM, that aimed to provide separate girls and boys toilets (as required) to the 2,61,400 government elementary and secondary schools that did not have adequate toilet facilities by 15.8.2015. It was assessed that 4,17,796 toilets would need to be created or repaired to ensure that every child had access to toilet facilities in school. This target has since been achieved.

Background

7.3 Sanitation in schools has been a challenge, both in terms of provision of toilet infrastructure as well as in terms of operation and maintenance. Under the new arrangement, from 2nd October 2014, this responsibility has been transferred from the Ministry of Drinking Water and sanitation to the Department of School Education and Literacy, Ministry of Human Resource development which is responsible for school education.

7.4 The Unified District Information System for Education (UDISE), managed by the National University of Educational Planning and Administration (NUEPA) is the major source of data on WASH in schools, with an annual database of more than 1.5 million primary and upper primary schools in urban and rural areas of India. The latest UDISE report 2014-15 noted that there has been a significant improvement in status of toilet availability in schools, and their functionality status.

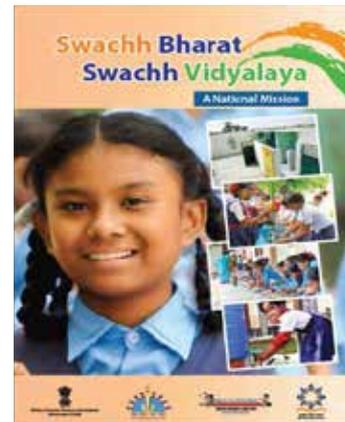
Table showing percent schools with separate boys and girls toilets and functionality:

| | Primary Schools | All Schools | Functional Toilets (All Schools) |
|--------------------------------|-----------------|-------------|----------------------------------|
| % schools having boys toilets | 94.03 | 95.43 | 92.03 |
| % schools having girls toilets | 83.47 | 87.08 | 92.54 |

Swachh Bharat Swachh Vidyalaya

7.5 The Swachh Bharat Swachh Vidyalaya campaign is the national campaign driving 'Clean India: Clean Schools'. A key feature of the campaign is to ensure that every school in India has a set of functional toilets separately for girls and boys and well maintained water, sanitation and hygiene facilities. This includes a combination of technical and human development components that are necessary to produce a healthy school environment and to develop or support appropriate health and hygiene behaviour.

7.6 The technical components include the following facilities in school compound for use by children and teachers: Drinking water, Hand washing, and Toilet and soap facilities. The human development components include those that promote conditions within the school and the practices of children that help to prevent water, hygiene and sanitation related diseases. It focuses on capacity enhancement of teachers, community members, NGOs/CBOs and education administrators. It also aims to improve the curriculum and teaching methods while promoting hygiene practices and community ownership



of water and sanitation facilities within schools and to improve children's health, school enrolment, attendance and retention. Ministry of Human Resource Development has taken initiative for maintenance and upkeep of school toilets across all the States/UTs after providing separate girls and boys toilets in all schools across the country under the Swachh Vidyalaya Campaign.

7.7 Department of School Education and Literacy had launched Swachh Vidyalaya Initiative under the rubric of **Swachh Bharat Mission** with an objective to provide separate toilets for girls and boys in all government schools within the timeline of 15th August 2015. States reported that 4,17,796 (2.26 lakh boys' and 1.91 lakh girls') toilet blocks were constructed or made functional in 2,61,400 schools within the given timeline. This included schools in the most difficult to reach areas facing Left Wing Extremism (LWE). The initiative was made successful in partnership with all State Governments, 64 Public Sector undertakings and 11 Private Corporates. With this, about 13.77 crore children and 11.21 lakh government schools all over the country now have access to toilet facilities.

7.8 Several State Governments have allocated budgets for Operation and Maintenance of schools WASH facilities and budgets for soaps. States like Rajasthan, Assam, West Bengal, Madhya Pradesh, have announced Clean School Awards or the Nirmal Vidyalaya Puraskar to incentivize good practices in WASH in Schools.

Handwashing in Schools

7.9 SBSV lays emphasis on ensuring handwashing with soap before mid day meals in all schools of the country. Providing a vision for reaching 110 million children in 1.2

million schools in India, the SBSV campaign calls upon, states to institutionalize group handwashing practice by all children and MDM cooks, in all schools. Getting all children to wash hands in groups before meals, repeated every day, would ensure that this habit of handwashing before eating, sticks. The thrust is to make handwashing into a habit and a social norm after using toilets and before the mid-day meal. Creation of handwashing facilities is being mainstreamed in the national programme on education and sanitation, and such facilities are being developed in schools across the country. Handwashing with Soap before Mid Day Meals, has also been included in the new Food Safety and Hygiene Guidelines for Mid Day Meal, by Ministry of Human Resource Development, Government of India.

Menstrual hygiene Management (MHM)

7.10 Dissemination of information on safe menstrual hygiene practices to students and teachers and providing physical facilities for the same especially in educational institutions is enabled under various governmental programmes including SBM. The Ministry of Drinking Water and Sanitation, GOI has developed the 'National Guidelines on Menstrual Hygiene Management', with a focus on building capacities at the State, district and school/community level to develop appropriate plans, allocate budgets and implement the right programs, aimed at addressing MHM. To ensure availability of sanitary pads, States are providing sanitary vending machines and women SHGs have been involved in setting up and managing sanitary napkin production centers like in Tamil Nadu, Madhya Pradesh and Haryana. In some states like Tamil Nadu, Integrated Women's Sanitary Complexes have been set up and incinerators have been installed in these complexes.

Anganwadi sanitation

7.11 After the launch of SBM, the responsibility for anganwadi toilets has been given to the Ministry of Woman and Child Development. 13.42 lakh anganwadis are operational in the country, of which around 7 lakh have their own toilets. The States have been asked to prioritise construction of toilets in the remaining anganwadis through various sources of funds such as the 14th Finance Commission grants.

Future Road Map

The Sustainable Development Goals (SDGs)

8.1 In September 2015, countries adopted the 2030 Agenda for Sustainable Development to end poverty and promote prosperity for all while protecting the environment and addressing climate change.

The new 2030 Agenda has water and sanitation at its core, with a dedicated Sustainable Development Goal (SDG) 6 on water and sanitation with clear linkages to Goals relating to health, food security, climate change, resiliency to disasters and ecosystems, among many others. The SDG 6 contains six technical targets and two additional targets on means of implementation as follows:

- 6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all
- 6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
- 6.3 By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally
- 6.4 By 2030, substantially increase water-use efficiency across all sectors and ensure sustainable withdrawals and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from water scarcity
- 6.5 By 2030, implement integrated water resources management at all levels, including through Trans boundary cooperation as appropriate
- 6.6 By 2020, protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes
 - 6.a By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies
 - 6.b Support and strengthen the participation of local communities in improving water and sanitation management

8.2 India is fully committed to achievement of SDG 6. With regard to Goal 6.2, under the **Swachh Bharat Mission**, the country is to achieve Swachh Bharat by 2019. As discussed in detail above, the SBM, through its emphasis on community processes, ensures inclusion of women and vulnerable, and addresses their needs on a priority. Capacity

building is a key area of intervention under SBM. The programme is being implemented as a citizen's movement.

Sustainability

- 8.3** The whole thrust of the SBM is on sustainable outcomes. The emphasis on community involvement is with this goal in mind. A system of independent national annual survey is also proposed to have an independent mechanism of monitoring outcomes on an annual basis. The thrust of the programme is on individual toilets, so that they can be maintained by the people themselves. As far as public toilets are concerned, it is endeavoured to construct those, only where there is an assured water supply, and a system of O&M.
- 8.4** As the **Swachh Bharat Mission** has entered the second year of its launch, there are renewed efforts in not only sustaining the momentum achieved in the first year, but also multiplying the efforts towards a deepened understanding and deployment of community processes, strengthening of implementation capacities, promoting innovations in addressing various social and technical challenges and continuing the focus on sustainability of outcomes. At the Central level, efforts continue in strengthening the monitoring mechanism based on outcomes, guidance of States, promotion of cross learning and creating an environment conducive for innovations. The administrative and financial bottlenecks are sought to be addressed. There is a renewed commitment to focus on the vulnerable categories, and ensure that they do not lag behind the general population.
- 8.5** Mahatma Gandhi said, 'Sanitation is more important than independence.' He made cleanliness and sanitation an integral part of living. His dream was total sanitation for all. India will strive to realize Bapu's dreams in the right earnest.



Government of India
Ministry of Drinking Water and Sanitation
4th Floor, Paryavaran Bhavan, CGO Complex,
Lodhi Road, New Delhi-110003 India
Website: www.mdws.nic.in
Facebook: [SwachhBharatMissionGrameen](https://www.facebook.com/SwachhBharatMissionGrameen)
Twitter: [@swachbharat](https://twitter.com/swachbharat)